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Social Anxiety, Insomnia, Social Support in Young Adults

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Abstract: ***Social anxiety disorder is a psychological disorder where there is an intense, persistent fear inside a person of being watched, evaluated and judged by others which could affect their social lives like work, school, and other daily activities. Insomnia is a sleeping disorder which creates difficulty for a person to fall or staying asleep even when one gets that environment or opportunity to sleep well which makes us feel tired throughout the day and creates hindrances in functioning well in our day to day lives. Social Support is that type of support where pro social responses like aide and assistance are being provided by human beings to one another at times of need to remain integrated into society. Young adulthood stage in one's life is characterized by rapid physical maturation, development of secondary sexual characteristics, cognitive and social skill development, economic independence. The present study adopts a correlational design to determine if there is any relation between social anxiety, insomnia, and social support in young adults. It adopts a between group design for determining gender differences with respect to social anxiety, insomnia, and social support. A non-probability purposive sampling method was used to select sample. During the data collection, 60 young adults were obtained out of which 30 are males and 30 are females. The findings showed positive relation between social anxiety and insomnia, social anxiety and social support, insomnia and social support in young adults. The findings showed gender difference with respect to insomnia and social support where males scored higher than females in insomnia and females scored higher than males in social support. The findings suggest that if people could lend support to each other in different social settings through mutual cooperation and exhibiting socially appropriate behaviours, then that would help those individuals who face social anxiety, to conduct themselves smoothly without facing any kind of anxiety with respect to how to present themselves properly in different social settings which in turn would prevent them from going through insomnia by thinking about it.***

Keywords: social anxiety, insomnia, social support, between group design, non-probability purposive sampling, correlation, t test

I. INTRODUCTION

Presenting oneself in socially appropriate manner to gain acceptance from other persons has become one of the greatest challenges in everyone's life mainly among young adults and adolescents. This creates anxiety in them and in turn hinders their sleeping pattern. Thus, showing support towards each other in a social setting where they meet, would reduce anxiety in them which in turn would also help them to get quality sleep.

In lives of human beings, Young Adulthood is a transitional period spanning approximately from 18 to 26 years which is marked by following characteristics: (1)

1) Becoming financially independent.
2) Establishing romantic relations, getting married, followed by becoming parents.
3) Assuming roles and responsibilities as productive member of society.
4) Promotion of physical health coupled with prevention and treatment of diseases.
5) Promotion of mental health.

Health care of young adults include both physical health and behavioral health: (1)

a) Physical Health- It includes the promotion of overall physical fitness and the prevention and treatment of diseases and medical conditions through which normal functions of the body including dental, medical, and developmental functions get impaired. It encompasses the human body's capacity to meet life's demands.
b) Behavioral Health- Under it emotional health gets promoted, there is prevention of mental and substance use disorders and treatments and services for substance abuse, addiction, and mental and substance use disorders.

According to developmental perspective, normal and predictable biological and psychological maturation are predominant in young adulthood stage but the society in which they are living determines their specific roles and tasks. (1)

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In United States, many people don't even consider this age span as adults since there is no correspondence between their life experiences and traditional view of adulthood as a time to become both independent and responsible. A very few percentage of Americans consider people entering into early 20's as adults which they used to consider in earlier times as per reports of national survey of America. As young adulthood means shifting from adolescence to adulthood, young adults possess little characteristics of both adolescents and young adults. In young adulthood stage, one flows out of early life trajectories and shapes future life trajectories thus giving rise to individual risks and opportunities, uncertainties with respect to this in between periods, and when social inequalities could be reproduced or reduced. (1)

Hence, a systematic approach is required to cater to needs of young adults so that they get a bright and equitable tomorrow which would help them to become a productive member of society. (1)

Social anxiety disorder is a psychological disorder where there is an intense, persistent fear inside a person of being watched, evaluated and judged by others which could affect their social lives like work, school, and other daily activities. (2)

