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Social Anxiety as a Basic Factor Shaping Anti-Vital and Suicidal Behaviour among Contemporary Adolescents

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Abstract: The aim of this study is to define the role of Social Anxiety (SA) and its components in shaping adolescent Anti-vital Behaviour (AB) with a subsequent risk of Suicidal Behaviour (SB). It is a psycho-anthropological problem requiring studies on the role of the social situation of development and cultural scenarios of attitudes to success or failure in making decisions on life continuation or termination. The research's proprietary anti-vitality and resilience Questionnaire and Social Anxiety and Social Phobia Questionnaire were used. About 981 adolescents living in the Altai Kray (Siberia) participated in the survey. About 24% from the sample have high SA levels and 21.8% have clinical SA levels connected with high risk of AB and SB. The mechanism of SA development is based on impairment in voluntary target regulation of mental activity when solving social problems under evaluation conditions. Adolescents find themselves in unstable conditions of the psychological field reorganization and they are in need of actualization of means to satisfy their social motives. It makes them vulnerable to mental disorganization under evaluation conditions and the situation is aggravated with the absence of internalized mental regulation tools. Inability to satisfy their actual motives, lack of strategy for self-realization and dealing with failures and inability to keep the targeted priority in evaluation situations lead to feeling loss of life purpose and negative evaluation of the future and shape AB. AB is shaped with severe SA, especially under conditions of an unfavourable situation of development and can lead to SB. The adolescents in rural areas report more SA when displaying initiative and solving everyday problems and they are more prone to conflict response and AB than urban residents.

Key words: Social anxiety, anti-vital and suicidal behaviour, evaluation situation, voluntary regulation of mental activity, social situation of development, adolescence, psychological tools (means)

INTRODUCTION

Inability to satisfy social motives is related to social anxiety in communication situations, with the potential evaluation of "ego" and individual performance results by the society. Adolescents put social needs and motives before biological needs. Such temporary inverting of significant motives and needs, typical for adolescence, implies an important role of social and cultural factors in the personality development. The mockery in public or criticism by significant others subjectively looks worse for many adolescents than the loss of health or biological death, though they have clear understanding there would be no return in case they die.

The aim of the research is to define the role of social anxiety and its components in shaping adolescent anti-vital behaviour, with a subsequent risk of suicidal behaviour. It is related to psycho-anthropological problems and in particular the role of the social situation of the adolescent's development (in the broad sense of a specific socio-cultural context) in making decisions on the satisfaction of primary biological (vital) motives, life continuation or termination (Anti-vital Behaviour (AB) and Suicidal Behaviour (SB)).The methodological framework for analysing problems related to interrelation between social anxiety and shaping of AB (directed against the biological needs) and SB in adolescence is the cultural and activity approach. The key provisions necessary for understanding the phenomenon are concepts of socio-cultural formation of Higher Mental Functions (HMF) and their features, voluntary regulation of mental activity, the priority of cultural signs and symbols in the mental regulation and mediation, regularities of ontogenesis considering the leading type of activity and the actual motives, the role of the social situation of development, new mental formations and age-related contradictions, the mechanism of internalization of psychological tools and activity modes, and the key role of the hierarchization of motives in the course of personality development (Leontiev, 2008).

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It is important to perform syndromic analysis of the activity process in the chrono-topological dynamics, taking into account the specific social and cultural aspects of the situation of development. The cultural and activity approach is based on the complex systems theory in psychology and corresponds to the post-nonclassical level of rationality (Rapee and Heimberg, 1997). It encompasses ideas on systemic dynamic changes of mentality, effects of the negative affect accumulation in the system and phases of action regulation. A very important methodological approach to the problem analysis is provided by Lewin (2001)'s field theory (concepts of systemic mechanisms of reorganization of the psychological field of the adolescent's personality increasing complexity of the world of communication and a self in it and mechanisms of interaction in the "Person-Situation" system).

Research problem statement and definition: The individuals diagnosed with SA and SAD (Social Anxiety Disorder) with significant probability tend to have anti-vital, suicidal thoughts and attempts, even as compared with control groups diagnosed other anxiety disorders (Cougle *et al*., 2009). The relation between SA and SB was studied by Bijl and Ravelli (1998) and Sareen *et al*. (2005) as well as Nepon *et al*. (2010). SA and SAD proved to be highly related to SB probability, even adjusted for socio-demographic factors and the presence of other diagnoses. People with SA and SAD show higher levels of suicidal ideation while the likelihood of suicide attempts is associated with the presence of concomitant mental disorders.

