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SOCIAL AND LIFESTYLE IMPACT ON ANXIETY: A COMPREHENSIVE REVIEW

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ABSTRACT
This review examines the impact of social, cultural, and lifestyle factors on anxiety disorders. It explores how traumatic events like parent social phobia, maternal stress, and abuse contribute to anxiety. Social determinants such as socioeconomic status, cultural norms, ethnicity, and gender influence anxiety levels across diverse populations. Lifestyle factors, including financial stability, time in nature, pet ownership, materialistic values, and social media use, also play significant roles in anxiety management. Regular physical activity, mental engagement, and healthy circadian rhythms can alleviate anxiety, while poor health habits like alcohol consumption and high body mass index may exacerbate it.
KEY WORDS: *Anxiety, social and lifestyle, parental phobia, trauma, social and cultural effect, Lifestyle,*

1. INTRODUCTION

Anxiety disorders have the highest overall prevalence rate among psychiatric disorders. They are characterized by experiences of non-specific persistent fear and worry and excessive concern with everyday matters **[1].** The social and lifestyle factors influencing anxiety have become a significant area of research, as they provide insight into its causes, triggers, and potential management strategies. The connection between parent mental illness and child social anxiety is scarce, although there is some evidence that adult social phobic recall their parents isolating them from outside social experiences, stressing the importance of others' opinions, and limiting family socializing both **[2].**

However, how changes in anxiety experiences influence interpersonal and social dynamics via theoretically-grounded causal pathways remains under-explored, although prior work has recognized the value of strong social ties in mental well-being **[3].**

This review aims to explore the complex relationship between societal trends, lifestyle choices, and anxiety, highlighting how various elements such as digital engagement, social expectations, and daily routines contribute to anxiety levels. By examining these influences, we can better understand the underlying causes of anxiety and the ways in which society and individual habits shape mental health outcomes.

2. SOCIAL EFFECT

2.1 Parent social phobia

Literature exploring the connection between parent mental illness and child social anxiety is scarce, although there is some evidence that adult social phobic recall their parents isolating them from outside social experiences, stressing the importance of others' opinions, and limiting family socializing both in and out of the home **[4].** Whether this parent behaviour translates as parent psychopathology, specifically social anxiety, is uncertain. Two recent studies have tried to address this question. One study assessed the relation between social pressure, parental psychopathology, parenting style (rejection, emotional warmth and overprotection), and family function (problem solving, communication, roles, behavioural control, affective responsiveness and involvement) in a community population of adolescents **[5].**

2.2 Maternal stress and anxiety

Some research has focused on the possibility that environmental risk factors may start acting on the foetus and newborn as antecedents of anxiety disorders and other psychopathologies. Studies at first did not identify any obstetric complications as possible precursors for later mood disorders, however, when the cluster of complications (viral or bacterial infections, septicaemia, birth complications and maternal psychopathology, and stress) were teased apart, a different picture surfaced **[4].** Investigations started to focus on pre- and peri-natal maternal stress and child anxiety. One prospective study collected data on early maternal stressors at discrete points over time from pre- and post-natal to five years of age, and found them significantly predictive of anxiety disorders in later adolescence; they included maternal prenatal stress, multiple maternal partner changes, economic hardship, maternal and partner deviance, childhood illness, and maternal stressful life events **[7].**

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There are environmental risk factors for social anxiety identified as stressful life events because they place increased pressure on the developing child and potentially result in adverse outcomes. Some of these events fall within the purview of 'typical' family functioning such as divorce, death, illness, natural disasters, changing schools, and academic failure. Other aversive events are labelled as part of 'normal' modes of functioning but they are not really, such as bullying, familial violence, sexual and physical abuse. A number of studies have looked into these traumatic events and linked them consistently with the development of anxiety disorders and social anxiety in particular. Since traumatic events are well-documented for inducing stress and subsequent anxiety **[8].**

