IMPACT OF FAMILY AND SCHOOL ENVIRONMENT ON THE DEVELOPMENT OF SOCIAL ANXIETY DISORDER: A QUESTIONNAIRE STUDY
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SUMMARY
Background: Social anxiety disorder (SAD) is a very common condition, although its prevalence is believed to be underestimated. The affected subjects often have trouble to search for support. The onset occurs mainly in early adolescence. The aim of this paper was to evaluate the impact of school and family background on the development of SAD.

Subjects and methods: Our survey, available on a popular social network site, was divided into 4 parts: 1) demographic data (gender, age, site of residence), 2) genetic and organic background (comorbid mental disorders, addictions), 3) situation at school and in the family environment during adolescence, 4) the part designed to define the group that may suffer from SAD with the use of the Mini-Social Phobia Inventory (Mini-SPIN).

Results: 226 people were recruited. The age range was 16-61, with the average of 25.8. 71% of the respondents lived in cities with a population of more than 100 000. Male to female ratio was 3:1. According to Mini-SPIN 26.5% of the interviewees might suffer from SAD (28.2% of women and 21.4% of men). Our study showed, that both family and school environment factors have an influence on the development of SAD. It was shown that the especially important risk factors are bad relations with peers and being an object of derision at school.

Conclusion: The percentage of network community users that are likely to suffer from SAD, significantly exceeds the clinical data. Both family and school environment factors were shown to be risk factors for the development of this disorder.

Key words: social anxiety disorder - risk factors - family background - school environment

INTRODUCTION

According to DSM-IV criteria (1994) generalized SAD manifests with marked and persistent fear of social situations, in which the person may be judged by others. Anticipation of embarrassment and humiliation due to revealing symptoms of stress (blushing, sweating, trembling and also difficulties in speaking and making eye contact) on these occasions, enhance those symptoms. The person avoids social situations or endures them with considerable distress and anxiety, even though one is aware, that this fear is excessive and unreasonable. This leads to a significant reduction of the quality of life.

This condition is one of the most common manifestations among neurotic disorders (Furmark 2000) affecting 7% of the European population (Lecrubier et al. 2000). Lifetime prevalence rate reaches 13.3% (Timothy & Saeed 1999). This figures are discussed and by some authors and are considered as inaccurate. On the one hand diagnostic criteria are considered to be not restrictive enough, and on the other hand people affected with SAD tend to have trouble with reaching out for help (Wakefield et al. 2004).

According to the report of the National Institute of Mental Health (2009) the onset of symptoms occurs mainly in early adolescence. Substance abuse (alcohol, drugs, benzodiazepines) and genetic background increase the risk of the development of SAD (Book & Randall 2006, Kendler et al. 1999). The situation is similar when it comes to negative experiences in childhood. The influence of education and family background is still considered to be unclear (Brook & Schmidt 2008).

The aim of our study was to investigate this vague impact of the above-mentioned major life conditions on the development of SAD. Also the form of the internet survey was used to assess the prevalence, as it seems to be the most comfortable for people potentially affected with this condition.

SUBJECTS AND METHODS

Subjects
Our survey, being available on a popular social network site from 16.03.- 15.04.2012, consisted of 12 questions divided into 4 sections. The first one concerned the demography, identifying gender, age, and site of residence (village or city, depending on the number of inhabitants). The second one was designed to investigate genetic and organic background. It contained questions about close and distant relatives considered to be not restrictive enough, and on the other hand people affected with SAD tend to have trouble with reaching out for help (Wakefield et al. 2004).

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too high demands. We also wanted to know if the 
surveyed were victims of abusive behaviours and could 
not have received proper support. When it comes to 
educational factors, relationships with teachers and 
peers were investigated. We also asked if the respond-
ents were objects of derision caused by schoolmates. 
Another question concerned the preference of team 
sports. In the last section, we have placed Mini-SPIN, to 
define the group that may suffer from SAD.

Filling out our anonymous questionnaire was an 
equivalent of consent to the processing of derived data.

Methods
Mini-SPIN is a compact screening instrument for 
SAD. It is composed of three questions to be answered, 
using Likert scale (0-4 points for replies from “not at 
all” to “extremely”). Those questions are constructed to 
measure the level of fear, embarrassment and avoidance 
in the context of social situations. With a cutoff of 6 or 
more points, its sensitivity and specificity reaches 
88.7% and 90.0% respectively (Connor et al. 2001). We 
used it to identify respondents that might be affected 
with SAD. The next step was to calculate their 
percentage in groups, that gave the same response to 
particular questions.

RESULTS

226 people were recruited. Age range was 16-61, 
with average age of 25.8. 71% of respondents were 
from cities with a population of more than 100,000. 
Male to female ratio was 3:1. According to Mini-SPIN, 
26.5% of the interviewees might have suffered from 
SAD (28.2% of women and 21.4% of men).

