Dean&Francis

ISSN 2959-6149

Review on Impact Factors for Social Anxiety

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Abstract:

As there are more and more social situations that require people to interact with others, whatever men, women, young and old, their Social Anxiety Disorder (SAD)e should be paid attention to. These social problems may come from different place. There are both internal and external factors. In this article, the author measured 4 methods, and these social barriers were studied. These are quantifying social anxiety and interpretation bias, using questionnaires, assessing social anxiety levels using the Social Interaction Anxiety Scale (SIAS), and setting up novel scenarios to observe young children's reactions when facing strangers or new toys. Research shows that in clinical and subclinical samples, social anxiety and interpretation bias do not differ significantly. The social isolation feeling from Z generation would through social anxiety to indirect impact the willing of people share their personal information. In different ages and countries, the proportion of people meeting the criteria for social anxiety disorder varies significantly. Plus, children may through observe their parents' anxiety reaction to learn the anxiety emotion. This research found out some factors in families, like the educational methods, the relationship between brothers and sisters and the atmosphere in home. Additionally, some tendency to be anxious come from heritage. All of these factors influence how children and teenagers develop social anxiety. This research can help people find out those kids who have social anxiety, and find out some ways which can prevent and treat it more earlier, to decrease the bad effects in study and daily lives.

Keywords: Anxiety, self-esteem, environment, evaluation

1. Introduction

In contemporary society, the frequency and scenarios for people communicating is increasing constantly. Social interaction has been an important part of study, work, and daily life. However, not everyone

can adapt this high frequency interacting environment smoothly, social disorder has gradually become a social problem that is widely recognized. From child to adult, different age groups will be effected by social disorder in daily study, workplace communication and public life. The existence of such problems will hinder an individual's academic development and career performance, and more importantly, weaken the harmony of social relations and the cohesion of the group. In the background of accelerating globalization and digitization, the opportunities for people to face unfamiliar environments, new ways of communication and cross-cultural exchanges have increased significantly and social difficulty acts more diverse. Therefore, systematically addressing and understanding social disorders has become an important issue in promoting psychological health and social adaptability. Social anxiety has external and internal factors, external factors can be divided into culture of country and age factors, factors affecting parental anxiety and family relationships [1,2]. Internal factors are divided into negative interpretations of ambiguous events and individuals' concerns about being evaluated by others in social situations, and concerns about social failure or criticism [3,4]. However, it remains unclear how individuals can identify the origins of their social anxiety.

2. Introduction the the Key Concept

Social anxiety is the most common type of anxiety disorder. Functional neuroimaging studies have shown that patients with social anxiety disorder have increased activity in the amygdala and insula [5]. Social Anxiety Disorder (SAD) is a fear of being judged by others in social situations. When this fear reaches a level that severely affects normal life functioning, it can be diagnosed as social anxiety disorder (SAD) [6]. Social anxiety disorder is directly related to social standards and role expectations [1]. For those with social anxiety disorder, the effects can manifest as fear, trembling, blushing, sweating, and showing signs of anxiety, boredom, or helplessness. Patients often have significant difficulty in social situations. Compared to people without social anxiety, they showed fewer facial expressions, higher rates of eye avoidance, and had more difficulty initiating and maintaining conversations. This psychological burden can cause patients to reduce interpersonal communication or even avoid interacting with others altogether [7].

