

Social Anxiety and Emotional Dysregulation Among Pakistani Adolescents: A Demographic Analysis

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Abstract

Adolescence is an important development period that is characterized by emotional and social transitions, which increase the risk of developing mental problems. This current research investigated the association between social anxiety and emotional dysregulation amongst adolescents in Pakistan and the influence of demographic factors on both constructs. This research utilized a quantitative cross-sectional design, where data were gathered through convenient sampling from 300 adolescents aged 13-19 years studying in schools and colleges in Islamabad. After consent from participants data collection was done using the Liebowitz Social Anxiety Scale for Children and Adolescents (LSAS-CA) (Masia-Warner et al., 2003) and Difficulties in Emotion Regulation Scale (DERS-16) (Bjureberg et al., 2016). Data were analyzed using descriptive statistics, reliability analysis, Pearson correlation, independent samples t-test, and one-way ANOVA. The findings revealed a statistically significant positive association between social anxiety and emotional dysregulation. Females, older adolescents, and adolescents with a low socioeconomic status scored high on the two variables. Parental educational status and parental marital status influenced significantly both variables, while no significant differences occurred due to type of educational institute or family structure. This study provides significant and relevant evidence regarding influence of demographic factors on these variables.

Keywords: Social Anxiety, Emotional Dysregulation, Adolescents, Pakistan, Demographic Factors, Mental Health

Introduction

Adolescent years are a time of rapid physical, psychological and social growth. In this phase, there is a dramatic shift in identity development, academic challenges, peer pressure, and emotional vulnerability. Such developmental issues can place adolescents at a heightened risk for psychological problems like anxiety, depression, and mood swings (Steinberg, 2014). Adolescent mental health has become a growing concern worldwide, as it has a long-term impact on emotional wellbeing, academic achievement and social functioning (World Health Organization [WHO], 2024). Social anxiety is one of the most common psychological issues experienced by teens. Social anxiety is characterized by a fear of being evaluated, judged, embarrassed or rejected in social or performance settings, which can be extreme (American Psychiatric Association [APA], 2013). Adolescents with high social anxiety may not go to interact with peers, attend classes, or interact socially with others because of a fear of criticism or rejection. Avoidance behaviors may seriously affect academic performance, self-confidence and social interactions, resulting in social isolation and withdrawal (La Greca & Lopez, 1998).

Emotional dysregulation is another construct that is relevant to psychological functioning in adolescents. Emotional dysregulation is the inability to understand, regulate, and respond to emotional experiences in an adaptive way (Gross, 2015). Poor emotion regulation in adolescence can lead to heightened emotional responses, mood swings, impulsive actions and poor coping with stress. Emotional dysregulation has been robustly associated with psychological disorders in general such as anxiety and depression symptoms, and has been identified as a transdiagnostic factor in mental health research. It has been suggested that there is a strong inter-relationship between social anxiety and emotional dysregulation. Adolescents with social anxiety tend to be very sensitive to emotional arousal in social contexts, and they have a persistent worry of negative evaluation. This ongoing emotional stress can reduce their capacity to manage their emotions well, and lead to greater psychological distress (Mennin et al., 2005). Thus, emotional regulation problems can further increase avoidance behaviors, perpetuating and worsening social anxiety symptoms. Demographic factors are also important factors that influence mental health outcomes of adolescents. Factors affecting psychological distress experienced by adolescents include age, gender, socio-economic status, family structure and the educational environment. It has been consistently found that females adolescents rate anxiety higher than males (McLean & Anderson, 2009). Likewise, those with unstable and/or low-income families are more likely to have emotional and behavioral issues (Reiss, 2013).