2.3 Sexual and physical abuse

Some groups have targeted their research toward looking at particular aversive life events, such as sexual and physical abuse, as antecedents of social anxiety to understand better the possible environmental causes of this disorder. After controlling for demographic and family background variables showed that childhood sexual abuse explained a small but significant number of women's social anxiety for avoidance and social distress. Higher scores arose when the women's abuse included actual or attempted intercourse, occurred early in life, frequently, and involved psychological pressure. This result confirmed previous studies that linked early sexual abuse and SP, particularly in women **[9].** Research also correlated physical abuse with later development of phobia anxiety disorders, such as social anxiety **[9].** However, this relation was considerably less significant, and results connected panic disorder more closely with physical abuse **[10, 11].**

2.4 Social and cultural factors

2.4.1 Socioeconomic status (SES)

Little mention of SES is discussed as a potential risk factor in some of the most current reviews on social anxiety **[12, 13, 14].** Yet, the consensus in the literature is that rates of anxiety disorders are greater for those with a SES dissocial anxiety vantage **[15].** This potential risk factor for social anxiety plays out even more dramatically in developing countries **[16].** Research suggests that the burden of extreme poverty seems to affect social functioning quite strongly. Therefore, it is important to keep sociodemographic variables such as SES in mind when investigating possible environmental antecedents of social anxiety, especially in nations with extreme deprivation.

2.4.2 Developed versus developing countries

The relative effect of SES in developed as opposed to developing countries shows interesting differences. Research in Australia, for example, suggests poverty in the first five years of life influences the development of high internalizing problems when there is associated maternal depression **[17].**

However, a different study found poverty to be considerably predictive of later high anxiety and depressive symptoms in adolescence after controlling for marital discord and maternal psychopathology **[17].** Although these two studies were not quite in line with one another, Spence and colleagues' evidence partially corroborated earlier findings that social pressure was associated with socioeconomic circumstances when other psychiatric disorders were not at play **[16, 18].** More concerning is the effect of SES in developing countries where socioeconomic conditions are of vital importance to everyday survival. A recent paper on this topic publicized the prevalence of social pressure and its associated factors in a Brazilian community **[16].** Using community samples, the researchers collected information through interviews on a variety of variables including sociodemographic characteristics and health problems.

Data analysis revealed a high prevalence of social pressure, similar or greater than that observed in developed countries, and an associated poorer health status. Additionally, there was a very strong link between SES and social pressure, which strikingly exposed the major social inequalities of the impoverished Brazilian community. A replication of this result occurred in a South African study, where coloured or black youth developed social anxiety in connection with parenting styles associated entirely with SES **[19].** The strength of these results makes it imperative to consider SES as one probable risk factor in the etiology of social anxiety, most especially in developing nations and as part of a global perspective on this anxiety disorder.

2.4.3 Culture and society

Culture is described as the customary beliefs, the set of collective attitudes, values, and practices, or the characteristic features of everyday life that are shared by people in the same place or time. By virtue of this definition, conventions espoused by a culture shape the society. In turn, the society and all of its social rules likely influence emotional development, but the mechanism is obscure. Research investigating these social norms in different countries found that they correlate to different prevalence rates of social anxiety [18]. As well, the construct of social anxiety seemed to be culturally defi ned **[21].** When confining a study of anxiety disorder symptoms inside one country, researchers also revealed differences in prevalence due to ethnicity **[22].** Another laboratory decided to study anxiety as it correlated to different birth cohorts as groups representing social trends within a country and found

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differences between the generations **[23].** All of these studies make it clear that any discussions on the antecedents of anxiety, and social anxiety more specifically, should include cultural and societal norms as potential contributors.

2.4.4 Cultural norms

At present, cross-cultural studies divide the world into two groups categorized as collectivistic and individualistic cultures **[20].** Collectivistic societies are those whose people pursue harmony within a group to the virtual exclusion of their own individual needs. Individualistic societies embrace individual feelings and thoughts that may supersede the needs of the group.

