
Psychosocial Factors As Correlates Of Social Anxiety Disorder Among Secondary School Students In Rivers State., Nigeria.

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Abstract

This study investigated psychosocial factors that are linked to social anxiety disorder. It employed a correlational research design. The population consisted of 6,526 SS1 students in government schools in Port Harcourt Local Government Area for 2023/2024 academic session). Simple random sampling technique was used to determine sample size of 391 students. A standardized closed ended questionnaire was adapted to collect data for this study which included the Liebowitz Social Anxiety Scale: For Children & Adolescents (LSAS-CA), Social Skills Inventory (SSI), Gender Identity Scale (GIS) and Perceived Stress Scale (PSS).The reliability of the instrument was determined at the alpha coefficient of 0.70, 0.78, 0.64, and 0.77 for LSAS-CA, SSI, GIS AND PSS respectively through test re-test using Cronbach Alpha method of internal consistency. Mean and Standard Deviation was used to answer the research question while simple correlation was used to test the corresponding hypothesis at 0.05 level of significance. The analysis was done using Statistical Packages for Social Sciences (SPSS) version 20. The result revealed that social skills and gender identity correlate with social anxiety disorder among secondary school students in Rivers State. Contrary to this outcome is stress

management, hence, it does not correlate with social anxiety disorder among secondary school students in Rivers State. The study suggests that schools should have psychologists evaluate students with social anxiety disorder, and create seminars to raise awareness about the disorder and its psychosocial factors, enabling students to seek counselling and therapy.

Keywords: Social Anxiety Disorder, Psychosocial Factors, Social Skills, Gender Identity, Stress Management

Introduction

Social anxiety disorder, sometimes referred to as social phobia is a common mental health illness that impairs people's capacity to move through and perform well in social situations. Its defining feature is a strong, enduring fear of being observed, assessed, or humiliated in social situations. People who suffer from social anxiety disorder frequently struggle greatly and are significantly less able to function in social, intellectual, and professional spheres of their lives. This disorder was first observed by Hippocrates as a fear of people, and the term 'social phobia' was coined by Janet in 1903. (Ruchika, 2021). Adolescents who suffer from social anxiety disorder cannot be singled out as an estimated 12% of adolescents are affected globally. Being a debilitating fear of scrutiny, evaluation, embarrassment, or humiliation, often resulting from negative evaluation by others, often onset in early to late adolescence, it often leads to avoidance and interferes with everyday life. Psychosocial factors are believed to be integral to the development of SAD. Recognising its correlates can assist in identifying at-risk individuals and creating focused interventions.

Psychosocial has to do with relating social conditions to mental health, it is the interplay between psychological and social factors. Psychosocial factors are specific variables that influence mental health through psychological and social mechanisms. Understanding the impact of social factors on health, safety and performance is crucial. The role of psychological conditions in schools has become a concern for both parents and teachers alike, it is therefore imperative to recognize the complexity of causal factors involved in psychosocial problems in school and social anxiety disorder is one of them.

Secondary school students are at a higher risk of developing social anxiety disorder due to the unique challenges they face during the transition from primary to secondary school, academic demands, and peer relationships. Tayag and Gonzales (2021) explained that the increased emphasis on social interactions, performance, and evaluation in secondary school can exacerbate feelings of self-consciousness, social phobia, and anxiety. Students' psychological factors intertwine with their personality, studies have established the how some of these psychological factors interfere in the life of adolescents and in some cases develop social anxiety. Hence, the observed level of social anxiety among adolescents drove the curiosity to carry out this study. Despite its significance, the psychological factors contributing to SAD in the population remain understudied.

At the critical developmental stage of secondary school, social anxiety disorder is a common and crippling mental health problem that can profoundly influence an individual's well-being and functioning. Research to date has consistently shown a

relationship between social anxiety disorder and a variety of psychological characteristics, including peer interactions, family dynamics, self-esteem, and social skills.

The particular environment of Rivers State presents a distinct set of difficulties and pressures for secondary school students, which could potentially exacerbate the symptoms of social anxiety disorder. The transition from elementary to secondary school, the pressures and demands of a more demanding academic environment, the shifting dynamics of social skills, and the socioeconomic and cultural elements that influence the educational and social environment are just a few of these difficulties.

