

Unsociability With In the Same Sex

Nilosmita Banerjee^{1*}

ABSTRACT

Socializing in today's world is considered as one of the most important things. With the growing concept of social media and many other such aspects, socialization has now gained an even more predominant status. This phenomenon is of most importance among the younger generation, especially the adolescents. This study focuses on the concept of social phobia, also commonly known as social anxiety, among adolescents. This study tries to explore the prevalence of social phobia amongst the adolescent girls belonging to different types of institutions which include a co-ed college and a girls college. The samples for the study were in the age range of 15-17 years, 30 samples from each college. They belonged to eleventh grade. The other variable which was different was that the samples who belonged from the co-ed college belonged to the arts stream, and the samples from the girls college were from the science stream. The Liebowitz Social Anxiety Scale for Children and Adolescents (1987; Micheal Liebowitz) was administered on the students to measure the social anxiety, and they were given five open-ended questions which asked them, what would they do in certain social situations and what measures they would take to resolve them if they have any problem in the situations mentioned. The results showed an interesting aspect in respect to the prevalence of social anxiety among adolescent samples belonging to the different set ups of college. There was a difference of 13.34% in the prevalence of the social anxiety levels among the students. The samples from the co-ed college fell in the category of the 13.34%, wherein they showed levels of social anxiety as compared to the social anxiety levels of the samples in the girls' college. It was also interesting to notice the differences and similarities in the responses the students from the two types of institutions provided. The study focuses on understanding whether the levels of social phobia or anxiety differ among the same gender of females in differing contexts, such as the nature of the institution or the type of stream they choose to study.

Keywords: *Social phobia, differences in the level based on the type of the institution.*

The condition of *Social Phobia* has been renamed in the fifth edition of Diagnostic Statistical Manual (DSM), as Social Anxiety, where as it was called as social phobia prior to this. The understanding of Social Phobia, before incorporating the new version of nomenclature was very limited. It only revolved around understanding the concept of social phobia as a condition in which a person felt extreme discomfort or fear in performing in front of people. Research has shown that this definition or *understanding* is very narrow. With the DSM-5 this understanding has become *broader* in nature, and states that Social anxiety disorder (SAD) can be diagnosed by an individual's response to a variety of social situations. This can range from the extreme

¹ Student, Mumbai University

*Corresponding Author

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discomfort faced by an individual while carrying out a conversation with another person to the feelings of anxiety that is faced by a person who is conscious of being noticed while eating at a dinner party or in a restaurant. This wide understanding of the concept of social phobia or social anxiety, as it is now known as, brings into notice how a wide range of and most of the daily social situations also account for the uprising of a social anxiety. Things and situations that seem normal to people who are not suffering from this condition might find the behavior or condition of the people suffering from the same quite surprising and even baseless at certain times. However, people who suffer from these conditions only can explain the extreme and high levels of difficulties that they face, and this becomes even worse when this anxiety evolves out of the daily life situations that they have to face mostly daily.

Research into the causes of social anxiety and social phobia is wide-ranging, encompassing multiple perspectives from neuroscience to sociology. Scientists have yet to pinpoint the exact causes. Studies suggest that genetics can play a part in combination with environmental factors. Social phobia is not a result of other mental disorders or by substance abuse. Generally, social anxiety begins at a specific point in an individual's life. This will develop over time as the person struggles to recover.

