Exploring Cultural Factors and Coping Strategies Used by Malaysian Female Working Adults with Social Anxiety Disorder (SAD)

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Employees actively pursue career progression, yet social anxiety disorder (SAD) may have impeded workplace performance for promotional opportunities. Nonetheless, SAD particularly affects female employees, and is more prevalent in individualistic countries, albeit those from collectivistic countries experienced more symptoms. The present study aims to explore the cultural factors contributing to the development of SAD and to identify the coping strategies used by Malaysian female working adults with SAD to manage their symptoms. Semi-structured interviews with a total of 14 questions were conducted as a part of qualitative research with 4 participants who had at least one year of working experience, been diagnosed with SAD, were able to converse well in English, and had no comorbidity with Schizoaffective disorder. The participants were recruited through purposive and snowball sampling, and information obtained about their experiences was thematically analysed (TA). The findings revealed cultural factors such as power distance, norms, attitude, collectivism, belief, family system, and self-concept, as well as coping strategies such as maladaptive, emotion-focused, and problem-focused. Overall, this study sheds light on the cultural factors that influence the development of SAD among employees, and the coping strategies that can alleviate the associated symptoms in both general and workplace settings.

Keywords: social anxiety disorder (SAD), cultural factors, coping strategies, Malaysian, female working adults

Career advancement is the ultimate goal for any employee in the fast-paced working environment of the 21st century. However, this is not the situation in Malaysia, where female employees have fewer prospects for advancement than their male counterparts (Perumal & Dastane, 2017; Hamzah et al., 2022). Low self-esteem is a hindrance to career advancement for Malaysian female employees and may be caused by social anxiety (Perumal & Dastane, 2017; Gilbert & Andrews, 1998 as cited in Dialan & Almigo, 2021). According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), social anxiety disorder (SAD) is intense and persistent anxious feelings in social situations that impede social interactions because they are perceived as a threat (Hooley et al., 2017, p. 208). Culture—individualism and collectivism, self-construal, and social norms towards shame—is among the factors that contributed to SAD symptoms (Khambathy & Parikh, 2022).

The prevalence of SAD is higher in individualistic countries like the United

States and Australia than in collectivistic countries like Japan and South Korea, with prevalence rates of 36% globally (Jefferies & Ungar, 2020; Okawa et al., 2021). This is because collectivistic culture normalises reserved and introverted behaviour which perpetuates SAD; hence, the reported prevalence rates are lower (Brockveld et al., 2014; Okawa et al., 2021). In Malaysia, although SAD's prevalence is unspecified, the prevalence of anxiety disorder is 34.1% for mild and moderate cases and 9% for severe cases (Marzo et al., 2021). Moreover, females have a higher prevalence of SAD and exhibit more severe symptoms than males (Asher & Ardeka, 2018). On top of that, adults with SAD are mostly employed, which then often results in reduced productivity and absenteeism from work (Stein et al., 1999 as cited in National Collaborating Centre for Mental Health (UK), 2013).

Extending insights beyond global findings, several studies have looked into the prevalence of SAD among the Malaysian population. A study conducted by Dialan and Amigo (2021) found that SAD develops in childhood and often appears as being shy and avoidant. These traits become more prominent in subsequent years, particularly as affected individuals enrolled in higher educational settings, where they tend to experience isolation and withdrawal from social or unpredictable situations; despite this, they still demonstrate outstanding academic achievements (Dialan & Amigo, 2021). Another study by Mohamed et al. (2023) investigated the relationships between SAD prevalence and demographic factors, impulsive behavior, and internet gaming disorder among Malaysian secondary school students. Their findings suggested that females, those in secondary grade level 5, and Malays were more likely to reach the SAD threshold and display intensified symptoms (Mohamed et al., 2023). Consequently, these findings emphasize the relevance of SAD from the Malaysian perspective to facilitate more effective interventions.

Untreated SAD affects various facets of one's life, most notably social relationships because they worry about social evaluations and believe that they are inferior to others, resulting in social withdrawal (Barzeva et al., 2019; Goodman et al., 2021). For instance, Hur et al. (2020) found that people with SAD substantially spent less time with their close relationships, such as family and friends. Aside from that, SAD can also impair individuals at work, whereby they would hesitate to seek help when facing workplace difficulties out of fear of being judged by their co-workers (Wang & Zhang, 2021). Despite that, Goodman et al. (2021) suggested that adopting appropriate emotional regulation techniques, such as reappraisal and problem-solving could help mitigate the symptoms of SAD. In order to acquire the bigger picture of SAD, it is crucial to look into how Malaysian female working adults cope its symptoms and the possible cultural factors have led to its progression.

