

Social Anxiety Disorder among Adolescents and Adults: A Study in Tripura

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ABSTRACT

Social Anxiety Disorder (SAD) is a heterogeneous and distressing problem for many children and youth. Social anxiety disorder is the third most common mental health disorder after depression. It is a persistent fear of situations where a person is exposed to a possibility of being under evaluation. SAD typically starts during adolescence or certainly by early adulthood (Butcher *et al.*, 2014) and is somewhat more common among female than male. People with this disorder typically avoid social, educational, and occupational situations that are perceived as threatening to them. The cause of social anxiety disorder is often complex, involving both genetic and environmental factors. The aim of the present study was to find out the prevalence of social anxiety disorder among adolescents and adults in Tripura. The study was carried on two groups (n=30 for adolescents and n=60 for adults). The Social Phobia Inventory (SPIN) was used for this purpose. Findings show that adolescents in this study have moderate social phobia where as adults have mild social phobia. There were significant differences (t= 3.60) between adolescents' and adults' self-reported social anxiety at .01 level. Now in terms of gender, although the mean of social phobia scores were slightly high among female than male, the differences were not statistically significant. The study also reveals that adult unemployed females are significantly different than that of employed adult females in respect of severity of social phobia ($\chi^2=13.85$). It is suggested that collaboration between mental health agencies and school/higher education institutions in order to raise students and staff awareness of social anxiety disorder is needed.

Key Words : Social Anxiety Disorder, fear, gender, Cognitive Behaviour Therapy

INTRODUCTION

Social anxiety disorder (SAD) is the third most common mental health disorder after depression (Leigh and Clark, 2018). Speaking in front of public is generally not a favorite activity for most of the people. In fact, many people are fear of public speaking or at least want to avoid it. Intense fear of public speaking is the most common type of social phobia (SP) or social anxiety disorder. Feeling uncomfortable in participating in everyday social situations is a result of extreme feelings of shyness and self-consciousness that build into a powerful fear. Social phobia is a strong fear of being judged by others and of being embarrassed (Prabu, 2015). People with this disorder typically avoid social,

educational, and occupational situations that are perceived as threatening to them. Not surprisingly, social anxiety disorder is associated with low self-esteem, suicidal ideation, lower education and socio-economic status, unemployment, financial dependency, and being single (Iverach and Rapee, 2014). SAD typically starts during adolescence or certainly by early adulthood (Butcher *et al.*, 2014) and is somewhat more common among female than male. Among previous studies, epidemiological studies have shown that SAD is 1.1 to 2.6 times more frequent in females, in clinical samples the relationship between genders is reported being close to 1.06 (Dell'osso *et al.*, 2015). Nearly two-thirds of people with this disorder suffer from one or more additional anxiety disorder and about 50 per cent also

suffer from a depressive disorder (Butcher *et al.*, 2013). Despite the wide prevalence of social phobia, it has been found that people with social phobia often do not seek treatment. This leads to impairment on daily activities, significant disability in work functioning, family and social life, affecting academic performance, social and interpersonal domain of an individual and results in poor quality of life (Harikrishnan *et al.*, 2016).

Age as a predisposing factor:

Social phobia varies in its development and initial presentation. In some young people, the disorder grows out of a long-term history of shyness or social inhibition. In others, social phobia becomes apparent following a move to a new school or similar developmental challenge. In adults, circumscribed social phobia may be associated with a change of occupation or job promotion. The onset of social phobia may be insidious, which means that it gets worse by slow degrees. According to Mekuria *et al.* (2017), the prevalence of social phobia among school adolescents varied from country to country. For instance, in high-income countries, the magnitude ranges from 3.5% to 21%. Even though there is scarcity of evidence in developing countries, the available literatures suggested that social phobia is higher, which ranges from 10.3% to 27%. The mean age of onset for social phobia occurs between early and late adolescence, although reports suggest it can begin as early as 7 or 8 years of age (Chavira and Stein, 2005). But adolescents seem to have higher rates of SAD than younger age groups, although slightly less than adults (Christina and Louis, 2008). Negative experiences in childhood increase the risk of the development of SAD. The influence of education and family background is still considered to be unclear (Uzonwanne, 2014).