3. Internal Factors for Social Anxiety Disorder

The first experiment conducted by the author focused on Social Anxiety Disorder's internal factors. This experiment's aim is quantifying social anxiety and interpretation bias' (Individuals tend to interpret ambiguous social events negatively and to catastrophize even mildly negative social events) strength of correlation, and explore the influence of potential moderator variables such as measurement methods, stimulus materials, sample types, and research design. The next step is literature retrieval and screening. The researchers searched five databases, including PsycINFO and PubMed, and included 44 eligible studies published after 1995 (with a total sample size of 3,859 participants). Inclusion criteria included peer-reviewed English-language publications that clearly measured the relationship between social anxiety and interpretation bias, and used validated assessment tools. The third step involved data extraction and variable definition, including basic study information, social anxiety assessment tools (e.g., DSM diagnoses and scales), interpretation bias measurement type (subjective/objective), stimulus materials (verbal/visual and its subtypes), and study design (between-group comparisons/cross-sectional/interventional). Effect sizes were uniformly converted to Hedge's g. The fourth step was statistical analysis, which used a random-effects model to calculate the overall effect size, tests heterogeneity through the Q statistic, performs subgroup analysis of moderator variables, and uses funnel plots and the "trim and fill" method to control publication bias. The fifth step is to present the results. The report's overall effect size and the effect differences under different moderating variable, and clarify that measurement methods and stimulus materials are significant moderating variables. Finally is conclusion and significance. The results of this study confirm that interpretation bias is a key maintaining factor of social anxiety, providing a basis for clinical intervention. The core participants in this experiment were adults with social anxiety. The main sample type include clinical and subclinical samples. The clinical sample is a confirmed group, and the subclinical sample shows high levels of but undiagnosed symptoms. The core commonality between the two types of samples is the excessive fear of social situations and the tendency to make complex interpretations. It also added a control group, a non-socially anxious control group, to compare and analyze differences in interpretation bias (an individual's cognitive tendency to interpret ambiguous social events negatively and to catastrophize mildly negative social events). The study has shown that there is no significant difference in the effect size of the relationship between social anxiety and interpretation bias in clinical samples and subclinical samples [8].

Next is the second experiment studied by the author, The core research subjects of this experiment are divided into

ISSN 2959-6149

three categories: male, female and other. The subjects were also categorized by employment status: unemployed, part-time, or full-time. First, the researchers used the Qualtrics online survey platform and designed an experimental plan with 2*2 experimental groups (high/low social isolation; high/low social anxiety) and gained 202 available questionnaires. In order to ensure quality, they culled 42 of 202 because of invalid samples with missing data and failed attention check items, finally kept 160 available samples. These samples were randomly separated to experimental groups and high/low social isolation and high/low social anxiety were set as intervention variables respectively. The findings showed that gender and employment status had no significant impact on the outcomes. In this experiment, researchers found that when Generation Z felt socially isolated or anxious, they were more likely to share personal information on social media. Generation Z's perception of social isolation is indirectly related to willingness to share personal information through the mediating effect of social anxiety. In the second study, the researchers expanded the analysis of the model from the first study by constructing a moderated mediation model. The researchers focused on the moderating effects of fear of missing out (FoMO) and rumination, as well as the mediating role of social anxiety. The external validity of the results of Study 1 was verified through a questionnaire survey, and the mediating role of social anxiety, as well as the moderated mediating effects of fear of missing out and rumination in the relationship between social isolation and willingness to share information were further examined [4].

Compared to the previous experiment, this one specifies gender. The common point is that the results of their experimental samples are both non-significant. The weakness of the first experiment is that it did not indicate gender or age. It only said that they were adults without a specific range. Furthermore, there was significant heterogeneity among the studies, with effect sizes varying widely across studies; this heterogeneity may reflect publication bias (i.e., positive results are more likely to be published), and thus the overall effect size may be overestimated. A shortcoming of the second experiment is that the age was not marked, and it is not known whether these conclusions apply to children or the elderly. Additionally, there is no distinction between types of social media platforms, such as Instagram, TikTok and Twitter. Different platforms have different functions, interaction modes and user behaviors, which may affect the information sharing mechanism.

