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***THE IMPACT OF SOCIAL ANXIETY DISORDER ON MIDDLE
SCHOOL LEARNERS AND TEACHER'S INTERVENTION.***

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THE IMPACT OF SOCIAL ANXIETY DISORDER ON MIDDLE SCHOOL LEARNERS AND TEACHER'S INTERVENTION.

Declaration

I hereby declare that the substance of this dissertation is the result of my investigation due reference of acknowledgment is made when necessary to the whole of other researchers.

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DEDICATION

This study is wholeheartedly dedicated to my beloved **parents** and specially my biggest example in life '**my mother**'. My parents who have been my source of inspiration and strength ,who continually provide their moral, spiritual and financial support.

To my sisters **Amel** and **Marwa** ,to best brothers ever **Faicel** , **Hamza**,**Youcef** and **Mohamed** and his wife'**Fairouz**'.

To my supervisor and after all was my teacher ,**Mr BOUZIANE**.

To all my dear friends and colleagues and specially Hanane,Marwa,Ilham and, Sabrina .

To **Minouch** wherever it is ...

NAIMA

DEDICATION

To the soul that made my ambition and today he sees a moment of my greatness and success

To the one I carry his name To the one who held my hand since my childhood To you

my" **dear Father**".

I dedicate the fruit of my effort and diligence to the greatest human being in existence, to the

one who gave me life and was the secret of my existence and my joy, to the one who taught

me to walk and not to despair, to you "**my beloved Mother.**"

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Abstract

Anxiety and somatic symptoms are some of the most common and debilitating mental health problems in childhood yet frequently go unnoticed and untreated. UK schools have been urged to take a more prominent role in promoting good mental health in their pupils; yet whether their teachers can recognise children's anxiety and somatic symptoms, and how teachers identify these symptoms has not been investigated. This study examined the effects of social anxiety on middle school learners and its impact on their academic performance. Also the professor's knowledge extent of social phobia and its symptoms. Thirty students of fourth grade middle school in Algeria completed a questionnaire of social anxiety test describing their feelings and attitude in social situations. And seven middle school teachers completed a questionnaire exploring their definitions of anxiety and the indications they associated with social anxiety disorder in middle school learners. Results showed that social anxiety can affect adolescent and over participants 5 of them have social anxiety symptoms. Despite most teachers had an understanding of what anxiety was in general, they did not consistently diagnose the disorder and its effects on their students, often defining all anxiety as a negative experience. Teachers were not able to identify symptoms of SAD in learners and recognizing anxiety-specific and general problem indications. The results provided preliminary evidence that teachers' knowledge of anxiety and anxiety disorders does not appear to be a barrier in preventing children's referrals for mental health treatment, and thus the teacher's intervention became useless. Finally, suggestions for further research and clinical implications are discussed.

Keywords: Adolescent, Middle School, Social Anxiety Disorder, Teacher's Intervention.

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List of Abbreviations

- **SA:** Social Anxiety
- **SAD:** Social Anxiety Disorder
- **TAIRQ:** Teachers' Anxiety Identification and Referral Questionnaire
- **F1:** First Language
- **F2:** Second Language

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General Introduction

Social anxiety disorder (SAD) is a debilitating condition characterized by a marked and persistent fear of being humiliated or scrutinized by others (World Health Organization 1992; American Psychiatric Association 2013). Individuals fear a range of social interactions, such as conversations with strangers, joining in groups or speaking on the telephone.

Most things that involve being observed by others are difficult. These include walking into a room when other people are already seated, eating or drinking in public, and performing in front of an audience. Sufferers fear that they will say or do something that they believe will be humiliating or embarrassing. Common concerns include the fear of sweating, shaking, blushing, stumbling over words, looking anxious, or appearing boring, stupid, or incompetent (Stein and Stein 2008). Over the past decade, there has been increasing international focus on improving the accessibility to mental health services for children, and specifically, the role of schools in identifying, promoting and preventing mental health problems (Attride-Stirling et al, 2001). Schools, and particularly teachers, are in a unique position to be able to identify mental health problems such as excessive anxiety in their students because they have an understanding of what constitutes typical behavior for a particular student and they have

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experience with a wide range of children's behavior. This position allows them to identify non-normative behavior.

However, teachers receive little to no education or training in children's mental health as part of their teaching qualifications (Gowers et al, 2004). Congruent with teachers' reports, this omission could leave them ill equipped to recognise and appropriately respond to the needs of children within the classroom (Green et al, 1996; Roth et al, 2008; Roth et al, 2005). In addition to being unable to identify these children and respond to their needs, this lack of education may also result in inappropriate referrals being made (Cvinar, 2010). Therefore, it is important to investigate what teachers define as anxiety and when it becomes excessive in children.

Being affected by the present social Anxiety, Algerian learners in middle schools specially the anxious ones may find difficulty mainly in learning, in using or transmitting knowledge, and difficulty in elucidating their knowledge on learning process. As well as middle school teachers with their lack of knowledge and trainings, could find a lot of problems in transmitting information to the anxious students and understanding their attitude in some social situations. Many studies investigated the impacts of social anxiety on adolescents, their attitude in social situations ,and its consequences on their academic performance .However,very few studies were conducted about teacher role and their intervention in social anxiety situations.

This study aims to spot the light on the issues of anxiety and its effects on the middle school learners and their achievements, and Gaining insight into teachers' knowledge of anxiety and recognizing what signs are important for teacher identification is vital to understand which anxious learner are likely to be referred for assessment and treatment, and also in identifying which children are likely to be overlooked .

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The present study is basically comprised of a general introduction, general conclusion and three chapters. Each chapter is provided with an introduction and a conclusion. The first chapter is concerned with a theoretical overview of anxiety, its theories, and its effects main sources. the spread of SAD among adolescents, also the impact of SAD on learners and its symptoms. In addition, the chapter will be dealing with the teacher-learner relationship. The second chapter explains the methodology of the research and the tools that was used which is two questionnaires. The first one is formed to identify social anxiety in learner, and the second examines the teachers knowledge about SAD, experienced by the fourth grade middle school learners and teachers in Rouina, Ain-Defla, Algeria. The third chapter discusses the results and the findings of the study.

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CHAPTER I

LITERATURE REVIEW

THE IMPACT OF SOCIAL ANXIETY DISORDER ON MIDDLE SCHOOL LEARNERS AND TEACHER'S INTERVENTION.

Introduction:

Social interactions are commonplace in everyday life. For much of the population these interactions conclude without incident. However, for individuals with social anxiety, social interactions can be unsettling and cause negative reactions.

1. What is Social Anxiety?

SA is characterized by a marked or persistent fear of specific social situations in which one is under the scrutiny of others (American Psychiatric Association, 2000), social anxiety (sometimes referred to as 'social phobia' – see Kring & Johnson, 2012, for more on terminology) differs from other anxiety conditions due to its emphasis on concerns regarding evaluation by others. These concerns are associated with the heightened processing of the social self and a preoccupation with self-focused attention (McManus & Hirsch, 2007). People who suffer from social anxiety excessively self-monitor during social performance situations and focus on the impression they are making on others, fearing that their true self may be revealed at any moment. They typically hold false assumptions about their perceived inability to behave in an appropriate manner in front of others and tend to be highly critical of their social performance, believing it will be negatively evaluated and will ultimately lead to embarrassment and humiliation (Clark & Wells, 1995). In addition to emotional discomfort, somatic symptoms include blushing, trembling, a dry mouth, sweating and heart palpitations (Blackmore et al., 2009). A socially anxious person may endure an anxiety-provoking situation in discomfort, flee from it prematurely or actively try to avoid the situation in the first place. If the situation happens to be a classroom, then the potential for disengagement from learning is clear (see Purdon et al., 2001; Topham & Russell, 2012).

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The Diagnostic and Statistical Manual of the American Psychiatric Association, 5th edition, defines SAD as ‘a marked fear or anxiety in one or more social or performance situations in which the person is exposed to possible scrutiny by others. They fear that they will act in a way (or show anxiety symptoms) that will be humiliating, embarrassing, or they will be rejected by others. Exposure to the feared social situation almost invariably provokes anxiety. The fear or anxiety is out of proportion to the actual threat of the situation. Feared social or performance situations are either avoided or endured with intense anxiety or distress. The fear or avoidance interferes significantly with the person’s normal routine, occupational functioning, relationships, or social activities. The diagnosis can be further specified as “performance only” if the anxiety is focused specifically on public speaking or performing in public to a degree that there is marked functional impairment (e.g. interfering with ability to work)’ (DSM-V, 2013).

