**Impact of social anxiety on Children: a Socio-psychological perspective**

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**Abstract**

The modern world is highly complex without an emotional filter, with television, video, and social media, as well as life itself, all of which bring emotions into our lives 24 hours a day, 365 days a year. Excessive reliance on social media may lead to social anxiety amongst children. Social anxiety refers to the fear of social interactions and the associated feelings of self-awareness, judgement, evaluation and inferiority. In other words, social anxiety involves the fear and apprehension of being negatively judged and evaluated by others, which can lead to feelings of inferiority, embarrassment, humiliation and depression. If an individual is prone to social anxiety but appears to be at ease when alone, then the underlying issue may be social anxiety.

**Keywords**: Anxiety, Depression, Overcautious, Phobia, Disorder

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**Introduction:**

Individuals with social anxiety will be overly concerned with making a mistake in front of others, and will experience extreme anxiety prior to entering any of the socially distressing situations. They may describe in great detail all of the potentially embarrassing events that could occur. When in the presence of other individuals, they will experience even greater anxiety, and may not be able to articulate or execute the intended intent. In a sense, it is self-reinforcing. People with social phobia display many of the physical symptoms of anxiety. These may include a dry mouth, excessive sweating, and racing heart. Other individuals may observe some of the symptoms of social phobia, such as flushing, stuttering, shaking, trembling, etc.

Anxiety disorders (also known as social anxiety disorder (SAD) or social phobia) are mental illnesses characterized by excessive levels of anxiety that affect an individual’s capacity to function (Beidel (1998)). Beidel (1998) defines social anxiety disorder as a sub-categorised mental illness characterized by excessive distress and inhibition in engaging with social situations that involve personal attention and evaluation. From a clinical point of view, social anxiety is presented as a phobia of engaging with social situations – for example, performing a particular act, communicating or anything else perceived as under the control of others.

The American Psychological Association (APA) states that overcoming social anxiety is essential for children to become socially successful. However, it can also be beneficial for research purposes, as individuals in similar situations can benefit from advice from another. For a person working in early childhood, intelligence can be a valuable asset, as it can provide insight into when and where a child is struggling, what strategies are effective in helping them overcome those difficulties, and how to turn those difficulties into strengths.

In childhood, Social phobia is not only characterized by personal distress, but it is often the precursor to a variety of other disorders. Young people with social anxiety disorder are at a high risk of developing complications such as major depressive disorder, antisocial behaviour, and suicidal ideation. Social phobia has been directly linked to the development of alcohol use by late adolescence. Furthermore, it is associated with failure to achieve lifestyle/qualification objectives, which results in reduced vocational opportunities, financial hardship, and a decrease in personal health. La Greca and López, (1998) find that adolescent females with social phobia are often characterized by increasing levels of isolation, seclusion and personal detachment from peers. On the other hand, adolescent boys with this disorder report feelings of inadequacy and self-directed perception of dislike from their peers.

When it comes to childhood social anxiety, there are three main areas to focus on: Physiology, behaviour, and cognition. Physiological, kids with social anxiety may have autonomic reactions to social situations, like heart rate spikes, sweating, flushes, nausea, etc. Behaviours, on the other hand, can include avoiding situations, being irritable, having tantrums, crying, being clingy, and being overly cautious. Parents may also describe kids with social anxiety as being too sensitive to criticism and not assertive enough with their peers. On the cognitive side, kids with anxiety often have a lot of worries about how they'll be evaluated, and are more likely to see social situations as a threat.

Social anxiety is a mental health condition characterized by feelings of self-consciousness, nervousness, or shyness in front of others. While most children and adolescents are able to overcome these feelings when necessary, for others the anxiety associated with feelings of shyness or self-consciousness can be severe. When individuals feel so anxious and self-conscious that they are unable to express themselves or engage in social activities on a large scale, it is likely that social anxiety is more than simply shyness. To overcome social anxiety, individuals must go beyond their comfort levels, one step at a time, with the support and guidance of others.

