

## Social Anxiety as a Significant Predictor of Adjustment Problems in Adolescent Students

Dr. Zaqia Bano<sup>1</sup>, Dr. Riaz Ahmad<sup>2</sup>

<sup>1</sup>Associate Professor, Chairperson, Department of Psychology, University of Gujrat, Sialkot Sub-Campus, Pakistan

<sup>2</sup>Associate Professor, Director, Institute of Clinical Psychology, University of Karachi, Pakistan

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### ABSTRACT

The purpose of the study was to explore that social anxiety is a significant predictor of adjustment problems such as self-concept, emotional distress, antisocial behavior, and anger control problem, in adolescent students. The 500 (250 males & 250 females) adolescent students between age ranges 12 to 19 years were assessed. The regression analysis was applied to analyze hypotheses which indicate social anxiety would be a significant predictor of adjustment problems, self-concept, emotional distress, antisocial behavior and anger control problems in adolescents. Results reflect significant predictive relationship of social anxiety with adjustment problems ( $R = .402$ ;  $F(1, 498) = 96.250$ ,  $p < .001$ ;  $R^2 = .162$ ], with self-concept ( $r = .327$ ;  $F(1, 498) = 59.660$ ,  $R^2 = .107$ ,  $p < .01$ ), with emotional distress ( $r = .496$ ;  $F(1, 498) = 162.208$ ;  $R^2 = .246$ ,  $p < .001$ ), with antisocial behavior ( $r = .202$ ;  $F(1, 498) = 21.224$ ;  $R^2 = .041$ ,  $p < .001$ ), and with anger control problem ( $r = .187$ ;  $F(1, 498) = 17.966$ ;  $R^2 = .035$ ,  $p < .001$ ).

**KEY WORDS:** Social anxiety, adjustment problems, adolescent students

### 1. INTRODUCTION

Anxiety and fear are considered as general and enduring features of the human condition because human beings have an inherent tendency to be fearful, apprehensive and anxious (Passer & Smith, 2001). It is natural that an unfamiliar or challenging situation creates feelings of anxiety or uneasiness such as, a major class presentation or an important test can trigger normal anxiety. However, fear has a specific focus; typically, it is episodic and recedes or ceases when the danger is removed from the person, or the person from the danger. In this sense, fears are controlled and are determined by the perceived event or stimulus. The perceived source of the danger might be accurately or inaccurately identified, or correctly identified but wrongly evaluated. Fears might be rational or irrational but it is an intense emotion and mostly irrational fears are termed as phobias.

Diagnostic and Statistical Manual of Mental Disorders-fifth edition (APA, 2013) classifies anxiety disorders into various types (i.e. separation anxiety disorder, social anxiety disorder, panic disorder and generalized anxiety disorder) on the basis of its manifestation and symptomatology. Social anxiety disorder has been positioned as one of the top ten chronic mental or physical disorders (Alonso et al., 2004). Social anxiety can be manifested in a variety of forms, for example it can appear as a reluctance or inability to speak, write or eat in public, stage fright, excessive blushing, sweating or trembling in front of others. Leary (1991) describes social anxiety as a comprehensive phenomenon that covers different aspects of life like “shyness, fear of negative evaluation, social distress, reticence and avoidance, audience anxiety. Communication and embarrassment”. The fear in individuals who experience any level of social anxiety derives from the potential to be embarrassed by negative evaluations of others in a social situation (Mash & Wolfe, 2007).

Various studies have reported a life time prevalence ranging from 3-13 percent of social phobia (Sadock & Sadock, 1999). Literature suggests that anxiety disorders are among the most prevalent psychological problems affecting children and adolescents (Beidel, Turner, & Morris, 2000; Costello, Egger, Copeland, Erkanli, & Angold, 2011). Although there are many anxiety disorders that vary to each other in their types, situation or object and cognitive ideation; the main focus of current study was to investigate the consequences of social anxiety among adolescent students in Pakistan.

Social phobia or Social anxiety disorder is a serious or disabling mental health problem (Magee et

\* **Corresponding Author:** Dr. Zaqia Bano, Associate Professor, Chairperson, Department of Psychology, University of Gujrat, Sialkot Sub-Campus, Pakistan. [zaqia.bano@uogsialkot.edu.pk](mailto:zaqia.bano@uogsialkot.edu.pk)

al., 1996; Furmark, 2002) which has a chronic course with beginning usually before or during adolescence. It is associated with significant impairment in social and occupational functioning, and reduced quality of life (Furmark, 2002). Fundamentally, social anxiety is characterized by a fear of others being around, mostly when situations demand some exposure or any type of performance in front of others. Studies have shown that social phobia is the third most common mental health problem following major depression and alcohol dependence or abuse (Kessler et al., 1994; Furmark, 2002) and is most prevalent in young adults (Schneier, et al., 1992; Magee et al., 1996; Furmark, 2002). One epidemiological study on social phobia reported that adolescence is measured to be a fundamental period for initiation of social anxiety (Davidson, Hughes, George & Blazer, 1993). Early manifestation of phobia is frequently evident between the age range of 12 to 15 years and it usually influences 3 to 5% of adolescents.

