

## **Social Anxiety as a Predictor of Adjustment Problems in Female Students during Adolescence**

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The present study was conducted to explore the predictive relationship of social anxiety with adjustment problems among female students of Karachi, Pakistan, between age ranges of 12-19 years. Thus it was hypothesized that social anxiety will predict adjustment problems in female adolescents. 250 students were assessed through Pakistani versions of Social anxiety Scale –Adolescents (SAS-A; Ahmad & Bano, 2013) originally developed by La Greca and Lopez in 1998 and Reynolds Adolescent Adjustment Screening Inventory (RAASI; Ahmad, Khanam & Riaz, 2008) originally developed by (Reynolds, 2001).

*Keywords:* Social anxiety, adjustment, adolescence, students.

The results of this study report that social anxiety predicts adjustment problems in female adolescents [ $R^2 = .174$ ;  $F(1, 248) = 52.129$ ,  $p < .001$ ].

Anxiety is a mood state that frequently occurs in situations that are apparent as inescapable and uncontrollable without any specific stimulation. According to Barlow (2002), anxiety is a frame of mind or mood condition in which an individual has a future apprehension and is not ready and prepared to face the negative events. 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 anxiety. The fear might be rational or irrational. Intense but irrational fears are termed as phobias.

Anxiety in social situations is felt when an individual expects being evaluated by others in a critical or negative way. Doubts for making a favorable impression, in real or imagined social situations, produce anxiety which results in feelings of apprehension and self-consciousness or distress (Schlenker & Leary, 1982). Social anxiety occurs when one believes that perception of others about them is different from their perception about themselves (Loudin, Alexandra & Sheri, 2003). There are two subtypes of social anxiety disorder, e.g., generalized and non-generalized type. In generalized type, an individual fears a multitude of social and performance situations and this form is considered as the most disabling form (Lepine & Pelissolo, 2000; Wittchen & Fehm, 2001). In non-generalized type, an individual fears two or three situations only (Westenberg, 1999) but avoidance of the feared social situation(s) is a common coping strategy in both subtypes (Wittchen & Fehm, 2001).

Anxiety disorders are one of the most common disorders affecting children and adolescents (Beidel, Turner & Morris, 2000; Vasey & Dadds, 2001) and social anxiety or phobia is considered as the most prevalent problem (Albano, Dibartolo, Heimberg & Barlow, 1995; Wittchen, Stein & Kessler, 1999) among them. The adolescence age group has been described as a period of marked risk for various mental health and behavioral problems (Greig, 2003; Mental Health Foundation, 1999). Adolescent psychopathology has been viewed as a disruption or breakdown in normal development (Blos, 1970; Lamb, 1978; Weisberg, 1979). Adolescents with social anxiety disorder have deprived social networks, poor performance in school life and

working environment, and show poor social skills (Albano, 1995) and experience troubles in peer relationships (La Greca & Lopez, 1998; Vernberg, Abwender, Ewell & Beery, 1992). These outcomes can further perpetuate the likelihood of developing adjustment problems due to the 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).

Research studies also suggest that mental health and adjustment are related to one another. Adjustment is regarded as the person's level of psychological adaptation, settlement in his or her environment. It is an individual's response to the physical, psychological and social strains of the self, other people and the environment (Reynolds, 2001). Adjustment and other psycho-social factors have been found to be related to the mental health status of the students (Abraham, 1985). The results of the study conducted by Bharadwaj and Helode (2006) revealed that emotionally stable adolescents were better in school adjustment. Few studies also showed gender differences in adjustment among adolescents. As Leelavathi (1987) in her study found that males had good social and total adjustment than females and age was associated with emotional adjustment. Thirugnanasambadam (1990) also reported that boys were better adjusted than girl students of 9th grade. Similarly Dutta, Baratha and Goswami (1997) reported boys to be better adjusted than girls in the areas of health adjustment.