Likewise, in the Nigerian context, the stigma attached to mental health conditions, such as social anxiety, is a serious obstacle to seeking and receiving the right kind of assistance and interventions. Students with social anxiety disorder in secondary school may encounter even more stigma, which can make them feel more alone, avoid people, and be hesitant to reach out for assistance.

The symptoms of SAD have adverse effects on life and wellbeing of those that are affected. At its worst, SAD can lead to students dropping out of school and foregoing potentially promising careers. The fear and anxiety elicited by SAD can disrupt or damage an individual's ability to function in a wide variety of social situations, cause a decrease in social support and often result in lowered achievements in educational settings, making the investigation of the disorder's correlates of crucial importance to those who work with young people.

Succinctly, the psychological components that influence social anxiety disorder in secondary school students can be detrimental and impact on their academic journey. Hence, the fundamental problem of this study is in examining psychological variables that are associated with social anxiety disorder in secondary school students in Rivers State.

Literature Review

Social anxiety is defined as a marked and persistent fear of social or performance situation in which embarrassment may occur. (Thomas, 2021). This is a desire for the fear they experience to be eradicated, and may resort to different drugs available to cure it, prescription or non-prescription. The hallmark of social anxiety disorder (SAD) is a chronic, overwhelming fear in social settings, causing significant suffering and impairment in various life domains, often influenced by various difficulties and pressures throughout the crucial secondary school stage. Zha et al. (2023), posited that in 2019 research indicated that between 45.7% of secondary school students suffer from SAD. Variations in diagnostic standards, evaluation techniques, and cultural aspects amongst studies can be blamed for the disparity in prevalence rates.

Social learning theory suggests that individuals with social anxiety disorder (SAD) may develop fear and anxiety by witnessing others' negative experiences and reactions. This theory in the words of Koban et al. (2023) emphasized the importance of vicarious reinforcement, where people identify behaviours with positive or negative outcomes even without firsthand experience. In Khalid et al., (2021) the physical symptoms of this disorder were identified as blushing, trembling, excessive perspiration, and a hidden manifestation of rapid heartbeat. These may aggravate the

person's overall functioning even more, impairing social and personal functioning. Over time, SAD can result in feelings of social isolation, loneliness, sadness, suicidal thoughts, and even actual suicide.

Social anxiety disorder (SAD) is influenced by genetic predisposition, childhood trauma (bullying, victimization, domestic violence, etc.), personality traits (neuroticism), and often comorbid with other mental health conditions (substance abuse), necessitating comprehensive assessment and treatment. (Spence & Rapee, 2016). Research in Stein, et. al. (2017) indicated that social anxiety disorder development is influenced by both genetic and neurological variables. While certain genes in the noradrenergic and serotonergic systems may increase sensitivity, monozygotic twins had a higher likelihood of SAD concordance. Risser (2024) explained that temperament traits like negative affectivity, behavioural inhibition, and social reticence, often evident from an early age, may contribute to the development of maladaptive thought and behaviour patterns in social anxiety disorder.

The behavioural aspects of social phobia are addressed in CBT as per Sharpe et al (2022) which involves avoidance and safety behaviours. These behaviours may unintentionally perpetuate the person's dread and anxiety. Clark and Wells' cognitive model of social anxiety as stated in Leigh and Clark (2018) suggests that individuals with social anxiety have a greater number of negative social beliefs and higher standards of performance in social situations. The brain plays a key role in selecting and processing information, leading to research interest in cognitive processes like perception, attention, memory, and emotion. Secondary school students with SAD can benefit from a combination of Cognitive Behavioural Therapy (CBT) and other effective treatment approaches that help them develop coping mechanisms to deal with their condition and challenge maladaptive thoughts and behaviours. Treatment options also include pharmacotherapy, such as the use of serotonin reuptake inhibitors (SSRIs).

According to Freud, individuals experience inner conflicts between their instinctual drives (id), societal norms (superego), and reality constraints (ego). In the case of SAD, individuals may harbour unconscious fears or desires related to social interaction, stemming from early childhood experiences or unresolved conflicts. For example, a person with SAD might have unconscious fears of rejection or humiliation in social situations, rooted in early experiences of social discomfort or parental criticism. The onset of SAD has been linked to some psychosocial factors according to existing research, understanding this term and its inclusive factors cannot be overlooked.