Although existing research have studied the cultural factors contributing to SAD and the coping strategies being used to manage its symptoms, most of them were concentrating on the Western or East Asian population only (Brockveld et al., 2014; Okawa et al., 2021). Correspondingly, the findings from these studies may not be relevant to Southeast Asian countries like Malaysia due to the differences in cultural background. Other than that, most studies have primarily recruited mixed-gender participants who were mainly university students. This raises questions about the differences in cultural factors and coping strategies related to SAD based on gender, age, and employment status. Considering these limitations, the present study aims to generalise prior findings to the Malaysian population and specifically on female working adults. Therefore, the study can

provide perspectives into gaining a deeper understanding of SAD.

Literature Review

Cultural Factors Contributing To SAD

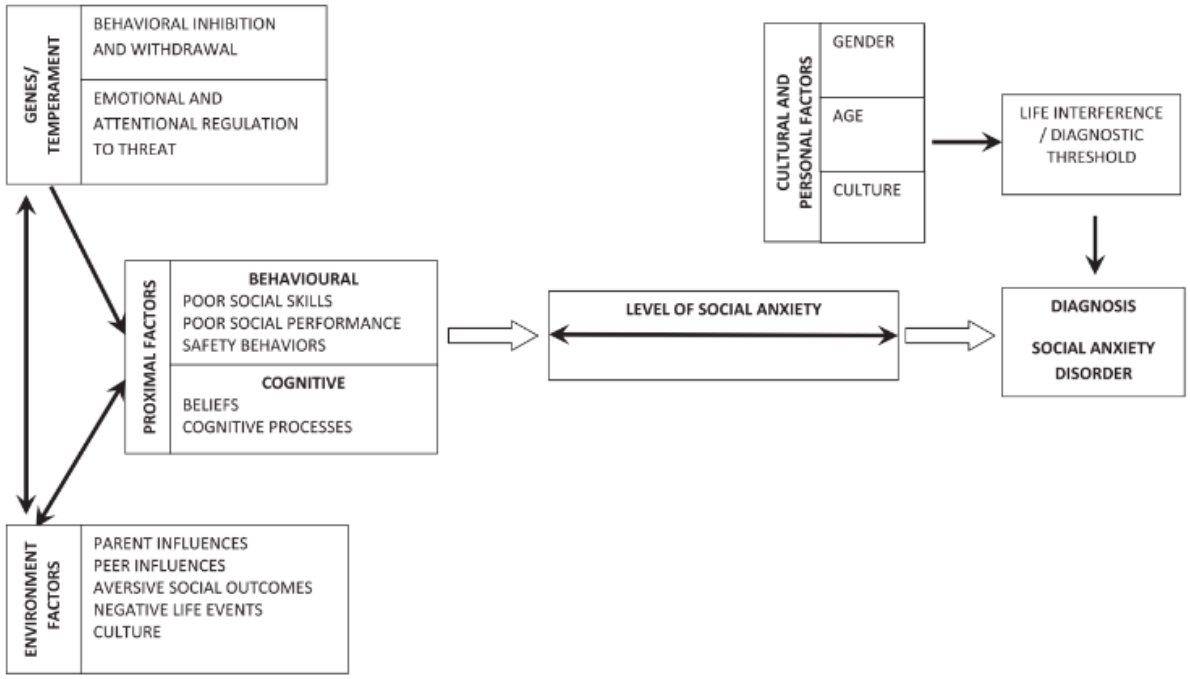

Figure 1 Theoretical framework

A study by Spence and Rapee (2016) proposed that the interaction between genetics, environmental, and proximal factors led to the development of a broad spectrum of social anxiety symptoms and later into SAD. However, present cultural and personal factors such as age, gender, and culture in response to life events can also trigger SAD, meeting the DSM-5's diagnostic criteria. Among the cultural factors include parents, peers, negative social experiences, and culture itself. Thus, if social anxiety is seen as a normal response in a culture, i.e., collectivistic, the likelihood of meeting SAD criteria decreases, and vice versa.

Social norms are among the cultural factors that play a role in amplifying SAD

symptoms. According to Bas Hoogendam et al. (2018), people who report more social norm violations typically experience higher levels of social anxiety, especially if the violations were unintentional. Similarly, Vaswani et al. (2022) also found that people from collectivistic cultures are more prone to feeling anxious and distressed due to perceived social norm violations. This is due to the fear of being negatively evaluated when committing mistakes or offending others, as doing so is deemed improper (Bas-Hoogendam et al., 2018).