Social anxiety is the most frequent among other anxiety disorders (Westenberg, 1999), it is the third most common psychiatric disorder (Ham, Hope, White, & Rivers, 2002) with lifetime prevalence in the general population and affects females twice as much as males (Lepine & Pelissolo, 2000; Lydiard, 2001). Few other recent studies also suggest that girls have higher levels of anxiety (e.g., Mash & Wolfe, 2007; Schneider & Tessier, 2007) and social anxiety (Puklek & Vidmar, 2000; Davidson, Hughes, George & Blazer, 1993) than boys. In one research Mash and Wolfe (2007), concluded, girls appear to be more worried about being socially competent and to "attach a greater importance to interpersonal relationships" than do boys. Evidences from various societies showed that being a female consistently emerges as a risk factor for the development of social anxiety disorders.

Review of literature highlights that the social withdrawal, isolation, lack of confidence, feeling of rejection and fear of negative evaluation related to social anxiety plays a significant role in developing various psychological and adjustment problems especially in female

adolescents. Therefore, association of Social Anxiety or Phobia with the adjustment problems among girls in Pakistan cannot be ignored and needs to be evaluated.

Therefore, the present study aimed to investigate the predictive relationship between social anxiety and adjustment problems in female students of age 12-19 years in Pakistan.

## **Method**

### **Participants**

Participants of this study comprised of 250 female students recruited randomly from various schools and colleges of Karachi, Pakistan. The participants include female students between age ranges of 12-19 years with an average of 15.63 years. Participants were further categorized in three groups, early adolescents 81 (32.4%), middle adolescents 67(26.8%) and late 102 (40.8%) adolescence.

### **Measures**

The **Social Anxiety Scale for Adolescents (SAS-A)** developed by La Greca and Lopez in 1998 is a self-report scale which consists of 18 items and each item answered on a five point Likert rating scale. The scores above 50 indicate significant social anxiety and 36 or below show low social anxiety in adolescents. Previous validity and reliability studies on the original version of SAS-A developed by La Greca and Lopez (1998) have shown that the three sub scales i.e. Fear of Negative Evaluation (FNE) which reveals concerns, worries and fears of negative evaluation of others, it contains eight items, has internal consistency (.91) and test-retest reliability (.78), second subscale is General Social Avoidance and distress (SADG) comprised of six items, has internal consistency (.76) and test retest reliability(.54) and third factor is Social avoidance and Distress in New Situations (SADN) consisted of four items has internal consistency (.83) and test retest reliability (.72) . Confirmatory factor analysis reveals that Goodness-of-Fit index is equal to .91. An average standardized residual of .048 and chi square =341. 4 at .01 alpha level. The Pakistani version of SAS-A (Ahmad & Bano, 2013) also demonstrated good psychometric properties with high levels of internal consistency (.872), test retest reliability (0.887) and split half (.817) at 0.01 level of significance. Exploratory and Confirmatory Factor Analysis (CFA) supported the original 3-factor structure of Social Anxiety Scale-Adolescents.

**Reynolds Adolescent Adjustment Screening Inventory** (RAASI; Reynolds, 2001) is a 32 items self-report, screening measure of psychological adjustment problems in adolescents between age ranges of 12 to 19 years. The RAASI renders an Adjustment Total and four factorially derived scales (Antisocial Behavior, Anger Control, Emotional Distress, and Positive Self) whose scores provide greater specificity into the nature of an adolescent's psychological adjustment problems. Using a 3-point response format, items require respondents to endorse the response that best describes how they have been feeling over the past 6 months. For the purpose of current study total adjustment scores on RAASI were computed. It may be noted that the higher scores on sub scales and adjustment total of the inventory indicate greater problem in this area. RAASI has high internal consistency (.92), two weeks test retest reliability (.89) for total developmental sample. High internal consistency coefficients were found for RAASI subscales ranging from (.71-.88) and test retest reliability coefficients ranging from (.83-.86). The Pakistani version of RAASI (Ahmad, Khanam & Riaz, 2008) also demonstrated good psychometric properties with high levels of internal consistency (.80) and test retest reliability (.87) at 0.01 level of significance.