Eventually, mild social awkwardness can develop into symptoms of social anxiety or phobia. It becomes even more distressing to know that a large number of populations who are victims of social anxiety are young adults, which does include the adolescent population as well. The prevalence of social anxiety among adolescents can cause a extensive amount of problems, as they have to be engaged in a number of activities during this span of life that revolves around social situations. The various problems like avoidance of conversations with others fear of public speech and performance, extreme sensitivity to criticism etc. that are usually a part of daily life of the adolescents, becomes difficult for the social anxiety patients to live with. Social phobia is the most common anxiety disorder and the third most common psychiatric disorder, after major depressive disorder and alcohol dependence. Lifetime prevalence estimates for social phobia vary greatly and range from 0.4 to 20.4 % in different studies. Estimates of more than 8,000 individuals from the National Co morbidity Survey in 1994, suggests the lifetime prevalence of social phobia at 13.3%. In India, there has been only one study on social phobia (among high school adolescents) which mentions a prevalence of 12.8% and also an association with impairment in academic functioning. Anxiety disorders are the most common mental illness in the U.S., affecting 40 million adults in the United States age 18 and older (18% of U.S. population), according to the Anxiety And Depression Association Of America (ADAA). According to ADAA, the typical onset of this social anxiety is around 13 years of age. The following study tries to understand the concept of social anxiety by measuring social phobia amongst adolescent boys and girls and it tries to understand if any difference exists among them in respect to the same. The samples were also asked some open-ended self devised questions, which asked them what they would do in certain social situations if they face any trouble in the same.

METHODOLOGY

SAMPLES:

A sample of 60 students was collected from colleges in Mumbai city, which comprised 30 samples from a Co-ed college and 30 samples from a Women's college within the age range of 15-17 years. The samples from co-ed college were Arts students while, the samples belonging to the girls college were from the science background. The students belonged to the 11th grade, (First Year of Junior College).

TOOLS:

The students were given, *The Liebowitz Social Anxiety Scale for Children and Adolescents (1987; Micheal Liebowitz)* to measure the social anxiety. The scale is composed of 24 items divided into 2 subscales, 13 concerning performance anxiety, and 11 pertaining to social situations. The 24 items are first rated on a Likert Scale from 0 to 3 on fear felt during the situations, and then the same items are rated regarding avoidance of the situation. Combining the total scores for the *Fear* and *Avoidance* sections provides an overall score with a maximum of 144 points. The clinician administered version of the test has four more subscale scores, which the self-administered test does not have. Research supports a cut-off point of 30, in which SAD is unlikely. The next cut-off point is at 60, at which SAD is probable. Scores in this range are typical of persons entering treatment for the non-generalized type of SAD. Scores between 60 and 90 indicate that SAD is very probable. Scores in this range are typical of persons entering treatment for the generalized type of SAD. Scores higher than 90 indicate that SAD is highly probable. The students were given five open-ended questions, which asked them, what would they do in certain social situations and what measures they would take to resolve them if they have any problem in the situations mentioned. The open-ended questions were self-devised and asked the students about the general social situations that they are likely to come across.

PROCEDURE:

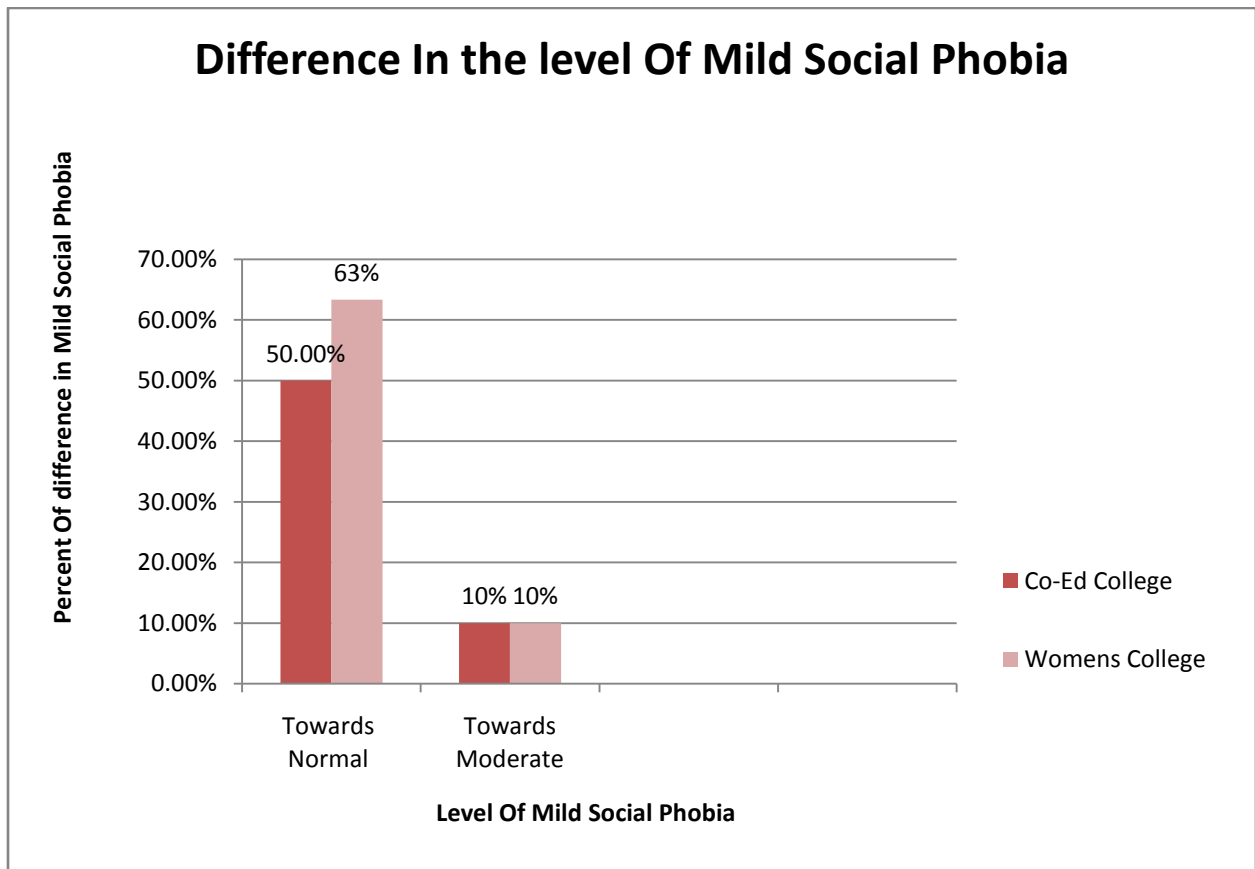
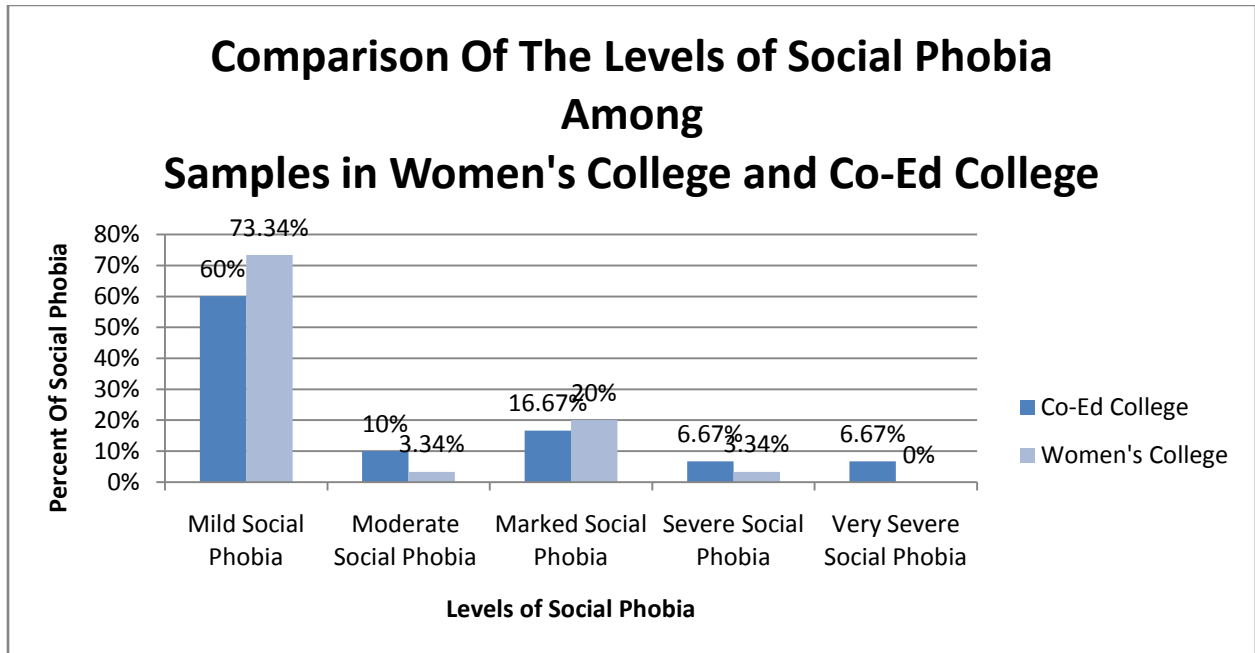
There was a rapport that was built with the students prior to the procedure of the data collection and the consent of the students was obtained before the data collection. The time required for the completion of the questionnaire was about 30 minutes. The students could complete the questionnaire within the estimated time limit. The collection of the data was completed in one sitting only.