Research into social anxiety has received some criticism in the past for suggesting that shyness is a form of mental illness requiring treatment(..). Indeed, it would be quite wrong to assume that all learners who experience some form of social anxiety are ill. McManus and Hirsch (2007) rightly remind us that an individual’s experience of social anxiety exists on a continuum. Some people may experience the anxiety only occasionally during the most demanding social performance situations, such as attending a job interview or giving a speech in public, while at the other end of the scale, others may be distressed by all of the social situations they encounter. However, if a socially anxious learner is not able to function effectively within a classroom setting over a prolonged period, then a working knowledge of the phenomenon is likely to be of great value to language practitioners because it can aid in better understanding how a skewed self-concept may impact upon the cognitive processes and in-class behaviors of inhibited students.

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The cognitive-behavioral processes described in the model of Clark and Wells (1995) are dynamically connected meaning that, for example within a language classroom, a socially anxious learner's feared predictions that her performance will be embarrassing cause her to engage in excessive self-focused attention as she monitors how she is coming across to others as the class progresses. This all-consuming self-focused attention, along with a strong desire to avoid negative assessment by the instructor and peers, contributes to the learner interacting only very minimally with classmates. Such safety seeking behavior, working in tandem with her social fear beliefs, causes the student to feel tense and to become flustered when asked a question in the target language. Thinking she looks like a fool, her discomfort, in turn, leads to yet further worry over her inept image or behavior and these concerns extend to after the lesson has ended, therefore feeding the cycle of negative self-beliefs for the next class. While this outline nicely illustrates the way in which a socially anxious learner's pre-, post- and in-situation cognitive processes are dynamically connected, in fact, the language classroom represents a social situation in which a complex array of forces are at work influencing the behavior of participants. Dörnyei (2009) underlines this point when he notes that within educational psychology the classroom environment has been variously defined, and includes not only the dimensions of an 'instructional context' relating to the teaching method, curriculum and learning tasks but also a "social context", which is related to the fact that the classroom is also the main social arena for students, offering deeply intensive personal experiences such as friendship, love, or identity formation' (237). This last point is especially significant when we consider the unstable self-concept of some language learners whose silence emerges during the precarious process of moving between their first language (L1) and fledgling L2 selves (see Granger, 2004).

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2. Adolescence and the Development of Social Anxiety Disorder:

Social anxiety is very much a disorder with its origins in adolescence, with the majority of cases occurring during this period (90% occur by the age of 23 years; Kessler et al. (2005)). The National Institute of Mental Health (2017) posits that social anxiety has a prevalence rate of 9.1% in adolescents. Such deficits may be particularly detrimental during adolescence, a sensitive developmental period that is marked by heightened salience of social acceptance and rejection (Brown and Larson, 2009). The increased incidence of social anxiety disorder during adolescence is perhaps unsurprising. Adolescence is a time when people are moving from a unique reliance on their family unit and are learning how to interact with peers in a way that will set them up for the rest of their life. They become increasingly autonomous from their parents and reliant instead upon their peer group (Larson and Richards 1991).

Indeed, girls are twice as likely to experience social anxiety than are boys (Ruscio et al, 2008). The average age of onset is 13 years, with 75% of individuals having an onset between 8 to 15 years (APA, 2013). Notably, the younger the adolescent is at onset the higher the association with other negative outcomes, such as depression (Koyuncu et al., 2015). Thus, identifying possible triggers for the onset of social anxiety, such as the fear of evaluation, is crucial in understanding and preventing social anxiety. Social anxiety is very much a disorder with its origins in adolescence, with the majority of cases occurring during this period (90% occur by the age of 23 years; Kessler et al. (2005)). Prospective, longitudinal studies suggest that it is relatively unusual in early childhood (Wittchen et al. 1999b), with incidence increasing through the adolescent years and a median age of onset of 13 years (Kessler et al. 2005). After this peak period of onset, new cases are fairly rare after about the age of 25 years (Heimberg et al. 2000).

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The increased incidence of social anxiety disorder during adolescence is perhaps unsurprising. Adolescence is a time when people are moving from a unique reliance on their family unit and are learning how to interact with peers in a way that will set them up for the rest of their life. They become increasingly autonomous from their parents and reliant instead upon their peer group (Larson and Richards 1991). Underpinning this social reorientation is the development of particular neurocognitive abilities (Kilford et al. 2016). One of these is self-consciousness. Self-consciousness is the directing of attention inwards, with both a private and public dimension (Davis and Franzoi 1999). Private self-consciousness refers to an awareness of one's inner thoughts and feelings, whilst public self-consciousness is an awareness of the self as a social object. Self-consciousness, and particularly the public aspect of it, is thought to peak in early adolescence (Cicchetti and Cohen 2006; Rankin et al. 2004; Vartanian 2000). The development of public self-consciousness will enhance adolescents' sensitivity to how they are being perceived by others. This awareness will inform how adolescents behave towards other people and will help them to establish more mature and enduring relationships with their peers. However, it seems very plausible that an acute awareness of the self as a social object may also confer vulnerability for increased social anxiety and in line with this suggestion, public self-consciousness has been found to be related to social anxiety in adolescents (Mallet and Rodriguez-Tomé 1999) and in adults (Mor and Winquist 2002). Although all young people seem to experience a normative increase in public self-consciousness in early adolescence, only a small proportion will develop persistent social anxiety, and so it is not in itself enough to explain the increased incidence. Rather, self-consciousness may be a necessary precursor implicated in the development and maintenance of social anxiety (Tillfors and Van Zalk 2015). It seems plausible that the acute self-consciousness experienced during early adolescence renders this a developmentally sensitive period for the emergence of social anxiety (Haller et al. 2015). As well as

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heightened self-consciousness, adolescence is also normally a period of strong sensitivity to peer influence and it is a crucial phase of social learning. Social relationships during adolescence are especially rewarding during this time, and it has been suggested that this increases the impact of both positive and negative aspects of social interactions (Kilford et al. 2016). In line with this, studies consistently demonstrate that peer rejection leads to increased distress, anxiety and lower mood in adolescents compared to children and adults (Platt et al. 2013). The heightened emotional salience of peer interactions means adolescents are primed to prioritise the development of social networks, but for some it will also bring about an increased vulnerability for the emergence and maintenance of social fears (Eldreth et al. 2013)

3. Social anxiety impact on learners :

There are several ways in which social anxiety processes may potentially interfere with student functioning during active learning. These include trepidation before entering a class known to be associated with socially-based active learning techniques, missing valuable information during discussions due to self-monitoring for anxiety responses, engaging in safety behaviors to avoid entering discussion activities with other students, and negative attitudes toward active learning techniques as learning processes, due to the aversive experiences and negatively-biased ruminations to which socially anxious students would be prone. Issues of student inclusivity and course accessibility must also be considered, given that socially anxious students may not benefit from active learning in a manner similar to their nonanxious peers. If the active learning classroom generates significant discomfort, socially anxious students may not feel the same sense of belonging in the environment (Deci & Ryan, 1991) and may develop more negative attitudes toward it. These negative attitudes may be driven primarily by the social concerns of the student, rather than concerns

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about poor performance that could be interpreted by the instructor as revealing of poor course preparation. This is consequential because research has demonstrated that a sense of belonging and positive attitudes in the classroom are associated with student achievement (Biner, Dean, & Mellinger, 1994; Gottfried, 1990; Deci & Ryan, 1991) and because student performance anxiety is both impacted in part by social concerns and is predictive of persistence in future course material (England, Brigati & Schussler, 2017). Whereas these issues are plausible given what is currently known about active learning and social anxiety separately, few empirical studies have directly investigated their association and the synergistic affect that may result. Some research has, however, provided indirect support to this notion (Cooper, Downing, & Brownell, 2018). For example, recent qualitative work found that students who experienced increased anxiety during group work reported a fear of negative peer evaluation as the primary reason, suggesting that social anxiety in particular may heighten their classroom discomfort (Cooper, et al., 2018). Similarly, it is unclear whether content mastery, providing a sense of efficaciousness, would moderate such a relationship in a socially anxious sample. Thus, despite the broad findings that students benefit from active learning, students with social anxiety may have a qualitatively different experience of active learning techniques.

a. Feared predictions:

Clark and Wells (1995) highlight that the socially anxious tend to interpret social situations negatively because they hold erroneous beliefs about themselves and how they should act during the situation. These dysfunctional self-concept and social action beliefs fall into three categories: (1) excessively high standards for social performance; (2) conditional beliefs concerning social evaluation and (3) unconditional beliefs about the self. With regard to the first of these categories, a strong theme in the interview phase of my own

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study was related to the belief that it was essential for students to use 'perfect English' when speaking in front of others. Interviewees spoke of their worries concerning issues connected to the pronunciation, word order, grammatical correctness and relevance of their utterances in the target language. Mistakes were viewed with dread; with some believing that their English language errors might potentially lead to rejection by peers. Discussing her fears of what would happen if she spoke out in class, one learner revealed:

"I'm worried about whether the grammar is correct and there's no end of those kinds of things. But there are some people who are brighter than me (...) so I'd feel embarrassed if they thought my question wasn't relevant or was off the point. I'd also feel humiliated if poor English ability was exposed."