In Pakistan, adolescent mental health has become an area of growing concern, as a result of the pressure of academic achievement, cultural expectations, stigma surrounding mental illness and the lack of access to mental health services. PSCs among adolescents have increased but empirical studies in Pakistan have been limited especially on emotional regulation. Past research has mainly concentrated on general anxiety and depression, and there has been limited research on the link between social anxiety and emotional dysregulation and effect of demographic variables (Imran et al., 2020). In the light of above background, the present study is designed to explore the correlation of social anxiety and emotional dysregulation among Pakistani adolescents and impact of some selected demographic variables. This relationship is significant because it is useful to know the factors that can lead to problems with mental health and provide specific interventions to support the emotional wellbeing and healthy social functioning of adolescents. The study is based on several psychological models that account for the emergence and dynamics of social anxiety and emotional dysregulation. According to Cognitive-Behavioral Theory, social anxiety is caused by avoidance and inappropriate thoughts (Beck, 1976). Gross (2015) theorises that emotional problems at any of the stages of emotional processing can lead to emotional dysregulation through the process model of emotion regulation. According to the Transactional Model of Stress and Coping, the emotions that are experienced are a result of cognitive evaluation and perceived coping capacity (Lazarus & Folkman, 1984). Furthermore, Attachment Theory emphasises the effects of early caregiver-child relationships on emotional security and regulation skills (Bowlby, 1988). In aggregate, these theories imply that cognitive, emotional and environmental factors influence psychological outcomes among adolescents.

Objectives:

1. To examine the relationship between social anxiety and emotional dysregulation among adolescents.
2. To investigate demographic factors (age, gender, academic grade, institution type, family system, socioeconomic status, parental education and parental marital stats) influence on social anxiety and emotional dysregulation among adolescents.

Hypothesis:

1. There is a significant positive relationship between social anxiety and emotional dysregulation among adolescents.
2. There are significant impact of socio demographic factors (age, gender, academic grade, institution type, family system, socioeconomic status, parental education and parental marital status on adolescents social anxiety and emotional dysregulation

Methodology

Settings

This current study was carried out at Islamabad Colleges. Appropriate permission was sought from the concerned institutions before conducting the study. The chosen institution was based on its convenience, presence of adolescents in the institution, and their willingness to be part of the research process.

Research Design

The current research used the quantitative cross-sectional methodology to conduct the study. The use of this design was deemed appropriate since it enabled the researcher to explore the relationship between social anxiety and emotional dysregulation among teenagers within a single instance, without having to manipulate any variables. In addition, demographic factors were explored to see how they affected the aforementioned psychological constructs. As the data was collected only once from each individual, the cross-sectional design was appropriate to explore the relationship among variables in a real-world context.

Sample or participants

The participants were drawn from different schools and colleges of Islamabad so as to keep diversity. Over important demographic characteristics. To ensure a balanced representation, both male and female students were included to ensure a group of students from different academic grades were also included in the study, as well as representation of gender. Only those students currently enrolled in the ongoing academic session, who were able to The respondents were a group of people who filled out the questionnaire with full understanding of the questions, both in English and Urdu, and who willingly took part. The subjects included in the study were. Students who have a serious psychological disorder like: People with a history of psychosis, people receiving psychological or psychiatric treatment, and those who responded but showed a history of psychological/psychiatric treatment. Incompleted questionnaires, which were submitted, were not considered for participation.

Instruments of the Study

The Liebowitz Social Anxiety Scale for Children and Adolescents (LSAS-CA)

It is comprised of 24 items developed by Liebowitz and modified by Masia-Warner et al (2003). Including social and performance related scenarios. All are rated on a 4-point likert scale for faster scores on the questionnaire reflect greater social anxiety, and were found to be associated with both anxiety and avoidance. Total scores are Calculated by adding up all items. The scale has demonstrated good psychometric characteristics, having high the items exhibited high internal consistency (Cronbach's alpha \approx 0.90), thus good reliability. It was used in the The study was selected for the present study because it is a valid study that can be applied to adolescent students.