Gender differences in social phobia:

Although social phobia affects both sexes (Akram *et al.*, 2016) but more girls are diagnosed with social phobia than boys. Various studies have shown the differences in behaviour and environmental stimuli for girls and boys with social phobia. Girls with social phobia or generalized anxiety disorder have different behavioural characteristics than boys. Gender is also associated with different environmental factors in individuals with social phobia. Specifically, social phobia in girls is associated with parental conflicts, childhood physical abuse, maternal mania and failure to complete high school. In contrast,

social phobia in boys is linked with the absence of a parent or adult confidant. It appears that girls are more likely to develop social phobia than boys because there are many more risk factors for girls, which increase their vulnerability to the disorder. Specifically, gender differences in middle childhood are likely due to cultural expectations, such that the inhibited behaviours that characterize social phobia are more tolerated in girls than boys. As a result, these cultural expectations increase the risk of developing social phobia for girls. The interplay between the gender, socialization and the shaping of a child's reaction to stressors appears to impact the development of social phobia.

In view of the preceding theoretical discussion, a research need has been envisaged to study the SAD among the sample of adolescents and adults in Gomati district, Tripura with the following objectives:

- (a) To find out the prevalence of social anxiety disorder among adolescents and adults.
- (b) To study the gender difference in social anxiety disorder among the sample of adults.
- (c) To know the severity between the social phobia scores of unemployed and employed adult females.

METHODOLOGY

Data were taken after narrating the objective of the study and verbal consent was also taken from all the respondents.

Sample:

A sample of 30 adolescents (13-18 years) and 60 adults (25-35 years) of Gomati District, Tripura was included in this study through random sampling. Again, there were 30 males and 30 females among adults. In the sample of adult females there are two types. One are those (N=12) who are employed in private sector and others (N= 18) are those who are house wife. The adolescents in this study are school going children (Class VII-XII).

Tool:

The Social Phobia Inventory (SPIN) is copyright Jonathan Davidson © 1995, 2008, 2013. It is developed for screening and measuring severity of social anxiety disorder. This self-reported assessment scale consists of 17 items, which covers the main spectrum of social phobia such as fear, avoidance, and physiological symptoms. The statements of the SPIN items indicate the particular signs

of social phobia. Answering the statements a person should indicate how much each statement applies to him or her. Furthermore, social phobia were categorized in five levels by using cut off score *viz.*, none, mild, moderate, severe and very severe. The correlation coefficient of this scale was 0.78 ($P=0.0001$). The Bengali version of the scale, adapted by the authors, was used. The reliability and validity co-efficient of the local adaptation was .80 and .76, respectively.

Hypothesis:

The following hypotheses are formulated.

- 1) Social anxiety disorder of adolescents does not differ significantly from adults.
- 2) Social anxiety disorder of male does not differ significantly from females.
- 3) The severity of social anxiety disorder of adult unemployed females does not differ significantly from employed females.

RESULTS AND DISCUSSION

The results are given in the following Tables 1 and 2. The employment status was gathered from the adult females only.

The Table 1 shows the Mean, SD and t-value of score of social phobia. All the mean of the variables shows that there is a prevalence of social phobia among all the sample as the mean scores are above 20 (as per scoring technique of SPIN less than 20 is considered as no social phobia). Result shows that the mean scores of social phobia among adolescents was 35.7 (SD= 5.57) and 28.3 (SD= 10.8) for adults. In other words as per scoring

technique adolescents in this study have moderate social phobia where as adults have mild social phobia. The findings show that there were significant differences ($t= 3.60$) between adolescents’ and adults’ self-reported social anxiety at .01 level. Now in terms of gender, although the mean of social phobia scores were slightly high among female than male, the differences were not statistically significant.

Hence, the findings suggest that the first hypothesis of the study is rejected where as the second one is accepted (Table 1).