The contemporary socio-cultural reality is characterized by the phenomenon of the "tyranny of evaluation" (a consistently reproduced cultural scenario). The main focus of both the upbringing and education is on the continuous negative evaluation, negative aspects of human exploration of the world. A personality developed in such system of attitudes internalizes the priority of the failure experience and its monitoring over the success experience and a flexible arsenal of ways to achieve it. The cultural environment is focused on high value of assessments of the actual inconsistency with cultural norms and requirements and the corresponding level of personal claims. However, apart from it the culture should provide psychological tools to achieve social goals and ways to get satisfaction from the successful self-realization. Unjustified cruelty and severity of child-rearing practices and minimization of respectful and understanding attitude to children and their needs lead to sad consequences. This conceptual disparity is a factor shaping a special attitude to themselves and people around them. It is a consequence of the style and role structure of the family in which a child has a "low status" (the child "has no say"). The person learns to perceive himself/herself as a controlled object in a subjectively unpleasant situation rather than a subject of successful activity, thus obtaining failure experience and learning ways to avoid it. This trend is obvious in the structure of a family with a stepfather as a subjectively "alien" and often "unaccepted" authority dictating new rules, "sappropriating" the psychological space of the adolescent's personality and completely depriving him/her of subjectivity and the right to respectful and stable positive attitude in the family, despite the emotional adolescent instability. Taking into account the fact that such families lack skills and cultural mechanisms of "entering the family" and have no respect for the child's opinion and personality, such situation is extremely unfavourable for further development of the child.

In today's world there is a high level of suicidal activity among the underage youth as well as other forms of self-destructive and high-risk behaviour with health hazards (AB). These forms of auto-aggressive behaviour are observed more and more often among adolescents. The age of the first experience of self-destructive behaviour as a way to cope with the accumulated stress and negative experiences is dropping. Nowadays a child quickly internalized understanding of the ease and affordability of criticism, rejection, humiliation in the family and the team. The success seems difficult and inaccessible and the adolescent has no enough tools and ways to overcome anxiety and lack of confidence on the road to success. They are not translated in the cultural experience of education and training, or they are not enough for the successful satisfaction of the adolescent's actual motives. It is evident in studies of the individuals prone to anxious reactions and excessively sensitive to social disapproval and the own non-compliance with the alleged standards. There is no use in training skills and memorizing methods of self-realization as such approaches prove ineffective with the internalized experience of the fixed attitudes to "criticism" and "praise", "success" and "failure" and to own abilities (certain "negative" cultural constants that inhibit the individual's free self-realization). It is a specific cognitive style typical for SA with the persistent view of oneself as inadequate and unworthy and easily becoming an object of ridicule but on the other hand, craving for recognition and respect. Others are perceived as negatively evaluating persons who may reject or ridicule. Any signs of disapproval by others are carefully monitored to prevent unpleasant experiences. The adolescent SA is an indicator of the fact that the means of coping with emotions in evaluation situations have not been formed and internalized in the ontogenetic experience as well as

of the deficiency of adequate strategies to deal with the assessment and failure. Anti-vital experience is related to loss of life purpose, helplessness and hopelessness (also described by Ambrumova, Tikhonenko. At this stage the adolescent is experiencing inability to satisfy important social needs which is accompanied by severe SA. The next stage of AB (actions directed against the biological needs) is related to anti-vital acts that still cannot be assumed to be meaningful per se (Zeigarnik and Bratus, 1980). They are just ways to reduce tension in the system of activity regulation in social situations. The significant situations in adolescence include communication in the group, establishment of personal contacts in which social motives are satisfied. SB is associated with a gradual "transformation" of an anti-vital act (initially being a way to reduce tensions in the dynamic regulation system) with its transfer to the targeted and later motivational sphere of activity (the true suicide with the motive of depriving oneself of life) with the actual meaning and motives. The "suicidal themes" per se are not on the list of AB and SB motives in adolescents. As a rule, it is just a tool or way to reach the common objectives and to satisfy motives of life (Leontiev, 2008).