Difficulties in Emotion Regulation Scale – 16 Item Version (DERS-16)

The DERS-16 is a universal instrument for evaluating emotion regulation problems in emotional awareness, clarity, impulse control, access to regulation (several domains) strategies, emotional acceptance. It is composed of 16 items which are rated on a 5-point Likert scale ranging from “almost never” to “almost always”, with higher scores representing more problems in emotion

regulation. The scale has been shown to have good psychometric characteristics, including excellent 0.80–0.85), as well as high test–retest reliability ($r \approx 0.75–0.79$). The internal consistency (Cronbach's alpha of 0.92–0.95) and good intra-subscale reliability (alpha of 0.80–0.85) were found, and test–retest reliability ($r = 0.75–0.79$) was also high. 0.84–0.90). It also demonstrates high test–retest reliability and good convergent validity with the measures. Anxiety and depression are prevalent, and are a valuable research and clinical tool (Bjureberg et al., 2016; Secinti et al., 2023; Moreta Herrera et al., 2024).

Procedure of Data Collection

After formal permission was granted by the relevant schools, the participants were split into three groups to receive training: After obtaining formal permission from relevant schools, the participants were divided into three groups for training this was then followed by the approach of the were in their classroom contexts. The study's objectives were clearly outlined, All of the participants gave voluntary consent and informed consent before the data collection process was carried out process. They first filled out the demographics' questionnaire, then the LSAS-CA social assessment questionnaire. The anxiety scale and DERS-16 were used. All directions were well stated to ensure correct

Analyzing the data

Data collected were subjected to analysis using Statistical Package for the Social Sciences (SPSS) 26 software. The analysis was preceded by screening of the data for any missing values, inconsistent responses, and inputting mistakes. Descriptive statistics were employed for analysis to determine the social anxiety and emotional dysregulation levels of the participants. Frequencies and percentages, means, and standard deviation were among the statistics used in the study. In order to find out the correlation between social anxiety and emotional dysregulation among adolescents, Pearson Product Moment Correlation was used. Independent samples t-tests were done to compare the differences in social anxiety and emotional dysregulation depending on gender, nature of the educational institution (public and private), nature of the family system (nuclear and joint families), and parent marital status. ANOVA was employed to investigate the differences depending on age/class, socioeconomic status, and parent education level. The reliability of the tools employed in the study such as the LSAS-CA scale and the DERS-16 scale was also analyzed using Cronbach's alpha coefficient.

Ethical Considerations

The research was conducted using the ethical principles of research methodology. The participation in the study was entirely voluntary and consent was sought from all participants prior to conducting the survey. Confidentiality and anonymity of the participants were maintained during the entire research process, and no identifiable personal information was gathered. It was also made clear to the participants that they were free to leave the study at any stage without any consequences.

Results**Reliability of scales****Table 1: Demographic Variables of Study Participants (N=300).**

Variables	<i>f</i>	%
Age	144	48.0%
13-15	156	52.0%
16-19		
Gender		
Male	150	50%
Female	150	50%
Grade		
School	150	50%
college	150	50%
School type		
Government	162	54.0%
Private	138	46.0%
Family system		
Joint	149	49.7%
Nuclear	151	50.3%
Father education		
Primary		
Secondary	39	13.0%
Higher secondary	50	16.7%
Graduate	62	20.7
Post graduate	61	20.3
Prefer not say	50	16.7
	38	12.7
Mother education		
Primary	28	9.3%
Secondary	56	18.7%
Higher secondary	77	25.7%
Graduate	58	19.3%
Post graduate	55	18.3%
Prefer not say	26	8.7%
Socioeconomic status		
Lower	81	27.0
Middle	153	51.0
High	66	22.0
Parents' marriage status		
Married	242	80.7%
Divorced	29	9.7%
Separated	29	9.7%

Table 2: Psychometric properties of scale

<i>Variables</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>Range</i>	<i>Skewness</i>	<i>kurtosis</i>	<i>α</i>
LSAST	300	66.64	22.65	116.00	-0.03	-0.36	0.90
DERST	300	48.55	9.42	51.00	0.05	-0.20	0.92

The table 1 which shows the Psychometric properties of scales. The mean score of the social anxiety (LSAST) was 66.64 (SD = 22.65) and emotional dysregulation (DERST) was 48.55 (SD = 9.42) for the main study variables. Skewness and Kurtosis values of most variables are within the acceptable range, signifying the normal distribution of these variables. Moreover, the reliability analysis results indicated that the internal consistency of the items in the two scales was high, as Cronbach's alpha was 0.90 in LSAST and 0.92 in DERST.