It is very likely that people tend to feel nervous, stressed out, anxious in certain social situations like giving orations or presentations in front of public which is also known as Stage Fright, going for job interviews, performing in front of audience. But, when that fear is on extremely high level and disproportionate, it is known as Social Anxiety Disorder. Individuals with social anxiety disorder go through constant fear of being evaluated negatively by others in a variety of social settings which include everyday social interactions, being observed by others, and performing in front of others. Social Anxiety Disorder includes symptoms like fear of humiliation, embarrassment, or social rejection. Thus, individuals suffering from it tend to avoid those situations which could hamper one's social life that includes going to workplace, or schools, colleges, occasions which hinder maintaining relations with others. (2)

Coming to epidemiology of social anxiety disorder, estimation has been done that 15% of adults may have social anxiety disorder during their lifetime and that 8-15% of adults will have social anxiety disorder at some point in their lives as shown by studies. Women suffers from social anxiety disorder more than men and that it's median age of onset is 13 years and that it shares 19% and 17% significant comorbidity with depression and substance use disorder respectively. (2)

Aetiology of social anxiety disorder includes: (2)

- Genetic factors include family history, siblings, monozygotic twins who share more concordance rates than dizygotic twins.
- Adverse childhood experiences like bullying, parental death, maltreatment.
- Primary caregiver's specially mother's over protection during childhood.
- Individuals experiencing embarrassing or distressing situations in any social settings.

Treatment of social anxiety disorder: (2)

- Self help therapy- This involves making oneself prepared mentally and physically to face social situations with help of therapist.
- Cognitive Behavioral Therapy- This involves changing one's faulty thought pattern followed by preparing to face social situations gradually through exposure. Here comes implementing technique of systematic desensitization which is one of the most common methods to treat phobias where one starts to make oneself deal with least anxiety provoking situations to more anxiety provoking situations accompanied by relaxation in each stage with the help of therapist.
- Psychodynamic Therapy- This involves looking after person's early life experiences especially childhood and how it affects their thought, behavior, and affect patterns.
- Pharmacotherapy- It includes three drugs for treating social anxiety disorder:
    1. Selective Serotonin Reuptake Inhibitor (SSRIs)
    2. Serotonin-Noradrenaline Reuptake Inhibitors (SNRIs)
    3. Monoamine Oxidase Inhibitors (MAOIs)

Insomnia is a sleeping disorder which creates difficulty for a person to fall or staying asleep even when one gets that environment or opportunity to sleep well which makes us feel tired throughout the day and creates hindrances in functioning well in our day to day lives. (3)

Some people face problems in falling asleep, some wakes up in middle of sleep, and some wakes up early and does not fall back asleep. (3)

Sleep needs can vary from person to person which experts consider normal. Examples of it include: (3)

- Early birds/early risers: Some people tend to go to bed and wake up early.
- Night owls/late risers: Some people tend to go to bed and wake up late.
- Short-sleepers: Some people could manage well in their day to day life functioning by sleeping less as compared to others which might be due to genetic factor as shown by research.
- Learned sleep differences: Some persons sleep less because of their job demands like military personnel who sleeps less due to their risks and demands of their jobs.
- Natural changes in sleep needs: Sleep pattern changes throughout one's lifetime like infants need significantly more sleep, between 14 and 17 hours per day, while adults need about seven to nine hours of sleep per day.

Causes of insomnia: (3)

- Genetics: It includes family members of a person having history of insomnia could make that person vulnerable to insomnia.
- Differences in brain activity: If one's brain is more active than normal or there is alteration in one's brain chemistry, it causes insomnia.
- Medical conditions: If a person is carrying any physical illness which affects their circadian rhythm which is body's normal sleep- wake cycle, it causes insomnia. Example- Parkinson's disease, acid reflux.
- Mental health condition: If a person is going through anxiety or depression, it causes insomnia in them.
- Life circumstances: Stressful life situations like losing our beloved one's, divorce, break up with long term partners causes insomnia in one's life.
- Life changes: When one meets with new life events like doing work in rotational shifts, moving to a new location, sleeping in unknown place, jet lags cause insomnia.
- Personal Habits: It includes one’s personal lifestyle like if someone is taking caffeine before sleeping, it causes insomnia. It is also known as sleep hygiene.

Treatment of sleep disorders: (3)
It includes the following:

- Light Therapy- Here, a person gets exposed to bright light which mimics natural sunlight using a device called light box to treat insomnia.
- Cognitive Behavioral Therapy- Here, the therapist changes a person's faulty thought pattern associated with psychological disorders.
- Medications: It includes sedatives, antidepressants, antihistamines.

