

SOCIAL ANXIETY IN ADOLESCENTS: AN OVERVIEW OF SYMPTOMS, FACTORS, AND REMEDIES FOCUSING ON FAMILY ENVIRONMENT AND SELF-EFFICACY

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ABSTRACT

Social anxiety is one of the most prevalent issues among adolescents. It affects their mental, social, emotional, and academic development. When this anxiety becomes intense, it becomes Social Anxiety Disorder, and then it starts affecting the daily life activities of an individual. This disorder is the most common anxiety disorder, and if left untreated for a long time, it may convert into a state of depression. This paper explores the influencing factors, mainly focusing on family environment and self-efficacy, symptoms, and effective remedies for managing social anxiety in adolescents. Adolescents can overcome social anxiety and enhance their quality of life by combining lifestyle-based therapies, peer support, behavioural, psychological, and social media management techniques.

Keywords: Social Anxiety; Adolescent; Family Environment; Self-efficacy; Mental Health; Peers

INTRODUCTION

Social anxiety disorder is an excessive fear in response to social situations in which the person believes they may be judged and negatively evaluated by others (American Psychiatric Association, 2014). It is different from personality characteristics such as introversion and shyness. Introversion refers to having limited energy for social interactions and high stimulation from interaction with people, whereas shyness is characterised by awkwardness or discomfort with new people or situations. Social anxiety, on the other hand, involves high stress and fear. Research found that social phobia develops in people of all ages, groups, both genders, among people of all ethnic groups and geographical areas, one of the most common anxiety disorders among children and adolescents (Al-Naggar, 2012) and young people (Costello, Egger and Angold, 2005). During adolescence, a crucial time for social and emotional development, individuals undergo significant changes in their self-perception and interactions with others. At this point, teenagers begin to develop a sense of self-efficacy, commonly referred to as their own skills. Bandura's social cognitive theory is essential in understanding social anxiety and developing social skills. According to this theory, behaviours are heavily affected by the interaction of outcome and efficacy expectations. Self-efficacy is a central concept of this theory. It refers to an individual's belief in their ability to execute the actions necessary to achieve specific goals successfully. Self-efficacy beliefs have also been found to be related to social skills (Moe & Zeiss, 1982). Several studies have shown negative self-imagery (Clark, 2001) and low self-perception (Clark & Wells, 1995) as symptoms of social anxiety.

A family is considered the most intrinsic and fundamental social group, where parents live with their children. A family environment is the first social setting where individuals are born, their growth and development occur, and they begin learning, responding, and acting. It is a set of social, cultural, and physical factors that influence the development of its members, as well as an influential factor in their social adjustment. It helps adolescents gain the self-assurance they need to engage with and adjust to others. It increases confidence and a sense of maturity among adolescents. A supportive family environment fosters confidence and competence, enabling individuals to establish a positive social network (Ranhotra, 1996). In contrast, a dysfunctional family environment can create self-doubt among adolescents, which gradually makes them unable to communicate with others on social platforms, and it creates social anxiety.

Changes in the brain during the adolescent stage improve a person's capacity to regulate their behaviour in high-stress and low-stress scenarios, be more organised and purposeful, and control impulsive behaviour (Wigfield et al., 2006). However, these abilities are not fully developed until the early 20s, so adolescents may "appear" like adults, especially in low-stress situations, but their brains are still not fully mature. They often struggle to avoid risks and manage their impulses. This is why adolescents' brains have been described as "high horsepower, poor steering" (Organisation for Economic Co-operation and Development

[OECD], 2007, p. 6). Social anxiety, characterised by an intense fear of social interactions and negative evaluation, is a common concern among adolescents.

Adult social phobics in Bruch's (1989) study stated that they believed their parents "were trying to keep them away from social situations, focusing too much on other people's opinions, and minimising family socialisation". Furthermore, the adult social phobics in the Bruch et al. (1989) study believed that their parents punished them with shame and socially isolated them. Parker (1979) observed that adolescents with social anxiety perceive their parents as overly protective.

