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

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**Abstract**

Today’s world is vastly complex without an emotion filter. Television, video, social media, and life itself bring emotions to our lives 24/7 and 365 days. Too much dependency on socialmedia may leads to social anxiety amongst the children. Social anxiety is the fear of social situations and the interaction with other people that can automatically bring on feelings of self-consciousness, judgement, evaluation, and inferiority. Put differently social anxiety is the fear and anxiety of being judged and evaluated negatively by [other people](https://www.bartleby.com/topics/other-people), leading to feelings of inadequacy, [embarrassment](https://www.bartleby.com/topics/embarrassment), humiliation, and depression. If a person usually becomes anxious in social situations, but seems fine when they are by themselves, then social anxiety may be the problem.

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

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**Introduction:**

People who suffer from a social anxiety will worry a lot about making a fool of themselves in front of other people, and will feel very anxious before going into any of the social situations that worry them. They may go through, in great detail, all the embarrassing things that could happen. When they are actually with people, they will feel even more anxious, and may be unable to say, or do, what is intended. In a way, it is a self-fulfilling prophecy. People experiencing social phobia have many of the same physical symptoms. They may get a very dry mouth, sweat a lot, and feel heart racing. Other people may be able to see some of the signs of this anxiety, such as blushing, stammering, shaking and trembling etc.

Anxiety disorders are a defined mental diagnosis which are characterised by “levels of anxiety that impair one’s ability to properly function” (Beidel, 1998). One such type of condition is labelled as social anxiety disorder or social phobia. Beidel (1998) highlights that this diagnosis is sub-categorically defined by excess levels of distress and inhibition in one’s engagement with social situations that may involve personal attention and assessment. From a clinical perspective, social anxiety presents itself as a phobia to that of one’s engagement with social circumstance – like performing a specific behaviour, communicating, or anything else that is perceived as being under the judgement of others.

According to American Psychological Association to overcome social anxiety is important for children to overcome because it can help them became achieve with other. But, this can also help with research so that others who are in the same situation can use the tips from someone else to help that child. Being smart can be important to a person working early [childhood](https://www.bartleby.com/topics/childhood) because it can give them an idea of where and when a child struggles and what things work to help that child with those struggles and how to make those struggles the child’s strengths.

The reality of Social phobia in childhood is that it is not only characterised with that of personal distress, it is often the forerunner of many other disorders. Many youths that are diagnosed with social anxiety disorder run a high risk for complications such as major depression, antisocial behaviour and suicidal ideation (La Greca & López, 1998). Not only has social phobia been directly linked to influencing the development of alcohol abuse by late adolescence; it is also associated with failure to attain lifestyle/qualification goals; which correspond with reduced vocational options, financial hardship and a decrease to personal health. Social phobias endorse low self-esteem, high sensitivity to subjective evaluation and submissiveness. La Greca & López (1998) identify that adolescent females with this disorder are often ruled by increasing levels of loneliness, seclusion, and personal severance from peers. Comparatively, adolescent boys with such disorder report feelings of incompetence and self-originated perceptual dislike from that of their peers.

Childhood social anxiety can be described with reference to three realms: physiological, behavioural, and cognitive. Physiologically, children may exhibit autonomic arousal in social situations, such as increased heart rate, sweating, flushing, nausea etc. Behaviourally, social anxiety can be expressed as avoidance, irritability, angry outbursts, crying, clinginess, and over cautiousness. Also, children with social anxiety are sometimes described by their parents as being overly sensitive to criticism and non-assertive with peers. Cognitively, children with social anxiety have many concerns about social evaluation and are likely to interpret social situations in a threatening manner.

It’s natural to feel self-conscious, nervous, or [shy](https://kidshealth.org/en/teens/shyness.html) in front of others at times. Most children and adolescents get through these moments when they need to. But for others, the [anxiety](https://kidshealth.org/en/teens/anxiety.html) that goes with feeling shy or self-conscious can be extreme. When people feel so self-conscious and anxious that it prevents them from speaking up or socializing most of the time, it’s probably more than shyness. It may be a mental health problem known as social anxiety. Overcoming social anxiety means going beyond what’s comfortable, little by little. But other people will be there to support and guidance.

**Causes of Social Anxiety:**

Social anxiety can develop by three things:

**Genes:** Social anxiety can be partly due to the genes a person inherits. Traits from parents can influence how the brain reacts to anxiety, shyness, nervousness, and [stress](https://kidshealth.org/en/teens/stress.html).

**Behaviours learned from role models (especially parents):**  If parents or others overprotect a shy child, the child won’t have a chance to get used to new people and situations. Over time, shyness can build into social anxiety.

**Life events and experiences:** If cautious people have [stressful experiences](https://kidshealth.org/en/teens/serious-stress.html), it can make them more shy and cautious. Feeling pressured to interact in ways they don’t feel ready for, being criticized or humiliated, or having other fears and worries can make social anxiety worse.

Children and adolescents with social anxiety disorder might avoid many situations that involve interacting with other people. These situations include talking on the phone, joining teams or gatherings, and answering questions in class etc. It is an intense fear of performing in front of people or other social situations where the child or teen feels embarrassed, humiliated or the focus of more attention than he or she wants. Children and teens who suffer from social phobia constantly fear looking foolish or stupid in front of other children and teens or adults. They will avoid social situations or will enter social situations with extreme anxiety, nervousness and stress. Children and teens with social phobia often have few or no friends and participate in very few social activities.

Traditionally, the treatment for social anxiety was formed on the concept that children and adolescents would become less anxious towards socially challenging situations if they were given the opportunity to gain exposure to a variety of situations. The foundation for this treatment being that as the individual is prompted to become accustomed to their personal dynamics of anxiety, from which they are able to control and/or tolerate the corresponding subjective feelings of anxiety.

Nonetheless, it needs to be acknowledged that not all children and adolescents with social phobia are able to fully adapt to their anxiety response – This disorder dictates that their bodily response remains a signal for aversion; it is the failure to adapt to these personal sensations that is indicative of the severity of their social anxiety. Additionally, much of the hardship that impairs the treatment of people with a social phobia originates from the fact that many educators and healthcare practitioners also fail to identify and support children that are governed with high levels of social anxiety. Hence, it would appear that early identification of social anxiety maintains key to treatability.

**Conclusion:**

Parents and adults caring for children and youth should provide first and foremost reassurances and positive mindsets, and not dwell themselves in hopelessness and worry. Parents can also, when appropriate, support their children with opportunities to become advocates for causes their children choose. Often parents inadvertently transfer their own anxieties to their children. Children can (and will) read their parents’ and caregivers’ faces and see terror and worry, eventually reflecting those same feelings in themselves.

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