Note how this student assesses her target language ability. This is a good example of a negatively biased self-concept in that she believes her linguistic capabilities to be wholly inadequate. In reality, the learner was an English language major who had been chosen to study at a United States university for a year because of her excellent language skills. Clark and Wells (1995) make the point that setting oneself excessively high standards for social performance actually generates anxiety because such standards (e.g. appearing witty and intelligent in class whilst speaking perfect, error-free English) are extremely difficult to achieve. As a consequence of this difficulty, socially anxious learners may become preoccupied with the fact that they are failing to convey a favourable impression to classmates.

In addition to the concern that making mistakes whilst speaking in English would result in being rejected by peers, some interviewees spoke about other feared predictions which were related to social evaluation in their classrooms. For example, one fourth-year non-language major described how he was afraid that his voice would become weak and his mind would go blank as a result of the embarrassment of being called onto talk in English in front

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of the rest of the class. Yet other learners recounted how they avoided interacting with instructors because of fears that they would be labelled as being 'stupid' if they did. Describing a classroom scenario in which she is unable to understand a point during the lesson, one interviewee explained how she would be reluctant to ask for help and that she believed she would be evaluated if she did speak up:

“but you think (.) maybe all the other students know the answer and I will be (.) the only student who can't understand so that if I say- if I ask a question, that is showing that I'm the idiot in the class.”

It seems that learners' social fears do not just involve conditional beliefs like the one in the extract above. Indeed, Clark and Wells (1995) draw attention to the dynamism of the social phobic's self-schemata. With this in mind, we can see that sometimes a socially anxious learner's feared predictions involve unconditional beliefs about the self which only come to the fore during social situations. The person may have a negative view of his/her classroom self, believing they are different, strange, inadequate, boring or stupid, but this unconditional belief does not necessarily extend into situations in which the individual perceives there to be no evaluation, for example settings involving family, friends or being alone.

b. Self-focused attention:

McManus and Hirsch (2007) note that the socially anxious become preoccupied with how well they are coming across during social situations and this self-focused attention interferes with social performance, making it less effective. Heightened processing of the social self encourages a preoccupation with impression management (see Leary, 1995; Tedeschi, 1981), feelings of inhibition and the use of silence as a defensive strategy. During

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my own research, students frequently related how they felt they were being observed and judged during their English lessons, making repeated references to the inhibiting 'eyes' that were around them. As one postgraduate student put it,

“when I speak out, I can feel people are watching me and judging me’.

Another learner, who was highly proficient in English, also spoke about her preoccupation with her classroom self-image, stating that,

‘I always look at people around me and I always search (hhh) what they think (.) about me- how I look- I'm very careful’.

Her concerns centred more around the appeal of her utterances, rather than their lexicogrammatical accuracy, disclosing that ‘when I speak, when I say something I always care what other people think and then I care if they are interested in what I'm talking about’. It would seem that such a hypersensitivity to others is supported at a societal level by the enculturated notion of an ever-present and ever-watching ‘other’ which exists within Japanese society (see Greer, 2000; Lebra 1976, 1993; McVeigh, 2002).

Writing about the socialisation of communicative style in Japan, Clancy (1990) argues convincingly that a concern for others' reactions is inculcated into Japanese infants from an early age by caregivers who employ it as a control strategy, teaching children to fear the criticism and disapproval of those around them. According to Clark and Wells (1995), when a socially anxious individual faces a situation in which there is the potential for negative evaluation, a significant amount of the person's attention is shifted towards monitoring his/her self-generated image. This shift in attention inward towards the self feeds a heightened awareness of anxiety responses, diverts attention away from the objective interpretation of external information and therefore helps to distort how the

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individual thinks he/she is coming across to others. Let us consider, for example, the cognitive processes of a socially anxious learner during a whole-class discussion, a daunting activity for many Japanese students and one that I rarely observed to work well over the course of the 48 classroom observations conducted. As the discussion progresses, our socially anxious learner fears becoming the centre of everyone's attention if called upon to express an opinion. As one student put it, . This fear triggers a focus on how the learner feels and she assumes that her anxious feelings are relevant to how others perceive her. Thus, if the learner senses she is, say, blushing, she assumes that everyone can clearly see her bright red face and will consequently form a negative impression of her; though in actual fact she may have only flushed barely noticeably. In addition to adopting silence as a defensive strategy in order to avoid attracting attention or to avoid causing offence by expressing an opinion which others in the class might disagree with, concentrating more on internal matters would make it that much more difficult for the learner to attend to the actual points of the discussion as they arose and her attention would be further diverted from the tricky process of forming a contribution in the target language. Immediate contextual factors, such as the topic under discussion, level of self-disclosure required (see Barnlund, 1974), size of the class and nature of the learner's interpersonal relationships with classmates/instructor, would all play a role in shaping the cognitive processes and level of oral participation of this socially anxious learner.

4. Somatic and cognitive symptoms

Somatic and cognitive symptoms make up the final component of the cognitive-behavioural model of Clark and Wells (1995). The socially anxious experience marked arousal in feared situations and consequently there is a range of symptoms associated with the condition.

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Sufferers tend to become concerned that others will notice their symptoms and therefore 'interpret them as signs of impending or actual failure to meet their desired standards of social performance' (Clark, 2001:410). This leads to an increase in self-monitoring as individuals often become hypervigilant, searching for signs of anxiety which they believe are all too obvious to others. In this section I will briefly discuss some of the symptoms that learners described experiencing during their language classes.

One student, an English language major at a private university famous for its study abroad schemes, spoke of the tense atmosphere which dominated her intensive English class (15 hours of instruction per week) and described what she felt at the prospect of being called on to speak in the target language in front of her classmates:

"I can feel my heart- heart rate maybe going up or (..) I feel colder maybe (3.0) and I would feel inferior (.) I would feel I'm idiot (..) I wanna just run away, disappear ((laughs))."

The palpitations this learner experiences are a common physical symptom associated with social anxiety. In the extract she links her somatic symptoms to a negative self-image and a desire to seek safety by fleeing from the situation (an action she claimed never to have carried out, choosing instead to endure the situation in discomfort). Her description of feeling cold is somewhat odd as we could reasonably have expected the opposite; a feeling of being hot and sweaty. This is certainly what another interviewee described when she talked about the anxious feelings she experienced in her weekly English class:

"At first my hands become really sweaty, and then I kind of restlessly look back and forth between my dictionary and notebook and nervously look around to see if

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everybody else is following it's kind of nerve-wracking and erm my brain's working hard and gets full."

Note how this student depicts not just the physical symptoms of her anxiety, but cognitive and behavioural components too. The account of her brain 'working hard' and getting 'full' suggests she has experienced a kind of cognitive overload brought about by the attention-draining activities of self-monitoring, scrutinising others' reactions and engaging in safety behaviours whilst at the same time trying to attend to the lesson content. It is no wonder this student described feeling 'absolutely flustered' in her language class and admitted to retreating into the safety that silence offered. A further interviewee, who spoke extensively about his feelings of embarrassment during lessons, recounted similar panicky experiences when he was called upon to speak English in front of his classmates:

"It's like my mind goes blank um (2) it goes into a panic. How can I say? I feel flustered like 'what can I do, what can I do?' comes one after another."

Mental blanks are recognised as a common cognitive symptom of social anxiety (Clark, 1999, 2001; Clark & Wells, 1995; McManus & Hirsch, 2007). They also represent a feared prediction for some learners, particularly when there is a requirement to perform some form of public speaking activity individually in the classroom (e.g. giving a presentation). Mental blanks, in common with other cognitive and somatic symptoms, tend to be exacerbated by safety behaviours.

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5. Educater's role

It is universally recognized that teaching and learning are indispensable parts of any educational system. In this regard, teachers are considered as the backbone of the teaching and learning experience because knowledge is transmitted from the teacher to the student. The teacher plays an important role in the classroom and this makes his / her relationship with his / her students will be the same as that which is relevant between the mother and the child, the teacher is to teach his students to learn. However, all this takes place in the classroom where improving student's relationship with teachers has important and positive effects on students' academic development and performance.