The findings of a study entitled *Social Anxiety Disorder in Relation to Family Environment: A Pilot Study with Adolescents in Hilly and Plain Areas of Kumaun Region* conducted by researchers (Sandhu, Deepraj, & Karnatak. Kiran, 2023) indicate that several factors, including high levels of parental anxiety, rejection, overcontrol, decreased family cohesion, increased inter-parental conflict, parental psychopathology, parental overprotection (Festa & Ginsburg, 2011) and parental economic and employment issues (Vasey & Dadds, 2001), can contribute to childhood disorders and have a direct relationship with adolescent social anxiety disorder. These results emphasise the significance of analysing family dynamics and assisting families in supporting the healthy development of children and teenagers.

Findings of the study *Social Anxiety Disorder among Adolescents about Family Environment and School Environment* conducted by the researchers (Kapoor. Isha, Sharma. Shaveta, & Khosla. Mohua, 2021), revealed that the familial environment and social anxiety disorder are strongly and negatively correlated. Social anxiety disorder is more common among adolescents raised in dysfunctional family settings. Furthermore, it was found that social anxiety disorder and the educational environment are strongly and negatively correlated; as a result, children who are rejected at school are more likely to suffer from social anxiety disorders.

The findings in the study *A Study of the Interactions Between Family Environment, Social Anxiety, and Emotional Intelligence Among Secondary School Students*, conducted by the researchers (Padir, Prashant Baban, 2025), indicate that students from a positive family environment exhibit lower levels of social anxiety disorder. Positive family factors, such as parental support, emotional stability, and quality communication, enhance students' self-confidence and reduce their fear in social situations. Consequently, family support has a positive impact on reducing social anxiety disorder.

SYMPTOMS

An excessive fear of social interactions is an indicator of social anxiety disorder (SAD), which frequently leads to severe suffering and avoidance behaviours. This illness presents in teenagers with various symptoms that fall within the physical, emotional, behavioural, and cognitive domains (Stein & Stein, 2008). Socially anxious individuals are typically quiet in social situations, reserved in new environments, and shy when meeting new people. When they are around other people, they may or may not exhibit overt signs of discomfort such as blushing or avoiding eye contact. However, they always have intense emotional or physical symptoms (sweaty palms, upset stomach, fear, heart racing, sweating, shaking, and difficulty focusing). Despite their need for social interaction, many individuals avoid social settings due to concerns that they will be perceived as unlikable, dull, or uninteresting. As a result, they refrain from expressing their ideas, speaking in public, or interacting with their peers; in some instances, this may lead to them being incorrectly classified as snobs. Low self-esteem and intense self-criticism are characteristics of social anxiety disorder, and as will be shown later, these individuals frequently experience depressive symptoms. According to Stein and Stein (2008), everyday worries include concerns about perspiring, trembling, blushing, fumbling over words, appearing nervous, or being perceived as uninteresting, dull, or incompetent. With a lifetime prevalence rate of about 12%, social anxiety disorder is the third most prevalent mental health condition, behind substance abuse and depression (Kessler et al., 2005). It is typical among youth.

Even when compared to other psychiatric diseases, social anxiety disorder is linked to significant unfavourable outcomes and substantial levels of disability (Alonso et al., 2004). Every aspect of life is impacted by social anxiety disorder. Teenagers experience poorer academic achievement and are more likely to drop out of school early, earning lower-quality credentials (Van Ameringen et al., 2003). Teenagers with social anxiety invariably have a harder time forming social interactions. Their sexual and peer relationships are worse, and they claim to have fewer friends (La Greca & Harrison, 2005; Hebert et al., 2013). Their vulnerability to bullying is higher (Acquah et al., 2016; Ranta et al., 2009). Daily tasks like shopping and using the phone can be challenging for people with social anxiety.

FACTORS CAUSING SOCIAL ANXIETY

Among the factors related to social anxiety during the adolescent stage are the challenges of navigating a complex peer environment, demands of refined social skills, and developing social-cognitive capacities related to interpersonal concerns. Associations between social anxiety and negative social performance expectations, social withdrawal-disengagement, poor conversation skills, maladaptive coping strategies, and poor peer relations are explored. In early adolescence, transitions in school structure and peer network dynamics can provoke distress, even in the absence of negative social experiences. Furthermore, many young adolescents experience victimisation, with up to one quarter of middle school students reporting more severe forms of peer harassment (Borg, 1999; Nansel et al., 2001). Friendships and peer groups play an increasingly important role as youth enter adolescence, where they experience strong desires for personal validation through interpersonal intimacy. Children and early adolescents who meet criteria for social anxiety have fewer friends and receive fewer positive responses from peers.