Social Support is that type of support where pro social responses like aide and assistance are being provided by human beings to one another at times of need to remain integrated into society. (4)
Our society is being constructed in such a way that levels of support impact each other directly or indirectly. We could see social support in various instances: (4)

- In case of family, social support takes the form of acceptance and trust for each other at times of need.
- In case of school and colleges, cooperation by teachers, professors for students, their administrations, feedbacks are a type of social support.
- In case of workplace, many employers create spaces through which employers could receive funds, childcare, scholarship from their employers which would help in building community in workplace.

Theory of Social Support has been proposed by Don Drennon-Gala and Francis Cullen who connected juvenile crimes to anti social experiences. Here, when juvenile delinquents were made to connect with individuals for building confidence and self-esteem in the offenders, it showed that delinquents could re-enter the society by being less violent and more productive. (4)
A very interesting concept related to social support is Buffering Hypothesis which states that stress in an individual's life reduces as more social supports remain available. It implies that in stressful situations, social support helps individuals to redefine and perceive it as less intense. (4)

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There are four types of social support: (4)

- Emotional Support- It is a type of social support where one shows love, admiration, care to other person at times of their needs.
- Instrumental Support- It is a type of social support where one gives tangible objects to others like giving money to those in need of it, giving clothes, food to poor person.
- Informational Social Support- It is a type of social support where one gets information, advice, guidance from others with respect to making decisions, generating new ideas especially when one has gone through that similar experiences in past.
- Appraisal- It is a type of social support where one recognizes one's own positive attributes and builds resilience and confidence in oneself at times of stress to be more successful in life.

Benefits of Social Support: (4)

- Social support could help people feel little relaxed at times of stress.
- Social support could also help people overcome stressful situation by getting information from others who have gone through that similar experiences in past, how to overcome it.

II. LITERATURE REVIEW

Results of a study conducted by Jefferies, P., & Ungar, M. in 2020 to examine the prevalence of social anxiety in young adults aged 16 to 29 years of seven countries which included Brazil, China, Indonesia, Russia, Thailand, US, and Vietnam; showed higher prevalence of social anxiety than previously reported where threshold criteria for having Social Anxiety Disorder has been met by 36% of respondents. Also, results showed variations in prevalence and severity of social anxiety symptoms as a function of age, country, work status, level of education, and whether an individual is resident of urban or rural location, despite not differing with respect to genders. Moreover, 18% of respondents did not perceive themselves as having social anxiety despite meeting and exceeding threshold for separation anxiety disorder which clearly shows social anxiety is becoming a major concern for young adults despite many of them not perceiving it as a difficulty for them. (5)

Also, results of national survey conducted by Sivertsen, B. et al. in 2019 which focused on Norwegian university students to know the pattern of sleep and insomnia in young adults showed increase in sleep problems substantially among young adults from 2010 (22.6%) to 2018 (30.5%) especially in women(34.2%) than men (22.2%) and that average duration of sleep is less in weekdays (7.24 hours)and little more in weekends (8.25 hours). (6) In addition to above study, results of another research study conducted in 2019 by Kim, S., & Suh, S. which focused on knowing whether social support mediates relation between insomnia and depression or not in female undergraduate students showed significant association between severity of insomnia and low levels of social support and high levels of depression in them even when social support did not mediate impact of depression on insomnia in them. (7) Again, in another study which was conducted by Buckner, J. D. et al. in 2008, to determine relation between social anxiety and insomnia where depressive symptoms was set to play mediating role among undergraduate students, its results showed association between social anxiety and increased insomnia symptoms and that depressive symptoms did play mediating role. Also, results showed social anxiety and sleep dissatisfaction, sleep-related functional impairment, perception of a sleep problem to others, and distress about sleep problems shared correlation specifically in them. (8) On the other hand, results of another research study conducted in 2014 by Su-Ran, G. U. O., Sai-Wei, W. U., & Xiao-Wei, F. E. N. G. which focused on determining the influence of social support on sleep quality by focusing on evidence from multiple mediation model showed significant correlation among perceived social support, worry, anxiety and sleep quality in 360 undergraduate students. (9) Contrary to above study, another research study conducted in 2023 by Xu, J., & Tang, J. its results showed that social support and sleep quality shared negative correlation with each other and coping shared positive correlation with social support and did not correlate with sleep quality. Also, the results revealed that anxiety shared positive correlation with sleep quality and negative correlation with social support in the participants respectively. (10)