According to Lee Morganett (1991: 261), teacher-students relationship drives the students into their process of learning and helps their desire to learn without any negative feeling that may affect him. He also shows that the positive relationship makes the students more comfortable. That is students' feeling of being supported by their teachers can have an affective effect on their behavior in their classrooms and they will attain higher levels of performance, show more concentration in the academic process, and show a better classroom behavior.

Lee Morganett (ibid), concluded that students who feel themselves accepted and supported by the teacher are more likely to do what the teacher want and ask, for example tasks and assignment, and are less likely to do such things that make them anxious and make their relationship with their teacher difficult.

Conclusion

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As presented above many research studies have investigate social anxiety disorder , the impact of SAD on learners academic performance and relation between SAD and adolescent. However , few studies have examined the role of school and especially the teacher in rebuilding the personality of the pupil based on self- confidence and helping him to get rid of social phobia .

CHAPTER II

METHODOLOGY

THE IMPACT OF SOCIAL ANXIETY DISORDER ON MIDDLE SCHOOL LEARNERS AND TEACHER'S INTERVENTION.

Introduction:

The study has been done in Algeria , middle school students in ain defla , rouina " BAGHDAD Abdelkader " . Aims to find knowledge about social anxiety in adolescents and it's effects in their academic performance, and to determine the teacher's role with anxious students . Both studies were filled out with the approval of the administration of the university of Djilali Bounaama and the administration of the middle school in rouina with the help of the supervisor and the English teachers in " Baghdad Abdelkader" .

1. Sampling and Population:

Overall, 30 left-behind middle school students of fourth grade were recruited from a regular middle school in Rouina ,AinDefla. 14 participants were male and 15 were female. The average age of participants was 13 years-old .Questionnaires were distributed to all of the students, and the students were guided to correctly fill out the questionnaire with their full information. A total of 30 valid copies of the questionnaire were recovered, with a valid response rate of 96.3%. And seven middle school teachers (of 4th grade) ;3 male participants and 4 females.The mean age of teachers was 30 years, with a range of 25 to 49 years. The mean years of teaching experience was 5 years with a range from 2 year to 16 years.

The methodology and purpose of the survey were explained to the students as well as the teachers , and the students' consent was obtained before beginning the survey. All of the participants volunteered to participate in the survey. All participants were physically healthy except one boy. excluding genetic diseases and mental illnesses. Questionnaires were in Arabic which was the native language of all adolescents. The study was approved by the administration of the university.

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2. Procedure:

Once the school were contacted and agreed to participate, during the initial school survey, self-report measures and peer nominations were administered during a single class period. Students completed the packet of questionnaires. The questionnaires were translated to Arabic for facilitating the process and read aloud by this author to the group of students during the last 15-minute from the grammar lesson.

Teachers were also asked to complete a questionnaire describing their understanding of anxiety and anxiety disorder. Only seven teachers of English consented to participate and divided the ratings among themselves, such that they completed ratings for students with whom they were most familiar. Teachers were compensated for their time according to school district standards. Teachers were initially provided with an information sheet and allowed time to review this. Subsequently, the study was introduced with all relevant information outlined and those who were willing to participate in the study completed the questionnaire in the following 10-15 minutes.

3. Instrumentation :

a. Social anxiety test

This study is one of the most commonly used self report test world willed .The learners will have to Answer a set of questions according to each situation by choosing the most relevant answer. It is a 9 item self-report questionnaire that measures how a student feels or thinks in social situations. Items are summed to determine an overall score, with higher scores reflecting greater levels of anxiety in social situations. On a scale of 1 ("never") to 4 (" often"), the student circles the statement that best describes the way the student feels or thinks or act while social situation. Sample items include: "_Do you feel anxious or panicky

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before social situations?"and "Do you avoid situations, or feel uncomfortable, where you do not know people well?". The test is medically reviewed by :CarolineBuzanko, PhD

b. Teachers' Anxiety Identification and Referral Questionnaire (TAIRQ):

The TAIRQ is a two part self-report questionnaire developed by the researchers for use in this study. The first section of the TAIRQ comprised socio-demographic information on age, gender, teaching experience (years and grade-level), status of teaching career, and previous referring history. The second part of the questionnaire examined teachers' understanding of anxiety and anxiety disorders by asking two open-ended questions, "What is anxiety" and "How would you tell if a child in your classroom was excessively anxious?" These questions were asked to gain a baseline understanding of teachers' knowledge of anxiety and to gain an insight into how teachers identify excessive anxiety given there is limited research available.

4. Data Analysis:

4.1. Student's questionnaire:

General Characteristics of the Subjects and rate of social anxiety in middle school students. Among the 30 valid questionnaires collected in this study, 5 anxious students were identified (18.27% of the sample). Notably, significantly more female anxious students were identified than male anxious students ($P < 0.001$). Additionally, the rate of anxious students increased with increasing grade level ($P < 0.05$). Moreover, the rate of anxious students was higher among participants who had both parents migrating for work than those who only had one parent migrating for work ($P < 0.05$). The rate of anxious students was also higher in only children than in non-only children, but the difference was not statistically significant .

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In addition, social anxiety was significantly associated with negative social performance expectations and with high levels of social withdrawal-disengagement. In contrast, social anxiety was not significantly associated with coping strategies or conversation skills. Overall, girls were more intensely victimized than boys as indicated by significant correlations between gender.as it's shown in table 01and 02 .

	1st Q	2nd Q	3rd Q	4th Q	5th Q	6th Q	7th Q	8th Q	9th Q
Never	6	6	5	2	2	9	3	5	9
Rarely	3	2	6	6	5	2	2	0	1
Sometimes	3	4	1	5	3	0	7	5	3
Often	3	3	3	2	5	2	3	5	2

Table 01: the female student's answers.

	1st Q	2nd Q	3rd Q	4th Q	5th Q	6th Q	7th Q	8th Q	9th Q
Never	10	9	13	5	6	12	8	5	5
Rarely	2	1	0	4	3	2	3	1	4
Sometimes	2	2	1	4	3	0	2	2	1
Often	0	2	0	1	1	0	1	6	4

Table 02 : the male student's answers.

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4.1.1 First questions: Behavioral Indications

The data shows that 24% of the participants feel anxious before social situations. 8 students answered with "sometimes" and "often". The problem could be worry about being questioned randomly and making a mistake. Or having a panic attack in class. Or worry that they look wrong, and people will make fun of them.

Generally, it's normal for those who feel anxious before social situations, they feel afraid from the negative evaluation. 10% of the participants answered "sometimes" and "often" in feeling negatively evaluated by others when in social situations. Jerry Bubrick explained, PhD, a clinical psychologist at the Child Mind Institute who specializes in anxiety and OCD, that boys are especially sensitive to height. "So if a 15-year-old hasn't gone through puberty yet, and they're looking like they're 12 and their peers are looking like they're 19, that can have a pretty profound impact on self-esteem and confidence."

This emotion leads them to avoid most of the social situations because of fear or Anxiety, 5 students answered with "sometimes" in avoiding social situations. "You could interview a hundred kids refusing to go to school," adds Dr. Bubrick, "and get a hundred different reasons why." Again, the score of the female students was higher than the male students.

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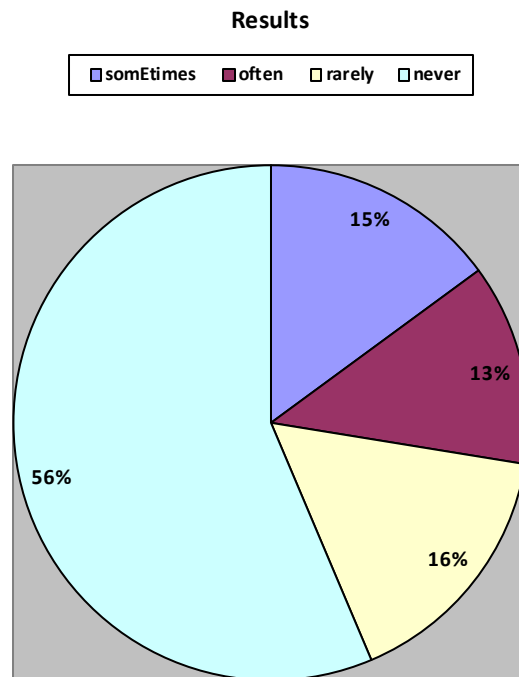


Figure 01: the percentage of answers on Behavioral indications.

4.1.2 Second question: Verbal Communication:

For the fourth question, 12 students answered «sometimes" and " often" in avoiding situations, or feel uncomfortable, where they do not know people well. If people experience anxiety in social situations, staying in one's comfort zone likely means avoidance of others in one way or another.