Poor peer relationships, such as rejection and neglect, fewer and lower-quality friendships, and higher rates of peer victimisation, are associated with elevated levels of social anxiety. (Inderbitzen, Walters, & Bukowski, 1997; La Greca & Lopez, 1998; La Greca & Stone, 1993; Morris, 2001; Storch, Brassard, & Masia-Warner, 2003; Storch & Masia-Warner, 2004; Vernberg, Abwender, Ewell, & Beery, 1992). Low levels of social support and exposure to peer victimisation increase psychological distress, including anxiety and depressed mood (Boivin, Hymel, & Bukowski, 1995; Vernberg et al., 1992). Conversely, high levels of anxiety and social insecurity increase risk for low-quality friendship and peer maltreatment (Hodges & Perry, 1999; Vernberg et al., 1992). The increased exposure to victimisation and the increasing importance of friendship support that occur in early adolescence may contribute to rising levels of social anxiety following the transition to middle school. Socially anxious youth are often withdrawn, and they find it particularly difficult to sustain conversations with peers. For example, observing 7–14-year-old youth with social anxiety at school, Spence et al. (1999) recorded low levels of social initiation and peer interaction, as well as short response length during conversational role-plays. A school-based study of heterosocial anxiety found that shy/anxious adolescent boys, as well as those who reported fewer confederate- and task-focused thoughts, exhibited more pauses, made more unelaborated responses, and asked fewer on-topic questions than boys who were able to maintain focus on their partner during a conversation (Johnson & Glass, 1989). High levels of anxiety may also reduce positive affect in social settings, reducing positive peer responding (Cartwright-Hatton, Hodges, & Porter, 2003).

FAMILY ENVIRONMENT AS A FACTOR OF SOCIAL ANXIETY

Family members are the first people one encounters after birth. Family is the first place where a child has the opportunity to grow and develop in all aspects, including physical, emotional, mental, and social. Since adolescence is a period of “stress and storm”, at this stage of life, an individual must face several difficulties and challenges as growth and development occur. Therefore, the role of the parents and family becomes increasingly important. Parents’ involvement in moulding adolescents’ behaviour and decision-making ability is significant and needed at this juncture (Borkowsky, Ramey, and Bristol-Power, 2002). Family environment plays a significant role in social anxiety. In a dysfunctional family environment, adolescents get very few chances to express themselves, and as a result, they suffer from an inferiority complex, self-doubt and self-criticism. Adolescents find it difficult to interact with others in social settings, and this generally creates social anxiety among themselves.

SELF-EFFICACY AS A FACTOR OF SOCIAL ANXIETY

Matsushima & Shiomi (2003) found a negative correlation between social self-efficacy and interpersonal stress in a study of high school students.

Gaudiano & Herbert (2007) found, in a study on adolescents, that social self-efficacy was strongly correlated with social anxiety symptoms, even after controlling for changes in fear of negative evaluation. Erozjkan (2013) found a significant correlation between social self-efficacy and communication skills, as well as interpersonal problem-solving skills, as major predictors of social self-efficacy in a study on high school adolescents.

The factors behind social anxiety do not act in isolation, as Jensen-Campbell et al. (2002) found that socially competent adolescents tend to be less vulnerable to victimisation by their peers. Thus, the development of self-efficacy leads to better adjustment and reduced social anxiety, both directly and indirectly.