Psychosocial encompasses the dynamic relationship between individual mental, physical health and the social environment. The American Psychological Association (2018) explained it as how social, cultural, and environmental factors combine to affect a person's thought process and attitude. On the other hand, the term "psychosocial factors" is increasingly used and is a growing concern to school administrators, they are specific variables that influence mental health. Dixson et al. (2016) described psychosocial factors as variables that affect a person's conduct and overall health and that consist of two components: social and psychological. These are the traits or aspects that affect a person's social and/or psychological well-being. These variables can characterise people in connection to their social surroundings and

the ways in which this impact their bodily and mental well-being. (Thomas et al, 2020).

Though the term “psychosocial factors” is widely used, its connotations vary ranging from emotions to cultural factors. But the focus here refers to all factors of psychological and social nature that interacts with each other, with physical environments at school and with individuals to affect the learning process. This covers a broad range of factors reflecting the complex total reality of the school system. In other words, psychosocial refers to the broader concept of the psychological-social range while psychosocial factors are specific variables that operate within this range to impact health outcomes. Existing research has identified several key psychosocial factors that are associated with social anxiety disorder among adolescents, including social skills, gender identity and stress management.

Social skills are interpersonal communication techniques that facilitate a successful social life. They enable you to interact with people in an efficient manner and to interpret their nonverbal and spoken cues. Grover et al. (2020) defines it as a collection of acquired skills that allow someone to function in a particular social setting with proficiency and appropriateness. They are a set of visible behaviours used in everyday situations; they are socially accepted behaviours that are taught so as to make it possible to engage with people in productive ways. (Lamash & Fogel, 2023). In accordance with Boutros (2024) it is referred to as the capacity to handle social circumstances and communicate with others effectively. This includes the ability to share thoughts, empathize, address issues, and resolve conflicts.

For efficient communication, emotional regulation, cognitive functions, and social problem-solving, social skills are essential. People with social anxiety disorder may find that their capacity to engage and perform in social settings improves with training in these abilities. In line with studies, people who typically struggle with social anxiety disorder frequently have trouble expressing themselves, being assertive, and showing empathy, all of which might exacerbate their anxiety. As a useful adjunct to cognitive behavioural therapy, social skill development can effectively treat social anxiety disorder.

Gender identity on the other hand is a multifaceted concept that refers to an individual’s internal sense of their own gender. It is a personal, subjective experience that is separate from biological sex and gender expression. Gender is defined by WHO (2024) as the socially built traits that define males, women, girls, and boys. Gender identity refers to an individual's internal perception of their gender and the way they choose to show it outside of themselves. (Cuncic, 2024).The term "gender identity" as described by Roseli (2018) is an individual's core sense of themselves as either male, female, or another identity; it might differ from physical sex.

Gender identity and social anxiety disorder are intricate topics that might have substantial intersections, particularly among Nigerian secondary school students, hence, a contextual understanding of the term is necessary. The Nigerian society often adheres to traditional gender roles, which may influence adolescents' exploration and expression of gender identity. The stigma surrounding non-conformity to these roles can contribute to social anxiety among gender-diverse students (Oyekanmi, 2019).

Secondary schools serve as crucial socialization spaces where adolescents navigate peer relationships, academic pressures, and societal expectations. Adolescents' interactions with peers play a central role in identity formation and social integration. Gender-related bullying or ostracism may negatively impact the mental well-being of gender-diverse students. Gender-related experiences within these environments can impact mental health outcomes, including social anxiety.

Students who experience gender dysphoria (a profound sense of discomfort and uneasiness that can arise if your gender identity and biological sex do not match) may also develop social anxiety disorder as a coping mechanism. The fear of being judged, rejected, or ridiculed due to their gender identity can lead to social anxiety and avoidance behaviours. Gender-nonconforming students may experience higher levels of social anxiety due to the constant need to navigate gender norms and expectations.