Again results of another study conducted in 2024 by Deng, Y., & Wang, X. which focused on exploring impact of physical activity on social anxiety among college students by determining the role of social support and psychological capital as mediators in college students showed both social support and psychological capital both played roles of mediator between physical activity and social anxiety among college students besides physical activity sharing significant positive correlation with social support and psychological capital and social support sharing significant positive correlation with psychological capital and social anxiety shared negative correlation with social support, psychological capital, and physical activity among college students. (11) Similarly, results of the study conducted by Blumenthal, H., et al. in 2019 which focused on determining the link between social anxiety disorder, insomnia symptoms, and alcohol use disorders by taking adolescents of United States as sample of their study showed insomnia

symptoms shared positive relation with social anxiety disorder and alcohol use disorders in them and relation between social anxiety disorder and alcohol use disorders reduced significantly when symptoms of insomnia were included in the model. (12)

A. Research Questions

1) Is there any relation between social anxiety and insomnia in young adults?
2) Is there any relation between social anxiety and social support in young adults?
3) Is there any relation between insomnia and social support in young adults?
4) Is there any gender difference with respect to social anxiety?
5) Is there any gender difference with respect to insomnia?
6) Is there any gender difference with respect to social support?

B. Research Objectives

1) To determine relation between social anxiety and insomnia in young adults.
2) To determine relation between social anxiety and social support in young adults.
3) To determine relation between insomnia and social support in young adults.
4) To determine gender differences with respect to social anxiety.
5) To determine gender differences with respect to insomnia.
6) To determine gender differences with respect to social support.

C. Research Hypothesis

1) H1: Social anxiety shares positive relation with insomnia in young adults.
2) H2: Social anxiety shares negative relation with social support in young adults.
3) H3: Insomnia shares negative relation with social support in young adults.
4) H4: There is gender difference with respect to social anxiety.
5) H5: There is gender difference with respect to insomnia.
6) H6: There is gender difference with respect to social support.

III. METHODOLOGY

A. Research Design

The present study adopts a correlational design to determine if there is any relation between social anxiety, insomnia, and social support in young adults. It adopts a between group design for determining gender differences with respect to social anxiety, insomnia, and social support.

B. Sample

A non-probability purposive sampling method was used to select sample. During the data collection, 60 young adults were obtained out of which 30 are males and 30 are females.

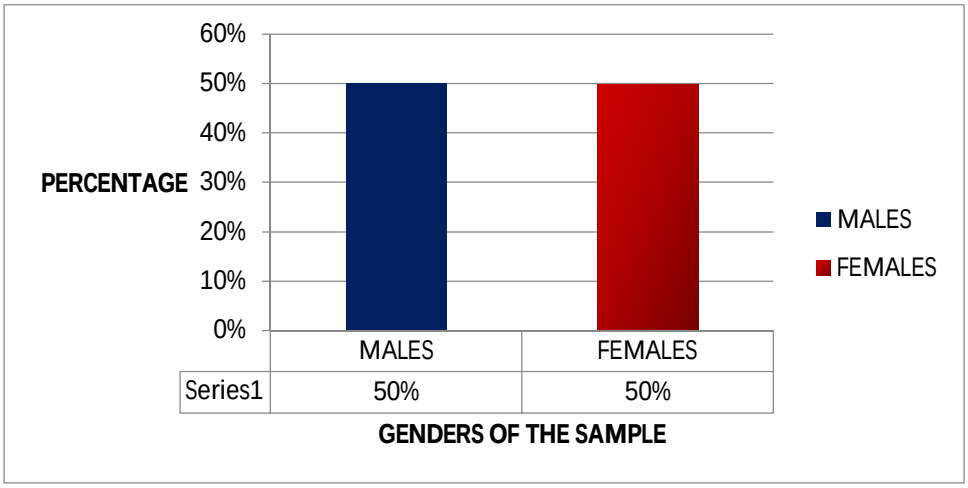


Figure 1: Bar graph showing percentage of sample belonging to different genders. From the graph it could be seen that 50% of sample are males and 50 % of sample are females.