Data shows that half of the students panic when they have to do something in front of others, whether speaking up in a meeting or presenting to a group. It's also called performance anxiety. "We see a lot of fear of not doing well," explains Dr,Bubrick, "A lot of anxiety is geared towards perfectionism, or needing to do their absolute best in school, beyond an intense work ethic." Even when parents report that they urge kids not to stress over college admissions, teenagers say they feel intense pressure to get those straight A's.

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"Is it easy to imagine that others are judging you as anxious, weak, crazy, stupid, boring, intimidating, dirty, or unlikeable when you are in a group setting?" This question is specialized for anxious students, however, only two students answered «often" and the rest tends to "never" . "Every teenager is going to have an awareness of and a certain vigilance about how they're being perceived," Dr.Bubricknotes."That's just part of the adolescent process, but some kids have that on steroids." The result can be debilitating social anxiety. "They're going to be really excessively worrying about whether they might be seen as incompetent or stupid, or they're really worried about doing something embarrassing."

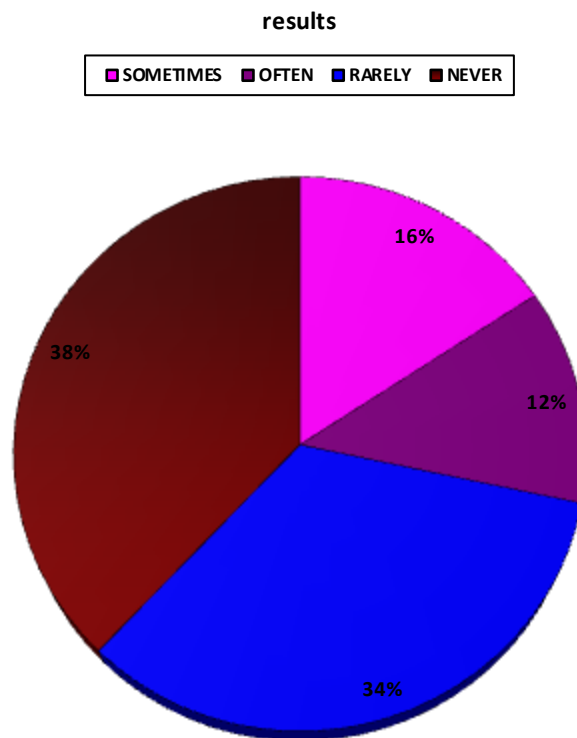


Figure 02: the percentage of ansewers on Verbal Communication.

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4.1.3. Third questions: Consequences :

"Many patients with social anxiety disorder suffer from bodily symptoms, such as blushing, trembling, or sweating, and for almost half the patients, in a Dutch clinical sample, this is the primary source of fear"(Susan M. Bogels, Lynn Alden,2010). 43% of the participants answered "sometimes" and "often" in the seventh question "When in social situations, do you worry that people will notice you are experiencing anxiety symptoms such as blushing, trembling, sweating, stumbling over your words, or staring?". Susan bogels and Lynn Alden also notes that this problem is very common in Asiatic cultures and is the predominant fear in social anxiety disorder patients with taijinkyofusho.

A person who is dealing with social phobia has a big issue concerned with meeting a crowd of people. 60% of the participants agreed that they are extremely conscious of their actions when in social settings because they fear they might offend someone or they could be rejected. Basically they are very uncomfortable in public and crowded places.

Having social anxiety is like a "slow poison death". A person who suffers from social anxiety experienced this every day.10 students answered "sometimes" and "often" in the last question" Are your work life, home life, social life, and/or relationships affected by your anxiety?".Most people's cannot understand their condition, so that could affect their relationships in work life , home life, social life and makes it complicated , sometimes people who misunderstand their behavior can find them egoistic, selfish, and self-centered.

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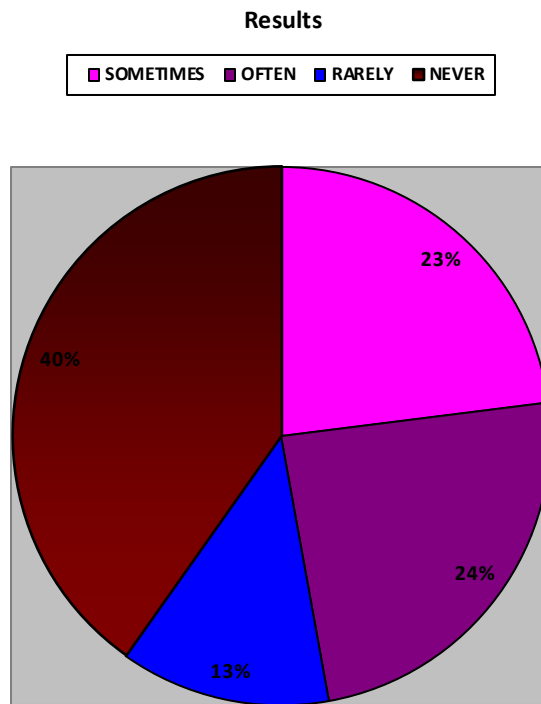


Figure 03: the percentage of answers on the consequences.

4.2. Teacher's questionnaire:

Analysis of teachers' responses revealed three key themes, each with subthemes. These themes can be viewed in Table 1 along with the frequency rates for each subtheme.

Table 1: Frequency of Data Concepts Across Teachers' Definitions of Anxiety for Each Subtheme

Themes and Subthemes	Frequency
Definitions of anxiety	
Emotional Response	3
Cognitive Response	2
Behavioural Response	2
The normality of anxiety	
Anxiety is Not Normal	4
Anxiety is Normal	3

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1. Definitions of Anxiety.

Teachers described three subthemes when defining anxiety.

1.1. Anxiety is an Emotional Response.

Three teachers reported that anxiety was an emotional response, which was analogous to certain other emotions. While teachers reported a wide variation in associated emotions, they primarily viewed anxiety as being synonymous with fear, nervousness, stress, distress, uncertainty, apprehension, and being scared or worried. Typical responses in this theme included:

“An emotional response to external or internal stimuli that causes a person to experience varying levels of distress” ; and “Anxiety can be described as a sense of uneasiness, nervousness, worry, fear, or dread of what's about to happen or what might happen”.

1.2 . Anxiety Involves a Cognitive Response.

Several teachers reported that anxiety involved cognitive or thought processes similar to those reflected in the emotions discussed above. The primary cognitions reported by teachers focused on excessive or constant worry and concern. Several teachers also reported that anxiety involved unhelpful thought processes such as negative thoughts, irrational thoughts, intrusive thoughts, catastrophising, rumination, and mental avoidance. For example:

“Pre-conceiving the worst of a situation” ; “Child with anxiety will ruminate & worry over things” . and “... Lose perspective, overly negative”.

1.3 Anxiety Involves a Behavioral Response.

Behavioral responses were reported as a less common associated aspect when defining anxiety. There were a wide variety of behaviors noted by teachers. However, generally they could be classified as reflecting precise actions (e.g., “Scratching their skin excessively”), compared to more general changes in behavior including: “Refusing to

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participate or attend school..." , and "Can be displayed through behaviors, avoidance, procrastination etc. Also not sleeping & eating well" .

2. The Normality of Anxiety.

Despite the research question asking teachers about anxiety generally (as opposed to anxiety disorders) teachers reported two distinct subthemes regarding the normality of anxiety.

2.1. Anxiety is Not Normal.

The majority of teachers reported that anxiety is not normal, is unnatural, and indicates a disorder or mental health condition. Comments included:

"Anxiety is a disorder characterized by a set of symptoms" , "Worrying... to a higher degree than what would be considered the 'norm'"; and "An abnormal or unusual response to common events" .

2.2. Anxiety is Normal.

Worth noting are the relatively rare responses that comprised the subtheme of anxiety being a normal or natural experience. Only two teachers provided a response that indicated an understanding that anxiety is part of the normal human experience and is unavoidable when presented with a perceived threatening situation. For example:

"Anxiety is a natural part of the human condition that usually occurs when people are faced with new or uncertain situations" ,and "Anxiety disorder is a common problem that usually starts during the teenage years".

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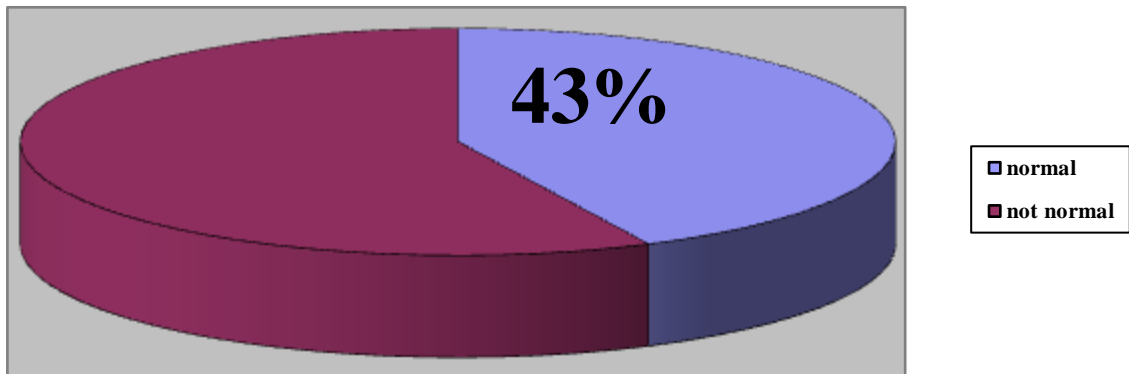


Figure03; The Normality of Anxiety .