Table 3: There is a significant positive relationship between social anxiety and emotional dysregulation among adolescents.

<i>Variable</i>	<i>1</i>	<i>2</i>
LSAST	-	.754**
DERST	-	-

There was a very high positive and statistically significant correlation between LSAST (social anxiety) and DERST (emotional dysregulation) ($r = .754$, $p < .01$). Thus, it is proposed that social anxiety is related to emotional dysregulation among adolescents.

Table 4: There are significant differences in social anxiety and emotional dysregulation based on gender among adolescents.

<i>Variables</i>	<i>Male</i>		<i>Female</i>		<i>p</i>	<i>T</i>	<i>95%CI</i>	
	<i>n=150</i>		<i>n=150</i>				<i>LL</i>	<i>UL</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
LSAS	61.47	22.66	71.82	21.51	.000	-4.06	-15.37	-5.33
DERST	45.75	9.28	51.35	8.73	.000	-5.38	-7.65	-3.55

Note: .000 as $p < .001$

Independent sample t-test was used to compare the male and female participants. For social anxiety (LSAS), results indicate a significant difference between males ($M = 61.47$, $SD = 22.66$) and females ($M = 71.82$, $SD = 21.51$), $t(298) = -4.06$, $p < .001$, 95% CI [-15.37, -5.33]. The findings indicate that female adolescents have significantly higher social anxiety than male adolescents. Similarly, for emotional dysregulation (DERST), a significant gender difference was found between males ($M = 45.75$, $SD = 9.28$) and females ($M = 51.35$, $SD = 8.73$), $t(298) = -5.38$, $p <$

.001, 95% CI [-7.65, -3.55]. The findings suggest that the emotional dysregulation is also higher among female adolescents compared to males.

Table 5: There are significant differences in social anxiety and emotional dysregulation based on age among adolescents.

<i>Variables</i>	<i>Age group</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>P</i>	<i>95% CI</i>	
								<i>LL</i>	<i>UL</i>
LSAST	13-15	144	58.31	21.14	-6.55	298	<.001	-21.17	-
	16-19	156	74.34	21.30					10.87
DERST	13-15	144	46.21	9.47	-4.50	298	<.001	-6.46	-2.56
	16-19	156	50.72	8.87					

Independent sample t-test was used to compare between adolescent age group of 13-15 years with 16-19 years. For social anxiety (LSAST), a significant difference was found between younger adolescents ($M = 58.31$, $SD = 21.14$) and older adolescents ($M = 74.34$, $SD = 21.30$), $t(298) = -6.55$, $p < .001$, 95% CI [-21.17, -10.87]. The results show that adolescents in the age group of 16-19 years had a higher level of social anxiety than the age group 13-15 years. Similarly, for emotional dysregulation (DERST), results show a significant difference between the 13–15 years group ($M = 46.21$, $SD = 9.47$) and the 16–19 years group ($M = 50.72$, $SD = 8.87$), $t(298) = -4.50$, $p < .001$, 95% CI [-6.46, -2.56]. This indicates that emotional dysregulation is also higher among older adolescents.

Hypothesis 4

Table 6: There are significant differences in social anxiety and emotional dysregulation based on grade among adolescents.