### **Procedure**

The sample was collected from different educational institutions (schools and colleges) from Karachi, Pakistan. Consent from the authorities of different schools and colleges selected for data collection, was taken. Participants were approached through the assistance of teaching staff during school/college timings. First the researcher filled in the demographic form individually which includes personal, academic and family related information of the participants and then the Urdu versions of Social Anxiety Scale for Adolescents and Reynolds Adolescent Adjustment Screening Inventory were administered in groups of maximum 20 participants at a time.

### **Result**

Table 1

*Summary of Regression Analysis with Social Anxiety as Predictor of Adjustment Problems in Female Adolescents*

<i>Variables</i>	<i>N</i>	<i>R</i>	<i>R Square</i>	<i>Adjusted R<sup>2</sup></i>	<i>F</i>	<i>P</i>
Social Anxiety						

Adjustment Problems	250	.417	.174	.170	52.129	.000*
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Note: \* $P < .001$ , Social anxiety shows as significant predictor of Adjustment Problems in girl adolescents.

Table 2  
*Summary of Regression Analysis with Social Anxiety as Predictor of Adjustment Problems in Female Students during Early, Middle and Late Adolescence*

AGES	N	R	R Square	Adjusted R <sup>2</sup>	F	P
Early Adolescence (12-14 years)	81	.240	.057	.046	4.816	.031*
Middle Adolescence (15-16 years)	67	.346	.120	.106	8.836	.004*
Late Adolescence (17-19 years)	102	.561	.315	.308	45.949	.000*

Note: \* $P < .05$

### Discussion

Social anxiety in its mildest form is a common condition and recently researchers have acknowledged the distress and maladjustment it can cause. The adolescent years are specially challenging as in this period girls are very concerned over the impression that they are making on others. The findings show that social anxiety is a significant predictor of adjustment problems in female students [ $R^2 = .174$ ;  $F(1, 248) = 52.129$ ,  $p = .000$ ]. With some variation the same trends were observed in early [ $R^2 = .057$ ;  $F(1, 79) = 4.816$ ,  $p = .031$ ], middle [ $R^2 = .120$ ;  $F(1, 65) = 8.836$ ,  $p = .004$ ] and late [ $R^2 = .315$ ;  $F(1, 100) = 45.949$ ,  $p = .000$ ] adolescence. These findings are consistent with previous researches, as a study conducted by Rubin and Burgess (2001) found that limited social relationships is a causal factor of social anxiety, due to limited social network individual with social anxiety experience physiological and psychological discomfort which leads to maladjustment in social situations. Vasa and Pine (2006) also found that social

withdrawal is linked to psychological maladjustment as it represents a behavioral expression of internalized thoughts and feelings of social anxiety or depression.

As a predictor, social anxiety is a risk factor that plays a significant role in the development of adjustment problems in adolescents. Literature also suggests that social anxiety can have detrimental effects on the peer network and socialization during adolescence (Davila & Beck, 2002). Adolescence is a critical period, during which individuals undergo various drastic changes which can affect their life. They face certain stressors such as peer pressure, environmental demands; social and emotional difficulties and these problems directly affect their wellbeing. If they are unable to cope up with these stressors then they are most likely to experience social anxiety and suffer from psychological problems (i.e. interpersonal problems, aggression, lack of confidence and low self esteem), which may cause more deterioration in their overall adjustment

Another possible reason can be that the fear of social situation and fear of negative evaluation also leads them to social isolation. This social isolation may create difficulties for most adolescents and due to which they fail to achieve the demand of everyday life and are unable to maintain psychological balance. In his study Steinberg (1999) described that during the critical period of adolescence, if the feelings of loneliness remain unresolved in this period, then they may be at greater risk for the development of severe maladjustment issues (Lau & Kong, 1999; Vernberg, Ewell, Beery & Abwender, 1994).

The problem of social anxiety results in more devastating consequences when found in the age of adolescence especially in girls. Adolescent girls put much emphasis on social and interpersonal relationships. School and college going adolescents specifically are more close to their peer group as compared to their families. Those who find them not able to intermingle with their age mates as per expectations of their peer group may receive a fair amount of negative feedback from their peers, which push them toward the adjustment problems. Whereas, mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology (Hoagwood, Jensen, Petti & Burns, 1996).