Accordingly, more rules are thought to guide social behaviour in collectivist societies to support and protect the group identify than in individualistic cultures **[20].** The study assessed whether these perceived social norms shaped the level of social anxiety in their respective cultures. Eight countries participated in a cross-cultural collaboration with three registering as collectivistic and five as individualistic. Participants responded to vignettes based on societal norms across cultures and completed questionnaires assessing levels of social anxiety and fear of blushing. When commenting on cultural norms within their own societies, data showed that collectivistic participants displayed more acceptance of socially reticent and withdrawn behaviour than did individualistic participants. In contrast, when asked about their personal perspectives, participants from both individualistic and collectivistic countries were equally accepting of these same behaviours. Collectivistic contributors also reported higher levels of social anxiety and more blushing. In conclusion, the correlation between cultural acceptance of withdrawn behaviour and greater levels of social anxiety in collectivistic nations provided initial evidence that cultural norms were associated with the development of this disorder.

2.4.5 Ethnicity

Within the boundaries of many nations today, various religious, linguistic, or cultural groups coexist. These different groups are subject to the same social and legal structures instituted by a country, but often their identities remain separate and intact. It is alongside this factor, ethnicity, that a recent paper published results on DSM-defi ned anxiety symptoms and perceived parental rearing in South Africa **[19].** As mentioned above in the parenting section on culture, investigators found significant differences in anxiety across different ethnic groups. Coloured or black youth displayed appreciably higher anxiety levels than white youth, and this pattern was associated with perceived parental rearing behaviours. The authors also coupled the parenting behaviours with the previous South African Apartheid regime, where being part of the coloured or black ethnic group dictated cruel treatment at the hands of the ruling white party. Although being part of one ethnic group linked the youth to higher levels of anxiety, adverse life conditions may also have been additionally involved in the development of these symptoms. Other research looked at a more targeted role for ethnicity in internalizing disorders **[22].** ethnic differences play a potential part in moderating the connection between poor family functioning (marital conflict and lack of warmth) and anxiety. Through interviews and questionnaires, this group discovered that the African American background reduced the strength of the association between poor family functioning and internalizing symptoms, whereas the European American background increased this association. When they analysed the results without regard to ethnicity, family functioning was not associated with internalizing problems in seven out of eight tests. The authors proposed that this finding partially due to ethnicity being crucial to the understanding of family functioning and a child's adjustment. Although it is unclear how these factors are interacting, there is evidence that part of the mechanism for social anxiety development may involve ethnicity as a mediator.

2.4.6 Birth cohorts

In the field of psychology, scientists generally acknowledge that people from one generation to another think and behave differently. Research reflects this ideology in experimental design by undertaking cross-sectional studies in which age or birth cohort separates participants into groups. Because the environment is constantly changing, research tries to capture how these differences affect human behaviour. Twenge was interested in how this played out in the areas of anxiety and neuroticism. He studied birth cohorts between the years of 1952 and 1993, and collected data from child and college age studies over this period. His two meta-analyses found that Americans today have significantly higher levels of anxiety, and the average child of the 1980s had substantially more anxiety than the child psychiatric patient of the 1950s. This growth in anxiety over time correlated with increases in measures of environmental dangers and decreases in recorded social connectedness. Twenge argued that the potential impact of the larger sociocultural environment on psychopathology was important beyond the boundaries of individuals, their families and genetics. Although his data included information on all anxiety disorders, it was indicative of trends within the spectrum of social anxiety and pointed to possible predictors for this disorder **[23].**

2.5 The effect of Gender

2.5.1 Gender differences

Reports consistently place females as having higher rates of social anxiety than males by a ratio of approximately 3:2 **[24, 25].** In rare cases the ratio is equal between the sexes, but varying methodologies could account for these results **[26].** In spite of the disparity between the genders, there has been little investigation into why there is a difference. To remedy this oversight, several groups have looked at male and female gender orientation and discovered an appreciably higher proportion of anxiety symptoms associated with

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feminine traits **[19,27, 28].** The study proposed a gender role theory to explain sex differences in severity of anxiety symptoms. Another team investigating this same topic found that family adversity affected the sexes differently in the onset of social anxiety **[29].** The study suggested that gender was a moderator of the effects of childhood family adversity thought to increase the risk of social anxiety. Although it is not altogether apparent how gender interacts in all situations to give identifiable risks in the development of social anxiety, initial proposals suggest several psychosocial explanations such as gender socialization. Although none is yet verifiable, it does emphasize the importance of including gender and gender socialization in any examination of the etiology of social anxiety.

