Editorial

All eyes on me? Role of Negative Parenting in the Development of Social Anxiety Disorder among Children and Adolescents

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Social Anxiety Disorder (SAD), is one of the most prevalent psychiatric disorders in developed and developing countries [1]. It usually starts in childhood or adolescence and associated with significant functional impairment [2]. If left untreated, SAD is associated with the subsequent development of major depression, substance abuse, and other mental health problems [3]. SAD also can be associated with functional disability, low health-related quality of life, and economic burden [4]. In addition, relationship between the social and generalized anxiety symptoms and alcohol and cigarette use in adolescence is well documented [5]. Whereas, high level of fear of negative evaluation was associated with drinking initiation in boys and girls and the negative effects of SAD may continue throughout their lives.

Fear of Negative Evaluation (FNE) is regarded as being the core feature and fundamental component of social anxiety [6,7]. Individuals with SAD are apprehensive of saying or doing something in such situations that will result in humiliation and indignity. Cognitive models suggest that social anxiety arises from specific dysfunctional cognitions about the likelihood and severity of embarrassment [8]. Available research suggests that FNE and fear of positive evaluation are related but distinct constructs that both contribute to social anxiety. Fear of positive evaluation appears to effect social anxiety because it arises from the same, single underlying trait as fear of negative evaluation [9]. Individuals with FNE are withdrawn in unfamiliar social settings. They avoid social situations for fear of being perceived as unlikable, stupid, or boring. Accordingly, they avoid speaking in public and expressing opinions. Furthermore, they have low self esteem [10]. They are typically shy and quiet when meeting new people, and show overt evidence of discomfort with intense emotional or physical symptoms while interacting with others.

This editorial is aimed to raise the interest on the role of parenting in social anxiety. As it is well established that the chidren raised by the authoritarian parents are more vulnerable to develop adjustment and psychosocial problems.One of the major sources to FNE are the parents or the care givers. Parental anxiety has been linked to child anxiety in various studies. A potential mediator between parental and child social anxiety may be parental Fear of Negative Child Evaluation (FNCE). Both paternal and maternal FNCE predicted child social anxiety, while only maternal FNCE mediated the association between maternal and child social anxiety [11]. Fathers' challenging parenting behavior predicted less subsequent social anxiety, whereas, mothers' challenging behavior predicted more observed social anxiety [12]. While parenting behaviors among anxious parents have been implicated in the familial transmission of anxiety, parents with SAD showed less positive behavior, warmth and more criticism and doubts of child competency than did those without SAD [13]. The association between authoritarian parenting style and youth social anxiety was mediated by attention bias for angry faces in the general community sample [14].

Therapeutic interventions are effectively used to reduce social anxiety and FNE among children and adolescence. Cognitive-behavioral group therapy is more adviseable than individual therapy in reducing FNE [11]. Interventions strategies like assertiveness training and skill of handling social anxiety are useful. Educational professionals across middle and high schools must be knowledgeable and prepared to identify symptoms. Parental educational training programs are suitable for teaching appropriate parenting strategies. In addition, studies showed that social anxiety disorder is associated with low self-concept in children and adolescents. Hence, inform models of familial transmission [15], low paternal education, trait anxiety, and low self-concept may be the intervention targets for SAD prevention and treatment [12].

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