## **Conclusion**

On the basis of current findings and discussions, it can be concluded that social anxiety was an impact on the psychological adjustment of female students which further leads to impairment in psychological and social functioning especially in adolescence.

### References

- Ahmad, R., Khanam, S. J., & Riaz, Z. (2008). *Normative study of Reynolds adolescence adjustment inventory (RAASI) in Pakistan*. Unpublished Project, Institute of Clinical Psychology, University of Karachi, Karachi, Pakistan.
- Ahmad, R., & Bano, Z. (2013). Translation and psychometric assessment of social anxiety scale for adolescents in Pakistan. *Pakistan Journal of Psychology, 44*(1), 67-80.
- Albano, A. M., DiBartolo, P. M., Heimberg, R. G., & Barlow, D. H. (1995). Children and adolescents: Assessment and treatment. In R. G. Heimberg, M. R. Liebowitz, D. A. Hope, & F. R. Schneier (Eds.), *Social phobia: Diagnosis, assessment and treatment* (pp. 387-425). New York: Guilford Press.
- Abraham, M. (1985). *A study of certain psycho-social correlates of mental health status of university entrants of Kerala*. (Doctoral Dissertation). University of Kerala.
- Barlow, D. H. (2002). Unraveling the mysteries of anxiety and its disorders from the perspective of emotion theory. *American Psychologist, 55*, 1247-1263.
- Beidel, D. C., Turner, S. M., & Morris, T. L. (2000). Behavioral assessment of childhood social phobia. *Journal of Consulting and Clinical Psychology, 68*, 1072-1080.
- Bharadwaj, S. K., & Helode, R. D. (2006). School adjustment as a function of neuroticism and gender of the adolescents. *Ind. Psych. Rev, 66*(1), 25-30.
- Blos, P. (1970). *The young adolescent: Clinical studies*. New York: Free Press, 1970.
- Davidson, J. R. T., Hughes, D. L., George, L. L., & Blazer, D. G. (1993). The epidemiology of social phobia: Findings from the Duck epidemiological catchment area study. *Psychological Medicine, 23*, 709-718.

- Davila, J., & Beck, J. G. (2002). Is social anxiety associated with impairment in close relationships? A preliminary investigation. *Behavior Therapy, 33*, 427-446.
- Dutta, M., Baratha, G., & Goswami, U. (1997). Home adjustment of adolescents. *Ind. Psych. Rev, 48*(3), 159-161.
- Gleason, K. A., Jensen-Campbell, L. A., & Ickes, W. (2009). The role of empathic accuracy in adolescents' peer relations and adjustment. *Personality and Social Psychology Bulletin, 35*(8), 997-1011.
- Greco, L. A., & Morris, T. L. (2005). Factors influencing the link between social anxiety and peer acceptance: Contributions of social skills and close friendships during middle childhood. *Behavior Therapy, 36*(2), 197-205.
- Greig, R. (2003). Ethnic identity development: Implications for mental health in African American and Hispanic adolescents. *Issues in Mental Health Nursing, 24*, 317-331.
- Ham, L. S., Hope, D. A., White, C. S., & Rivers, P. C. (2002). Alcohol expectancies and drinking behavior in adults with social anxiety disorder and dysthymia. *Cognitive Therapy and Research, 26*(2), 275-288.
- Hoagwood, K., Jensen, P. S., Petti, T., & Burns, B. J. (1996). Outcomes of mental health care for children and adolescents: I. A comprehensive conceptual model. *J. Am. Aca. Chd. Adol. Psych, 35*, 1055-1063.
- La Greca, A. M., & Lopez. (1998). Social anxiety among adolescent, Linkages with peer relations and friendships. *Journal of Abnormal Psychology, 26*, 83-94.
- Lamb, D. (1978). *Psychotherapy with adolescent girls*. San Fransisco: Jossey Bass.