2.5.2 Gender roles

The concept of gender role is the degree to which a person demonstrates the traits, behaviours and attitudes consistent with a stereotypical female or male role. Those persons expressing fearfulness and anxiety are in line with the accepted behaviour of the feminine gender role, while those who do not are displaying the socially appropriate masculine gender role.

The gender role theory is one that embraces the idea that society socializes girls and boys differently to display these gender specific roles. This theory, then, potentially explains why we expect girls to be generally more fearful than boys. Several studies have investigated this phenomenon. The first to examine gender role orientation and anxiety in children assessed them between the ages of 6 and 11 for their self-reported masculinity and femininity traits, and anxiety **[29].** As expected, the data supported a relation between gender role and fearfulness in children with anxiety disorders. More specifically, those with higher levels of masculinity showed lower overall fearfulness: however, levels of femininity did not correlate to anxiety.

A different research group released results that augmented this preliminary, but partial, support for the gender role theory **[19].** They examined non-clinical referred children between the ages of 10 and 13 and found that femininity was positively, and masculinity negatively, associated with fear and anxiety. Criticism of this work, however, contended that masculinity was a substitute for self-esteem since both represented traditional masculine traits such as confidence and assertiveness **[28].**

Additionally, the above study proposed that any study assessing masculinity was really measuring self-esteem. In an attempt to clarify this argument, another group instituted further work to examine the relation between gender role orientation, self-esteem, and anxiety symptoms **[28].** the above study and its data also supported the gender role theory as an explanation for a higher incidence of anxiety symptoms in girls than factors of biological gender and self-esteem. Even so, self-esteem played a significant moderating role between femininity and anxiety. Hence, evidence appears to support the gender role theory of sex differences in anxiety.

3. LIFESTYLE EFFECT

3.1 Financial stability

The spread of mass consumption has come at a major psychological cost, as debt and financial hardship have been found to have strong ties to mental illness. Overall, a higher ratio of household debt to assets is associated with higher rates of stress and depression and worse general health **[30].** A meta-analysis by Richardson et al in 2013 found that debt increased the likelihood of depression nearly threefold (odds ratio (OR) = 2.77) and increased the odds of neurotic disorders such as clinically significant anxiety over threefold (OR = 3.21). When we look specifically at unsecured debt, such as consumer credit card debt, we see an especially strong relationship with poorer mental health **[31];** however, even home mortgage debt may play a role. The onset of mortgage debt is associated with a negative impact on mental health **[32]** and a ratio of housing cost to income >28% predicts lower psychological well-being **[33].** An analysis of the British Health Panel Survey data in 1991–2003 found that housing payment problems or arrears negatively impacted mental health more than either unemployment or widowhood/divorce **[34, 35]** Debt and financial hardship appear to have an especially strong association with suicidal ideation and suicide completion. The meta-analysis by Richardson et al mentioned earlier found a strong association between debt and suicide completion (OR = 7.9) **[31].** A study of the general population of the United Kingdom in 2011 found that debt increased the risk of suicidal ideation in a dose–response fashion **[36].** A case-control study in China of 85 suicide completers compared to 85 community controls found that “unmanageable debt” was associated with suicide (OR = 9.4), even when controlling for income, employment, psychiatric conditions, and family suicide history **[37].** Furthermore, a different case-control study in China of 150 suicide completers compared to community controls estimated that 23% of suicide was attributable to debt **[38].**