3. How would you tell if a child in your classroom was excessively anxious?

Themes emerging from the second analysis, along with the frequency of responses in each theme and subtheme, are summarized in Table 2. Three key themes emerged from the data, along with several subthemes, and are subsequently described in detail.

Theme and Subthemes	Frequency
Behavioral indications	
Avoidant behaviors	3
Overt nervous behaviors	2
Security seeking behavior	2
Perfectionist behavior	2
Verbal communication	
Approach to verbalizing	3
Direct reports	4
Consequences	
Social problems	3
Academic problems	5

Table 2: Frequency of Data Concepts Across Teachers' Indications of Excessive Anxiety for the

Themes

and Subthemes.

3.1. Behavioral Indications.

A large proportion of teachers reported that they used behavioral cues to identify when a child is excessively anxious.

3.1.1. Avoidance.

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The majority of teachers' responses indicated that they relied on signs of avoidance, disconnection and withdrawal to identify anxiety. For example:

“Reluctance to engage in something new, refusal to come to school or participate” and “Withdrawn, not wanting to participate in activities or class routines” .

3.1.2. Overt Nervous Behaviors.

Several teachers also reported that they relied on observing overt typical nervous behaviors when identifying excessive anxiety. For instance:

“Visible symptoms of hand wringing, pick their hands, chew, restless, suck fingers or clothing” . "Physical aggression. Increase in repetitive behaviors e.g. flicking fingers in front of eyes, pacing, and repetitive noises."

3.1.3. Security-Seeking Behaviors.

Numerous teachers reported that they rely on witnessing security-seeking behaviors, such as reassurance seeking and separation issues, to indicate excessive anxiety. Comments included:

“Constant reassurance, continual questions/clarification of task, attachment to teacher or other adults in the class/school”; “... crying when leaving parent”. and “Being particularly clingy to the teacher at certain times or regularly” .

3.1.4. Perfectionist Behaviors.

A smaller number of teachers reported that perfectionist behaviors might also indicate excessive anxiety. Typical responses included:

“Worry about work even when a capable student. Need to be always correct in all things. Rubbing out work because ‘not good enough’”, and “Fear of making mistakes”.

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3.2 Verbal Communication.

Several teachers reported that verbal communication largely informed their ability to identify excessive anxiety in children. Teachers' responses for this theme were divided into two subthemes.

3.2.1 Approach to Verbalizing.

Teachers indicated that the way in which children approached verbal communication would indicate whether they were excessively anxious. However, teachers' responses varied significantly for this subtheme. Some teachers reported that children with excessive anxiety would be less likely to talk (e.g., "Unable or unwilling to talk both 1:1 or in front of group"). Whilst other teachers reported that children would display excessive talking (e.g., "Talking excessively to self").

3.2.2 Direct Reports.

A few teachers indicated that they would identify excessive anxiety by direct verbal reports from either the child or information from teachers, parents or guidance officers. For example: "Most children of year 1 or 2 would tell you" ,and "Sometimes parents/ learning support/teacher/school counsellor would inform me" .

3.3 Consequences.

The overwhelming majority of teachers reported that they identified excessive anxiety in children by witnessing the social and academic repercussions of the anxiety.

3.3.1 Social problems

Teachers indicated that children often exhibit social problems, which informs them when a child is excessively anxious. Comments included:

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“Plays alone, sometimes ‘mum’ often comes to talk about friendship issues”, “No friends or difficulty making friends” ; and “May not want to socialize with a larger group preferring one friend (whom they try to control or manipulate)”.

3.3.2 Academic problems

A small number of teachers also reported that children with excessive anxiety might exhibit significant academic difficulties. For example:

“Inability to cope with standard of work (especially if previously coping)”, “Unable to function to the best of their ability in the classroom”, and “Performs badly on tests/tasks for assessment”.

Conclusion

The research shows that out of 30 students, 5 of them were identified with social anxiety. 2 males students and 3 females. Every anxious teenager has his own reasons to find his comfort in his anxiety. The first anxious teenager suffering from physical disability and that makes him avoid social situations and tends to have phobia from strangers and negative evaluation . The other learner has strict parents whom prevented him even from participating in his classes, so that his shyness leads him to not communicate whether with his classmates or his teachers. Most of the girls in Algeria are known with over shyness. During this research, the three anxious girls appear on them all the anxiety symptoms, which affect their academic performance as well. Some other participants appear on them all the anxiety symptoms; however, their answers on the questionnaire were quite different, so they can appear as normal person by hiding their anxiety. The big surprise was in teacher's questionnaire; out of seven samples 3 of them was restored almost empty. Middle school teachers between 25 and 45 years old in North Africa, Algeria know nothing about social

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anxiety disorder. The data conclude that the human science in Algeria is in the gutter. In other hand, other teachers know the disorder in general but the reality of it is still need knowledge.

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CHAPTER IV

DISCUSSION

THE IMPACT OF SOCIAL ANXIETY DISORDER ON MIDDLE SCHOOL LEARNERS AND TEACHER'S INTERVENTION.

Introduction:

Results in this study have shown the impact of social anxiety on learners at middle school and teachers intervention. According to the results, 5 samples appeared on them the SA symptoms. In view of the study that was conducted on average students, some of the cases that carry social anxiety among adolescents were counted and the teacher's role was tested with these cases. A set of results and statistics were reached in both categories (males and females). In addition to the questions that were asked to a group of teachers, their answers differed about dealing with those groups.

This section discusses the findings, the limitations of the research, as well as ideas for future research. Finally, this paper will focus on the impact that these findings have on middle school pupils.

6. Analysis:

a. Outcome measures

Two social anxiety questionnaires were used as primary outcome measures. The first questionnaire for the 30 students (14 male and 15 female) in middle school fourth grade, the second was for teachers. In addition, three secondary measures were used to measure general treatment of the teacher against their students. The rate of those with social anxiety was few, only 5 students in the class had anxiety and most of them were girls.

1. Questionnaire for learners

a. SA and handicapped learners:

Humans experience social anxiety to different degrees and in different areas. In school settings this can be a barrier to learning. The school is a social place and to experience

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anxiety around peers can be challenging, especially if the student also has a learning disability. Social anxiety problems are often associated with learning disabilities. Unfortunately, students with special needs are frequently lacking necessary social skills needed to adapt to their environment. These qualities in a person may lead to a student developing social anxiety. As a result, students may feel apprehensive in their educational setting which can lead to major problems in their learning. By being aware of social anxiety that can exist in students with learning disabilities, teachers will have a better chance of helping their students overcome their fears and succeed in their educational endeavors.

The first case was of a physically disabled child with special needs sitting in the first row and he was hunched over. According to J. PETERSON a clinical psychologist, "when an anxious person faces strangers he feels like facing a monster because they are judging him so they are putting him low down the dominance hierarchy because that's what a negative judgement is, and that interferes with his sexual success, so he is confronting the dragon of chaos when he goes into social situations so what he does is hunching over and that's a logical thing to do in the face of a tyrant". In addition, although all symptoms appeared on that kid, that could not prevent him from having a very good mark.

Social anxiety problems may often be associated with learning disabilities. Unfortunately, students with special needs are frequently lacking necessary social skills needed to adapt to their environment. "Individuals who have disabilities may be less observant in their social environment, may misinterpret the social behavior of others at times, and may not learn as easily from experiences or social 'cues' as their friends" (Social Adjustment Problems Associated with Learning Disabilities, 2009).

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b. SA and shyness

Some researchers have hypothesized that social phobia is an “extreme shyness” (e.g., Marshall & Lipsett, 1994; McNeil, 2001; Stein, 1999), while others have suggested that the conditions are overlapping, with shyness being a broader, more heterogeneous category (e.g., Beidel & Turner, 1999; Heckelman & Schneier, 1995; Heiser, Turner, & Beidel, 2003). Former studies have indicated that many highly shy persons do not meet criteria for social phobia (Chavira, Stein, & Malcarne, 2002; Heiser, Turner, & Beidel, 2003)

The second case was a female her participation in the class almost non-existent. She was very poor girl living in the countryside, according to her teacher she believed that her mates would make fun of her, that's because of lack of self-confidence. She chose to sit alone at the back of the class, while answering the questioner she had red cheeks and she used to peek from time to time to see if we were looking to her, However, her answers were different from what had been observed, so as he were trying to hide her anxiety.

