



The interplay of social anxiety, self-isolation, and self-esteem in predicting psychological distress in adolescents

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ABSTRACT

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This study aimed to examine the relationships between psychological distress, social anxiety, self-isolation, and self-esteem in adolescents, with a focus on identifying predictors of psychological distress. Understanding these relationships can inform mental health interventions aimed at reducing distress in this vulnerable population. A cross-sectional design was employed to collect data from 529 adolescents using four validated psychological scales. Descriptive statistics, correlation analysis, and multiple linear regression were conducted to explore the associations between the variables. The findings revealed that social anxiety ($\beta = 0.393, p < 0.001$) and self-isolation ($\beta = 0.344, p < 0.001$) are significant positive predictors of psychological distress, while self-esteem ($\beta = -0.126, p < 0.001$) negatively predicts distress. The regression model explained 46.6% of the variance in psychological distress, indicating a substantial contribution of these factors to adolescents' mental health. Social anxiety and self-isolation are key contributors to psychological distress in adolescents, while self-esteem acts as a protective factor. These findings underscore the importance of interventions targeting social anxiety, reducing isolation, and enhancing self-esteem to alleviate psychological distress and improve mental health outcomes in adolescents.

Contribution/Originality: This study uniquely integrates social anxiety, self-isolation, and self-esteem to predict psychological distress in adolescents, using a new self-report questionnaire. Unlike previous research, it simultaneously examines these variables within a single regression model, providing a comprehensive understanding of their combined impact on adolescent mental health.

1. INTRODUCTION

Psychological distress in adolescents is frequently associated with symptoms of anxiety, depression, and difficulties in social functioning. A Canadian study found that approximately 27% of adolescents reported six or more distress symptoms, with anxiety and social dysfunction being the most prevalent (Siddique & D'Arcy, 1984). Adolescents with chronic physical illnesses such as asthma or epilepsy tend to experience greater distress than their healthy peers (Ferro, 2014). Exposure to adverse life events, including family conflicts or peer issues, is also linked to higher levels of depression and suicidal ideation (Kim, 2021). Moreover, engagement in risk behaviors such as substance use is both a cause and consequence of distress, as many adolescents turn to smoking or drugs as coping mechanisms (Page, 2014). Dysfunctional family relationships further exacerbate psychological distress (Huang, Xia, Sun, Zhang, & Wu, 2009).

Academic and social impairments are the result of social anxiety in adolescents, which is defined by a dread of social judgment. It is prevalent during adolescence and, if left untreated, can result in chronic challenges, such as difficulties in establishing friendships and school refusal (Blöte, Miers, Heyne, & Westenberg, 2015). Research indicates a negative correlation between social anxiety and self-compassion, with adolescents who demonstrate higher levels of self-compassion experiencing lower levels of social anxiety as a result of a reduced dread of negative evaluation (Gill, Watson, Williams, & Chan, 2018). Social anxiety is frequently associated with social withdrawal and the avoidance of distressing situations, such as group work or public speaking, which can lead to academic challenges, including poor performance and increased absenteeism (de Lijster et al., 2018). Social anxiety is exacerbated by cognitive factors, such as rumination and dread of negative evaluation, as adolescents who focus on social interactions are more likely to avoid such situations, which exacerbates the condition (Jose, Wilkins, & Spindel, 2012). In adolescents, psychological distress and social anxiety are inextricably linked, with negative peer interactions, such as victimization and poor-quality friendships, serving as significant predictors of both conditions. Conversely, positive relationships may function as safeguards against melancholy and social anxiety (La Greca & Harrison, 2005). Psychological distress, such as social anxiety, depressive moods, and physical symptoms of anxiety, is also linked to excessive social media use. These effects become more pronounced over time, particularly among female adolescents (Thorisdottir et al., 2020). Adolescents who exhibit elevated levels of social anxiety frequently experience increased psychological distress, which includes heightened symptoms of anxiety and depression, particularly in socially challenging circumstances. Social anxiety and psychological distress are mutually reinforcing, as social anxiety results in increased isolation and distress (Tillfors, Persson, Willén, & Burk, 2012). This cognitive distortion is prevalent in both social anxiety and broader emotional distress, as adolescents with social anxiety frequently overestimate the likelihood and severity of negative social events, thereby exacerbating their distress (Rheingold, Herbert, & Franklin, 2003).