It would be incorrect to consider "factors" of the AB and SB or talk about the possibility to predict SB, because the "deterministic logic" is not applicable to the analysis of complex mental systems and it is necessary to take into account the systemic mechanisms of the problem which is possible with the use of an appropriate methodology for the analysis. Neither thoughts of suicide, nor even anti-vital acts can be reliable, potent predictors of future SB they can only be pre-conditions for one of possible scenarios of the mental regulation system development. Apart from AB and SB indicators, it is necessary to take into account the role of "anti-suicidal" regulators (resilience) (Leontiev, 2008) as restraining, compensatory resources of the personality and culture. An important regulator is the "meaning of life" as the leading stable motive of human life that reveals the future perspective in spite of current problems and subjective development conditions, with the successful experience of social activity (Leontiev, 2008).

SB is understood as activity directed by suicide ideation, clinical impairment in self-regulation (Sokolova and Sotnikova, 2006) or matter of existential choice in the context of resilience (Leontiev, 2008). According to the research findings, a significant pattern provoking the adolescent's vulnerability to AB and later to SB is the impairment of regulation and mediation of SA as an indicator of inability to satisfy important social motives (Sagalakova and Truevtsev, 2015; 2014; 2013). The relation between SA and risk of AB and SB is especially relevant in adolescence when the dominant activity is communication with other teenagers and a special attention is paid to the establishment of relations with the reference group (Nepon *et al*., 2010). The adolescents suffering from SA are concentrated on potential threats and it is difficult for them to analyse situations objectively (impairment of targeted regulation, rumination). The hyper-vigilance leads to more frequent detection of threat stimuli (Heimberg *et al*., 2010), suppression of the social initiative, shaping of avoidance behaviour and to considering any observable signs of anxiety as unacceptable (Clark and Wells, 1995). The formed cognitive and meta-cognitive distortions increasingly absorb social information processing in interaction with others and distort the perspective of self-assessment in the situation ("image of self through the eyes of others" self-focused attention from the standpoint of the third party as a "perceived audience") (Wells *et al*., 1998; Clark and McManus, 2002; Heimberg *et al*., 2010).

MATERIALS AND METHODS

Sample characteristics: The study involved adolescents of both sexes (N (total) = 981: N (boys) = 447; N (girls) = 534). They are adolescents aged 13-16 living in different regions on the Altai Kray territory (Siberian Federal District, Russian Federation). About 26% of the sample population live in rural households, 37% in small towns and 37% in the Kray capital city. The adolescents study in educational institutions and grow up in different family structures (two-parent or single-parent families, with/without "stepfather"). About 20% of the adolescents live in families with "stepfathers" (we do not control the formal adoption status, so a stepfather" for the purpose of this study is the mother's husband or partner who is not the native father and not necessarily the legal guardian), 53% of them are girls and 47% boys. One of the most significant parameters for the sample differentiation was the assessment of SA features (impairment of emotion regulation and mediation in evaluation situations, social skills). Anti-vitality parameters were also evaluated.

Empirical research methods: theoretical and methodological analysis of primary sources, questionnaire surveys, testing, quasi-experimental studies of variability of the anti-vitality and resilience levels (dependent variables) in relation to a number of parameters (independent variables); clinical method (analysis of individual parasuicide and suicide cases on the Kray territory), methods of mathematical and statistical data processing (one-way univariate analysis of variance, contingency tables, Pearson's correlation analysis, cluster analysis). The online testing on the basis of the proprietary diagnostic research complex was conducted

in educational institutions of the region. The data were processed with the software package SPSS 22.0, STATISTICA 8.0.

Psychodiagnostic methods: Anti-Vitality and Resilience (AV/R) Questionnaire including a number of scales and sub-scales covering risk and protection factors (Sagalakova and Truevtsev, 2014 a, b; 2015), Social Anxiety and Social Phobia (SA/SP) Questionnaire (Sagalakova and Truevtsev, 2014; 2013). The survey included a series of questions about the structure and welfare of the family, sex and age of the pupil and his/her place of residence.

RESULTS AND DISCUSSION

Now a days, a significant proportion of young people in different cultures are suffering from varying degrees of Social Anxiety (SA) and the related impairment of emotion regulation in evaluation situations. The proportion of sufferers in especially high in individualistic Western societies in which both success and failure are attributable to an individual and in the traditional Eastern culture of Japan, where the failure is attributable to an individual and success to the team (Sagalakova and Truevtsev, 2014). SA in different cultures has its own specifics (an "egocentric" fear of negative evaluation in the Western society and an "allocentric" fear of causing offence or inconvenience for others in Japanese culture) but is widely spread among the population. In Russia SA and concomitant mental disorders among young people is also an acute problem, contributing to self-destructive behaviour in conditions of subjective inability to satisfy intense actual social motives (Fig. 1 and 2).