Adolescence is a time of emotional burden, academic achievements and social bonding but due to social anxiety they suffer a lot of pressure and are unable to fulfill timely demands in all areas of functioning. Further social anxiety in this age appears in pathological form characterized by rigorous concerns over disgrace, mortification, and negative emotional consequences of fear of negative appraisal by peers. During this era social anxiety disorder is frequently related with mutism, school refusal, behavioral inhibition, embarrassment and extreme shyness. These problems lead to severe impairment in social, academic and occupational functioning (Davidson, Hughes, George, & Blazer, 1993; Schneier et al., 1994; Schneier, Johnson, Horing, Liebowitz, & Weissman, 1992; Stein, Torgrud, & Walker, 2000; Stein, Walker & Forde, 1996). According to the World Health Organization (WHO), adolescent population (10-19 years) is almost 20% of the world population and 85% live in the world's resource-constrained low- and lower-middle income countries. Therefore it would be important to explore the morbidity of social anxiety disorder in adolescents because onset of social anxiety disorder during childhood or adolescence leads to significant impairment in almost all domains of functioning. Results of a meta-analysis reveals that social anxiety rate in childhood ranging from 6 to 12 years is lower as compared to in 12 to 19 years old adolescents (Costello et al., 2011; Beidel, Turner, & Morris, 1999).

Social anxiety is thus appears as one of the most prevalent psychiatric disorders, functionally impairing and co-occurring with other debilitating and devastating forms of psychopathology among children and adolescents (Wittchen, Stein, & Kessler, 1999), and may lead to problems in their overall adjustment level.

Rathus and Nevid (1992) have defined adjustment mechanisms as processes that people use to respond to environmental demands. Successful adjustment is described as a mechanism through which people can regulate behavior, fulfill their needs to achieve favorable outcomes and attaining successful solutions to the problems. They interpret their experiences which help them perceiving the way out to the problems and thus minimize chances of over aroused emotions. A person's way of countering the environmental forces usually reflects his adjustment level; when he copes up with them effectively he is considered a well adjusted person and when he lacks efficient use of those coping mechanisms he is at a greater risk for maladjustment.

Numerous researches have found that poor performance and maladaptive functioning of adolescents leads to, emotional distress and frequently socially anxious in young adulthood experience depression, anxiety and worry and other chronic conditions (Davidson, Hughes, George, & Blazer, 1993; Morris, 2001). Due to lack of confidence, difficulties in social interaction and poor social skills adolescents also experience difficulties in social acceptance and as an outcome leads to, declines in self-esteem (Miller, 2003). Adolescents with high level of social anxiety also fail to maintain their peer relationships, are less involved with friends, have feelings of less competence and face emotional adjustment problems (La Greca & Lopez, 1998; Prinstein, burgers, & Venberg, 2001). Adjustment is a process that an individual uses to respond to environmental factors (Ahmad & Shahzad, 2011). Anxiety may interfere with learning during childhood and adolescence which may result in children achieving less, with drawing from others more and feeling very unhappy (Gleason, Jensen-Campbell, & Ickes, 2009). These outcomes can further perpetuate the likelihood of developing adjustment problems due to overwhelming evidence that anxiety and social anxiety are related to different types of social interaction difficulties (Gleason, Jensen-Campbell, & Ickes, 2009; Greco & Morris, 2005; Schneider, 2009). Theorists also suggest that social withdrawal in youth tends to cause problems with the normal development of peer relationships across adolescence (Connolly & Goldberg, 1999). On other hand researchers also found relationships of peer rejection with psychosocial adjustment and suggested that rejection experience may

also leads to high level of social anxiety in adolescents (Venberg, Ahwender, Ewell. & Beery, 1992).