SOCIAL MEDIA AS A FACTOR OF SOCIAL ANXIETY

In their conceptual framework, McKenna and Bargh (1999) proposed that social anxiety is a motivator for social interaction on the Internet. The authors argued that it is human nature to build connections and fulfil the need to belong, but socially anxious individuals usually find it hard to satisfy these goals. Therefore, they are likely to turn to the Internet for close relationships. Study results indicate that the extent of social media usage, including duration and frequency, is associated with increased anxiety levels (Boursier et al., 2020; Brailovskaia et al., 2021). Excessive usage is associated with a longer period of using social media, which is linked to a more severe tendency towards social anxiety (Vannucci et al., 2017; Erliksson et al., 2020; Zsido et al., 2020). Socially anxious individuals are at particularly elevated risk of engaging more frequently and more passively on social media. Individuals with social anxiety experience fear and anxiety in social situations in which they will be negatively evaluated or judged by others and may limit their opportunities to have meaningful social relationships (Alden & Taylor, 2004; Clark & Wells, 1995; Hoffman, 2007; Rapee & Heimberg, 1997). According to specific research (Heather Cleland Woods et al., 2016; Vannucci et al., 2017; Baker et al., 2019; Ahmad et al., 2021), social anxiety differs depending on the social media site used. According to Heather Cleland Woods et al (2016), regular Facebook use was linked to higher levels of social anxiety. Users frequently view others' crafted happy moments on the platform, which might make them feel anxious. In addition, Baker (2019) unmistakably noted that Instagram use is connected to reduced self-esteem, which results in social anxiety, citing a study by Vannucci (2017) and others. This might be because Instagram photographs are often professionally manipulated and filtered to present an idealised image. Choi et al. (2014) observed that this benefit does not motivate members to participate in cooperative activities, despite knowledge and skills enhancing board functioning in collaborative performance. According to a poll of Malaysians, social media is a crucial source for Malaysians to access the most recent information. For social anxiety treatment, they made use of a self-made social networking platform. Social media platforms have a significant impact on the level of anxiety people experience in society (Ahmad et al., 2021). Several studies have illustrated that socially anxious individuals prefer online to face-to-face social interactions and have a tendency to use social media more problematically. More socially anxious individuals appear to use social media with greater frequency (Casale & Fioravanti, 2015; Dempsey, O'Brien, Tiamiyu, & Elhai,

2019; Lee-Won, Herzog, & Park, 2015; Shaw, Timpano, Tran, & Joormann, 2015) and greater intensity (i.e., defined as emotional attachment and use of social media in daily life; Davidson & Farquhar, 2014) than less socially anxious peers.

REMEDIES OF SOCIAL ANXIETY

Problems focused on self-regulating learning strategies, emotional management, and avoidance include planning a study schedule, borrowing good notes, or finding a protected place to study. Emotion-focused strategies aim to reduce anxious feelings, for example, by using relaxation exercises or discussing the feelings with a friend. Different strategies are helpful at various points—for instance, self-regulated learning before and emotion management during an exam. Different strategies fit different people and situations (Zeidner, 1995, 1998).

ROLE OF FAMILY ENVIRONMENT

- **By providing a conducive environment-** The family members should provide a conducive and friendly environment for adolescents so they can feel free to put their views, thoughts, ideas, etc. in front of others. It helps them to easily mix in social settings, which minimises the chances of social anxiety.
- **By sharing their own experiences,** Parents can share their experiences with their children in different aspects throughout their lives. It opens up avenues for adolescents to understand various problematic situations life can throw their way, and the experiences they gain familiarity with help them find solutions.
- **By motivating them-** Being the first social setting for an adolescent, the family environment plays a pivotal role in adolescents' growth and development. Family members encourage them to interact and engage with others beyond family. It helps them broaden their minds, and they can easily cope with unfavourable life situations. As a result, it enables them to be able and mature enough to adjust to all conditions.
- **By participating in different activities with them,** Family members should engage with adolescents in other activities so that, at a foundational level, they can get acquainted with other activities. It builds confidence among adolescents to participate in various activities on social platforms. The more confident adolescents are, the less anxious they feel. It would definitely minimise social anxiety among adolescents.

CHANGING LIFESTYLE: DEVELOPING SELF-EFFICACY AND SOCIAL SKILLS

Recent developments in psychosocial treatments for anxiety disorders have highlighted the role of changes in lifestyle and complementary therapies. These strategies are being recognised as helpful in controlling the distress of anxiety symptoms, in addition to promoting physical and mental health.