About 78% of the adolescents experience discomfort associated with anxiety related to evaluation in typical social situations they have in education, communication with parents, peers and strangers. Only 21.9% of the adolescents experience mild social anxiety they can easily overcome in social evaluation situations with the use of mental activity regulators formed in their personal experience of stressful evaluation conditions. A significant result of the survey is the revealed fact that the higher the SA severity with difficulties in anxiety mediation and mental activity regulation under evaluation conditions, the more prone the adolescent is to AB that is the basis for SB provoking. SA in young age manifests itself in the fear of negative evaluation as an indicator of frustration of social motives and needs in this age (for success, achievements, recognition, acceptance from group members, approval, etc.).

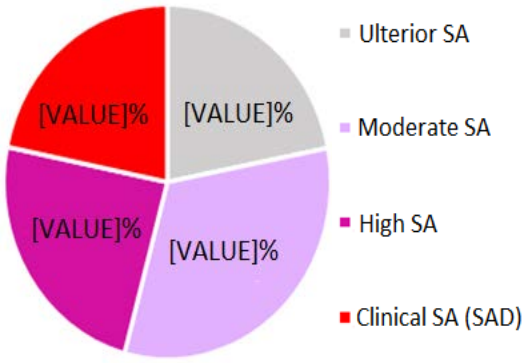

Fig. 1: Percentage of the sample population of the Altai Kray adolescents with varying degrees of Social Anxiety (SA) (N = 981, 100%). Results of cluster analysis (Ward's method)and one-way ANOVA(the clusters reliably differentiate the sample into four sub-populations by SA severity: F = 2529.8 with p<<0.000(0)1)

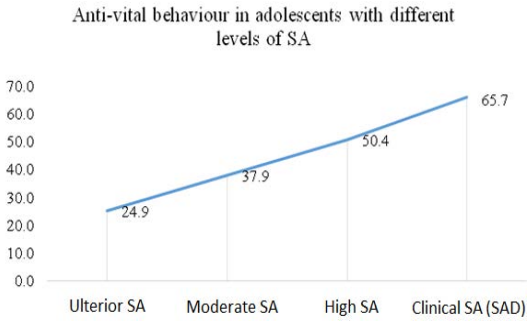

Fig. 2: Propensity for AB (self-destructive thoughts and actions, experience of life purpose loss) (N = 981). Results of one-way ANOVA (F = 215; p<< 0.000(0)1)

The scale of social anxiety among adolescents who are at some stage of the crisis of "transition" to a new model of social reality and their ego in it is very considerable. The adolescent's system of mental activity is in an unstable state of reorganization of the psychological field of the personality; the world of communication for them is still not as transparent and understandable as for adults who have a lot of experience in overcoming various difficult situations. The adolescent resolves the accumulated contradictions of the previous age, seeking for new means to satisfy his/her motives. However, if the necessary tools of controlling behaviour and emotions applicable to the personal experience have not been mastered in the earlier age, the mental activity regulation is impaired.

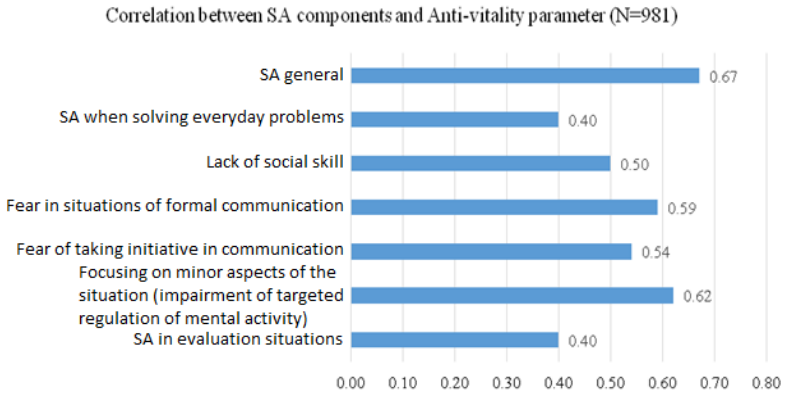

Fig. 3: Correlation analysis of SA components (scales) and AB parameters (generalized score) All of the reported correlations are statistically significant. Y-axis: Pearson's r coefficient with p<<0.0001

With such accumulation of the negative affect (tension) in the mental system without its "discharge" (release of tension in the final stage of the action regulation), each subsequent objectively insignificant event will act as more and more "disorganizing" stressor. The higher the accumulated negative effect of SA during attempts to satisfy achievement motives and inability to regulate emotions and behaviour (due to lack of cultural tools integrated into the personal experience), the more probable AB and SB are (Fig. 2).