In addition, individuals with interdependent self-construal, or those who internalize themselves in relation to their group, are more likely to develop SAD (Suryaningrum, 2018). People who associate more with interdependent self-construal tend to focus on social cues and others' judgments in social situations (Park et al., 2011 as cited in Brockveld, 2014; Vriends et al., 2019). However, Suryaningrum (2018) noted that individuals with SAD also demonstrate some degree of

independent self-construal if their primary goal is performance. These findings imply that people from collectivistic cultures may possess both self-construals, depending on how they manage and view themselves in various situations.

When examining cultural aspects, the concepts of collectivism and individualism are inevitable. According to a study by Okawa et al. (2021), people from collectivist cultures report higher social anxiety and fear of negative evaluation compared to those from individualistic cultures, which may then lead to withdrawal. Nonetheless, Brockveld et al. (2014) demonstrated that collectivist cultures are more accepting of humility and withdrawn behaviours, while individualistic cultures are more tolerant of extroverted behaviours. Therefore, collectivist cultural values do not necessarily lead to higher levels of social anxiety (Brockveld et al., 2014). Therefore, this suggests that collectivist cultural values do not necessarily lead to higher levels of social anxiety (Brockveld et al., 2014).

The manifestation and expression of SAD symptoms may be influenced by cultural expectations and norms, such as Taijin Kyofusho (TKS), a culturally specific form of SAD prevalent in China and Japan (Brockveld et al., 2014; Lin et al., 2020). For this reason, Morita therapy is often used to treat TKS in conjunction with SAD, as they coexist. Acknowledging cultural factors in SAD has led to effective cultural-based interventions (Kambathy & Parikh, 2017; Lin et al., 2020). The significance of these interventions integrating cultural elements stems from the recognition of cultural disparities between Western and Eastern societies.

Coping Strategies Used To Manage SAD Symptoms

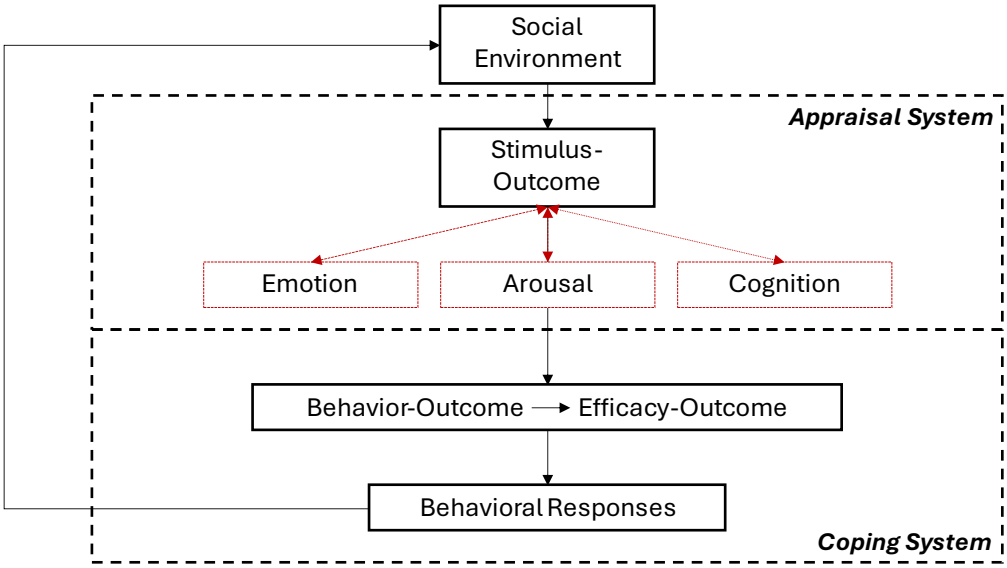

Figure 2 Theoretical framework

Trower and Gilbert's (1989) framework highlights three assumptions in social anxiety disorder (SAD): stimulus, behaviour, and efficacy. The stimulus-outcome refers to the physiological, emotional, and cognitive effects when

being exposed to a social situation as a stimulus. The appraisal system represents the entire process. Then, the behaviour- and efficacy-outcomes will evaluate and respond to these stimulus-products. When a response is associated with a method to deal with the stimulus, the initial response is re-evaluated; hence, demonstrating the coping system.