In Pakistan this problem require immediate attention as World Population Foundation (2009-2012) has reported that Pakistan is the 6 most populous country in the world and currently has the largest group of young people (children and adolescents belongs to the age group of 10-24 years) with nearly 54.2 million individuals i.e. 34 of its total population. Pakistani society is experiencing a demographic transition, along with growing insecurity, terrorism, economical problems, political vagueness, unemployment and disturbance of the social structure. According to Gonzales et al. (2001) and Seidman et al. (1994), adolescents in disadvantaged communities are at high risk for exposure to multiple stressors, some of which are crime and victimization, family poverty, family conflict, deviant peers and school with inadequate resources. Consequently, the association of mental disorder with the social and environmental factors cannot be ignored and needs to be evaluated.

## 2.METHODOLOGY

The sample employed in the study was 500 adolescent (250 male & 250 females) between the age ranges of 12-19 years with mean age 15.65 were collected from different schools and colleges of Karachi, Pakistan. Data was recruited through systematic random sampling technique.

Inclusion criteria included those participants who were regular students, Pakistani nationals, having both parents alive/living together. Physically disable adolescents were excluded in from the study. Demographic information form adolescents was filled. Pakistani version of Social Anxiety Scale for adolescents (SAS-A; Bano & Ahmad, 2014) originally developed by (La Greca, 1999) and Reynolds Adolescent Adjustment Screening Inventory (Reynolds, 2001) were used in this study.

## 3.RESULTS

### 3.1. Table 1

*Descriptive Statistics of Demographic Variables*

Variables	Frequency	%
<b>Gender</b>		
Male	250	50
Females	250	50
<b>Age</b>		
12 years	51	10.2
13 years	51	10.2
14 years	61	12.2
15 years	88	17.6
16 years	67	13.4
17 years	49	9.8
18 years	55	11.0
19 years	78	15.6
<b>Mean Age for total sample</b>	15.65	
<b>Education</b>		
7 <sup>th</sup> grade	39	7.8
8 <sup>th</sup> grade	74	14.8
9 <sup>th</sup> grade	58	11.6
10 <sup>th</sup> grade	140	28.0
11 <sup>th</sup> grade	20	4.00
12 <sup>th</sup> grade	77	15.4
13 <sup>th</sup> grade	90	18.0
14 <sup>th</sup> grade	2	0.4
<b>Income Group</b>		
Low	31	6.2
Middle	168	33.6
High	301	60.2
<b>Family Structure</b>		
Joint	219	43.8
Nuclear	281	56.2

**3.2. Table 2**  
**Summary of Regression Analysis with Social Anxiety as Predictor of Adjustment Problems, Positive-self, Emotional Distress, Antisocial Behavior and Anger Control Problems in Adolescent Students**

	R	R Square	Adjusted R Square	F	P
Social Anxiety	.402	.162	.160	92.250	.000
Adjustment Problems					
Social Anxiety	.327	.107	.105	59.660	.000
Positive-self					
Social Anxiety	.311	.097	.095	53.461	.000
Emotional Distress					
Social Anxiety	.202	.041	104	21.224	.000
Antisocial Behavior					
Social Anxiety	.187	.035	.033	17.966	.000
Anger Control Problem					

*Note.*  $P < 0.01$ , Table shows Social anxiety as a significant predictor of Adjustment Problems, positive self, emotional distress, antisocial behavior and anger control problems in adolescent students.

**4. Conclusion.** In recent years, Pakistani youth is feeling an increased number of disturbances like family breakdown, divorce, ethnic conflicts, economical problems, violence, crime, drug abuse, terrorism and sectarianism in Pakistan. These problems have resulting in mental health problems and prominently the social anxiety which has been reached at an alarming situation. Social anxiety leaves a damaging effect to the psychological health of the adolescents and enhances psychological adjustment problems. Recent research is indicative of the difficulty adolescents encounter when experiencing social anxiety. Having fears and anxieties in life, a person expected to go through a challenging time i.e. adolescence and meeting a number of developmental challenges, soon find himself alienated due to psychological and adjustment problems. This time is crucial as during this phase of life a person is developing his social network, deciding about his career, trying to be autonomous making personal relationship relying more on friends than family. Social anxiety hinders in all these processes and affect a person's self-esteem, influencing the belief on his ability for successful compliance of goals, and leaving him doubting self to be worthy of importance and love by others. Low self-concept is a way to later on a number of psychological problems. Developing a not favourable sense of self thus may spoil the way a successful person can shape his tomorrow. This resulting emotional distress and relationship problems characterized by anger control problems and antisocial behavior further makes it difficult to cope with the problems of the developmental period of adolescence effectively.

**5. Implications.** The current finding brings to light that social anxiety has a unique role as a risk factor in the development of antisocial behavior in adolescents. This alarming prediction may be useful in future researches exploring the etiology and increasing level of the association of social anxiety disorder and antisocial behavior in young adults.

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