Genetic predisposition can play a role in the development of social anxiety. Parental traits can also have an impact on the brain's response to stress, anxiety, and shyness. Behaviours learned from parents can lead to an overprotective environment, which can lead to a build-up of shyness over time. Furthermore, life events and experiences can also contribute to heightened social anxiety, as cautious individuals may be more prone to shyness and cautious behavior due to pressure to engage in activities they are not prepared for, being judged or demeaned, or other fears and anxieties.

Individuals with social anxiety disorder may shy away from many situations that involve social interaction, such as telephone conversations, joining teams or attending gatherings, and responding to questions in class. Social phobia is a severe fear of appearing in front of others or in social situations where the individual feels embarrassed, humiliated, or the object of more attention than desired. Children and adolescents with social phobia are constantly afraid of appearing foolish or unintelligent in front of others, such as other children, teens, or adults. They may avoid social situations or enter them with extreme apprehension, nervousness, and stress.

 Furthermore, individuals with social phobia tend to have limited or no friends and engage in limited social activities. Historically, the treatment of social anxiety has been based on the idea that children and teens will become less anxious about socially difficult situations if they are exposed to a range of different situations. The basis of this treatment is that as the person is challenged to become familiar with their own personal patterns of anxiety, they will be able to manage and/or endure the associated subjective sensations of anxiety.

It is important to note, however, that not all individuals with social phobias are able to completely adjust to their anxiety responses. This disorder implies that their body's response remains a sign of aversion; the inability to adjust to these individual sensations is a sign of the intensity of their social phobia. Furthermore, a significant portion of the difficulties that impedes the treatment of individuals with a phobia stem from the failure of educators and healthcare professionals to recognize and support children who are affected by a high level of social phobia. Therefore, it appears that early detection of social anxiety remains essential for its treatment.

**Conclusion:**

Parents and adults looking after children and youth should prioritize reassurance and positive outlooks, rather than dwelling in a state of despair and apprehension. Additionally, parents can, when necessary, provide their children with the opportunity to become advocates for the causes their children decide to pursue. It is common for parents to pass on their own worries to their children, as children can (and often do) read their parents' and caregivers' faces and observe fear and apprehension, which in turn reflect the same emotions on their own.

**References:**

1. Anxiety and Depression Association of America. Facts & Statistics. 2014. [http://www​.adaa.org/about-adaa​/press-room/facts-statistics](http://www.adaa.org/about-adaa/press-room/facts-statistics).
2. Ginsburg GS, Becker KD, Drazdowski TK, et al. Treating Anxiety Disorders in Inner City Schools: Results from a Pilot Randomized Controlled Trial Comparing CBT and Usual Care. Child Youth Care Forum. 2012 Feb;41(1):1–19. doi: 10.1007/s10566-011-9156-4. PMID: 22701295.
3. Herbert JD, Gaudiano BA, Rheingold AA, et al. Cognitive behavior therapy for generalized social anxiety disorder in adolescents: a randomized controlled trial. J Anxiety Disord. 2009 Mar;23(2):167–77. doi: 10.1016/j.janxdis.2008.06.004. PMID: 18653310.
4. Khanna MS, Kendall PC. Exploring the role of parent training in the treatment of childhood anxiety. J Consult Clin Psychol. 2009 Oct;77(5):981–6. doi: 10.1037/a0016920. PMID: 19803577.
5. National Institute of Mental Health. Any Anxiety Disorder Among Children. 2016. [http://www​.nimh.nih.gov​/health/statistics​/prevalence/any-anxiety-disorder-among-children.shtml](http://www.nimh.nih.gov/health/statistics/prevalence/any-anxiety-disorder-among-children.shtml).
6. National Institute for Health and Clinical Excellence (NICE), (2013). End Social anxiety disorder: Recognition, assessment and treatment.