- Activities including physical workouts, aerobic exercises, meditation, yoga, mindfulness-based stress management strategies, and personal ways of finding solace and inner peace, such as through prayers and spiritual activities, help in managing the anxiety caused by different factors.
- Relevant changes in diet are also helpful, such as including foods rich in Omega-3 fatty acids, such as salmon, walnuts and soybeans, as this has been found to reduce anxiety.
- Setting and achieving health and nutrition goals develops confidence and a feeling of control, and efficacy.
- Developing self-efficacy through programs like experiential training, which involves utilising learning experiences, develops social self-efficacy. (Olaz, Medrano, & Caanillas, 2014), Moreover, improves social skills, thereby decreasing social anxiety.
- Participation in physical activities cultivates a sense of personal agency and improves self-efficacy. This develops confidence to take the initiative and engage in social activities.
- Learning martial arts has been found to develop self-efficacy, and this adds a sense of skill development and accomplishment.
- Improving sleep reinforces the idea that their actions directly influence mental state, and counters distress and feelings of helplessness caused by social anxiety.
- Joining groups and clubs of similar interests provides catered social settings where adolescents find many better opportunities for interaction than in a general social environment. This develops skills required for interaction with others.

ROLE OF SCHOOL TEACHERS

First, teachers can help anxious learners become more effective at recognising the source of their anxious feelings and accurately interpreting them. Connected to this, teachers can help students adopt attributional styles that recognise that they have control over their learning and performance. So, rather than developing a failure-accepting view, students can learn to identify situations where they have been successful and recognise that they can achieve better outcomes with support and effort.

Second, teachers should help highly anxious students set realistic goals, as these individuals often struggle with making wise choices. They tend to select either extremely difficult or elementary tasks. In the first scenario, they are more likely to fail, making them feel even more depressed and anxious about attending school. In the second scenario, they will most likely be successful on the simple assignments. However, they will not feel the accomplishment that could motivate them to work harder and allay their anxieties about schooling. Goal cards, progress charts, or goal-planning journals can be helpful in this case. Additionally, directly teaching students self-regulated learning strategies and supporting their self-efficacy can help them manage their learning and anxiety (Jain & Dowson, 2009).

Third, teachers can support improved performance by teaching students more effective learning and study methods. Research on anxious learners suggests that they spend more time studying; however, their methods tend to be repetitive and of low quality (Cassady, 2004; Wittmaier, 1972). As teachers help students build both the cognitive and emotional skills necessary to overcome anxiety, they should begin to observe the steady gains in performance and ideally internalise the strategies that have helped them be more successful.

Finally, teachers can limit environmental triggers for anxiety in their classrooms by examining their underlying biases (to reduce the presence of stereotype threat messages), promoting mastery-oriented classroom goal structures, and providing a positive role model for appropriate interest and excitement in the content. Connections to family, school, community, and positive belief systems help adolescents “put the brakes” on reckless and dangerous behaviours. (McAnarney, 2008).

ROLE OF PEERS

Peer relationships are essential to adolescents' social and emotional growth. They learn how to share, take turns, engage with others, and put the needs of others before their own (Hartup, 1983, 1996). It is worth noting that qualitative peer relationships can help safeguard against social anxiety by providing emotional support, validation, and positive social experiences. Their positive involvement acts as a therapy to cope with unfavourable life situations. When adolescents receive acceptance and constant support from their peer group, it boosts their confidence level. It increases self-efficacy, which generally reduces anxiety among them.

CONCLUSION

Social anxiety disorder among adolescents emerges from a complex interplay of individual, familial, and environmental influences, with special emphasis on the roles of family environment, self-efficacy, peer relationships, and excessive use of social media. Adolescents raised in supportive and cohesive family environments generally demonstrate greater confidence, healthier self-esteem, and lower levels of social anxiety. In contrast, dysfunctional family settings and poor parental support amplify vulnerability to social anxiety disorder, hampering their social and emotional development.

Self-efficacy stands out as a protective factor: adolescents who believe in their capacity to navigate social interactions are less likely to develop maladaptive coping strategies or experience severe symptoms. Peer relationships further shape anxiety outcomes—positive peer interactions and quality friendships support psychological well-being, while peer victimisation and social rejection escalate anxiety levels. Additionally, excessive and passive use of social media has been linked to increased anxiety symptoms, especially for those prone to negative self-evaluation and social withdrawal.

Effective remedies require a holistic approach, integrating lifestyle modifications, psychosocial interventions, and educational strategies that foster resilience and positive coping skills. Families, educators, and peers play crucial roles in creating nurturing environments, promoting open communication, and encouraging participation in social activities, all of which help adolescents develop the confidence to overcome social anxiety and achieve optimal well-being.

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