Gender disparities in mental health outcomes are observed globally, with studies indicating higher rates of anxiety disorders among adolescent females compared to males (Gureje et al., 2015). However, the influence of gender identity on these disparities requires further exploration. There is limited research on the prevalence of gender identity and social anxiety disorder among Nigerian secondary school students. However, a study published in the *Journal of Child and Adolescent Mental Health* found that 23.4% of Nigerian adolescents experienced social anxiety disorder. Another study published in the *International Journal of Transgenderism* found that 4.6% of Nigerian university students identified as transgender or gender-nonconforming and this stands against the norms of societal expectations in Nigeria.

Humans frequently feel stress, which is the body's physical, mental, and emotional reaction to perceived dangers or difficulties. In order to manage the demands of stressful events on the inside as well as the outside, effective coping techniques combine cognitive, emotional, and behavioural efforts. The World Health Organization (2023) defined stress as a condition of mental or emotional strain or tension coming from unfavourable or demanding situations, is managed and reduced via the employment of tactics and strategies.

Coping skills, also known as coping strategies in accordance to Chowdhury (2019), are a collection of adaptive capabilities that we consciously use to prevent burnout in psychology. These tools, which depend on our unique personality trends, can be our ideas, feelings, and behaviours. Salimzadeh (2021) cited problem-solving techniques, emotional control, social support, and mindfulness as examples. In contrast to maladaptive tactics like avoidance, the use of adaptive coping mechanisms is associated with improved mental and physical health outcomes.

There are different types of stress management which includes; problem-focused coping strategies which addresses stress sources, like time management and problem-solving, while emotion-focused coping strategies regulate emotional responses. Adaptive coping strategies, like problem-solving and relaxation techniques, improve mental health outcomes like reduced anxiety and depression. Maladaptive coping strategies, like avoidance and substance use, lead to poorer mental health and increased psychological disorders. (Compas et al, 2017).

The diathesis-stress model highlights the impact of negative social experiences, stressful life events, and sociocultural factors on social anxiety disorder symptoms.

Negative experiences, such as rejection and bullying, can significantly influence a person's beliefs and abilities, while sociocultural factors, particularly in societies valuing social harmony, can exacerbate symptoms.

Social anxiety disorder (SAD) is a condition where individuals experience distress and impairment, leading to negative outcomes like decreased academic performance, reduced social engagement, and poor quality of life. Effective stress management and adaptive coping strategies can help manage anxiety and improve overall well-being. Based on studies in Koszycki et al. (2016), problem-focused coping strategies like cognitive-behavioural therapy and social skills training have been found to help individuals navigate social situations and reduce symptoms. Emotion-focused coping strategies like relaxation techniques and mindfulness-based interventions can help regulate emotional responses to social stress.

Aim and objectives

The aim of this study is to investigate the relationship between psychosocial factors and social anxiety disorder among secondary school students in Rivers State, Nigeria. The specific objectives of the study include:

Research Questions

The study shall be guided by the following research questions:

1. To what degree does social skills correlate with social anxiety disorder among secondary school students?
2. To what extent does social identity relate with social anxiety disorder among secondary school students?
3. To what degree does stress and coping strategies relate with social anxiety disorder among secondary school students?

Hypotheses

The hypotheses shall be tested at 0.05 level of significance

1. Social skills do not significantly correlate with social anxiety disorder among secondary school students.
2. Gender identity does not significantly relate with social anxiety disorder among secondary school students.
3. Stress and stress management do not significantly relate with social anxiety disorder among secondary school students.

Methodology

The study employed a correlational research design. The population consisted of 6,526 students in SS1 (2023/2024 academic session). Out of the 9 government run schools in Port Harcourt Local Government Area (PHALGA), Rivers State, six schools were chosen using Taro Yamen formular. A sample size of approximately 391 students were drawn using a simple random sampling technique to ensure representation across

selected schools. A standardized closed ended questionnaire was adapted to collect data for this study. The questionnaires for this investigation featured 4 Sections (A, B, C, and D); respectively, they are Titled; Liebowitz Social Anxiety Scale: For Children & Adolescents (LSAS-CA), Social Skills Inventory (SSI), Gender Identity Scale (GIS) and Perceived Stress Scale (PSS). This will help to elicit data on the research variables. A four (4) points scale was adopted for the questionnaires, with two types of response because of the type of response expected which are Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2, and Strongly Disagree (SD) = 1. As well as a two-part response scale for Avoidance and Fear respectively which are, Never = 4, Rarely = 3, Sometimes = 2, and Often = 1 as well as Severe, Moderate, Mild and None. Cronbach Alpha method of internal consistency was used to determine the instruments' reliability through test re-test. The alpha reliability coefficient was determined at 0.70, 0.78, 0.64, and 0.77 for LSAS-CA, SSI, GIS and PSS respectively.