3.2 Time in Nature

Many people now spend the vast majority of their time indoors, surrounded by urban, built environments. This isolation from nature is associated with stress and poorer mental health **[39, 40].** It is becoming increasingly recognized that immersion in nature appears to offer benefits for reducing symptoms of depression and stress. There are a number of theories as to why this may be the case; time spent in nature may help to alleviate mental fatigue, green spaces offer a setting for relaxation and socializing, and access to nature may be associated with increased physical activity **[41,42].** This paper looks at the benefits of immersion in nature, views of

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nature, and access to green space for depression, stress, and overall mental health. Spending time in nature can improve the mood of people suffering from depression. A 2012 study of individuals with depression assessed the mood and short-term memory of study participants before and after walks in either nature or an urban setting. Compared to walking in an urban setting, going for a walk in nature led to an improvement in mood and an increase in memory span **[43].** A meta-analysis by Roberts et al. in 2019 looked at studies to determine the effect of short-term exposure to nature on depressed mood; overall they found a small effect, though noted that the studies included were of low quality **[44].** One way immersion in nature can lead to psychological restoration is by reducing physiological arousal, as is demonstrated by a number of studies comparing the recovery from stress in natural versus urban environments **[45-49].** A 2010 study in Japan compared the physiological effects of immersion in a forest versus a city environment. The investigators found that the participants who engaged in a forest walk developed lower concentrations of cortisol, lower heart rate, lower blood pressure, and greater parasympathetic nerve activity compared to participants who walked in a city environment **[47].** A similar study conducted in the United States found that in addition to reducing their blood pressure, participants instructed to walk in a nature reserve rated their mood to be improved and anger decreased following the walk, whereas the opposite pattern was seen for participants walking in an urban environment. In a 1991 study, participants watched a horror film and were then exposed to natural versus urban scenes on videotape. Participants who were exposed to scenes of the natural environment had faster and more complete recovery following the stress of the horror film when looking at a number of markers of physiological stress, including heart rate, muscle tension, skin conductance, and systolic blood pressure **[48].**

3.3 Pet ownership

Healthy, supportive relationships are vital to a person's well-being, and in fact, forming and maintaining relationships is one of the six tenets of lifestyle medicine as defined by the American College of Lifestyle Medicine **[49].** One of the most notable studies to demonstrate the importance of lifestyle factors for health and happiness throughout a person's life is the Harvard Study of Adult Development, a longitudinal study begun in 1938 that continues through the present day. The researchers of this study have found that relationships have a powerful influence on a person's health, and that close relationships are key to keeping people happy throughout their lives. In fact, they've found that loneliness is just as bad for a person's health as smoking and alcoholism **[50].** Unfortunately, loneliness is all too common, with three in five Americans (61%) reporting being lonely in a 2019 study by Cigna **[51].** Loneliness takes a toll on both a person's physical and mental health and is associated with an increased risk for early mortality (OR = 1.26) **[52].** While we know that social support is crucial for a person's wellbeing, the question we are addressing here is whether a person's pets can fulfil this need. Many people in modern Western cultures have very close relationships with their pets. In fact, a large poll conducted by the Associated Press in 2009 found that 50% of American pet owners view their pet "as much a part of the family as any other person in the household **[53].** A study in 2011 looked into the degree to which pets can fulfil a person's social needs. When the authors looked at ratings of overall social support, they found that support by pets was statistically equivalent to the amount of overall support provided by a person's parents or siblings; the only group that provided significantly more support than pets was a person's best friends. This relationship with improved mental health persisted even when controlling for human sources of social support, indicating that a person's pets can make a unique contribution to the fulfilment of a person's need for social support above and beyond the effects of human sources **[54].** Although we see that pets can provide an important companionship role regardless of a person's human social capital, the social support that pets can provide may be even more important for people with fewer close and supportive human relationships. A study in 1999 looked at the effects of pets on depression among men with HIV. They found that overall, men with AIDS who owned pets reported less depression than those who did not own a pet, and this benefit of pet ownership was principally seen among men with fewer close confidants **[55].**

