

Social Phobia and Academic Achievement of Girls At Postgraduate Level

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Abstract: Social phobia is one of the most chronic, widely prevalent, and unwanted but less noticed psychological disorder. The present study was aimed to find out the social phobia and academic achievements of girls at postgraduate level. Students were selected from College of Home Economics, Lahore through random sampling. "Social Phobia Inventory Scale" was used to investigate the presence of social phobia and 128 students identified with social phobia were taken as sample. Mean of the results of past two years of phobic students were used to assess their academic achievements. Data was analyzed through t- test, Coefficient of correlation and Regression analysis. The results indicated that social phobia was highly prevalent among the girls but it had no significant effect on the academic achievements of students. The results also showed that the demographic factors of students had no significant effect either on the social phobia or the academic achievements. It is recommended that further studies on this topic should be conducted on a larger scale and the qualitative analysis should be carried out to get an in depth viewpoint of adolescents about social phobia.

Keywords - Social Phobia, Academic Achievement

I. Introduction

Social phobia has been ranked by Alonso et al. (2004)[1] as one of the ten leading chronic disorders-mental or physical due to its effects on objective outcomes, such as the reduced quality of life in relation to health while Bruce and Saeed (1999)[2] has ranked it as the third most common psychiatric disorders. It is a common disorder with a prevalence of 12.1% among the people (Kessler, Berglund, Demler, Jin, & Walters, 2005)[3]. It is "uncomfortable and unwanted" psychological problem (Ahmed, 2009)[4].

Different terms (e. g social inhibition, public speaking anxiety, shyness (Ingman, 1999)[5] social anxiety, social avoidance (Tillfors & Ekselius, 2009)[6], social withdrawal (Brunello et al., 2000)[7] performance anxiety, interaction anxiety (Cederlund, 2013)[8] and social phobia) have been used over the years to define this disorder (Ingman, 1999; Tillfors & Ekselius, 2000; Brunello et al., 2000; Cederlund, 2013)[5][6][7][8]. It has been defined as an unreasonable fear of being embarrassed in social or performance situations by Noyes and Saric (2006)[9]. According to Veale (2000)[10] social anxiety is the marked or persistent fear of social or performance situations which tend to be either avoided or is borne with intense distress.

Although social phobia has adverse effects on the quality of life but it was not studied much in the past and was defined by Liebowitz, Gorman, Fyer, and Klein in 1985[11] as the "neglected disorder". Ahmed (2009)[4] defined social phobia as "hidden and less noticed psychological disorder". In the last decade attention has been paid to this order and researches were conducted on it. Research found that social phobia develops in people of all ages, groups, both genders, among the people of all ethnic groups and geographical areas, one of the most common phobia among the children and adolescence (Al Naggat, 2012)[12]. The age of onset for social phobia is usually adolescence around the age 13(Kessler et al., 2005, Straus & Last, 1993)[3][13]. Social phobia was found to be common among the people who were less educated, among the single parent, among the people who lived alone or had no job. It was reported to be highly impairing disorder for the youth (Cederlund, 2013)[8]. Women were found to be more vulnerable to social phobia as compared to men (Acarturk et al., 2008)[14]. Chapman, Manuzza and Fyerr (1995)[15] found the ratio among the females and males with social phobia as 3:2. Social phobia can adversely affect the life of phobic people as it precedes the other comorbid disorders (Tillfors, 2001)[16] including depression (Lecrubier & Weiller, 1997)[17], generalized anxiety disorders, obsessive compulsive disorders (Turner, Beidel, Borden, Stanley, & Jacob, 1991)[18], dysthymia, stress disorders (Wittchen, Stein & Kessler, 1999)[19], and alcohol use (Dingemans, Vliet, Couvee, & Westenberg, 1999)[20]. Suicidal ideation was also found to be greater in the people with social phobia (Gultekin & Dereboy, 2011)[21]. Social phobia prevents the people from doing many of the normal physical activities of daily life, enjoying pleasures and happiness of life and creates frustration in them. It has resulted in school dropouts, weakening the bonds of relationships, creates problems in marital life and hinders the ability of the

person to work successfully (Al-Naggar, 2012)[12]. Quality of life, health, (Katzelnick & Greist, 2001)[22] education, employment, interests and ambitions (Schneier et al., 1994)[23] are some of the factors commonly affected due to social phobia.