The personal space of the adolescent's mental activity naturally undergoes systemic transformation. This reorganisation is a risk factor destabilizing mental activity and personality of the adolescent, with high probability of abnormalities of personality development and behavioural disorders. However, refracted in the specific socio-cultural conditions of the reality, such "bifurcation point" turns into a condition that is highly vulnerable to the system destruction (self-destructive AB or SB). SA as a subjective perception of insufficient means to influence the surroundings in order to satisfy social needs can play one of the key roles in the accumulation of negative affect in the system of mental activity and lead ultimately to its failure. The impairment in target regulation of mental activity when solving socially mediated problems and the composite SA score are most significantly correlated with AB in adolescents (Fig. 3).

The anxiety in situations requiring taking initiative (making acquaintance, expression of own opinion, emotions and feelings) and in formal communication (professional and learning situations) are also correlated with AB because the most important adolescent motives are satisfied in such situations. In case of their frustration, the adolescent is not able to "switch over", to cope with this situation, chronically circulating within the same regulation stage frames (comparing the real purpose with the ideal one) and accumulating tension in the structure of mental activity (Fig. 3). The lack of personal, social-cultural psychological means (tools) for acting in the social world, communicating with others and overcoming the respective stresses (criticism, failure, rejection, mockery, etc.) lies in the basis of the impairment in satisfaction of social motives and needs. Internalized in the experience of ontogenetic development, the human behaviour is social in origin and becomes voluntary in functioning. Formed as a Higher Mental Function (HMF), it is a higher form of voluntary social behaviour for the achievement of socially mediated goals. This HMF is expressed in strategies for the satisfaction of social needs in a culturally acceptable and subjectively advantageous form. Under normal conditions the social behaviour is a realisation (mediated by cultural signs) of interaction between people (using linguistic, paralinguistic and other means of communication). Social behaviour (as a HMF) can be an automated way to perform a current goal-oriented task (educational, communicative, professional, etc.).

The excessive preoccupation with technical details of the application and implementation of this behaviour when solving the task leads to impairment in dynamic regulation of the activity. As a result, the targeted priority of the activity may vary and the adequate focus of attention may shift. The attention concentration and distribution are distorted as a result of impairment in the mental activity mediation under stressful evaluation conditions. The adolescent is fixed on non-targeted factors of his own excitement and signs of a potential disapproval by others, losing the targeted focus of attention. It is difficult for the adolescent to switch over from this experience of non-fulfilment to other activities (Table 1). The severe SA stimulates the development of related fears associated with this phenomenon, aggravating the primary anxiety, further impairing the voluntary regulation of mental activity under evaluation conditions and shifting the focus of attention from the

Table 1: Correlation analysis of SA components (scales of SA/SP Questionnaire) and "anti-vitality" parameters related to concomitant fears and consequences of anxiety

Pearson's r coefficients with p<<0.00(0)1	Gelotophobia	Dysmorphophobia	Anxious ruminative thinking	Loneliness, lack of trust
SA in evaluation situations	0.35	0.30	0.49	0.27
Focusing on minor aspects of the situation (impairment of targeted regulation of mental activity)	0.46	0.41	0.54	0.40
Fear of taking initiative in communication	0.48	0.38	0.47	0.40
Fear in situations of formal communication	0.47	0.43	0.42	0.43
Lack of social skill	0.44	0.40	0.37	0.42
SA when solving everyday problems	0.33	0.23	0.23	0.33
SA general	0.55	0.46	0.57	0.48