The questionnaires were administered during regular school hours. Participants and the school authorities provided informed consent before participation. First, the Liebowitz Social Anxiety Scale for Children & Adolescents (LSAS-CA) was administered to SS1 students in selected public secondary schools in Rivers State by the researcher and assistants. Students with SAD were identified and selected randomly for the study. Pearson Product moment correlation was used to answer the research questions while P-value associated to Pearson Product moment correlation was used to test the corresponding hypotheses at 0.05 level of significance. The analysis was done using Statistical Packages for Social Sciences (SPSS) version 20.

Results

Research Question One: To what degree does a social skill correlate with social anxiety disorder among secondary school students?

Hypothesis One: Social skills do not significantly correlate with social anxiety disorder among secondary school students.

Table 1: Relationship between Social skills and social anxiety disorder among secondary school students.

Descriptive Statistics			
	Mean	Std. Deviation	N
Social Skills	26.7289	6.08556	391
Social Anxiety Disorder	25.4885	5.17878	391

Correlations			
		Social Skills	Social Anxiety Disorder
Social Skills	Pearson Correlation	1	.680
	Sig. (2-tailed)		.021
	N	391	391
Social Anxiety Disorder	Pearson Correlation	.680	1
	Sig. (2-tailed)	.021	
	N	391	391

Table 1 shows the result of research question one and its corresponding hypothesis. The results show the mean (\bar{X}) = 26.7289 standard deviation (σ) = 6.08556 and number of respondents (N) = 391 of social skills and social anxiety of student as mean (\bar{X}) = 25.4885 standard deviation (σ) = 5.17878 and respondents (N) = 391. From the testing of the corresponding null hypothesis, it indicated a correlation coefficient (r) of 0.680 was gotten at 0.05 level of significance with a corresponding P-value of 0.021. Since the P-Value was less than 0.05, the null hypothesis one is rejected and the alternate accepted. This result therefore indicates that social skills significantly correlate with social anxiety disorder among secondary school students.

Research Question Two: To what degree does gender identity correlate with social anxiety disorder among secondary school students?

Hypothesis Two: Gender identity does not significantly correlate with social anxiety disorder among secondary school students.

Table 2: Relationship between gender identity and social anxiety disorder among secondary school students.

Descriptive Statistics

	Mean	Std. Deviation	N
Gender Identity	29.4476	6.13328	391
Social Anxiety Disorder	25.4885	5.17878	391

Correlations

		Gender Identity	Social Anxiety Disorder
Gender Identity	Pearson Correlation 1		.711
	Sig. (2-tailed)		.007
	N	391	391
Social Anxiety Disorder	Pearson Correlation	.711	1
	Sig. (2-tailed)	.007	
	N	391	391

Decision Rule: Reject H_{02} if P-Value is less than the level of significance ($\alpha = 0.05$), otherwise accept.

Table 2 shows the result of research question two and its corresponding hypothesis. The results show the mean (\bar{X}) = 29.4476 standard deviation (σ) = 6.13328 and number of respondents (N) = 391 of gender identity and social anxiety of student as mean (\bar{X}) = 25.4885 standard deviation (σ) = 5.17878 and respondents (N) = 391. From the testing of the corresponding null hypothesis, it indicated correlation coefficient (r) of 0.711 was gotten at 0.05 level of significance with a corresponding P-value of 0.007. Since the P-Value was less than 0.05, the null hypothesis two is rejected and the alternate accepted. This result therefore indicates that gender identity significantly correlates with social anxiety disorder among secondary school students.

Research Question Three: To what degree does stress management correlate with social anxiety disorder among secondary school students?

Hypothesis Three: Stress management does not significantly correlate with social anxiety disorder among secondary school students.