Adolescent self-isolation is a multifaceted issue that is associated with increased risks of mental health disorders and participation in hazardous behaviors. Self-isolation substantially increases the risk of suicidal ideation and self-harm when combined with a preference for solitude, with individuals who exhibit both traits being at the highest risk (Endo et al., 2017). Negative mental health outcomes, including depression and low self-esteem, are linked to social isolation; however, protective factors, such as strong family and school connections, can mitigate these effects (Hall-Lande, Eisenberg, Christenson, & Neumark-Sztainer, 2007). Chronic isolation during adolescence can result in anxiety-like behaviors, substance use, and challenges with fear extinction, which are frequently observed in disorders such as post-traumatic stress disorder (PTSD) (Skelly, Chappell, Carter, & Weiner, 2015). Furthermore, adolescents who lack social support are more inclined to engage in hazardous behaviors, such as smoking, alcohol, or marijuana use (Copeland, Fisher, Moody, & Feinberg, 2018). The relationship between psychological distress and self-isolation in adolescents is reciprocal, with isolation both contributing to and resulting from increased emotional difficulties. Although protective factors such as family and school connections can help alleviate these effects, social isolation is associated with an increased risk of suicidal ideation, low self-esteem, and depressive symptoms (Hall-Lande et al., 2007). The severe emotional toll of isolation is underscored by the fact that adolescents who prefer solitude and experience social isolation are at the highest risk for suicidal ideation and self-harm (Endo et al., 2017). Peer isolation has a more significant impact on depression in adolescents than emotional neglect from caregivers, considerably increasing depression levels (Christ, Kwak, & Lu, 2017). Isolation is frequently worsened by psychological distress, such as anxiety and depression, as distressed adolescents tend to withdraw from social situations. This creates a cycle in which isolation further intensifies distress, resulting in increased withdrawal (Sone et al., 2016).

Self-esteem is essential for the development of adolescents, as it influences their mental health, behavior, and social interactions. Trzesniewski et al. (2006) have found that adolescents who have low self-esteem are more likely to experience limited economic opportunities, engage in criminal activities, and experience poor mental and physical health in maturity. Research has demonstrated that adolescents with lower self-esteem are more likely to report these

issues, as well as hazardous behaviors such as substance use, eating disorders, and suicidal ideation (McGee & Williams, 2000). The development of self-esteem is significantly influenced by positive social support from family and colleagues. According to Priya and Muralidaran (2014), adolescents who have strong parental relationships tend to have higher self-esteem, while those raised in dysfunctional family environments are at a higher risk of low self-worth. Furthermore, adolescents with higher self-esteem are more inclined to engage in prosocial behaviors, which contribute to their increased sense of self-worth (Fu, Padilla-Walker, & Brown, 2017). Self-esteem and psychological distress are inextricably linked, as low self-esteem contributes to increased distress, and distress further diminishes self-esteem. Research indicates that self-esteem and psychological distress, particularly depression, are mutually reinforcing over time. Specifically, low self-esteem exacerbates depressive symptoms, which in turn diminish self-esteem (Masselink, Van Roekel, & Oldehinkel, 2018). Self-esteem also serves as a mediator between body dissatisfaction and distress; anxiety and depression are exacerbated by diminished body satisfaction, which, in turn, diminishes self-esteem (Duchesne et al., 2016). Adolescents' self-esteem and distress are influenced by parental emotional support and coercive control. Emotional support enhances self-esteem and diminishes distress, while coercive control undermines both (Boudreault-Bouchard et al., 2013). Adolescents who possess higher self-esteem report reduced levels of anxiety, depression, and stress, which is indicative of their ability to manage stress and reduce the severity of psychological distress (Freire & Ferreira, 2019).

Building on previous research, this study aimed to explore the relationships among psychological distress, social anxiety, self-isolation, and self-esteem in adolescents, with the goal of enhancing the understanding of these complex interactions.

2. METHODS

This cross-sectional study used a convenience sampling method to collect data from various secondary and high schools. Prior to participation, students were informed about the study's purpose and objectives. The study was conducted after obtaining their consent.

Out of the 529 students who participated in the study, 214 were male (40.5%) and 315 were female (59.5%). In terms of academic performance (GPA), 15 students (2.8%) had outstanding results, 142 (26.8%) had excellent, 276 (52.2%) had good, 75 (14.2%) had average, and 21 (4.0%) did not disclose their performance. Regarding personality traits, 216 students (40.8%) were sociable, 80 (15.1%) were hot-tempered, 15 (2.8%) were cold, 153 (28.9%) were friendly, 36 (6.8%) were odd, and 29 (5.5%) did not disclose their personality. The demographics of the study are detailed in Table 1.

Table 1. Demographics of participants.