4. External Factors Social Anxiety Disorder

This is the first experiment studied by the author. The core research subjects of this experiment are young people between the ages of 16 and 29. There are 6,825 participants in total, including 3,342 males, 3,428 females, and 55 others. The nationalities of the participants came from seven socioeconomically diverse countries (Brazil, China, Indonesia, Russia, Thailand, the United States, and Vietnam). The experiment used the Social Interaction Anxiety Scale (SIAS) to assess social anxiety levels, with higher scores indicating more severe social anxiety. The results highlight the important role of cross-cultural and socioeconomic background in the development of social anxiety. Gender does not have significant difference. Only one of the countries existed gender difference (Vietnamese men scored slightly higher). The study found significant differences in social anxiety scores among countries ($F(6,6818)=74.85$, $p < .001$, $\eta p^2=0.062$). Indonesia had the lowest mean score ($M = 18.94$, $SD = 13.21$), and the United States had the highest ($M = 30.35$, $SD = 15.44$). Post hoc tests showed that there were significant differences between countries (all p values ≤ 0.001) except for Brazil and Thailand, China and Vietnam, Russia and China, and Russia and Indonesia. There were also significant differences in the proportion of people exceeding the threshold for social anxiety disorder (SAD) among the seven countries ($\chi^2(6,6825) = 347.57$, $p < .001$). Similar to symptom severity, the United States had the highest prevalence, with over half of respondents (57.6%) exceeding the threshold, while Indonesia had the lowest, with less than a quarter (22.9%). The study also found significant age differences ($F(2,6822) = 39.74$, $p < .001$, $\eta p^2 = 0.012$). Adolescents aged 18-24 years scored significantly lower than those aged 16-17 years ($M = 25.33$, $SD = 13.98$), $M = 21.92$ ($SD = 14.24$), and 25-29 years ($M = 22.44$, $SD = 14.22$). In addition, the scores of the 25-29 age group were significantly higher than those of the 18-24 age group (p 0.001). There were also significant differences in the proportion of people above the SAD threshold among different age groups ($\chi^2 (2,6825) = 48.62$, $p < .001$) [7].

Next is the second experiment studied by the author, it is from Aktar et al. (2014). The core study subjects were 117 young children whose parents had social anxiety disorder and other anxiety disorders. Through set new scenes to observe the young children's reaction when they face strangers and new toys. This is used to analyze the impact of parents' anxiety on children's behavior. According to the results, children may through social references and learn the reaction from their parents. These new scenes' features are facing a strange environment or new toys.

This also shows that children may through social references, they learn fear and avoidance responses from their parents' anxiety signals and then exhibit similar anxious behavior patterns [8].

These two studies differed in that one measured young adults between the ages of 16 and 29, while the other measured young children whose parents had Social Anxiety Disorder. The common point is that they are all influenced by the external environment. People will learn about the surrounding environment and then find a way to deal with it. The weakness of the first experiment is that it collected data in the form of a questionnaire, so there will have bias and lack of liability. Future research should include a control group of children whose parents do not have SAD to enhance validity. The absence of a control group (children whose parents do not have SAD) in this study limits the robustness of the study's conclusions.

5. Discussion and Suggestion

The overall conclusion of the current study is that gender and employment status have no significant impact on social anxiety disorder, and the social anxiety caused by external social environment and family environment factors has a significant impact. Some social anxiety caused by self-esteem and the fact that the characters do not receive the external responses they expect will also affect their own social anxiety [1,9]. The author suggests that individuals need not place excessive emphasis on external evaluations once they develop self-awareness. Focusing on self-awareness and inner values can reduce the impact of external evaluations. If social anxiety is caused by social and family factors, psychological interventions such as CBT may help individuals adapt to challenging circumstances. Individuals may consider modifying or changing their environment to create a more supportive and less anxiety-inducing environment.

6. Conclusion

The present study of this paper focuses on the internal and external factors of social anxiety. The internal factors include self-esteem, individual perception of external evaluation, and genetic factors. External factors include social environment, family environment, national cultural background, and living environment. Improving social anxiety can start by reducing the interference of external evaluations on individuals; At the same time, people can also improve their living environments through keep away from those bad factors may have negative effects for social quality. The core significance of this study is to help people deeply understand the essential characteristics and causes of social anxiety, guide individuals to recognize their true physiological and psychological needs, and explore practical ways to alleviate, thereby providing support for improving people's quality of life.

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