<i>Variables</i>	<i>Grade</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>P</i>	<i>95% CI</i>	
								<i>LL</i>	<i>UL</i>
LSAST	7-10 grade	150	55.96	20.45	-9.25	298	<.001	-	-
	11-14 grade	150	77.33	19.55				25.92	16.83
DERST	7-10 grade	150	45.73	9.76	-5.43	298	<.001	-7.69	-3.59
	11-14 grade	150	51.37	8.17					

A separate samples t-test was used to determine if students from grades 7-10 differed from students in grades 11-14. For social anxiety (LSAST), a significant difference was found between students of grades 7–10 ($M = 55.96$, $SD = 20.45$) and grades 11–14 ($M = 77.33$, $SD = 19.55$), $t(298) = -9.25$, $p < .001$, 95% CI [-25.92, -16.83]. The findings show that the students in the higher grades (11-14) have significantly higher scores of social anxiety than do the students in lower grades. Similarly, for emotional dysregulation (DERST), a significant difference was observed between grades 7–10 ($M = 45.73$, $SD = 9.76$) and grades 11–14 ($M = 51.37$, $SD = 8.17$), $t(298) = -5.43$, $p < .001$, 95% CI [-7.69, -3.59]. This indicates that emotional dysregulation is also higher in higher grades of students.

Table 7: There are significant differences in social anxiety and emotional dysregulation based on father education.

<i>Variables</i>	<i>Father edu</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>F</i>	η^2	<i>p</i>	<i>Post Hoc</i>
LSAST	Primary	39	79.23	19.42	5	5.99***	0.09	<.001	Primary > Graduate, Post Grad, Prefer not; Secondary & Higher Sec > Prefer not
		50	69.10	22.04					
	Higher	62	70.39	19.85					
		61	63.02	22.58					
	Graduate	50	63.30	24.52					
		38	54.63	21.48					
	Post graduate								
	Prefer not say								
DERST	Primary	39	53.28	8.28	5	5.30***	0.08	<.001	Primary > Graduate, Prefer not; Secondary > Post Grad, Prefer not
		50	49.76	9.24					
	Higher	62	50.08	7.52					
		61	46.59	9.68					
	Graduate	50	47.72	10.67					
		38	43.87	8.87					
	Post graduate								
	Prefer not say								

In the case of social anxiety (LSAST), the results show that education of the father has a significant effect $F(5) = 5.99$, $p < .001$, $\eta^2 = 0.09$. This study found medium effect size suggesting that variance of social anxiety is accounted for by father's education. Both descriptive statistics indicated that adolescents of fathers with only primary education had the highest level of social anxiety ($M = 79.23$, $SD = 19.42$). Post hoc testing showed that the primary education group had a significantly higher score than the graduate and post-graduate groups, and the secondary and higher secondary groups had a higher score than the "prefer not say" group. Likewise, a significant effect of father's education was found for emotional dysregulation (DERST), $F(5) = 5.30$, $p < .001$, $\eta^2 = 0.08$, in this case with a moderate effect size. The adolescents whose fathers had primary school education ($M = 53.28$, $SD = 8.28$) had higher levels of emotional dysregulation than any of the other groups. Post hoc analysis revealed that the primary education group had significantly higher scores than the graduate and "prefer not say" groups and that scores of the secondary education group were higher than the post-graduate and "prefer not say" groups.

Table 8: There are significant differences in social anxiety and emotional dysregulation based on mother education.

<i>Variables</i>	<i>Mother edu</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>F</i>	η^2	<i>p</i>	<i>Post Hoc</i>
LSAST	Primary	28	76.93	19.67	5	8.87***	0.13	<.001	Primary/Secondary > Graduate/Post Grad/Prefer not; Higher Sec > Prefer not
		56	77.54	20.42					
	Higher	77	67.00	21.57					
		58	65.98	22.79					
	Graduate	55	57.84	22.62					
Post graduate	26	51.19	17.22						
DERST	Primary	39	51.46	7.42	5	4.59***	0.07	<.001	Primary/Secondary > Post Grad/Prefer not
		50	51.75	9.02					
	Higher	62	49.51	9.37					
		61	47.28	9.41					
	Graduate	50	46.16	9.28					
Post graduate	38	43.62	9.58						
	Prefer not say								