- Lau, S., & Kong, C. K. (1999). The acceptance of lonely others: Effects of loneliness and gender of the target person and loneliness of the perceiver. *Journal of Social Psychology*, 139, 229-24.
- Leelavathi, H. R. (1987). *Factors influencing adolescent adjustment*. (M.Sc. thesis). Univ. Agric Sci. Dharwad.
- Lepine, J. P., & Pelissolo, A. (2000). Why take social anxiety disorder seriously? *Depression and Anxiety*, 11(3), 87-92.
- Loudin, J. L., Alexandra, L., & Sheri, R. (2003). Relational aggression in college students: Examining the role of social anxiety and empathy. *Aggressive Behavior*.
- Lydiard, R. B. (2001). Social anxiety disorder: Comorbidity and its implications. *Journal of Clinical Psychiatry*, 62, 17-24.
- Mash, E. J., & Wolfe, D. A. (2007). *Abnormal child psychology* (4th ed.). Belmont, CA: Wadsworth Cengage Learning.
- Mental Health Foundation. (1999). *Bright futures: Promoting children and young people's mental health*. London: The Mental Health Foundation.
- Puklek, M., & Vidmar, G. (2000). Social anxiety in Slovene adolescents: Psychometric properties of a new measure, age differences and relations with self-consciousness perceived incompetence. *European Review of Applied Psychology*, 50, 249-28.
- Reynolds, W. M. (2001). *Reynolds adolescent adjustment screening inventor professional manual*. Psychological Assessment Resource, Inc, USA.
- Rubin, K. H., & Burgess, K. B. (2001). Social withdrawal and anxiety. In M. W. Vasey & M. R. Dadds (Eds.), *The developmental psychopathology of anxiety* (pp. 407–434). New York: Oxford University Press.

- Schlenker, B. R., & Leary, M. R. (1982). Social anxiety and Self presentation: A conceptualization and model. *Psychological Bulletin*, *92*, 641-669.
- Schneider, B. H., & Tessier, N. G. (2007). Close friendship as understood by socially withdrawn, anxious early adolescents. *Child Psychiatry and Human Development*, *38*(4), 339-351.
- Schneider, B. H. (2009). An observational study of the interactions of socially withdrawn/anxious early adolescents and their friends. *Journal of Child Psychology and Psychiatry*, *50*(7), 799-806.
- Steinberg, L. (1999). *Adolescence* (5<sup>th</sup> ed.). Boston: McGraw-Hill.
- Thirugnanasambandam, N. (1990). A study of the influence of social structure on social behaviours disposition and adjustment among high school students in Coimbatore educational district. *J. Edu. Res. Extn.* , *27*(2), 111-118.
- Vasa, R. A., & Pine, D. S. (2006). Anxiety disorders. In C . Essau (Eds). *Child and adolescent psychopathology: Theoretical and clinical implications* (pp.78-112). New York, NY, US: Routledge/Taylor Francis Group.
- Vasey, M.W., & Dadds, M. R. (2001). An introduction to the developmental psychopathology of anxiety. In M. W. Vasey & M. R. Dadds (Eds.). *The developmental psychopathology of anxiety* (pp. 3- 26). New York: Oxford University Press.
- Vernberg, E., Abwender, D., Ewell, K., & Beery, S. (1992). Social anxiety and peer relationships in early adolescence: A prospective analysis. *Journal of Clinical Child Psychology*, *21*, 189–196.
- Vernberg, E., Ewell, K., Beery, S., & Abwender, D. (1994). Sophistication of adolescents' interpersonal negotiation strategies and friendship formation after relocation: A naturally occurring experiment. *Journal of Research on Adolescence*, *4*, 5-19.
- Weisberg, P. S. (1979). The changing nature of adolescence. In J. Novello (Ed). *The Short course in adolescent psychiatry*. New York: Brunner/Mazel.

Westenberg, H. G. M. (1999). Facing the challenge of social anxiety disorder. *European Neuropsychopharmacology*, 9, S93-S99.

Wittchen, H., Stein, M., & Kessler, R. (1999). Social fears and social phobia in a community sample of adolescents and young adults: Prevalence, risk factors and co-morbidity. *Psychological Medicine*, 29, 309–323.

Wittchen, H. U., & Fehm, L. (2001). Epidemiology, patterns of comorbidity, and associated disabilities of social phobia. *Psychiatric Clinics of North America*, 24(4), 617-641.