Individuals with SAD interpret social situations as a negative stimulus. When faced with such circumstances, their emotions become preoccupied with intense anxiety or fear. Then, their immediate behaviour would be shunning these social situations through avoidance. However, if they use a coping response, they will be able to embrace the social situations that trigger them and will no longer be reactive to them. This is because they are able to distinguish between an actual and perceived threat after coping.

A large number of studies have concurred that individuals with SAD tend to adopt maladaptive and non-proactive coping strategies, including emotion-focused coping, which is positively correlated with SAD (Tamannaeifar & Sanatkarfar, 2017). Khaled (2021) has also emphasized that the use of emotion-focused coping is detrimental as it magnifies emotional experiences. Despite this, Lazarus and Folkman (1984), as cited in Compton and Hoffman (2020), have elaborated that emotion-focused coping is not maladaptive as it requires appropriate regulation of emotions. For instance, the coping style entails processes such as recognizing emotional reactions or experiencing emotions in a deeper sense through expression (Compton & Hoffman, 2020).

Another type of maladaptive and non-proactive coping strategy is avoidance whereby it involves redirecting attention away from emotional responses (Compton & Hoffman, 2020). For example, Brown and Medcalf-Bell (2022) found that people experiencing social anxiety tend to use their phones more when others are around to lessen the feelings of anxiousness. Besides, studies have also shown that denial, withdrawal, illusory thinking or the use of positive thinking to conceal negative emotions, substance abuse, and self-blame were all categorized under avoidance as they share the same goal which is to dismiss the emotions instead of active confrontation (Compton & Hoffman, 2020; Blote et al., 2021).

While maladaptive coping relieves negative emotional effects, it is often for short-term benefits and could possibly lead to burnout in the long run because emotions are not well-addressed (Smout et al., 2021). In spite of that, people continue to employ maladaptive coping strategies as a result of social anxiety feedback loop (Barzeva et al., 2019). To illustrate, the authors stated that adolescents experiencing social anxiety may withdraw from social situations as a means of reducing their anxieties, which then reinforces future withdrawal behaviours, and continued social avoidance over time.

Conversely, adaptive and proactive coping strategies involve deliberate confrontation and management of the social anxiety triggers (Khaled, 2021; Venugopal & Fenn, 2021). Among the examples are problem-focused coping, social support seeking, emotional expression, and cognitive restructuring (Tamannaeifar & Sanatkarfar, 2017; Dugyala & Poyrazli, 2021; Khaled, 2021). As an example, Tamannaeifar and Sanatkarfar (2017) discovered that students with social anxiety who used problem-focused coping had fewer worries because they actively engaged with the problem and dealt with it. On top of that, Khaled (2021) found that these coping strategies improve SAD by encouraging the development of greater resiliency.

Notably, Tamannaeifar and Sanatkarfar (2017) concluded that problem-focused coping is associated with lower social anxiety. Several factors give rise to the effectiveness of problem-focused coping in reducing anxiety and phobia which are the

emphasis on taking actions to solve the problem or shift one's perspective on the situation, implying an individual's internal locus of control (Derogatis & Unger, 2010, as cited in Pourmohamadreza-Tajrishi et al., 2015; Compton & Hoffman, 2020). However, Ding et al. (2021) addressed that some problems may be beyond one's control, leading to persistent perceived stress and elevated psychological distress. These findings indicate that problem-focused coping can be useful in reducing symptoms of SAD, but only if the triggers or stressors can be handled well by the individuals.

Research Questions

1. What are the cultural factors contributing to the development of SAD among Malaysian female working adults?
2. What are the coping strategies used by Malaysian female working adults with SAD to manage their symptoms?

Research Objectives

1. To explore the cultural factors contributing to the development of SAD among Malaysian female working adults.
2. To identify the coping strategies used by Malaysian female working adults with SAD to manage their symptoms.

Method

Study Design

This study utilized a qualitative research design, and it was exploratory in nature in which semi-structured interviews were administered to Malaysian female working adults diagnosed with SAD. This technique where the researcher engages in a conversation with the participant is favored in healthcare research as it explores participants' experiences in-depth (DeJonckheere & Vaughn, 2019).

Participants

There were altogether four Malaysian female working adults with SAD recruited through purposive and snowball sampling. The participants were between 24 to 34 years old, with three working in the private sector and one in a government-linked sector. The inclusion criteria were being a Malaysian female, at least 18 years old, having a minimum of one year of work experience, having a diagnosis of SAD by a clinical psychologist or psychiatrist, and the ability to converse well in English. Meanwhile, the exclusion criterion was comorbidity with Schizoaffective disorder.