3.4 Materialistic Values

The spread of consumer culture has resulted in a higher value being placed on the acquisition of material goods. A paper in 1992 defines materialism by describing three main facets- that the acquisition of material possessions is a central focus of a person's life, a main source of life satisfaction, and seen as a marker of success **[56].** This focus on the importance of acquiring conspicuous consumer goods appears to be on the rise among young people **[57, 58].** Given the rapid spread of consumer culture, it is problematic that materialism has been consistently associated with lower levels of life satisfaction **[59].** In fact, some have hypothesized that this shift in the value system of our society is one aspect that explains the increasing prevalence of mental health concerns. In his 1990 paper entitled "Why is there so much depression today?" Seligman notes that the prevalence of depression among young Americans in the late 20th century was roughly 10 times greater than it was 50 years earlier, prior to the cultural shift in production and consumption that followed World War II. He goes on to further explore the effect of this cultural shift by comparing rates of depression in modern societies to those in traditional, no consumerist societies still alive and well in the modern world, such as the Old Order Amish, who at the time had rates of major depressive disorder one-fifth to one-tenth of the rate in Baltimore, just a hundred miles away **[60].**The impact of materialistic values on mental health appears to be quite broad. In their 1992 study, Richins and Dawson found that materialism was negatively correlated with all aspects of life satisfaction, including satisfaction with income, standard of living, family life, and friends **[56].** A meta-analysis of 151 studies by Dittmar et al. in 2014 concluded that the more strongly people endorse materialistic values, the poorer their personal well-being; this detrimental effect was seen in a variety of domains including negative self-appraisal, lower life satisfaction, and increased rates of depression and anxiety. The authors of the

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meta-analysis postulated that the link between materialism and well-being may be mediated by the negative effect of materialistic values on a person's ability to fulfil their need for competence, autonomy, and strong interpersonal relationships. This occurs because the focus on acquiring money and possessions, as well as personal image, crowds out pursuits that are more likely to lead to greater well-being in the long run **[56-58].** In addition, gratitude also appears to be an important mediating factor between materialism and reduced well-being; by focusing on what they do not yet have, it is difficult for materialists to appreciate the positive in their lives **[58].**

3.5 Social-Media and Smartphone Use

Smartphone use is becoming ubiquitous in modern society. In 2019, 81% of American adults owned a smartphone, and rates were even higher for younger adults; 96% of adults ages 18–29 owned a smartphone, and 92% of adults ages 30–49 **[60].** Rates of smartphone ownership are also increasing around the world. The global median rate of smartphone ownership was 59% in 2017 **[61].** Smartphones serve many functions, and they are now commonly viewed as a necessity in the lives of individuals. Even in 2014, when just over half of American adults owned a smartphone, nearly half of smartphone users said that they "couldn't live without" their smartphone **[62].** One common use of smartphones is to access social media platforms. Like smartphone use overall, use of social media is increasingly prevalent in both the United States and around the world. In 2019, 72% of American adults reported use of at least one social media platform. Similar to smartphone use, these rates are especially high among young adults, with 90% of Americans ages 18–29, and 82% of Americans ages 30–49 using social media **[63].** Among American Facebook users, nearly three-quarters (74%) visit the site at least daily, and just over half (51%) report visiting the site several times per day **[64].** Globally, over half of people in the 39 countries surveyed by the Pew Research Foundation use social media and the average amount of time spent on social media by users worldwide was 2 hours and 22 minutes per day. There are numerous potential benefits of smartphone use, including productivity enhancement through features such as calendars, reminders and email, relaxation and entertainment, and social interaction **[64, 65].** Smartphones are frequently used to facilitate social engagement, such as through text messaging, calling, and accessing social media platforms, and consequently smartphone use has the potential to help build social capital **[64].** Research has shown that use of social media platforms such as Facebook can help college students obtain social support and may be especially important for facilitating the formation of social ties for users with low self-esteem **[65].** Among senior citizens, Facebook use can help social media users to maintain their existing social networks, especially with geographically distant friends and family members, and facilitate intergenerational communication **[66, 67].** Overall, seniors who use Facebook have increased frequency of contact with their family and friends and are more likely to be satisfied with their social interactions that those who do not use Facebook **[68, 70].**