In social anxiety (LSAST), the results show that education of the mother had a significant effect $F(5) = 8.87$, $p < .001$, $\eta^2 = 0.13$ which is a relatively high effect size. The descriptive statistics indicated that adolescents with mothers' primary education ($M = 76.93$, $SD = 19.67$) and higher secondary education ($M = 77.54$, $SD = 20.42$) had higher social anxiety scores than those with mothers' graduate ($M = 57.84$, $SD = 22.62$), post-graduate ($M = 51.19$, $SD = 17.22$), and "prefer not say" ($M = 75.48$, $SD = 19.84$) education. The post hoc analysis also showed that there were significant differences between the primary and secondary education subgroups and the graduate, post-graduate, and "prefer not say" groups, and higher secondary also differed significantly from the "prefer not say" group. Likewise, mother's education was also associated with emotional dysregulation (DERST) with a small to moderate effect size, $F(5) = 4.59$, $p < .001$, $\eta^2 = 0.07$. Post hoc comparisons indicated that the adolescents whose mothers reported having only primary and secondary education experienced greater levels of emotional dysregulation than adolescents whose mothers indicated that they had a post-graduate or "prefer not say" education. The findings largely confirm the hypothesis

Table 9: There are significant differences in social anxiety and emotional dysregulation based on socioeconomic status.

<i>Variables</i>	<i>SES</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>F</i>	η^2	<i>p</i>	<i>Post Hoc</i>
LSAST	Lower	81	81.42	17.56	227	76.44***	0.34	<.001	Lower > Middle > High
	Middle	153	68.60	19.25					
	higher	66	43.98	17.68					
DERST	Lower	81	53.90	8.46	227	38.12***	0.20	<.001	Lower > Middle > High
	Middle	153	48.68	8.74					
	higher	66	41.70	7.62					

SES: socio-economic status

The results for social anxiety (LSAST) show a very significant effect of the socioeconomic status, $F(2, 227) = 76.44$, $p < .001$, $\eta^2 = 0.34$, with a significant large effect size. The descriptive statistics indicated that social anxiety was highest for the lower socioeconomic group ($M = 81.42$, $SD = 17.56$), followed by adolescents in the middle socioeconomic group ($M = 68.60$, $SD = 19.25$), and the lowest for the highest socioeconomic group ($M = 43.98$, $SD = 17.68$). A significant gradient pattern (Lower > Middle > High) was found in the post hoc comparisons, showing distinct differences between all groups. Likewise, the socioeconomic status had a significant effect on emotional dysregulation (DERST) with a large effect size, $F(2, 227) = 38.12$, $p < .001$, $\eta^2 = 0.20$. Adolescents in the lower socioeconomic group ($M = 53.90$, $SD = 8.46$) had higher rates of emotional dysregulation than the middle ($M = 48.68$, $SD = 8.74$) and higher ($M = 41.70$, $SD = 7.62$) socioeconomic groups. A consistent significant difference between Lower and Middle was also seen in the post hoc analysis and between Middle and High.

Table 10: There are significant differences in social anxiety and emotional dysregulation based on parental marital status.

<i>Variables</i>	<i>PMS</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>F</i>	η^2	<i>p</i>	<i>Post Hoc</i>
LSAST	Married	242	64.20	21.97	229	10.98***	0.07	<.001	Divorced > Separated > Married
	Divorced	29	69.55	23.84					
	Separated	29	84.14	19.50					
DERST	Married	242	47.55	9.17	229	10.94***	0.06	<.001	Divorced > Separated > Married
	Divorced	29	49.59	9.93					
	Separated	29	55.86	7.79					