Procedures

The participants were recruited through several methods. First, the researcher advertised the study publicly on social media platforms such as Twitter, Instagram, Facebook, and LinkedIn. The advertisement consisted of a poster that provided an overview of the study, and a participation form with informed consent, allowing eligible individuals to sign up directly if they were interested. Second, the researcher obtained approval from several psychological centers and liaised with a number of mental health professionals, including clinical psychologists, counsellors, or psychiatrists from various psychological centers in Malaysia, to identify whether they have any clients who fit the research criteria. These professionals then shared the advertisement's poster and participation form with their clients. Those who were interested would fill out the form on their own, indicating that their personal information was not disclosed.

Once the participants have voluntarily signed up for the study, they were provided with a general outline of the study's objectives, length, and videoconferencing platform for the online interview through

WhatsApp. Then, they were required to book their preferred interview slots with the researcher.

Before the interview, the researcher reiterated the details of the study and informed consent, such as their rights to withdraw, confidentiality, and more. As this study involved a vulnerable population, the researcher emphasized that participants must instantly inform should they experience any distress or discomfort during or after the interview. Besides that, the researcher also sought permission to record the interview; however, participants were not required to switch on their cameras because audio recordings were sufficient. During the interview, participants were asked 10 questions pertaining to the cultural factors that may have contributed to their SAD as well as 4 remaining questions related to the strategies they used to cope with their SAD symptoms. Since the interviews were conducted individually, the length of the interview varied amongst participants, ranging from 45 to 90 minutes. After the interview, participants were debriefed about the study, and they were given the chance to ask any questions they had concerning the study. Finally, the findings of the study were further manually transcribed and thematically analyzed.

Data Analysis

The interviews were audio-recorded, and they were later transcribed manually. Then, thematic analysis (TA) was used to analyze the data obtained. To illustrate, the transcripts were first analyzed in accordance with the interview questions order. Likewise, themes, subthemes, and categories addressing the research were determined (Kiger & Varpio, 2020). Following that, the analysis was organized based on the themes.

Ethical Considerations

This study followed ethical guidelines from the Final Year Project (FYP) Ethics Committee, Department of Psychology at IIUM, and received approval from various psychological centers to promote the study. Besides, informed consent was also obtained from participants prior to the interviews. Then, participants were briefed on potential risks and benefits, confidentiality, voluntary participation, and the right to withdraw. To prevent and minimize harm, emergency hotlines were provided if participants experienced any discomfort or if triggers appeared or persisted post-interview. Additionally, personal or sensitive information learned about the participants was kept confidential and discarded after the study.

Results

Cultural Factors

The exploration of cultural factors contributing to the development of SAD among Malaysian female working adults led to the answering of the first research question, where seven themes were identified. The themes included power distance, norms, attitude, collectivism, belief, family system, and self-concept.

Power distance. An indicator of power distance was found to be the participants' relationships with their superiors as employees, with a clear professional boundary between them. For example, one participant acknowledged that she was afraid of her supervisor as an authority figure.

> P2: "…being a superior, you have a higher position than you, right? I can say that I'm kind of feeling intimidated by the position…"

Norms. Participants discussed norms in terms of two categories: group norms and organizational culture. Several instances of group norms were the need to coordinate behavior with others and conform to societal expectations. As an illustration,

one participant stated that she felt compelled to communicate with others in social situations despite her discomfort, worrying that she might be misunderstood if she refrained herself from doing so.

> P1: "I thought that it's a general rule to talk to other people."

On the contrary, organizational culture is described by the participants as the level of adherence or freedom to deviate from workplace rules and regulations.

The example below demonstrates the initiative made by the participant to uphold and fulfil her work responsibilities. Since she was uncomfortable with tasks involving stakeholder engagement, she delegated them to a colleague while she managed the operational tasks instead.

> P3: "So, those things that we need to contact, I passed over to my best friend and I do all the back end and documentations and presentations to clients lah."

Attitude. Participants disclosed that other people's attitudes towards them were related to their stereotype of SAD, leading to negative comments and labels from family, friends, and co-workers upon disclosure of their condition. For instance, one participant discussed her frustration on how other people perceived her differently after learning about her condition and symptoms of SAD.

> P4: "…when they saw me withdrawing from that situation, and they will be think… putting me to this perspective that I'm not… not the same person anymore."

Collectivism. The participants shared that group goals took precedence over individual choices, emotional expressions were often restrained, and seeking support and guidance from management and co-workers was a common practice for preserving group solidarity.