Moreover the constructs of shyness and social anxiety overlap to some extent (Rapee & Coplan, 2010), although shyness is a temperamental characteristic that describes an individual's personality and social anxiety is a clinical condition (Rapee et al., 2005). Several definitions of shyness exist, but the term is most frequently used interchangeably with behavioral inhibition (Crozier & Alden, 2001). It then refers to inhibited, fearful behavior in the presence of unfamiliar adults or children rated by parent judgment or behavioral observations (Crozier & Alden, 2001). Shyness has also been defined more generally as “the discomfort and inhibition that may occur in the presence of others” (Cheek & Buss, 1981, p. 330). In this definition it is at least partly similar to social anxiety. Social anxiety too is characterized by discomfort and inhibition in the presence of others but has as its core feature the fear of being scrutinized and negatively evaluated by others (APA, 2013).

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Therefore, the identification of social anxiety generally involves self-report of the socially anxious individual. Especially in school-aged children, shyness and social anxiety have much in common (Heiser, Turner, & Beidel, 2003); they share, among other things, their behavioral manifestation, their chronic nature (Rapee & Coplan, 2010), and in some interpretations also the fear of being evaluated by others (Crozier & Alden, 2001). The apparent similarities between the constructs notwithstanding, most researchers view shyness and social anxiety as distinct constructs (Knappe, Sasagawa, & Creswell, 2015; Rapee, 2014; Rapee & Coplan, 2010). There are several reasons for this viewpoint. Not only are behavioral inhibition or shyness and social anxiety theoretically different, they are also only weakly (although significantly) correlated, and differ in terms of their responsiveness to. Several studies have shown that behavioral inhibition or shyness in young children is a risk factor for the development of social anxiety in later life (Biederman et al., 2001; Hirshfeld-Becker et al., 2007; Prior, Smart, Sanson, & Oberklaid, 2000). A meta-analysis found that 43% of highly inhibited young children develop social anxiety disorder in late childhood or adolescence compared to 12% of less inhibited children (Clauss & Blackford, 2012). In relation to social anxiety symptoms, one study reported that 61% of young inhibited children showed social anxiety symptoms in adolescence, compared to 27% of non-inhibited children (Schwartz, Snidman, & Kagan, 1999).

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c. SA and overprotected parents

The parent-child relationship appears to be one contributor to the development and/or maintenance of child social anxiety. Relationship between social anxiety and a parenting style marked by overprotection (or high control) and low warmth has been repeatedly demonstrated in various age groups and within both clinical and developmental areas of psychological study (e.g., Bruch et al. 1989; Greco and Morris 2002; Lieb et al. 2000; also see reviews by Rapee 1997; Wood et al. 2003).

The third case was a boy who has an overprotected parent, so according to his teacher his parents force him to stay away from his colleagues, for fear of their negative impact on his results, that's prevent him to appear any kind of involvement in the class or participation in lessons and he sits alone. Also that excessive protection led to the boy feeling insecure, uncomfortable and suspicious of everything around him either in or outside the classroom. When he started answering the questionnaire he refused to write his name in the paper. However His marks were excellent.

Overprotective parenting contributes to the development of a cognitive style in which an individual believes that outcomes are largely determined by external factors. This cognitive style may develop as a result of the control exerted over the child by the parent or because overprotection may interfere with the child's acquisition of necessary social skills, leaving the child feeling out of control when presented with social demands. It is the expectation that one's behavior is controlled by external forces that then serves to increase social anxiety. In the same context (Arrindell et al. 1983, 1989; Bruch and

Heimberg 1994; Lieb et al. 2000; Parker 1979) that unfavourable patterns of upbringing may lead to various types of mental disorder, also some patients with SA described both their parents as overprotective, less caring and as rejective.

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2. Questionnaire of teacher

The second study explored teachers' definitions of anxiety and what signs they associated with excessive anxiety to assist them with identifying anxious children. The results indicated that, while most of teachers have an understanding of anxiety, others have a very few information about SAD, although 21st century is the era of technological development ; which facilitate searching and exploring information related to their field .

Most teachers defined anxiety as an emotional response. Several teachers also recognized that anxiety has behavioral, physiological, and cognitive aspects. These findings are similar to common definitions of anxiety in the literature that recognize the cognitive, behavioral, emotional, physiological and relational nature of anxiety (Morris & March, 2004: Ollendick & March, 2004; Silverman & Treffers, 2001). This provides preliminary evidence to suggest that teachers have a relatively accurate understanding of anxiety and can appreciate the multi-dimensional features of anxiety. Given previous research has not examined this area, this finding provides new insight into teachers' knowledge of anxiety in general.

Considering this outcome in conjunction with the finding that many teachers believed the experience of anxiety was not normal or was disordered, indicates that, although teachers may have a basic understanding of anxiety, they often consider it to be largely an unnatural experience. In further support of this conclusion, very few teachers recognized that anxiety is natural or normal. It appears that the majority of teachers did not have an appreciation that anxiety is on a continuum (Eysenck, 1997). Hence, they often failed to make the distinction between normal and excessive anxiety. This finding is consistent with research that has discovered that teachers have difficulty distinguishing anxiety symptoms that border on the clinical and non-clinical range (Authors, 2011). This finding indicates that teachers might not be aware that anxiety can be a protective response, which all people experience (Craske, 1997;

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Ollendick et al., 1991). This lack of awareness indicates that more education is needed around the nature of anxiety and the distinction of anxiety across the continuum.

Teachers identified several of the key signs of excessive anxiety that have been outlined in the literature including avoidance behaviors, perfectionism, social problems, shyness, upset over changes in routine, needing constant reassurance, separation issues, crying, and physical complaints (Campbell, 2006). In addition, they also appeared to use more general problem identification cues that have been found in previous research by Rothi et al. (2008), such as observing a significant change in a child's behavior, academic deterioration, and difficulty establishing and maintaining social relationships. Given the lack of training teachers receive in children's mental health, their knowledge might be based on experiential knowledge, similar to findings by Bryer and Signorini (2011), as opposed to formal education. Interestingly, some teachers reported that children would tell them when they are anxious, which could be considered the first step in problem recognition and may be used to initiate the referral process.

These findings provide an insight into how teachers recognize excessive anxiety in children and indicate that, despite feeling ill prepared and under-confident to recognize and respond to mental health problems in children (Papandrea & Winefield, 2011; Rothi et al., 2008; Walter et al., 2006), teachers may have the knowledge of how to identify excessive anxiety in children. It is likely that further education and training may strengthen teachers' self-efficacy in the identification process and may assist with referrals. However, this finding also highlights the importance of investigating other factors apart from teachers' knowledge of anxiety disorders, such as teacher self-efficacy or teachers' knowledge of referral options, which might influence teachers' decisions to refer children for mental health treatment.

Contrary to existing research, teachers reported that externalising behaviors such as violence, aggression, and acting out behaviors might be an indication of excessive anxiety.

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Research has typically found that anxious children tend to respond with more avoidant patterns, while oppositional children tend to respond more aggressively (Barrett, Rapee, Dadds, & Ryan, 1996). However, while aggressive behaviors are not a typical sign commonly associated with anxiety, it is nonetheless a possibility that a child displaying externalizing behaviors may be experiencing covert anxiety problems.

Recommendations for the educator :

Sometimes SA can really interfere with a child's ability to go on and experience new things and meet new people. And because most of the student's time is in school. The school is the most appropriate place for diagnosing a learning disorder and look for solutions to help him. School-based intervention is likely to be beneficial for treating social anxiety disorder since: (1) school is the setting where socially anxious adolescents incur the greatest disadvantage (Hofmann et al., 1999) and (2) it allows for real-life exposures to the most commonly avoided situations (e.g., answering questions in class, speaking with office personnel, and initiating conversations with unfamiliar peers). Lastly, peers and teachers with whom socially anxious students routinely associate can also be enlisted to support students' progress. This type of approach reduces the division between the treatment setting and natural environment, and may enhance the effectiveness of school interventions compared to clinic-based treatments (Evans et al., 2003). Moreover, the teacher is not a source of knowledge only or a supervisor, the teacher should analyse and diagnose the personality of each learner separately. and this may be considered more important than provided information. These are some of the solutions suggested by specialists for educator about how to deal with socially anxious kids

- a) Assign groups or pairs instead of allowing the students to choose for themselves

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This alleviates some of the intense pressure on students with social anxiety, while helping to assure that no one in your class feels excluded.

b) Reward students as a way to incentivize participation. Participating in discussions or other group activities can be extremely challenging for students with severe social anxiety. By providing rewards and incentives, you can encourage the student to begin contributing to group activities.

c) Firmly establish clear rules against bullying, harassment, and discrimination. It's imperative to cultivate an environment, virtual or otherwise, where all of your students feel safe to learn and collaborate. One way to accomplish this is by setting — and enforcing — strict zero-tolerance rules against bullying and other forms of harassment. It's important to ensure that students who violate the rules face appropriate consequences as a deterrent to others.