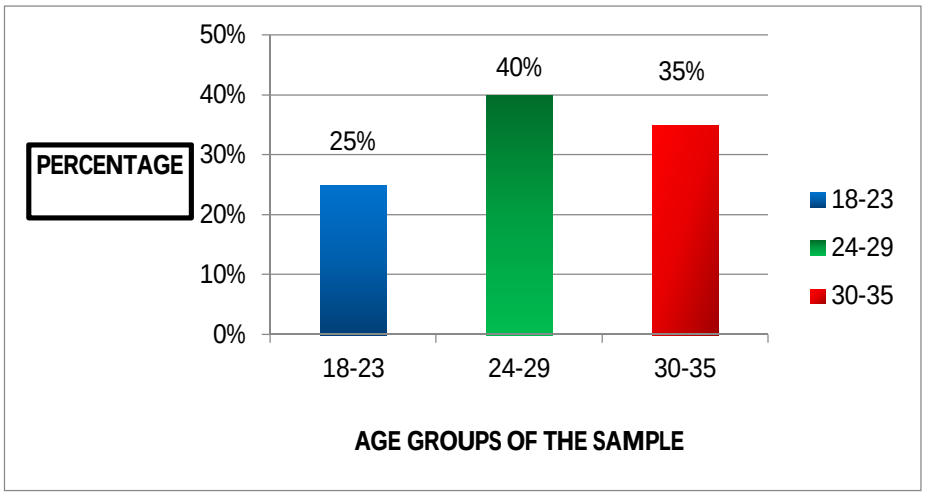


Figure 2: Bar graph showing percentage of sample belonging to different age groups. From the graph it could be seen that 25% of sample are within the age group of 18-23, 40% of sample are within the age group of 24-29, 35% of sample are within the age group of 30- 35.

Inclusion Criteria

- Individuals whose age is between 18-35 years.
- Individuals who are well versed in English. .
- Individuals who are not going through psychological issues.

Exclusion Criteria

- Individuals whose age is outside 18- 35 years.
- Individuals who are not well versed in English.
- Individuals who are going through psychological issues.

C. Tools Applied

Following tools have been used for data collection:

1) Social Anxiety: Developed by Craske, M., et al. in 2013, the 10 item Social Anxiety Disorder Scale has been used to determine the thoughts, feelings, behavior people exhibit in different social situations. The responses are rated on a five point scale ranging from never to all of the time. (13)

2) Insomnia: Developed by Soldatos, C. R., Dikeos, D. G., & Paparrigopoulos, T. J. in 2007, the 8 item Athens Insomnia Scale has been used to determine to what extent one faces difficulties to sleep. The responses are rated on a four point scale ranging from no problem to severe problem. (14)

3) Social Support: Developed by Sarason, I.G et al. in 1987, the 6 item Social Support Scale has been used to determine to what extent one perceives support of others in different situations of their lives. The responses are rated on a six point scale ranging from very dissatisfied to very satisfied. (15)

4) Procedure: After selecting measures for the study, the researcher conducted the study by taking permission. Responses of the participants have been taken manually. Rapport was established with the participants by visiting their places as per their convenience. They were made aware that their participation in the study was purely voluntary and whatever doubts raised by the participants were all cleared by the researcher. They were assured of maintaining confidentiality through-out the study and were asked to sign the informed consent form. Next, the information schedule was administered. The researcher had put the instructions in the questionnaires itself. Participants took average of 10 minutes to fill the information schedule and the questionnaires. The data collected was then coded, entered in SPSS and statistically analysed.

5) Statistical Analysis of Data: After completion of data collection, the responses were scored. Then the statistical treatments of the scores were done using the data analysis software IBM SPSS version 22. Pearson Product Moment Correlation was computed to determine the relationship between social anxiety, insomnia, and social support in young adults. This was followed by computing t test for comparing gender differences with respect to social anxiety, insomnia, and social support.

IV. RESULTS AND DISCUSSIONS

The aim of this study was to find relation between social anxiety , insomnia, and social support in young adults and to compare genders with respect to social anxiety , insomnia, and social support.