The examples below showcase the collective mindset being practiced by the participants. Both participants reflect a tendency to seek opinions or validation from others rather than trusting in their own abilities and decisions, even at the risk of having their perspectives or emotions dismissed.

> P2: "…ask for my superiors' opinion or my co-workers' opinion on how can I improve my presentation skills."

> P4: "…when I always cried and told her, but she said she didn't want to hear anything negative, just do it and finish studies."

Belief. Most participants demonstrated societal cynicism, where they mentioned their tendencies to anticipate negative reactions from others, such as hatred, negative speech, or criticism. For example, one participant expressed that she believed other people are bound to have negative impressions of her, which caused her to distance herself from social circles and feel insecure and lonely.

> P3: "… like whenever like I thought like um… they must have talked back about me or something like she must not have any friends…"

Family system. Participants reported that they were raised under an authoritarian parenting style characterized by strict control, lack of autonomy, and strict adherence to rules with little room for justification. For this reason, one participant stated in the example below that she has acquired a fear of rejection or disapproval from others as a result of not having the freedom to express her own thoughts and constantly having to seek or obey her parents' guidance.

> P2: "My parents are struggling to accept um… things that I wanna do. Um… throughout my life, I have to do things, like um… I have to follow what they say la."

Self-concept. Participants exhibited two types of self-concept: independent and interdependent self-construals. The former was demonstrated by participants focusing on their strengths, shortcomings, and personal qualities. Since individuals with SAD tend to self-evaluate themselves, the narrative below depicts how the participant values herself by identifying with external factors while also emphasising internal traits like her learning agility.

> P1: "…I think my… my willingness to learn something new, willingness to develop my career. That's what makes me feel good about myself."

Meanwhile, the latter was also apparent as participants valued their relationships, sought ways to contribute to their identified groups, and accommodated others' needs. This can be seen from the instance below in which the participant engaged in the behaviour to benefit others as a means to seek acceptance or fit in with their social circle.

> P4: "I think I like to provide. Let's say, I have something more than this person, I would like give, be it like an assistance or yeah, just in any form."

Coping Strategies

The second research question was addressed through the identification of coping strategies used by Malaysian female working adults with SAD. The findings revealed three themes, namely maladaptive coping, emotion-focused coping, and problem-focused coping.

Maladaptive coping. The majority of the participants' immediate response when being socially anxious centered around the use of distraction as a form of maladaptive coping.

> P1: "…if everyone's sitting in a circle facing each other, I will wander around or focus on other people's clothes."

> P3: "… kind of enjoyed watching drama. For the games, if like the games is multiplayer, then I might need to like probably like only like for one hour or two."

Emotion focused coping. Participants mentioned that they either talked to other people such as family, close friends, colleagues, or support groups, or used non-human means such as social media or journaling to express their thoughts and emotions, suggesting that expressing their emotions was helpful.

> P1: "I created another IG where actually I express even the bad thoughts; I feel a lot better."

> P2: "…a sharing session with the activities going on um… with several other people from who has been diagnosed with similar… similar issues."

Problem focused coping. This type of coping was further classified into two sub-categories, namely behavioral and cognitive processing. The common practices included deep breathing, engaging in personal rituals, participation in social activities either alone or with others, and proactive planning.

> P3: "I would prepare myself of course, if it's a planned one, then I would prepare myself, because after the social situation, I need to isolate myself lah."

> P4: "The deep breathing actually slows down the… the… it calms

> you. That's why um… I don't feel that much of like anxiety."

In contrast, within the sub-category of cognitive processing, the participants reported undergoing thought analysis during therapy sessions utilizing the cognitive-behavioral therapy (CBT) and acceptance-commitment therapy (ACT) approaches. Also, the participants shared instances of performing in self-reflection and practicing reframing techniques.

> P1: "…we're going through that thought process that has been very helpful to me to analyse why I think like this."

> P2: "Not, um… I mean, by having this disorder, right? It doesn't make me any less, I'm having… I'm just having a dysregulated system and it is fine if I'm having those feelings, so yeah."

In addition to previously discussed themes, the present study revealed other noteworthy coping strategies used to manage SAD symptoms. Firstly, a few participants reported using avoidance, which can be considered as a maladaptive coping. This involved behaviors such as pretending to be busy, avoiding eye contact, and disengaging oneself from the social situations. Substance abuse was also noted as another form of maladaptive coping, with one participant mentioning a history of resorting to drugs and cigarettes as a short-term relief for their SAD symptoms, which eventually worsened due to addiction. Secondly, one participant mentioned using negative emotional processing, in which they used emotion-focused coping in a way that resulted in increased fear. They tried to control their outward emotions but were unable to stop the overflowing internal thoughts. Finally, only one participant mentioned using a combination of therapy and medication as a form of problem-focused coping to enhance the effectiveness of treatment for their SAD.