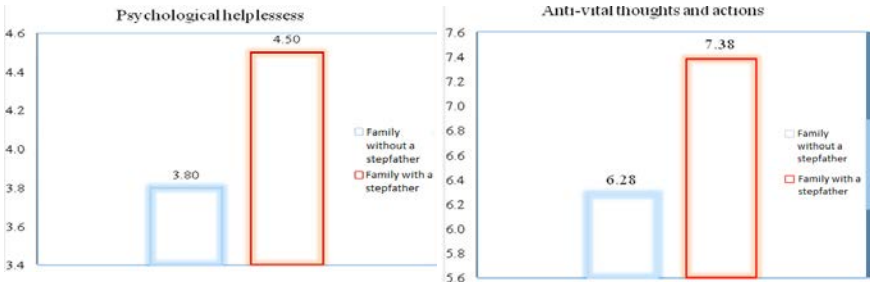

Fig. 4: The parameters of "Psychological helplessness": a) and "Anti-vital thoughts and actions"; b) in adolescents from different families (mean values). Comparison of the parameters in adolescents from families (N = 981) with a "stepfather" (mother's husband/partner, without formal guardianship) and without a "stepfathe"

target priorities to minor stimuli associated with anxiety. We mean gelotophobia as a fear of being laughed at and dysmorphophobia as a fear of negative evaluation of imagined or exaggerated appearance flaws.

SA is characterized by disturbing post-event rumination, impairing the general regulation of activities (post-event mental reviewing of a situation and its processing with the level of tension typical for the real situation) which results in a continuous, cyclic agitation that cannot be released because the situation is not objectively completed with the level of success that was expected. The negative effect is gradually accumulated and mental resources are depleted. The research performed by the authors on each individual case of adolescent SB (in 2013-2015) revealed the logical role of the parameter of "stepfather presence" in the family.

An adolescent desperately needs means to realize and satisfy his/her social motives; he/she is in need of subjectness (authorship) of own living experience as well as success prevalence in daily experience and strategies of constructive attitude to failure. For this purpose the adolescent needs a positive authority image for self-identification, his/her own activity space and stable support from the family, irrespective of any circumstances. However, such adolescent needs cannot be easily satisfied in some social situations of development. When the subjectness cannot be realised and self-identification is not possible, the adolescent suffers from psychological helplessness (subjectness impairment, hopelessness, passivity) and anti-vital feelings and thoughts, performs anti-vital actions which increases the risk of SB (Fig. 4a, b).

So, a fundamental role in the mental activity regulation and shaping of social behaviour is played by the family in which the child's opinions are respected and the relations are built on the basis of a steady emotional support rather than on imposing authority and suppression of initiative and subjectness of the child. Results of the one-way ANOVA for "helplessness" among adolescents from different families demonstrate significant differences ($F = 13$; $p<0.0001$). In families with frustrated needs for subjectness and social success (with a «stepfather») the conflict relations are more pronounced and such families are characterized by greater dysfunction ($F = 10.5$; $p = 0.01$). The adolescents from such families are more often in confrontation with the people around them and experience microsocial conflicts in all spheres of social activity ($F = 13.1$; $p = 0.0003$). They are more prone to anti-vital behaviour than the adolescents from families with native parents (two-parent or single-parent) ($F = 8.5$; $p = 0.004$) including anti-vital experiences ($F = 7.3$; $p = 0.007$), anti-vital thoughts and actions (self-injury, high-risk behaviour) ($F = 6.2$; $p = 0.01$) (Fig. 4b).

The adolescents from families with the subjectness frustration form a negative image of the present and future ($F = 6.6$; $p = 0.01$). Deviation in the behaviour of adolescents from such families demonstrates itself both in internal and external aggression: they are more prone to asocial behaviour ($F = 4.2$; $p = 0.04$), conflicts with teachers ($F = 5.1$; $p = 0.03$) and conflicts with other teenagers ($F = 6.3$; $p = 0.01$). Such adolescents are not