Categories were discovered in three main areas - social anxiety , insomnia, and social support.

The obtained data of this study were analysed through Mean, Standard Deviation, Pearson product moment correlation, t test using the Statistical Package for Social Sciences (SPSS) version 22.0. Pearson product moment correlation was used to determine the relationship between social anxiety, insomnia, and social support in young adults. Also, t test has been used to compare gender with respect to social anxiety , insomnia, and social support.

Table 1: Mean and Standard Deviation of Males and Females with respect to social anxiety, insomnia, and social support.

VARIABLES	Males (N=30) Mean	SD	Females (N= 30) Mean	SD
Social Anxiety	14.97	10.975	11.20	7.453
Insomnia	6.80	6.541	4.97	5.068
Social Support	26.30	8.526	26.73	7.041

From Table 1, it could be seen that the mean values of males are 14.97, 6.80, and 26.30 respectively with respect to social anxiety, insomnia, and social support. The mean values of females are 11.20, 4.97, and 26.73 respectively with respect to social anxiety, insomnia, and social support. From Table 1, it could be seen that the standard deviation values of males are 10.975, 6.541, 8.526 respectively with respect to social anxiety, insomnia, and social support. The standard deviation values of females are 7.453, 5.068, and 7.041 respectively with respect to social anxiety, insomnia, and social support.

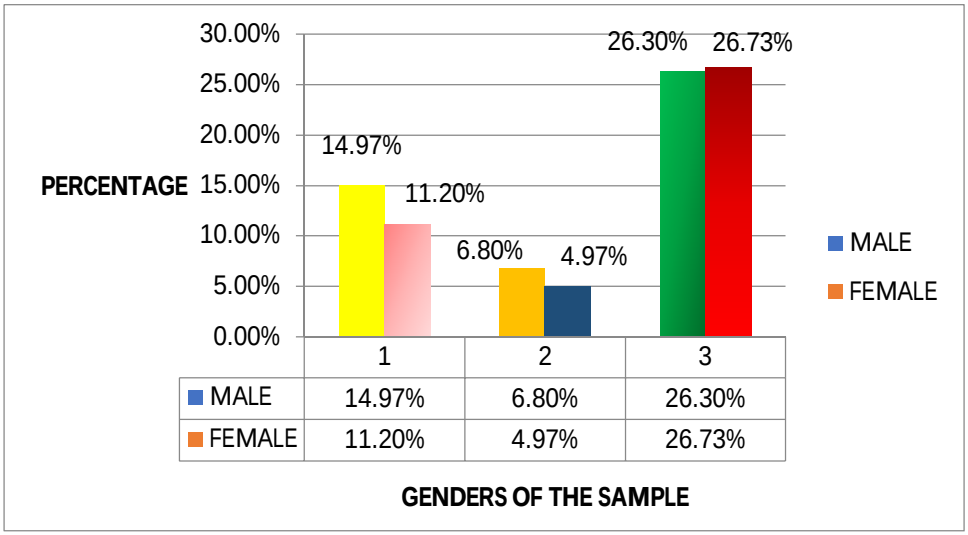


Figure 3: Bar graph showing mean values of males and females with respect to social anxiety, insomnia, and social support. From the bar graph it could be seen that the mean values of males and females with respect to social anxiety are 14.97 and 11.20 respectively. Mean values of males and females with respect to insomnia are 6.80 and 4.97 respectively. Mean values of males and females with respect to social support are 26.30 and 26.73 respectively.

Table 2: Correlation matrix with respect to social anxiety, insomnia, and social support in young adults.

VARIABLES	Social Anxiety	Insomnia	Social Support
Social Anxiety	1	.652**	-.429**
Insomnia	.652**	1	-.475**
Social Support	-.429**	-.475**	1

p**<0.01 level of significance

From Table 2 it could be seen that social anxiety and insomnia share positive relation with each other (r=.652, p< 0.01). Thus, null hypothesis is rejected and hypothesis H1 is accepted.