RESULTS

The following study brought about some very interesting results. It highlighted some very remarkable differences, which was quite interesting to record. The interpretation of the data collected as per the responses of the students to the Liebowitz Social Anxiety Scale for Children and Adolescents (LSASCA) are as follows: (Refer to Appendix A for the LSASCA and Appendix B for the open-ended question.)

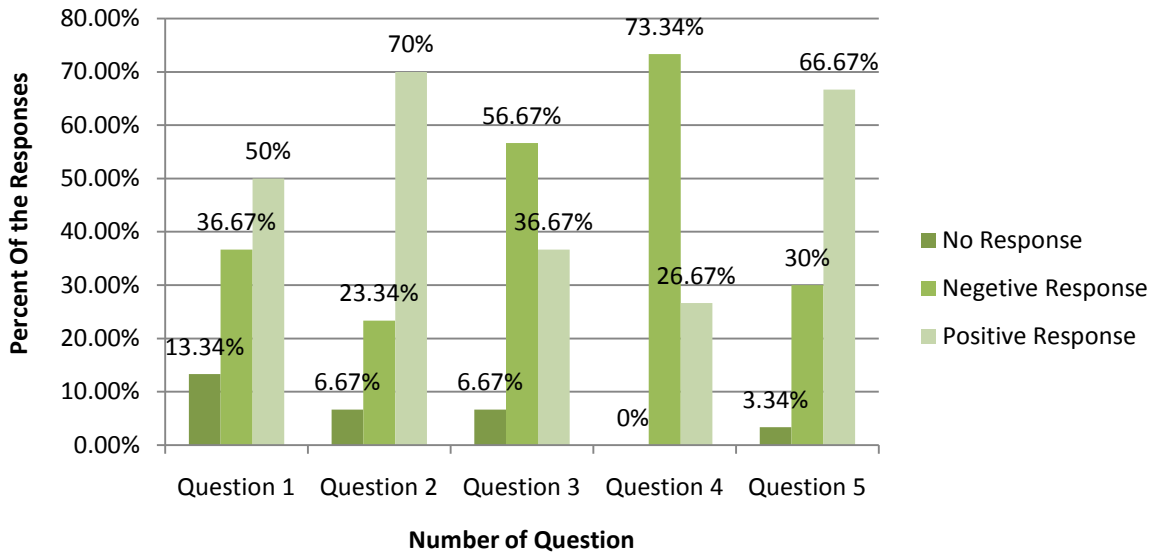
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The following is the interpretation of the data of the responses of the participants to the LSASCA and the open-ended questions:

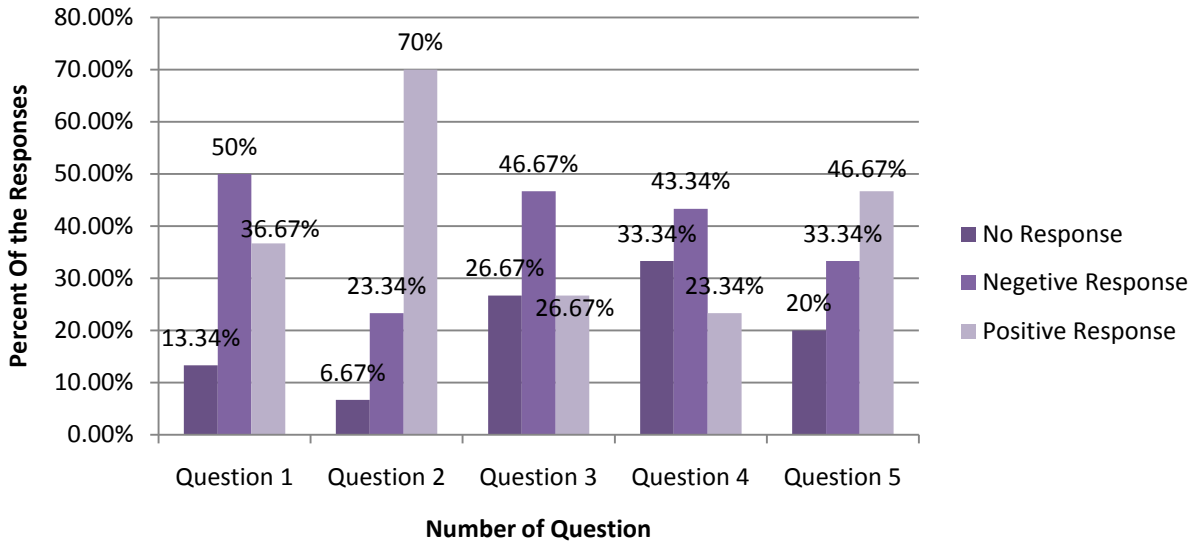


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Analysis Of the Responses to the Open - Ended Question of Co-Ed College Participants



Analysis Of the Responses to the Open - Ended Questions Of the Womens College Participants



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Women's College			Co-ed College			Difference		
No Response	Negative Response	Positive Response	No Response	Negative Response	Positive Response	No Response	Negative Response	Positive Response
13.34%	50%	36.67%	13.34%	36.67%	50%	0%	13.33%	13.33%
6.67%	23.34%	70%	6.67%	23.34%	70%	0%	0%	0%
26.67%	46.67%	26.67%	6.67%	56.67%	36.67%	20%	10%	10%
33.34%	43.34%	23.34%	0%	73.34%	26.67%	33.34%	30%	3.33%
20%	33.34%	46.67%	3.34%	30%	66.67%	16.66%	3.34%	20%

The results clearly indicate a pattern which states that the students belonging to the Women's college is higher in there levels of mild social phobia, which is a positive indication because mild social phobia is not very sever and is mostly normal. In fact, the students in the Women's college were 63.34% towards the normal trend in the mild level of social phobia. However, only 10% was in the mild social phobia range towards moderate level of Social Phobia. There levels of

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Social Phobia in the moderate level were lesser by 6.67% as compared to the girls in the co-ed college. This was also a positive difference seen in the results of the students in the Women's college. Their levels of moderate social phobia were less. Contradictorily their level of marked social phobia was 0.3% higher than the students in the co-ed college. But there trends of positive results were seen again in the next level of social phobia, the severe level of social phobia, which was 3.34% less than that of the students in the co-ed college.

The last level of social phobia though stood at a 0% for the students in the women's college. The very sever social phobia level shot up to 6.67% for the students in the co-ed college, with an extreme hike in the scores that they scored in the LSASCA. The level of social phobia pertaining to the severe social phobia was 6.67% and 3.34% for the Women's college and Co-ed College respectively. The difference in these two levels was of about 3.33%. The Co-ed college students were again high in this respect as well.

These results were only the differences found in the responses of the participants to the LSASCA. Apart from this the students were also asked some open-ended questions as mentioned before, about certain social situations that they are most likely to come across, in day-to-day life. The responses of the participants in both the groups of students varied extensively. The responses of the questions were analyzed on the basis of a negative, a positive and no response. This brought about attention to more interesting results. The statistical analysis brings in to notice that there is a significant amount of difference in respect to each question in the two groups. Not only that the responses differed as a whole as well. However, certain responses among the participants overlapped as well, but significant differences were still noticed. The tendency of no response to the question was seen higher in the women's college participants as compared to the co-ed college participants. The interesting aspect was that both the groups had the same responses to question number two.