3.6 Frequency of Physical Activity

Frequency of physical activity was assessed using one item rated on a scale ranging from 0 (none) to 3 (more than 4 times a week): "Do you exercise regularly? If yes, with what intensity have you exercised in the last 12 months?" Single-item measures of physical activity are characterized by an acceptable reliability and construct validity compared to objective measurement methods **[71].**

3.7 Frequency of Mental/Cultural Activity

Frequencies of mental/cultural activities were assessed using one item rated on a scale ranging from 0 (none) to 3 (more than 4 times a week): "Do you regularly engage yourself in a mental activity, and if yes with what intensity have you done it in the last 12 months?" **[72].**

3.8 Alcohol Consumption

Frequency of alcohol consumption was assessed using one item: "How often do you drink alcohol?" Answer categories were never, once a month, 2 to 4 times a month, 2 to 3 times a week and 4 times a week and more. While there is an on-going controversy about the validity of self-reported alcohol consumption compared to objective data, recent studies conclude that self-report can be a reliable estimate for alcohol consumption, especially in low to moderate drinkers **[73].** To account for possible non-linear associations between alcohol drinking frequency and mental health a quadratic polynomial was added to the statistical analyses **[74].**

3.9 Body Mass Index

Body mass index (BMI) was calculated from weight and height as weight divided by height squared (kg/m2). Height and weight were assessed via self-report. Self-reported measurements of height and weight have been found to be very reliable, with the exception of highly obese individuals. For this group a slight underestimation of weight has been reported **[75].** Previous research indicated impaired mental health in underweight and obese individuals and thus a quadratic polynomial of body mass index was also added to the analyses **[76].**

3.10 Circadian and Social Rhythms

Circadian and social rhythms were assessed using the Life Rhythms Scale (Margraf, Lavallee, Zhang & Schneider), which includes 10 items measuring an individual's perceived life rhythm regarding sleep, meals, wake-up time and social contacts on a scale ranging

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from 1 (very regularly) to 6 (very irregularly). The first scale, "circadian rhythm", consists of six items and includes statements about regularity of meals, going to bed and getting up on weekdays and weekends. The second scale, "social rhythm", consists of four items and de scribes the regularity of social contacts with colleagues or friends on weekdays and weekends. In the present study, Cronbach's Alpha was good with α=.84 for circadian rhythm and acceptable with α=.73 for social rhythm. Validity evidence comes from data indicating that the full scale is related to physical health, consistent with past research on rhythmicity and certain aspects of mental health **[77].**

4. CONCLUSION

The review of the social and lifestyle factors impacting anxiety highlights the significant role both external experiences and personal choices play in shaping the development and persistence of anxiety disorders. Traumatic events, such as parental social phobia, maternal stress, abuse, and societal influences, can deeply affect an individual's emotional health. Social factors such as socioeconomic status, cultural expectations, ethnicity, and gender further contribute to anxiety levels, highlighting the complex interplay of personal, familial, and societal dynamics.

Lifestyle choices, ranging from financial stability to physical activity, also exert a considerable influence on anxiety. Engaging in activities such as spending time in nature, owning pets, or cultivating a balanced lifestyle with healthy habits, including exercise and adequate sleep, can help mitigate anxiety symptoms. Conversely, materialistic values, excessive use of social media, and unhealthy habits like alcohol consumption can exacerbate feelings of anxiety.

Understanding the diverse range of influences on anxiety is crucial for developing comprehensive strategies to address mental health issues. Tailored interventions that consider an individual's trauma history, cultural background, gender, lifestyle habits, and social context are essential for promoting emotional well-being and managing anxiety more effectively. Recognizing and addressing the various social and lifestyle determinants of anxiety will help in creating a more holistic approach to mental health treatment, ultimately improving quality of life for those affected by anxiety disorders.

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Volume: 10 | Issue: 1 | January 2025 - Peer Reviewed Journal

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