Analysing family factors (Table 1) we can see that 
following percentage of respondents in groups, that 
gave the same answers, meet the criteria for SAD. 
30.6% in the group not raised by both parents and 
25.8% of subjects raised in a complete family. 38% of 
those who at least sometimes experienced unrealistically 
high demands, and 21.3% of those, who hardly ever 
experience them. 34.7% of interviewees, whose carers 
were at least sometimes abusive, and 20% of those 
without such experience. When it comes to the support 
of elders, the percentage was 30.4%, in case of those, 
who could not have always counted on it, and 
respectively 20.4% in case of those, who could.

Applying the same pattern to educational factors 
(Table 2), we can observe the proportion of respondents, 
who received a score of 6 or more points in Mini-SPIN 
and had not had good relations with peers (62.2%) and 
of those, who had (19.6%). In this subgroup the 
proportion was 30% in the case of those, who used to 
have bad relations with teachers and 26.4% of those, 
who used to have good relations with teachers. The 
percentage 51.1% referred to the interviewees who had 
been object of derision and 20% to those, who had 
not. And, by comparison, 28.6% to those without a 
preference of team sports and 20.7% to the respondents 
who declared it.

<table>
<thead>
<tr>
<th>Question</th>
<th>Reply</th>
<th>Total number of respondents</th>
<th>Respondents affected with SAD</th>
<th>Percentage of respondents affected with SAD (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both parents present</td>
<td>+</td>
<td>190</td>
<td>49</td>
<td>25.8</td>
</tr>
<tr>
<td>during adolescence</td>
<td>-</td>
<td>36</td>
<td>11</td>
<td>30.6</td>
</tr>
<tr>
<td>Parents - always supporting</td>
<td>+</td>
<td>88</td>
<td>18</td>
<td>20.4</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>138</td>
<td>42</td>
<td>30.4</td>
</tr>
<tr>
<td>Parents - never abusive</td>
<td>+</td>
<td>125</td>
<td>25</td>
<td>20.0</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>101</td>
<td>35</td>
<td>34.7</td>
</tr>
<tr>
<td>Too high demands - never or rarely</td>
<td>+</td>
<td>155</td>
<td>33</td>
<td>21.3</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>71</td>
<td>27</td>
<td>38.0</td>
</tr>
</tbody>
</table>

Table 2. Results of the analysis of school environment factors

<table>
<thead>
<tr>
<th>Question</th>
<th>Reply</th>
<th>Total number of respondents</th>
<th>Respondents affected with SAD</th>
<th>Percentage of respondents affected with SAD (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good relations with teachers</td>
<td>+</td>
<td>216</td>
<td>57</td>
<td>26.4</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>10</td>
<td>3</td>
<td>30.0</td>
</tr>
<tr>
<td>Good relations with peers</td>
<td>+</td>
<td>189</td>
<td>37</td>
<td>19.6</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>37</td>
<td>23</td>
<td>62.2</td>
</tr>
<tr>
<td>Being not an object of derision</td>
<td>+</td>
<td>181</td>
<td>37</td>
<td>20.4</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>45</td>
<td>23</td>
<td>51.1</td>
</tr>
<tr>
<td>Preference of team sports</td>
<td>+</td>
<td>58</td>
<td>12</td>
<td>20.7</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>168</td>
<td>48</td>
<td>28.6</td>
</tr>
</tbody>
</table>
DISCUSSION

According to the above results, over one fourth of the examined participants are likely to suffer from SAD. This percentage significantly exceeds the data derived from other studies (Heimberg et al. 2000). We should note at this point, that people with a particular distress are probably more inclined to fill in the questionnaire respecting their condition. Nevertheless, this form appears to be the most comfortable research tool for them, which may also decrease the results, in studies performed in another way. The family background seems to have a remarkable influence on the development of SAD, although the data from the literature are sometimes inconsistent (Merikangas et al. 2003). Especially, such agents as being raised by people with abusive behaviours and too high expectations toward protégés. It occurs that the lack of support in childhood also plays an important role in this matter. By comparison, these types of factors have been already discussed in other anxiety disorders, such as GAD (Gosselin & Laberge 2003). We have a similar situation, when it comes to educational factors. Of particular note are bad relationships with peers. This seems to be the element of prominent significance, in the context of developing SAD, as opposed to bad relationships with teachers, which did not reveal this level of interdependence. Another substantial result concerns being object of derision in childhood. As in the case of bad relationships with peers, over one half of the examined group, that dealt with such situation, meets the criteria for SAD. These findings show the importance of the development of preventive programmes at schools, which has been advocated by other authors (Essau et al. 2012).

CONCLUSION

SAD is a frequent disorder of a possibly underestimated prevalence. Both family background and educational factors have an impact on its development. Bad relationships with peers and being an object of derision in childhood, play an explicit role in this process.

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Conflict of interest: None to declare.

REFERENCES


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