DISCUSSION

The main focus of the study was to find out the prevalence of the levels of social phobia or social anxiety among the adolescents. The study revolved around trying to identify this phenomenon only in one gender; females, indifferent contexts. In this case the variables which were different were the nature of institutes these participants were enrolled in and the type of stream of subjects the students had taken up. The participants had responded to two different types of sections of questions, one was here response to the LSASCA, and the other was the response to the open-ended question. The data collected in both these sections greatly varied in respect to both the groups. The participants who belonged to the group of the Women's College showed positive results as compared to the participants in the group of the Co-ed College. The only level of social phobia in which the participants from the former group were higher than the later group was the level of marked social phobia, by 0.6%. Other than that they showed a positive trend in terms of the levels of social phobia. The participants from the co-ed college, showed more of a negative trend in turn. With high levels in almost all the levels of social phobia, excepting one level of marked social phobia, this group brings attention to not only the high levels of social phobia in

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the various levels but also the fact that the levels for social phobia in case of the very-severe social phobia also prevails and the some of the score are staggeringly high, as high as 108 to 110. This points out to the alarming levels of social anxiety that certain percentage of the samples have displayed in this group. Whereas the participants from the Women's college group did not have any sample scoring in this level altogether. The surprising fact was that the responses of the participants in the open-ended questions were very fascinating. The questions which revolved around the daily life situations of the adolescents asked them various things such as how would they respond to or handle criticisms, how would they overcome the uneasiness caused due to criticism, are they afraid of public speaking, do they do anything to reduce it, do they face trouble in making friends or in socializing, do they try to overcome it, do they face any distress in any social situations, etc. The response of the participants in the group of women's college was more optimistic and positive in nature as compare to the participants in the co-ed college group. It was seen that participants who were in the mild level in the former and later group showed much more instances of not being a victim or sufferer of any social situation. Also if at all they faced any problems, there was a high level of positive approach shown to overcome it, for example, some participants in both the groups responded that in case of fear of public speaking they would like to practice more, overcome by taking part in more such type of activities, ask for others evaluations etc.

A general trend of an effort to overcome the distress caused by the various social situations was shown by the participants in both the groups across the levels of social phobia. However, a very peculiar trend was observed, the students from the science stream, Women's college, who were falling in the range of the marked and severe social phobia were very reluctant to make a note of the measures they would take in certain situations mentioned in the questions. In fact in some of the cases the total score of the participant and their respective responses to the open-ended questions did not match. This was not observed in the case of the Arts stream co-ed college students. But a lot of responses which asked them what they would do to overcome certain social situations revolved around very unstable and unnatural responses such as "I would ask God" or "Create trouble for those who criticize me", "Give it back to them, or run away from that situation" etc. Most of these responses came from those in the last few levels of social phobia, marked severe and very severe.

A main cause for this difference in the levels of social phobia or anxiety can be the nature of the institute. In the co-ed college the female participants are in constant contact or presence of an opposite sex, or the male counter-parts. The age that these female participants are in, the adolescent period, is characterized by a high level of need for peer acceptance, likeability and the need to be assimilated in the larger whole. Moreover, there is a constant need to carry out socially appropriate and likable acts in order to gain the attention of the opposite sex. Some people who are not having any problem socializing or who do not suffer any issues of getting conscious and complexes in certain situations may not face this problem at all. But some of the adolescents struggle to cope up with this issue. Isabelle Rosso, PhD, who also works in Yurgelun-Todd's lab, and colleagues reported that as adolescents' abstract reasoning skills

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increased, so did their levels of social anxiety. Part of abstract reasoning includes being able to take an observer perspective on one's self and to make inferences about other people's thoughts and feelings. Although the emergence of abstract reasoning is ultimately a useful tool that allows adults to self regulate, in adolescence, it might contribute to higher vulnerability to social anxiety and other emotional disorders, says Rosso. "In adolescence, you start to become more self aware, and more able to think abstractly or hypothetically about other people's thoughts and feelings," says Rosso. "But that may also allow you to have more social self consciousness, and worry more about what other people is thinking about you. It may open up new vulnerabilities in some adolescents."