Table 1
Category, theme, and subthemes identified

Category	**Theme**	**Subtheme**
Cultural factors	Power distance	Relationship with superior
		Employee rights
	Norms	Organisational culture
		Group norms
	Attitude	Stereotype
	Collectivism	Common goals
		Minimal emotional expression
		Group support
	Belief	Societal cynicism
	Family system	Authoritarian parenting style
		Uninvolved parenting style
	Self-concept	Independent self-construal
		Interdependent self-construal
Coping strategies	Maladaptive coping	Distraction
	Emotion-focused coping	Emotional expression
	Problem-focused coping	Behavioural processing
		Cognitive processing

Discussion

The findings of the present study successfully addressed two research questions. The first research question is what are the cultural factors contributing to the development of SAD among Malaysian female working adults? Meanwhile, the second research question is what are the coping strategies used by Malaysian female working adults with SAD to manage their symptoms?

The study found that power distance was the primary factor affecting the relationship between the participants and their superiors. Power distance refers to the imbalance of authority between subordinates and superiors (Matsumoto & Juang, 2017). The participants reported that the disparity in their hierarchical positions created a significant barrier in their professional relationships with their superiors. They shared instances where their employee rights were limited, possibly due to high power distance cultures that tend to have reduced workplace communication with superiors, often marked by fear of authority (Jefferies & Ungar, 2020; Dai et al., 2022). In other words, the participants may be afraid to communicate their concerns or assert their rights due to the power distance between them and their superiors. This is because the recognition of formal situations and authorities can be attributed to the sources of social anxiety (Yli-Lantta, 2020).

Next, stereotypes are evaluative judgments about one's specific behavior or action (Matsumoto & Juang, 2017). Given the limited understanding of SAD among Malaysians, the participants felt isolated and reported that others, including family, friends, and colleagues, held stereotypical or oversimplified beliefs about their mental condition. A common issue emphasized by Hassan et al. (2018) is that the lack of mental health awareness has led to the stigma surrounding mental disorders, with many associating them with insanity or spiritual illness instead of recognizing them as real issues. Because of this, participants were hesitant to seek immediate social support when facing difficulties at work due to fear of being subjected to stereotypes (Hassan et al., 2018; Berry et al., 2019).

Aside from that, collectivism was another cultural factor found in this study, and the participants revealed that they had to accommodate their personal preferences or choices to align with the group's goals. This phenomenon could be explained by the fact that individuals from collectivist cultures prioritize group goals, which may result from collectivistic ambivalence, referring to the conflicting attitudes and beliefs they may have towards their individual goals and the goals of the group, hindering the pursuit of their individual goals (Brockveld et al., 2014; Akdogan & Cinsir, 2022). Also, the participants reported that they typically suppressed their emotions, only revealing them to those whom they relied on when necessary. This accounts for why individuals from collectivistic cultures tend to exhibit less intense emotions and socially withdrawn behaviours, even when experiencing high levels of social anxiety (Brockveld et al., 2014; Compton & Hoffman, 2020). Notwithstanding that, the participants shared that they had a strong sense of group solidarity with their co-workers, whereby they received support to achieve optimal workplace performance. Henceforth, Albert et al. (2022) supported that when a group focuses on being strong and united within themselves, it helps them work better with in-groups.

Moreover, belief can be defined as the perception of what is considered true about oneself and one's surroundings (Matsumoto & Juang, 2017). For instance, societal cynicism, which entails the inclination to

view others from a negative perspective (Matsumoto & Juang, 2017). The participants revealed having maladaptive views of others and constantly dreading the thought of how others would view them as individuals with SAD. However, these are only their personal opinions which may or may not be accurate and could stem from their altered and intense fear of social relationships. As the cognitions of those with SAD are frequently distorted, it leads in a number of repercussions, including a mental filter, overgeneralization, and personalization of particular life experiences, particularly among women (Kuru et al., 2018; Younas et al., 2021).