Variable	Level	<i>n</i>	%
Gender	Male	214	40.5
	Female	315	59.5
Academic performance	Outstanding	15	2.8
	Excellent	142	26.8
	Good	276	52.2
	Average	75	14.2
	Not disclose	21	4.0
Personality (Self-assessment)	Sociable person	216	40.8
	Hot-tempered person	80	15.1
	Cold person	15	2.8
	Friendly person	153	28.9
	Odd person	36	6.8
	Not disclose	29	5.5

Note: n. Number of participants; %. Percentage.

A new questionnaire was developed for this study, consisting of four scales. The Psychological Distress Scale includes 20 questions on anxiety and depression symptoms, while the Social Anxiety Scale has 12 questions. The Self-Isolation Scale contains 10 questions, and the Self-Esteem Scale consists of 7 questions. All items are rated on a 4-point Likert scale, ranging from 1 (Never) to 4 (Usually). The scales demonstrated reliability, with Cronbach's alpha values ranging from 0.807 to 0.907.

After data collection, the information was coded in Microsoft Excel and then entered into SPSS software for analysis. Descriptive statistics, correlation, and linear regression were the analytical methods used to examine the data in this study.

Table 2. Descriptive statistics of four scales.

Scale	Min.	Max.	Mean	Standard deviation
Psychological distress	1.00	3.16	1.62	0.42
Social anxiety	1.00	3.27	1.48	0.40
Self-isolation	1.00	3.70	1.74	0.55
Self-esteem	1.00	4.00	2.27	0.65

3. RESULTS

The descriptive statistics for four scales – Psychological Distress, Social Anxiety, Self-Isolation, and Self-Esteem are presented in Table 2. The mean for Psychological Distress is 1.62 (SD = 0.42), with scores ranging from 1.00 to 3.16. Social Anxiety has a mean of 1.48 (SD = 0.40), with scores between 1.00 and 3.27. For Self-Isolation, the mean is 1.74 (SD = 0.55), with a minimum score of 1.00 and a maximum of 3.70. Finally, Self-Esteem has a higher mean of 2.27 (SD = 0.65), with scores ranging from 1.00 to 4.00.

Table 3. Correlation of four scales.

Scale	Psychological distress	Social anxiety	Self-isolation	Self-esteem
Psychological distress	1			
Social anxiety	0.590***	1		
Self-isolation	0.578***	0.502***	1	
Self-esteem	-0.302***	-0.195***	-0.290***	1

Note: ***. $p < 0.001$.

Table 3 presents the correlations between four psychological scales: Psychological Distress, Social Anxiety, Self-Isolation, and Self-Esteem. Psychological Distress is significantly positively correlated with Social Anxiety ($r = 0.590$, $p < 0.001$) and Self-Isolation ($r = 0.578$, $p < 0.001$), indicating that higher levels of distress are associated with increased social anxiety and self-isolation. Conversely, Psychological Distress is significantly negatively correlated with Self-Esteem ($r = -0.302$, $p < 0.001$), suggesting that higher distress is linked to lower self-esteem. Social anxiety is also positively correlated with self-isolation ($r = 0.502$, $p < 0.001$) and negatively correlated with Self-Esteem ($r = -0.195$, $p < 0.001$). Finally, Self-Isolation shows a significant negative correlation with Self-Esteem ($r = -0.290$, $p < 0.001$), indicating that greater isolation is associated with lower self-esteem. All correlations are significant at $p < 0.001$.

Table 4. Model summary^b.

Model	R	R square	Adjusted R square	Std. error of the estimate	Durbin-Watson
1	0.685 ^a	0.469	0.466	0.308	1.852

Note: a. Predictors: (Constant), self-esteem, social anxiety, self-isolation.
 b. Dependent variable: Psychological distress.

Table 5. ANOVA^a.

Model		Sum of squares	df	Mean square	F	Sig.
1	Regression	43.990	3	14.663	154.396	< 0.001 ^b
	Residual	49.861	525	0.095		
	Total	93.851	528			

Note: a. Dependent variable: Psychological distress.
b. Predictors: (Constant), self-esteem, social anxiety, self-isolation.

Table 6. Coefficients^a.

Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		B	Std. error	Beta		
1	(Constant)	0.726	0.085		8.579	< 0.001
	Social anxiety	0.416	0.039	0.393	10.668	< 0.001
	Self-isolation	0.265	0.029	0.344	9.109	< 0.001
	Self-esteem	-0.081	0.022	-0.126	-3.779	< 0.001

Note: a. Dependent variable: Psychological distress.

A multiple linear regression was conducted to examine the predictors of psychological distress, with social anxiety, self-isolation, and self-esteem as the independent variables. The model summary indicates that the predictors explain approximately 46.6% of the variance in psychological distress, as evidenced by the adjusted $R^2 = 0.466$ (see Table 4). The overall model was significant, $F_{(3, 525)} = 154.396$, $p < 0.001$, indicating that the predictors significantly explain the variation in psychological distress (see Table 5).