However, this definitely does not imply any causation, isolating the presence of the opposite sex in the co-ed college being the reason of the significant difference in the levels of social phobia as compared to the other group, can be just one out of the many possibilities. The other factors may range from the environments to which the participants are exposed to on a daily basis to the role of the functioning of amygdala in the brain, a area that is being well researched in respect to this field. Apart from this the many other possible causes can be ranging from genetic aspects to environmental aspects as well. Under the genetic aspects it has been shown that there is a two to threefold greater risk of having social phobia if a first-degree relative also has the disorder. This could be due to genetics and/or due to children acquiring social fears and avoidance through processes of observational learning or parental psychological and social education. Studies of identical twins brought up (via adoption) in different families have indicated that, if one twin developed social anxiety disorder, then the other was between 30 percent and 50 percent more likely than average to also develop the disorder. To some extent this 'heritability' may not be specific – for example, studies have found that if a parent has any kind of anxiety disorder or clinical depression, then a child is somewhat more likely to develop an anxiety disorder or social phobia. Studies suggest that parents of those with social anxiety disorder tend to be more socially isolated themselves (Bruch and Heimberg, 1994; Caster et al., 1999), and shyness in adoptive parents is significantly correlated with shyness in adopted children (Daniels and Plomin, 1985) Growing up with overprotective and hypercritical parents has also been associated with an anxious-ambivalent attachment with their mother as infants were twice as likely to develop anxiety disorders by late adolescence, including social phobia. A related line of research has investigated 'behavioral inhibition' in infants – early signs of an inhibited and introspective or fearful nature. Studies have shown that around 10–15 percent of individuals show this early temperament, which appears to be partly due to genetics. Some continue to show this trait into adolescence and adulthood, and appear to be more likely to develop social anxiety disorder. Social experiences can also be a potential cause of the social anxiety. A previous negative social experience can be a trigger to social phobia, perhaps particularly for individuals high in 'interpersonal sensitivity'. For around half of those diagnosed with social anxiety disorder, a specific traumatic or humiliating social event appears to be associated with the onset or worsening of the disorder; this kind of event appears to be particularly related to specific, for example regarding public speaking (Stemberg et al., 1995). As well as direct experiences,

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observing or hearing about the socially negative experiences of others (e.g. a faux pas committed by someone), or verbal warnings of social problems and dangers, may also make the development of a social anxiety disorder more likely. Social anxiety disorder may be caused by the longer-term effects of not fitting in, or being bullied, rejected or ignored (Beidel and Turner, 1998). Shy adolescents or avoidant adults have emphasised unpleasant experiences with peers or childhood bullying or harsh treatment (Gilmartin, 1987). In one study, popularity was found to be negatively correlated with social anxiety, and children who were neglected by their peers reported higher social anxiety and fear of negative evaluation than other categories of children. Socially phobic children appear less likely to receive positive reactions from peers and anxious or inhibited children may isolate themselves. Cultural factors that have been related to social anxiety disorder include a society's attitude towards shyness and avoidance, affecting the ability to form relationships or access employment or education, and shame. One study found that the effects of parenting is different depending on the culture – American children appear more likely to develop social anxiety disorder if their parents emphasize the importance of others' opinions and use shame as a disciplinary strategy (Leung et al., 1994), but this association was not found for Chinese/Chinese-American children. In China, research has indicated that shy-inhibited children are more accepted than their peers and more likely to be considered for leadership and considered competent, in contrast to the findings in Western countries. Purely demographic variables may also play a role – for example there are possibly lower rates of social anxiety disorder in Mediterranean countries and higher rates in Scandinavian countries¹, and it has been hypothesized that hot weather and high density may reduce avoidance and increase interpersonal contact.