According to cognitive model of social anxiety disorder, post-event rumination is being caused by social anxiety disorder which results in heightened arousal state with respect to interpersonal issues. This process delays sleep onset of individual and in turn negatively affects sleep quality of individual. (16) Results of the study conducted by Lima, Rodrigo et al. in 2019 which focused to determine the synergic relation between social anxiety, depressive symptoms, poor sleep quality, and body fatness in adolescents showed direct and positive relation between social anxiety, poor sleep quality, depressive symptoms, and body fatness in adolescents. (17) From Table 2 it could be seen that social anxiety and social support share negative relation with each other (r= -.429, p< 0.01). Thus, null hypothesis is rejected and hypothesis H2 is accepted.

Social support buffers feeling of social anxiety in individuals by reducing feelings of loneliness and distress, improving coping mechanisms, and enhancing self-efficacy. On the contrary, people going through social anxiety perceive themselves to have very few social support and they have negative cognitive model which prevents them to seek and accept help thus making them more anxious socially. (18)

Result of the study conducted by Shahzadi K. in 2024 which focused to determine the relation between personality, social anxiety, and social support in emerging adults showed social support lowers social anxiety in them. (19)

From Table 2 it could be seen that insomnia and social support share negative relation with each other (r= -.475, p< 0.01). Thus, null hypothesis is rejected and hypothesis H3 is accepted.

Social support by enhancing a sense of belonging, enhancing positive emotions, reducing stress, and encouraging healthy behaviors, enhances sleep quality hence acting as a buffering agent against negative outcomes like insomnia. (Cohen & Wills, 1985). (20)

Results of the study conducted by Lee, Kyung et al. in 2021 which focused to determine factors which affect quality of sleep in young adults showed positive relation between quality of sleep and social network most importantly in case of family of young adults. (21)

Table 3: t values of genders of young adults with respect to social anxiety, insomnia, and social support.

VARIABLES	Male	Female		
	Mean	Mean	t value	Sig value
Social Anxiety	14.97	11.20	1.5555	.035
Insomnia	6.80	4.97	1.213	.072
Social Support	26.30	26.73	-.215	.334

p*<0.05 level of significance

It could be seen from Table 3 that no significant gender differences exist with respect to social anxiety (t= 1.5555, p>0.05). Thus, null hypothesis is accepted and hypothesis H4 is rejected. It could be seen from the mean values that males scored higher than females with respect to social anxiety (14.97>11.20).

From Table 3 it could be seen that significant gender differences exist with respect to insomnia (t= 1.213, p<.072). Thus, null hypothesis is rejected and hypothesis H5 is accepted. It could be seen from the mean values that males scored higher than females with respect to insomnia (6.80 > 4.97).

According to UCLA Health, men also likely to suffer from delayed sleep phase syndrome besides obstructive sleep apnea and narcolepsy due to disturbed internal clock in them. Some of the contributing factors are stress and anxiety, long afternoon nap, intake of caffeine and alcohol. Also it has it been found that low secretion of testosterone in males gives rise to insomnia in them. (22)

Result of a 10 year prospective based study conducted on men population from Uppala, Sweden by Janson et al. in 2001 to determine insomnia tendency in them, have found certain lifestyle factors contributing to insomnia in them. Those factors are obesity, physical inactivity and alcohol dependency. Certain medical factors such as joint and low back disorders along with psychiatric illnesses contribute to insomnia in men. (23)

From Table 3 it could be seen that significant gender differences exist with respect to social support (t= -.215, p<.334). Thus, null hypothesis is rejected and hypothesis H6 is accepted. It could be seen from the mean values that females scored higher than males with respect to social support (26.73 > 26.30).

Probable reason for this result could be traced back to Taylor's "Tend And Befriend Theory" where she claimed that females tend to give and receive more social support than males. The cause behind it is due to biological factor which states that at times of stress males show fight or flight response and females show tend and befriend response. Tend response means caring for one's offspring. On the other hand, befriending means creating and maintaining social networks which helps in survival of mother and offspring at times of stress. (24)

Result of a metal analysis study conducted by Tifferet, S. in 2020 which focused to determine gender differences in social support with respect to social network sites showed females give and receive more social support than males with respect to social network sites. (25)

The quantitative findings of the study suggest that exhibiting socially appropriate behaviours like providing support towards each other through mutual cooperation in different social settings would enhance we feeling among one another which would reduce social anxiety in individuals going through it and would also improve their sleeping pattern by reducing insomnia tendency that one goes through due to social anxiety.