The coefficients indicate that Social Anxiety ($\beta = 0.416$, $p < 0.001$), Self-Isolation ($\beta = 0.265$, $p < 0.001$), and Self-Esteem ($\beta = -0.081$, $p < 0.001$) are significant predictors of Psychological Distress. Social Anxiety has the strongest positive effect ($\beta = 0.393$), followed by Self-Isolation ($\beta = 0.344$), while Self-Esteem has a negative effect ($\beta = -0.126$) on Psychological Distress (see Table 6).

4. DISCUSSION

Research findings indicated a connection between psychological distress, social anxiety, self-isolation, and self-esteem. Additionally, social anxiety, self-isolation, and self-esteem are identified as predictors of psychological distress. The results imply that increased social anxiety and self-isolation correspond with higher psychological distress, while higher self-esteem is linked to lower psychological distress.

The findings indicate that psychological distress is significantly predicted by social anxiety. Previous research has established a correlation between social anxiety and mental health issues such as depression and anxiety, as individuals with higher levels of social anxiety frequently report experiencing increased psychological distress. Social anxiety induces detrimental coping mechanisms, including avoidance and rumination, which exacerbate distress. Individuals who experience high levels of social anxiety are inclined to overestimate the negative consequences of social interactions, which exacerbates their distress (Hofmann, 2007). Negative interpretations of social events, particularly those that involve negative evaluation, are associated with social anxiety, which exacerbates distress (Lundh & Sperling, 2002). Furthermore, individuals with social anxiety exhibit a reduced capacity to tolerate distress, which renders them more susceptible to experiencing distress in social settings (Keough, Riccardi, Timpano, Mitchell, & Schmidt, 2010). Furthermore, adolescents who suffer from social anxiety frequently overestimate the probability and repercussions of adverse social experiences, which exacerbates their perceived distress and results in increased psychological distress (Rheingold et al., 2003). Their anxiety and distress are exacerbated by the pressure to maintain a flawless image and the social comparisons that result from their frequent use of social media. Adolescents are more susceptible to negative online interactions as a result of social anxiety, which in turn intensifies psychological distress (Keles, McCrae, & Grealish, 2020). Peer rejection, victimization, and negative feedback from social interactions also contribute to emotional distress, which exacerbates both social anxiety and psychological distress (La Greca &

Harrison, 2005). In addition, adolescents who are socially anxious often avoid social situations to prevent embarrassment or judgment. However, this withdrawal results in loneliness, which, in turn, exacerbates their distress over time (Blöte et al., 2015).

The results show that self-isolation is a key predictor of psychological distress, with those who isolate themselves reporting higher distress levels. This suggests that as individuals withdraw from social interactions, their emotional and mental health worsen, leading to increased psychological distress. During the COVID-19 pandemic, self-isolation was linked to higher distress, especially in individuals with pre-existing mental health issues. Research identified symptoms of depression and anxiety, with qualitative studies consistently noting negative impacts on well-being (Martin et al., 2023). Social isolation, both objective and subjective, is strongly associated with depressive symptoms and distress, particularly among older adults, with subjective isolation from friends having a greater impact (Taylor, Taylor, Nguyen, & Chatters, 2016). During the pandemic, social isolation due to lockdowns predicted increased stress, anxiety, and depression, especially in countries with higher COVID-19-related deaths and weaker social systems (Kim & Jung, 2021). Moreover, adolescents who self-isolate often receive less social support from family, friends, and peers, which heightens feelings of loneliness and increases the risk of depression, anxiety, and suicidal thoughts. Research shows that social isolation is associated with higher depressive symptoms and lower self-esteem, contributing to greater psychological distress (Hall-Lande et al., 2007). Adolescents who prefer solitude or experience social isolation face an increased risk of suicidal ideation and self-harm, as isolation and solitude significantly raise the likelihood of psychological distress and self-destructive behaviors (Endo et al., 2017). During the COVID-19 pandemic, self-isolation was linked to poor mental health outcomes, including increased depression, self-harm, and health complaints, particularly when adolescents perceived inadequate support from their social networks (Wright & Wachs, 2022). Social isolation may also lead to maladaptive coping strategies such as substance abuse, as socially isolated adolescents may turn to self-medication to fill the emotional void, worsening mental health outcomes (Copeland et al., 2018).