Table 2 shows the Chi-square (χ^2) value between the social phobia scores of unemployed and employed adult females. The result reveals that majority (43.3%) of the respondents have mild social anxiety disorder whereas 16.7% of the respondents are free from that disorder. The level of social phobia was studied in 5 categories as SPIN permits- normal, mild, moderate, severe and very severe. The χ^2 in social phobia scores was significant at .01 level. This indicates that adult unemployed females are significantly different than that of employed adult females in respect of severity of social phobia, although the mean score of females shows that the adult females in this study have social phobia (Table 1). Therefore the third hypothesis taken in this study is rejected.

Discussions:

Major part of the lives of children and adolescents are spent in school environment and many adolescents can experience anxiety in school setting. In the present study it is found that the adolescents have moderate (Mean=35.7) social phobia and adults have mild social

Variables	Mean	SD	df	t-value
Adolescents (N=30)	35.7	5.57	88	3.60*
Adults(N=60)	28.3	10.8		
Male (N=30)	27.9	12.2	58	0.26 (Insignificant)
Female(N=30)	28.6	09.3		

Social Phobia	Unemployed (N=18)	Employed (N=12)	Total (N=30)	χ^2	Significant level
Normal	01	04	05 (16.7%)	13.85	at .01 level
Mild	05	08	13 (43.3%)		
Moderate	08	00	08 (26.7%)		
Severe	04	00	04 (13.3%)		
Very Severe	00	00	00 (0.0%)		

phobia (Mean=28.3). The findings show that there were significant differences ($t= 3.60$) between adolescents' and adults' self-reported social anxiety at .01 level. Several findings have constantly indicated that most of the individuals with social anxiety report onset before 18 years. The apparent onset of social anxiety in late childhood or early adolescence may be due to increases in life interference caused by social interaction at this developmental stage. Other studies have identified multiple factors that influence the increase in SAD in adolescence, such as the maturation of cognitive abilities, greater capacity for empathy, the growing importance of peer relations and the emergence of greater demands at school, with the consequent increase in fear of academic performance assessment (Rao *et al.*, 2007).

The present study did not find significant gender difference in social phobia ($t=0.26$). This finding corroborated with the previous study where no gender differences have found in the history of social phobia and its type (Turk *et al.*, 1998; Harikrishnan *et al.*, 2016), though findings of various other studies have reported gender difference in social phobia. The reason behind no gender differences in social phobia in the present study may be due to the gender equality prevailing in Tripura. The sex ratio has increased by 13 points in the State and reached to 961 as per census 2011 and the female literacy rate is 82.73%. The women of North-eastern states enjoy greater freedom and respect compared with other states of India.

The findings of the present study also show that adult unemployed females are significantly different than that of employed adult females in respect of severity of social phobia ($\chi^2= 13.85$) at .01 level. Lack of work experience is associated with social anxiety. A recent longitudinal study examined unemployment rates and work impairments among primary care patients. Those with social anxiety disorder were over two times more likely to be unemployed than patients without social anxiety disorder, and they had higher rates of unemployment and greater work impairments than those with other anxiety disorders or depression (Himle *et al.*, 2014).

Conclusion:

The study shows that there is a prevalence of social phobias among adolescents and adults in Gomati District, Tripura. There is no gender difference in prevalence of social phobia among adults. The study also reveals that

the unemployed females differ significantly from employed females in respect of social anxiety disorder.

Early detection and appropriate intervention needs to be done among the students as they are the most vulnerable and most malleable. The treatment for this phobia involves constructing a hierarchy of feared situations (from least to most feared) and encouraging the person to repeatedly expose themselves to the situations. Except these another psychological intervention is CBT (Cognitive Behaviour Therapy) which includes some training in relaxation techniques and/or social and conversational skills training. Recently, research studies have identified several processes that appear to maintain social anxiety in addition to avoidance behaviour. These include self-focused attention, distorted self-imagery and the adverse effects of safety-seeking behaviours, including the way they change other people's behaviour. In addition, the paper calls for the collaboration between mental health agencies and school/higher education institutions in order to raise students and staff awareness of social anxiety disorder.

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