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General Conclusion

In the past two decades, significant advances have been made in the nosology, epidemiology, psychobiology, pharmacotherapy, and psychotherapy of social anxiety disorder. At the same time, many challenges remain. This exploratory study has highlighted the need to enhance pedagogic support for students who experience social anxiety. It is evident that learning activities, particularly those that involve public speaking, can cause great anxiety and it is incumbent upon teachers to reflect that self-confidence is an attribute that needs to be nurtured in a small, but significant minority of students. The study confirms the wide spread of social anxiety symptoms in young adulthood and that every student has his own type of social anxiety he or she can hide it. But through his academic performance was defined by avoidance and school difficulties. Also what had noticed that the overlapping symptoms of social anxiety in the two genders, specially with females as it is known with their over shyness.

One of the biggest strengths of this study was its use of both quantitative and qualitative methodologies in a two-stage design, this led to a better investigation. This study has generated several significant new findings. Although teachers' recognition and understanding of anxiety symptoms in their pupils has been investigated before (Cunningham & Suldo, 2014; Headley & Campbell, 2013; Layne et al., 2006), this is the first known study to assess teachers' sensitivity to anxiety symptoms among their entire class. As far as is known

This study contributes to the field new knowledge regarding teachers' recognition and understanding of internalising symptoms in their pupils. Although teachers were somewhat sensitive to the variation in anxiety and somatic symptoms reported by their pupils, the extent of this sensitivity was limited. This is an important finding because schools are increasingly being encouraged to take a central role in promoting the mental health of their pupils and

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because anxiety and somatic symptoms are some of the most common and debilitating mental health symptoms in childhood.

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- See <https://childmind.org/article/signs-of-anxiety-in-teenagers>
- See <https://www.nu.edu/resources/helping-students-overcome-social-anxiety-in-school>

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Appendix A

Social anxiety test

There is no medical test for social anxiety disorder. A psychiatrist or other mental health professional can make a diagnosis of social anxiety disorder (otherwise known as social phobia) based on people's description of their symptoms, how they occur, and in what situations.

Test: The learners will have to Answer the following questions according to each situation by choosing the most relevant answer. (Medically reviewed by:CarolineBuzanko, PhD) (The questions will be explained if it is necessary);

-هل تشعر بالقلق أو الذعر قبل الوصول إلى أماكن تواجد مجموعة من الأشخاص؟

- أبدا
- نادرا
- بعض الأحيان
- غالبا

-هل تخشى أن يتم تقييمك بشكل سلبي من قبل الآخرين عندما تكون في المواقف الإجتماعية؟

- أبدا
- نادرا
- بعض الأحيان
- غالبا

-هل تتجنب المواقف الإجتماعية بسبب الخوف أو القلق؟

- أبدا
- نادرا
- بعض الأحيان
- غالبا

-هل تتجنب المواقف أو تشعر بعدم الإرتياح حيث لا تعرف الناس جيدا؟

- أبدا

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- نادرا
- بعض الأحيان
- غالبا

-هل تصاب بالذعر عندما يتعين عليك القيام بشيء ما أمام الآخرين سواء كنت تتحدث في اجتماع أو تقدم بحثا

أمام مجموعة؟

- أبدا
- نادرا
- بعض الأحيان
- غالبا

-عندما تكون مع مجموعة من الأشخاص , هل من السهل أن تتخيل أن الآخرين يرون أنك قلق ، أو ضعيف ، أو

مجنون ، أو غبي، أو ممل ، أو مخيف ، أو قذر ، أو غير مرغوب فيه؟

- أبدا
- نادرا
- بعض الأحيان
- غالبا

-هل تقلق من أن يلاحظ الناس أنك تعاني من أعراض التوتر مثل الاحمرار ، أو الارتعاش ، أو التعرق ، أو التعثر

في الكلمات ، أو التحديق؟

- أبدا
- نادرا
- بعض الأحيان
- غالبا

-هل أنت تتحكم تماما بأفعالك عندما تكون في الأوساط الإجتماعية لأنك تخشى الإساءة إلى شخص ما أو قد يتم

رفضك؟

- أبدا
- نادرا
- بعض الأحيان
- غالبا

-هل تتأثر حياتك المهنية أو العائلية أو الإجتماعية أو علاقاتك بقلقك؟

- أبدا
- بعض الأحيان .

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• نادرا • غالبا .

Appendix B

Teacher interview:

1/personal information:

1_Age:

2_Gender:

3_teaching experience (years and grade-level):

4_status of teaching career:

2/Anxiety disorder:

1_a/What is anxiety ?

1_b/social anxiety is normal disorder?

2_How would you tell if a child in your classroom was excessively anxious?

a/Behavioural Indications:

B/Verbal communication:

C/Consequences:

Thank you so much for your time*-*

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Appendix C

-هل تشعر بالقلق أو الذعر قبل الوصول إلى أماكن تواجد مجموعة من الأشخاص؟

- أبدا
- نادرا
- بعض الأحيان
- غالبا

-هل تخشى أن يتم تقييمك بشكل سلبي من قبل الآخرين عندما تكون في المواقف الإجتماعية؟

- أبدا
- نادرا
- بعض الأحيان
- غالبا

-هل تتجنب المواقف الإجتماعية بسبب الخوف أو القلق؟

- أبدا
- نادرا
- بعض الأحيان
- غالبا

-هل تتجنب المواقف أو تشعر بعدم الإرتياح حيث لا تعرف الناس جيدا؟

- أبدا
- نادرا
- بعض الأحيان
- غالبا

-هل تصاب بالذعر عندما يتعين عليك القيام بشيء ما أمام الآخرين سواءا كنت تتحدث في اجتماع أو تقدم بحثا أمام مجموعة؟

- أبدا
- نادرا
- بعض الأحيان
- غالبا

-عندما تكون مع مجموعة من الأشخاص ، هل من السهل أن تتخيل أن الآخرين يرون أنك قلق ، أو ضعيف ، أو مجنون ، أو غبي، أو ممل ، أو مخيف ، أو قذر ، أو غير مرغوب فيه؟

- أبدا
- نادرا

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Appendix D

THE IMPACT OF SOCIAL ANXIETY DISORDER ON MIDDLE SCHOOL LEARNERS AND TEACHER'S INTERVENTION.

Djilli BOUNAAMA –Khemis Millana University
Faculty of literature and languages

Teacher interview:

1/personal information:

1_Age: 42 years old.

2_Gender: female.

3_teaching experience (years and grade-level): 17 years.

4_status of teaching career: 1st/4th teacher

2/Anxiety disorder:

1_a/What is anxiety?
It is the stress

1_b/social anxiety is normal disorder?
No, it is not normal.

2_How would you tell if a child in your classroom was excessively anxious?

a/Behavioural Indications:

B/Verbal communication: Just a polite interview to know the reasons of this stress.

C/Consequences:

Thank you so much for your time*.*

Appendix E

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Djilli BOUNAAMA - Khemis Miliana University

Faculty of literature and languages

Teacher interview:

1/personal information:

- 1_Age: 42 years old.
- 2_Gender: female.
- 3_teaching experience (years and grade-level): 15 years AMS / 2MS / 3MS / 4MS levels (Middle school).
- 4_status of teaching career:

2/Anxiety disorder:

- 1_a/What is anxiety? It is a feeling excessive worry about a possible danger or an uncomfortable situation that is intense enough to interfere without a person's ability to concentrate and focus.
- 1_b/social anxiety is normal disorder?
Social anxiety disorder can be a chronic mental health condition, but learning coping skills in psychotherapy can help you gain confidence and improve your ability to interact with others.
- 2_How would you tell if a child in your classroom was excessively anxious?

a/Behavioural Indications:

- Exaggerated startle reflex / Decreased ability to perform normal activities or daily activities

B/Verbal communications:

- A disruption in verbal fluency / deficits in social use of language / Inability to sustain a conversation

C/Consequences:

- Difficulties to participate in class and socialize with peers / Difficulty taking in information

Thank you so much for your time*