PMS: parent's marriage status

The results reveal a significant effect of parental marital status for social anxiety (LSAST) $F(2, 229) = 10.98$, $p < .001$, $\eta^2 = 0.07$ (small to medium effect size). The descriptive results showed that the adolescents who experienced separation of their parents reported the highest mean score in social anxiety ($M = 84.14$, $SD = 19.50$), the adolescents whose parents were divorced had the second highest mean score in social anxiety ($M = 69.55$, $SD = 23.84$), and the lowest mean score in social anxiety was reported by adolescents where parents were married ($M = 64.20$, $SD = 21.97$). Post hoc comparisons also revealed significant differences in the groups with higher anxiety levels in the separated and divorced groups than in the married group. In the same way, marital status of parents showed a significant effect for emotional dysregulation (DERST), $F(2, 229) = 10.94$, $p < .001$, $\eta^2 = 0.06$. Adolescents whose parents were separated scored highest on emotional dysregulation, those with divorced scores were the next highest ($M = 49.59$, $SD = 9.93$), and those whose parents were married scored the lowest ($M = 47.55$, $SD = 9.17$). A similar pattern of

significant differences between groups was observed by post hoc analysis. The overall results are consistent with the hypothesis that parental marital status is a significant factor in social anxiety and emotional dysregulation; that is, there is a higher level of social anxiety and emotional dysregulation among adolescents with parental separation or divorce.

Discussion

This study explored how social anxiety relates to emotional issues in Pakistani teens, along with deciding whether or not there is a connection with age, sex, and family history. It highlighted that anxiety in social situations and difficulties in emotion regulation are associated with teens' internalizing symptoms. The internalizing symptoms of anxiety in social situations are associated with difficulties in emotion regulation. Perhaps most importantly, the research points to the potent link between social anxiety and emotional difficulties. This is consistent with previous research (such as Mennin et al., 2005) which has discovered that as people feel, anxious around others, they tend to get overwhelmed and find it tougher to calm down. This research validates the notion that suppressing one's feelings can have counterproductive effects, resulting in larger feelings. problems. So if you're a teen who has social anxiety, avoiding social interactions won't help. In the end, they feel worse. Plus, the research revealed that girls generally have more difficulty with. More worried and affected by feelings than boys. This accords with previous research from McLean and Anderson. (2009) found that girls have higher levels of anxiety and emotion-related distress. Society puts pressure on them, making them strive to achieve academic success, with additional restrictions. that amp up anxiety and emotional turmoil. The research also revealed that older teens generally cope. Have more problems with social anxiety and emotional problems than younger teens. Maybe this is because (the fact that we)

Greater demands for success in school and concerns about future career. As teens get older, they realize more how others judge them, which can greatly increase anxiety and make them more emotionally fragile. The research also explored how income levels impact anxiety and emotions in teens. It revealed that social anxiety and emotional issues are significant among those from low-income families. This isn't a surprise as financial stress can create stress and frequently less access to. Resources about mental health (Reiss, 2013). These teens might also not get as much help from schools Or they feel even more isolated as they are taking part in supportive programs. Moreover, parental educational background mattered too. Adolescents whose parents had a college degree were more likely to suffer from anxiety and emotional problems. This may be due to well-educated parents' lack of Limited understanding of mental health and have challenges providing the correct emotional support. So, it looks like multiple factors – age, finances, and parents' schooling – heavily affect a teen's mental wellbeing. The study did not reveal any difference depending on the type of school or family type, though. structure. This implies that the kind of school or household structure might not be as significant as factors, such as how well parents support their children and how well teenagers get along with their friends. In general, the study reinforces the hypothesis that social anxiety and emotional issues are highly associated and that demographic information such as gender, age, and socioeconomic status have a factor. Adolescents who are feeling anxious in situations and think they are unable to cope tend to be more emotional problems.

Conclusion

This study demonstrates the close relationship between social anxiety and emotional issues in teenagers are affected by demographic factors, like gender, age and socioeconomic status. The results Emphasize the need to address and assist teens in recognizing any anxiety and emotional issues early on. This can help them to learn to regulate their emotions and decrease their social anxiety situations. Social anxiety and emotional problems are issues that need to be addressed in order to help teenagers have better mental health

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