The results show that self-esteem is a significant negative predictor of psychological distress, with higher self-esteem associated with lower distress levels. This supports the idea that positive self-regard protects individuals from emotional and psychological difficulties. Research on older adults found that higher self-esteem is linked to lower distress, although extremely low or high self-esteem increases distress compared to moderate levels (Krause & Alexander, 1990). A study of dental students also showed a negative correlation between self-esteem and distress, where lower self-esteem predicted higher distress (Radeef & Faisal, 2019). Self-esteem was found to mediate the relationship between resilience and distress by enhancing life satisfaction and positive affect (Liu, Wang, Zhou, & Li, 2014). Additionally, research on Finnish employees indicated that low self-esteem increased emotional exhaustion and distress, highlighting its protective role against workplace stress (Mäkikangas & Kinnunen, 2003). Moreover, adolescents with high self-esteem generally experience lower levels of psychological distress, such as depression and anxiety, as self-esteem enhances emotional resilience, helping them manage stress more effectively (Schoeps, Tamarit, Zegarra, & Montoya-Castilla, 2021). Self-esteem also mediates the relationship between body dissatisfaction and symptoms of depression and anxiety, meaning adolescents with higher self-esteem are better equipped to cope with negative self-perceptions, thereby reducing psychological distress (Duchesne et al., 2016). Furthermore, adolescents with higher self-esteem tend to have better long-term psychological outcomes, with research showing that higher self-esteem during adolescence is linked to reduced emotional distress and improved mental health in adulthood (Trzesniewski et al., 2006).

5. IMPLICATIONS

The strong positive correlation between social anxiety and psychological distress suggests that targeting social anxiety through interventions could significantly reduce distress. Cognitive-behavioral therapy (CBT) is effective in addressing negative thought patterns and avoidance behaviors linked to social anxiety, promoting more adaptive coping mechanisms. Additionally, exposure therapy and social skills training could help reduce the perceived negative

consequences of social interactions, thereby lowering psychological distress. The positive link between self-isolation and distress highlights the importance of reducing isolation through social engagement and support systems. Community-based programs, peer support groups, and increased social interaction in clinical settings may alleviate distress, especially for those who have withdrawn socially. During crises like pandemics, promoting virtual social connections and maintaining support networks is crucial for mental well-being. The negative association between self-esteem and distress indicates that improving self-esteem can protect against psychological distress. Interventions that foster self-compassion, positive self-regard, and resilience training may be effective, especially for individuals with low self-esteem. Therapeutic approaches focused on self-acceptance and confidence-building can help reduce the emotional impact of stress and anxiety, enhancing coping abilities in adversity.

Adolescents are especially susceptible to the effects of social anxiety and self-isolation, which can lead to severe psychological distress. Schools, communities, and healthcare systems should focus on fostering supportive environments that encourage social inclusion and positive peer relationships. School-based mental health programs that target social anxiety and self-esteem development can act as preventive measures, helping adolescents build resilience and improve long-term mental health outcomes. The impact of self-isolation highlights the need for effective public health strategies, particularly during global crises like the COVID-19 pandemic. Governments and organizations should prioritize mental health initiatives that promote social connectedness, even during physical distancing. Access to online support systems, mental health hotlines, and virtual therapy can help reduce the mental health consequences of isolation and lessen psychological distress in the population.

The cross-sectional design of this study limits the ability to establish causal relationships between psychological distress, social anxiety, self-isolation, and self-esteem. Future research should prioritize longitudinal studies to track changes in these variables over time, which would help identify critical periods for intervention. Given the complex interplay between social anxiety, self-isolation, and self-esteem, future studies should also investigate potential mediators or moderators, such as social support, coping strategies, or resilience, to gain a deeper understanding of how these factors impact psychological distress. Additionally, exploring whether interventions targeting one factor (e.g., self-esteem) can reduce the impact of others (e.g., social anxiety or self-isolation) would offer valuable insights for developing effective treatment strategies.

6. CONCLUSION

This study examined the relationships between psychological distress, social anxiety, self-isolation, and self-esteem among adolescents, identifying key predictors of psychological distress. The results show that social anxiety and self-isolation are positively linked to psychological distress, while self-esteem is negatively correlated with it. Social anxiety was found to be the strongest predictor of distress, followed by self-isolation, with self-esteem serving as a protective factor that lowers distress levels.

These findings offer important insights into the factors contributing to psychological distress, underscoring the need for integrated interventions targeting social anxiety, self-isolation, and self-esteem. Addressing these factors can help mental health practitioners and policymakers more effectively manage adolescent psychological distress, promoting better mental health and long-term positive outcomes for youth.

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Transparency: The author states that the manuscript is honest, truthful, and transparent, that no key aspects of the investigation have been omitted, and that any differences from the study as planned have been clarified. This study followed all writing ethics.

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