Problems in developing social skills, or 'social fluency', may be a cause of some social anxiety disorder, through either inability or lack of confidence to interact socially and gain positive reactions and acceptance from others. The studies have been mixed, however, with some studies not finding significant problems in social skills while others have. What does seem clear is that the socially anxious perceive their own social skills to be low. It may be that the increasing need for sophisticated social skills in forming relationships or careers, and an emphasis on assertiveness and competitiveness, is making social anxiety problems more common, at least among the common groups of society. An interpersonal or media emphasis on 'normal' or 'attractive' personal characteristics has also been argued to fuel perfectionism and feelings of inferiority or insecurity regarding negative evaluation from others. The need for social acceptance or social standing has been elaborated in other lines of research relating to social anxiety.

The psychological factors can also play a major role to play as far as the prevalence of social phobia is concerned. Research has indicated the role of 'core' or 'unconditional' negative beliefs, for example the feelings of incompetence and 'conditional' beliefs nearer to the surface, for example, the feeling of failure or if there is a strong competitor, the repulsive tendency from the situation. They are thought to develop based on personality and adverse experiences and to be activated when the person feels under threat. One line of work has focused more specifically on

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the key role of self-presentational concerns. The resulting anxiety states are seen as interfering with social performance and the ability to concentrate on interaction, which in turn creates more social problems, which strengthens the negative schema.

Also highlighted has been a high focus on and worry about anxiety symptoms themselves and how they might appear to others. A similar model emphasizes the development of a distorted mental representation of the self and overestimates of the likelihood and consequences of negative evaluation, and of the performance standards that others have. Such cognitive-behavioral models consider the role of negatively biased memories of the past and the processes of rumination after an event, and fearful feelings before it. Studies have also highlighted the role of subtle avoidance and defensive factors, and shown how attempts to avoid feared negative evaluations or use 'safety behaviors' (Clark & Wells, 1995) can make social interaction more difficult and the anxiety worse in the long run. This work has been influential in the development of Cognitive Behavioral Therapy for social anxiety disorder, which has been shown to have efficacy.

CONCLUSION

This study brings into light the prevalence of social phobia or social anxiety among the female adolescent participants in the Indian context. These understandings can be used to improve the conditions of the prevalence. The college councilors can use such data and help their students to overcome such issues. They can also do follow up studies and find out if any change in the levels of social phobia or social anxiety has taken place.

The limitations of this study include the limited number of participants, in the study. Also the results that hold true to an Indian context may not hold true to other contexts. The data and the results can be refined, and an introduction of many other variables could bring about some even more insightful results. The study was also focusing primarily on one particular gender, only the context was different. This same study could be done in among the two different genders and the various other variables such as age and parental style of the adolescents could be introduced to gain more understanding of this concept, further.

However, the important aspect is the prevalence of the social anxiety among the adolescent. It is very important that the adolescents, who have been detected should be helped through the various processes like counseling, cognitive behavioral therapy (CBT), holistic training, or they can be even subjected to various types of alternative treatments like confidence boosting workshops, yoga and meditation etc. The existence of this type of an anxiety in adolescents is very distressing, as mentioned before because; they have to cope up with the various challenges of the world. And moreover the personalities that are developed during this time are mostly the ones that become permanent for the later phase of life. This makes eradication of the social anxiety or social phobia even more important.

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Appendix (A)

Liebowitz Social Anxiety Scale

FEAR OR ANXIETY: 0= NONE, 1=MILD, 2=MODERATE, 3=SEVERE

AVOIDANCE: 0=NEVER, 1=OCCASIONALLY, 2=OFTEN, 3=USUALLY

The scoring scale:

0-54: Mild Social Anxiety

55-65: Moderate social anxiety

66-80: Marked social anxiety

81-95: Severe social anxiety

Greater than 95: Very severe social anxiety

Appendix (B)

The open-ended questions that were asked to the participants are as follows:

1Q. Are you scared of public speaking; do you do anything to reduce it?

2Q.If you have trouble in making friends or in socializing what do you do to overcome it?

Q3. What do you do to over come the uneasiness that is caused by criticism?

Q4. What are the ways in which you handle criticism?

Q.5 What are the ways in which you try to handle the stress caused in any social situation?