Additionally, family plays an essential role in an individual's life and can influence the development of SAD symptoms (Wong & Rapee, 2016; Yu et al., 2019). Participants shared their experiences of being raised under authoritarian and uninvolved parenting styles, which is consistent with Shoroush's (2021) findings that these parenting styles are more prevalent among individuals with social anxiety. Authoritarian parenting, characterized by excessive parental control, can impede a child's independence and skill development, while uninvolved parenting can lead to insecurity (Shoroush, 2021). Thus, these findings become evident when the child is exposed to fearful situations (Shoroush, 2021). However, some participants also noted that their parents were especially strict in certain aspects of their life, such as education, which suggests that high parental demands, rather than parenting styles, are related to social anxiety in the Malaysian context (Cong et al., 2020).

Finally, SAD is closely associated with self-concept or an individual's beliefs and attributes about themselves and others (Matsumoto & Juang, 2017). The participants revealed that they had a stronger identification with independent self-construal, particularly with regard to their work performance and self-esteem. Independent self-construal pertains to events that are within the participants' control, as demonstrated by Suryaningrum (2018) in individuals with SAD who displayed independent self-construal when performance was their desired outcome. However, the participants also exhibited interdependent self-construal, particularly when they perceived themselves as part of a group, since they are conscious of other people in social situations (Vriends et al., 2019). Furthermore, the participants mentioned that they exhibited more interdependent self-construal when they received recognition or felt comfortable with other in-group members, such as colleagues with whom they had built familial-like relationships (Wang et al., 2020).

Among the strategies that participants used to address their SAD symptoms was through the use of maladaptive coping, specifically distraction. Participants engaged in various forms of distraction as a means of detaching themselves from experiencing SAD symptoms. Although previous research has not specifically warrant distraction as a coping strategy, it can be considered a form of avoidance coping, which involves shifting the emotional reactions away from attention (Compton and Hoffman, 2020; Waugh et al., 2020). Participants reported that after engaging in entertaining or meaningful activities that served as distractions, they felt reduced anxiety and increased contentment. This suggests that positive distraction can lead to positive emotions, whereas not every disengagement coping, such as distraction, are inherently maladaptive (Waugh et al., 2020).

Besides, another coping strategy employed by the participants is emotion-focused coping. The participants reported feeling reassured after expressing their emotions to themselves or sharing their concerns with others. This supports Lazarus and Folkman's (1984) findings, cited in Compton and Hoffman (2020), in which

emotion-focused coping is beneficial in addressing emotional issues as it involves active confrontation to the emotions in order to gain control of them. Corresponding to this, Spekman et al. (2018) found that the use of emotion-focused coping reinforces to the production of positive perceptions. Simply put, individuals have positive views of others if their emotions are well-regulated. This explains the participants' positive feelings towards others (i.e., other people are not judgmental) after expressing their emotions.

Last but not least, the most commonly used coping strategy among Malaysian female working adults is problem-focused coping. The participants reported that using problem-focused coping was highly effective in helping them manage their fear of social situations and its consequence symptoms. This is consistent with Tamannaeifar and Sanatkarfar's (2017) conclusion that problem-focused coping is linked to lower levels of social anxiety. In addition, the participants recognized that they had control over their problems and took proactive steps (i.e., attending therapy, deep breathing, planning, etc.) to address their symptoms. In past literature, Derogatis and Unger (2010) as cited in Pourmohamadreza-Tajrishi et al. (2015) and Ding et al. (2021) indicated that individuals took a shift of their locus of control from external to internal when applying problem-focused coping, given that the problem is within their control. Another instance was observed where the participants reported that they felt increased self-appreciation and appreciation towards others, recognizing that having SAD does not diminish their worth as individuals. This could possibly be due to mediating role of self-esteem in the relationship between problem-focused coping and depression (Cong et al., 2019).

Several limitations have been identified in this study. First, the sample size was relatively small as it did not meet the minimum number of 5 participants after one participant withdrew from the study. Alternatively, future studies should expand the coverage of psychological centres from different states aside from Kuala Lumpur and Selangor. Second, there was no variation in the participants' cultural background. Malaysia being a multiracial nation, the cultural environment is diversified and complex. For this reason, the findings and inferences about the cultural factors that contribute to SAD and the coping strategies employed by the participants in this study may have less relevancy to other cultural groups, such as Indian or Chinese, as the sample in this study only consisted of Malays. To mitigate this, future studies should specify the research criteria in greater detail. For example, specifying the races to be included in the study, ensuring the presence of at least one participant from each race, and limiting the number of participants from each race. This will ensure that the findings are relevant and representative of different cultures because other races might have varying perceptions on the extent of what constitutes culture and the coping strategies being practiced.

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