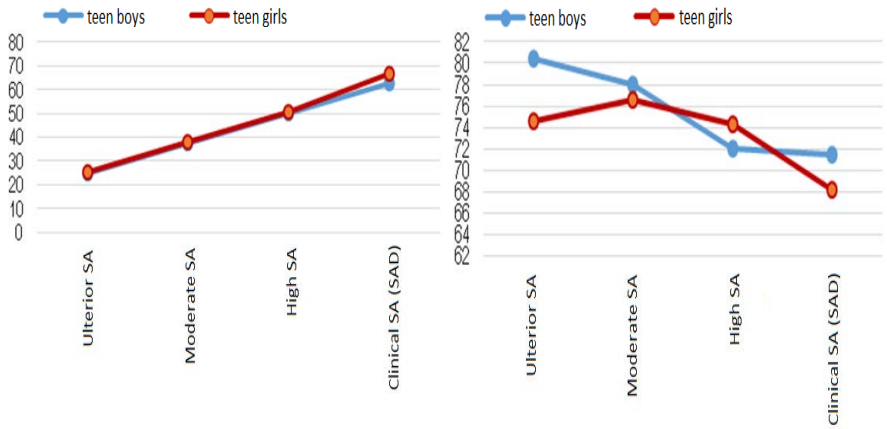

Fig. 5: Results of one-way ANOVA (a-no correlation (F = 0.5; p = 0.7), b correlation between factors of "adolescent sex" and "SA" (F = 3.02; p = 0.03) affecting severity of the following parameters: a) Anti-vitality and b) Resilience). Dynamic of the parameters in adolescents (N = 981): teen boys (N = 447) and teen girls (N = 534) with different SA levels

Table 2: Some resilience parameters with significant differences between male and female sample populations (N = 981). Mean values and Analysis of Variance (ANOVA) results

Variables	Psychological support	Support from friends	Optimism/ self-support	Life satisfaction	Achievement striving	Self-regulation	Positive image of the future
Teen boys (mean value)	15.3	4.9	7.4	8.2	6.3	6.7	7.6
Teen girls (mean value)	14.6	4.5	7.1	7.7	6.0	6.4	7.2
F-test	9.7	13.0	7.7	6.6	5.9	4.2	10.7
p-level	0.002	0.000	0.006	0.010	0.015	0.041	0.001

self-confident in situations of social activity, they are afraid of taking initiative and have difficulties in self-realization and participation in solving everyday problems (F = 5.2; p = 0.02). These differences related to the family structure are typical for all adolescents, irrespective of their sex and place of residence.

Some adolescents say that they are "ashamed of their parents" (N = 74, 7.5%), while others deny it (N = 907, 92.5%). The following answers were recorded in the sample population of those who did not agree with the statement: "rather no" (N = 133, 13.6%); "no" (N = 774, 78.9%). The parameter "bad habits (alcoholism)" among parents in the adolescent's family was also studied. The respondents (N = 114; 11.8%) stated that at least one of the parents has alcohol-related problems, while others claim the opposite (N = 867, 88.4%). There are no detected differences in alcohol abuse in families from rural and urban areas which may be associated with different criteria of "abuse" evaluation or the actual homogeneity of these groups. The parameters "shame of the parents" and "alcohol abuse by parents" demonstrate contingency links (method of contingency table analysis, $\chi^2 = 41.2$; $p<<0.000(0)1$). The parameters "shame of the parents" is an indicator of AB and SB development. It has a significant relation to general adolescent SA (r = 0.23; $p<0.0001$) and AB (r = 0.37; $p<0.0001$) including "anti-vital thoughts and actions" (r = 0.3; $p<0.0001$) and is inversely related to resilience (r = - 0.3; $p<0.0001$).

We have not found any significant correlation between the factors of "sex" and "SA" in the analysis of anti-vital behaviour dynamics and general tendency to self-destructive thoughts, feelings and actions. It means that teen girls and boys are equally prone to the tension growth in the system of mental activity with SA. The AB probability both in boys and girls grows with the increase in SA levels and the related impairment in ability to emotion regulation in evaluation situations (Fig. 5a). The resilience dynamics in boys is characterized by a gradual decrease in coping resources with the SA increase and in girls resilience reaches its peak at a moderate (rather than low) SA level with a dramatic decrease (more pronounced than in boys) to the clinical levels of SA (SAD) severity (Fig. 5b).

Though AB in the context of SA has similar dynamic both in boys and girls, their coping abilities and resilience strategies are different. On average with the one-way ANOVA the boys are more prone to demonstrate resilience indicators (psychological support, optimism/self-support, life satisfaction, achievement striving self-regulation and a positive image of the future). It can be related to the effect of social desirability in boys and to the fact that girls tend to exaggerate symptoms (Table 2).

Apart from differences of individual parameters, the generalized resilience parameter is different in male and

female populations ($F = 12.2$; $p = 0.001$). This difference probably indicates that adolescent boys are more confident that they will succeed, get support and satisfaction now and in future and that they are able to plan their activities and cope with difficult situations (these differences persist irrespective of the adolescent's place of residence). Results of one-way ANOVA show that there is no correlation between the "place of residence" and "sex" factors and changes in the "Resilience" variable ($F = 0.08$; $p = 0.92$) and the "Anti-vitality" variable ($F = 0.27$;$p = 0.76$). Irrespective of the place of residence (village, town or Kray capital city) and the family structure, the adolescent boys are more prone to exhibiting their resilience resources, while the girls tend to demonstrate anti-vital signs. This consistent pattern seems to be related to gender rather than sex differences.