Table 3: Relationship between stress management and social anxiety disorder among secondary school students.

Descriptive Statistics			
	Mean	Std. Deviation	N
Stress Management	29.3913	5.99768	391
Social Anxiety Disorder	25.4885	5.17878	391

Correlations			
	Stress Management	Social Anxiety Disorder	
Stress Management	Pearson Correlation	.007	
	Sig. (2-tailed)	.891	
	N	391	391
Social Anxiety Disorder	Pearson Correlation	.007	
	Sig. (2-tailed)	.891	
	N	391	391

Table 3 shows the result of research question three and its corresponding hypothesis. The results show the mean (\bar{X}) = 29.3913 standard deviation (σ) = 6.99768 and number of respondents (N) = 391 of stress management and social anxiety of student as mean (\bar{X}) = 25.4885 standard deviation (σ) = 5.17878 and respondents (N) = 391. From the testing of the corresponding null hypothesis, it indicated correlation coefficient (r) of 0.007 was gotten at 0.05 level of significance with a corresponding P-value of 0.891. Since the P-Value was greater than 0.05, the null hypothesis three is sustained and the alternate rejected. This result therefore indicates that stress management does not significantly correlate with social anxiety disorder among secondary school students.

Discussion of Findings

This investigation attempts to establish the correlation between psychosocial factors and social anxiety disorder. The result is in line with the following psychosocial factors; it revealed that social skills correlate with social anxiety disorder which means that secondary school students are at the risk of developing SAD if they lack the right social skills which has been proven to be a contributory factor. This result is in agreement with that of Pablo et al. (2019) where their result revealed a negative correlation between social skills and social anxiety indicating a strong link. Though they looked into the role social skills training plays in adolescents with social skills, the outcome of the review indicated that as social skills deficits increased, social anxiety becomes reduced. This right here is an indication that a lack of social skills can exacerbate SAD. Also, Nobre and Freitas (2021) 20 years of empirical research (1997 – 2017) review of the relationship between social skills and social anxiety disorder aligns with the result of this study. The comprehensive result indicated a negative correlation in specific categories of social skills.

These findings point to the fundamentals of CBT which highlights the importance of the right cognition. Both studies as well as this present study affirmed the role of social skills on SAD, hence encouraging the use of CBT which emphasized on improved social skills as an aid to alleviate the sufferings of individuals with SAD.

Following the result from the analysis, gender identity was proven to correlate with social anxiety disorder among secondary school students. Similar to this result is that of Bergero-Miguel et al. (2016) who found a high prevalence of SAD in a sample of people with gender dysphoria which is associated to gender identity. Since they are not happy with their assigned biological sex at birth, they find it difficult exhibiting their desired gender hence boxing them into the world of social anxiety disorder. In the same vein, Mahon et al. (2018) discovered that all sexual minority sub-groups had markedly elevated levels of social anxiety. This can be summarized by Freud's unconscious theory where individuals experience inner conflicts between their instinctual drives (id), societal norms (superego), and reality constraints (ego).

In finding out the correlation between stress management and SAD, the outcome indicated that stress has no link with SAD. This result is contrary to Farmer and Kashdan (2015), who explored stress sensitivity and stress generation in social anxiety disorder, they confirmed the function of heightened social stress sensitivity in SAD. Also, this result is not in line with that of Engen and Alpers (2021), their research reveals that stress influences social anxiety but varies depending on the degree of the sufferer using risk-taking as a determinant of the degree. We all know that the school is a socialising environment where students interact with both their peers and the school authorities, the activities could possibly be a way out for students to wade out stress, hence, cutting out any form of link with social anxiety.

Conclusion

This study has revealed that psychosocial factors correlate with social anxiety disorder. Whereas stress management indicated that there is no significant link to SAD, social skills and gender identity were found to be correlates of SAD among secondary school students.

Recommendations

Based on the findings, the following recommendations are recommended

1. Educational institutions should encourage and implement social-emotional learning (SEL) programs in schools to develop students' social skills and self-confidence.
2. Educators and counselors should be trained to recognize how negative social identity perceptions may contribute to social anxiety and provide targeted interventions to address these issues.
3. Counselors and educators should be trained to identify students experiencing high levels of stress and provide individualized support.

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