Limitation of the study is that the sample size is small hence, creating problem of generalization. Also, this is a self report scale so there might be possibility that participants might try to align themselves in front of researcher so accordingly have given responses.

V. ACKNOWLEDGEMENT

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Conflict of Interest:

The author declared no conflict of interests.

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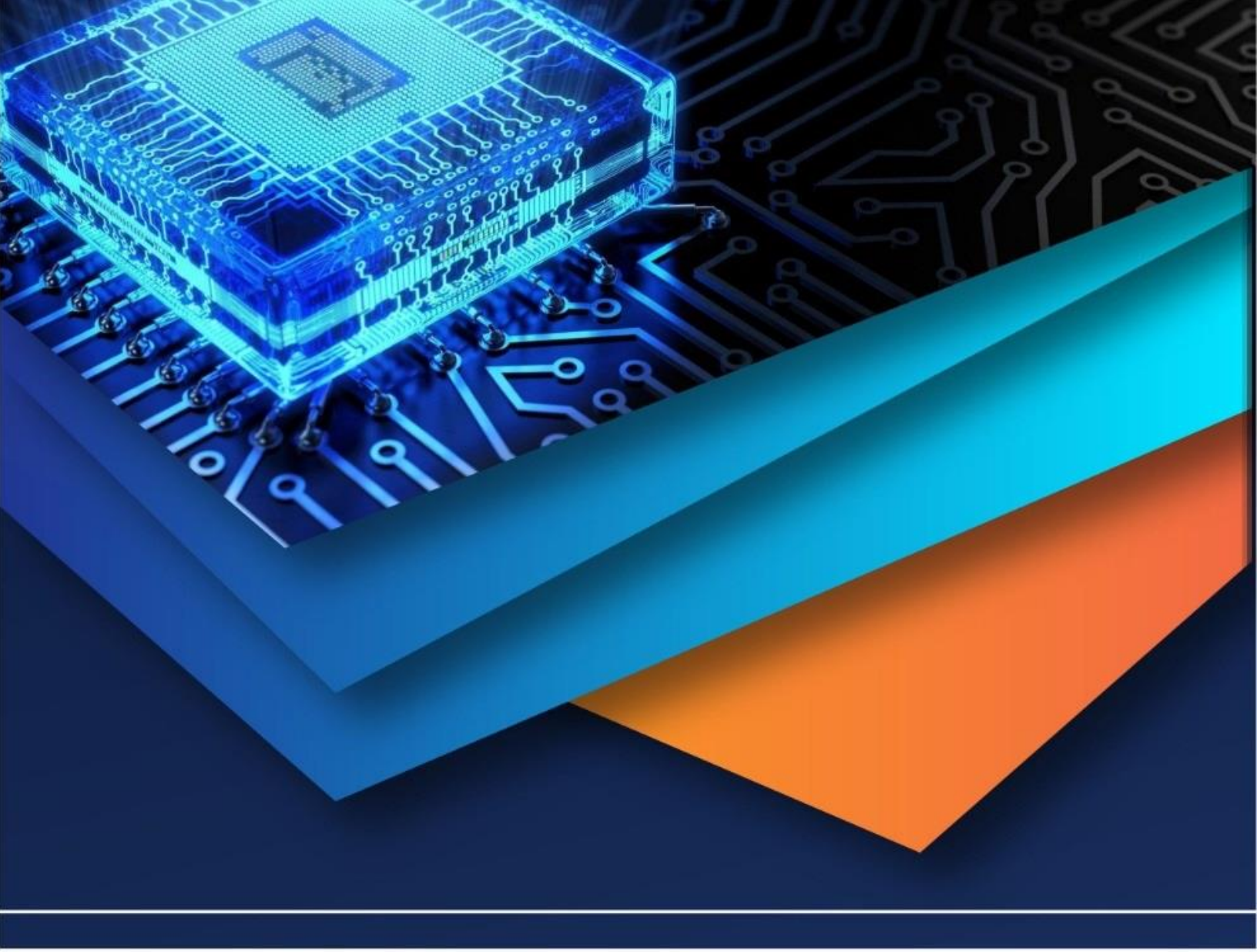
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