In urban areas, especially in the capital city, adolescents, even those from t roubled families, have more opportunities to experience social activities including successful ones. Moreover in urban areas (towns and capital city) there are much more secure functional families in which parents are better informed about educational issues and tend to respect their children's opinions ($F = 3.3$; $p<0.04$). The urban adolescents are less prone to experiencing discomfort in situations requiring initiative (expression of own opinion, emotions and feelings) ($F = 4.7$; $p<0.01$) as well as in solving everyday problems ($F = 3.3$; $p<0.04$) involving social activity, than the adolescents living in rural households, who are more prone to anti-vital thoughts and actions ($F = 4.6$; $p<0.01$), more often apply to demonstrative forms of auto-aggression ($F = 9.8$; $p<0.0001$) including "bad habits" in order to feel relaxed and get approval of their peers. ($F = 8$; $p<0.001$). On the other part, a fear of being laughed at and a fear of negative appearance evaluation have the same frequency among adolescents both from rural and urban households which probably indicates that there is a common social nature of their induction on the cultural script level (search for non-conformities of the bodily and social "self" to the alleged standards).

In the current socio-cultural environment SA is a basic factor for shaping AB and SB in adolescents and an indicator of the impairment in the development of social behaviour as a HMF. An unfavourable social situation of development in the context of AB and SB is characterised by upbringing in a dysfunctional family, frustration of subjectness in the psychological space of the adolescen's personality, lack of the social initiative experience and proper conditions for mastering ways to satisfy social motives.

The social anxiety development is manifested as impairment in voluntary target regulation of mental activity when solving socially mediated problems under conditions of a potential or actual evaluation. The higher the level of social anxiety, the lower the adolescent's ability to regulate it and control the behaviour in the stressful evaluation situation. The regulation impairment is related to problems with the attention concentration on the target priorities of the activity, with a shift to minor non-target stimuli, disturbing post-event rumination on past failures, fixed beliefs about the potential dangers of the evaluation and its catastrophic consequences for their own prestige.

Taking initiative in social situations causes less anxiety among adolescents from urban households as they have more experience of interaction in various situations. The adolescents living in rural households more often refer to dysfunctional family relationships and they are more prone to anti-vital thoughts and actions. Their conflicts with their microsocial environment are more pronounced, they tend to use "bad habits" as demonstrative means to integrate into the group of their peers and experience awkwardness and lack of confidence when taking initiative or solving everyday problems. All these findings testify to the degree of differentiation of social experience and to certain means of coping with anxiety that dwellers of different Kray areas have mastered (though some of these means are far from being meaningful). An adolescent is in the vulnerable age of "transition", when the mental system is in an unstable state of reorganization of the psychological field of the personality and mental activity transformation. The adolescent explores the world of communication that is new for him but only within this world he can satisfy his social motives. In this age it is very important to have relevant steady and emotionally stable relations with the people around, especially with the family members.

The adolescents suffering from subjectness frustration by their families, shame of their of parents, alcohol abuse by parents and neglect of their needs are much more prone to social anxiety and its components, with high probability of shaping AB, with a subsequent risk of SB. In such social situation of development a child does not have a positive authority for self-identification. The child suffers from deficit of own subjective acts and cannot develop tools for the successful self-realization and adequate coping with failure. In adolescence he/she demonstrates helplessness, passive attitude to experiencing failures and hopelessness and a negative image of the present and future is formed. Such adolescents tend to feel loss of life purpose and see no future prospects, they are prone to self-destructive behaviour, conflicts with the people around them and inconsiderate impulsive acts.

CONCLUSION

Under normal conditions the social behaviour as a higher form of behaviour-one of Higher Mental Functions (HMF)-is social in origin, voluntary and mediated. Deviations in shaping this HMF (impairment in target regulation of mental activity when solving socially mediated problems) lead to development and maintenance of social anxiety and concomitant mental disorders. The persistent inability to satisfy important actual needs in adolescence indicates that the psychological tools needed to control the social behaviour, regulate emotions and cope with situations of social evaluation have not been formed. The probability of assessment of the scenario for the adolescent's anti-vital behaviour development, unfortunately, cannot act as an absolute condition for predicting SB.

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