Students are the assets of nation and they are required to learn the academic and professional skills to the maximum extent possible. The mastery of these skills in students is judged by their achievements in the academics. Many times the students are not able to perform up to their capacities and skills due to certain factors. These factors are many times not considered because of their objectively measurable nature (Ahmed, 2009)[4]. Social phobia is one of these factors. According to Puskar and Brnardo (2007)[24] social phobia affects the intellectual growth of the children at the secondary school level. Previous researches found the prevalence of social phobia among 10% university students (Russel & Shaw, 2009)[25]. Khuwaja, Qureshi and Azam (2004)[26] noticed it to have resulted in school dropouts. Katzelnick and Greist (2001)[22] found that young people with social phobia had less chances of completing their education up to graduation level. Schneier (2006)[27] reported that people with social phobia may miss the important tasks. The achievement level of phobic children was found to be lower in school. According to Brunello et al. (2000)[7] social phobia can hinder the career development of the person. Thus in long run, it affects their quality of life and their abilities and skills as it was found that socially phobic people accept the jobs below their ability levels.

Social phobia is a universal phenomenon (Chaleby, 1987; Edelman et al., 1989)[28][29]. Despite the wide prevalence of social phobia, it was found that people with social phobia often do not seek treatment (Brunello et al, 2000)[7] and many people do not know about this disorder and its highly impairing effects on their lives.

Development of academic and professional skills is very important for the students to survive and prove themselves in the highly competitive world. Unfortunately, the type of education system implemented in Pakistan is “teacher-centered” where the main role is played by teacher and the rote learning of the material by the students is accepted. Due to the passive involvement of the students, they are apparently less confident and socially phobic. There is a lack of research on students in Pakistan regarding the social phobia and academic achievements. Research on this issue is needed.

1.1 Objectives of the Study

- Following were the objectives of the present research study
- To find out the prevalence of social phobia among the girls at postgraduate level.
- To find out the effects of demographic factors on social phobia and academic achievements of students.
- To find out the effects of social phobia on academic achievements of postgraduate girls.

1.2 Method

It was a descriptive research and survey was conducted to collect the data.

1.3 Sample

The sample was students with social phobia. The sample was collected in two phases. In the first step, about 350 students from 4th, 5th and 6th year of 2013-2014 batch from College of Home Economics enrolled in B.S programme were selected through random sampling method. They were given the Connors’ “social phobia inventory scale” to check the presence of social phobia among them. Social phobia was found in 128 students. In the second step, these 128 students were purposefully used as sample.

1.4 Instruments of Data Collection

Data was collected by using “Social Phobia Inventory Scale (SPIN)” and result records of students. SPIN was developed by Conner, Davidson, Churchill, Sherwood and Weisler (2000)[30] of the Duke University. It was used to detect the students with social phobia. Permission was taken to use this scale from the British Journal of Psychiatry which published this scale in 2000. (Connor, K. M., Davidson, J. R., Churchill, L. E., Sherwood, A., Weisler, R. H., & Foa, E. (2000). Psychometric properties of the Social Phobia Inventory (SPIN) New self-rating scale. The British Journal of Psychiatry, 176(4), 379-386.).[30] It was a self-rated scale which consisted of 17 items. This scale not only measures the presence of social phobia among the students but also the level of severity present among the individuals. It also checks the level of various physiological symptoms present among the people with social phobia. Series of numbers from 1 to 5 are given against each item to check the absence or presence (at different levels) of the particular symptom. “0” indicates the absence of the symptom, “1”to”4” indicate the presence of symptoms at different levels. Total marks scored by the person were then checked against the scale which shows whether the person had social phobia or not. According to the scale, the person scoring less than 20 total marks had no social phobia while the person having score between 20s and above was rated as socially phobic at different levels of severity according to their respective scores.

Second was the result records of the students, through which the results was collected for the measurement of academic achievement of socially phobic students. Permission to use the result records was taken from the college authority.

II. Figures and Tables

Table 1: Prevalence of Social Phobia among the Students

	f	%
Students without social phobia	236	64.84
Students with social phobia	128	35.16
Total	364	100

Table 1 shows the prevalence of social phobia among students. The results indicated that 35.16% of the respondent students were experiencing social phobia.

Table 2: Academic Achievement of Students at Different Levels of Social Phobia

Social Phobia Levels	f (%)	Academic Achievement M (SD)	ANOVA	
			f	P
Mild	63(49.2)	61.17 (6.80)	.887	.415
Moderate	45(35.2)	62.92(7.40)		
Severe	20(15.6)	60.56 (10.01)		
Total	128(100)	61.68 (7.58)		

Table 2 shows the distribution of socially phobic students according to the levels of social phobia. Sixty three (49.3%) students had mild social phobia, 45(35.2%) students had moderate and 20 (15.6%) students were experiencing severe social phobia.

Table 3: Effect of Demographic Information on Social Phobia and Academic Achievement of Girls at Postgraduate level

Variables	f(%)	Social Phobia M(SD)	ANOVA		Academic achievement M(SD)	ANOVA	
			f	P		f	p
Mother Education			1.24	.298		.761	.518
Matric or below	18(14.1)	30.11(7.22)			62.1(6.6)		
Inter	20(15.6)	28.80(4.70)			59.3(5.2)		
Graduation	62(48.4)	31.97(6.77)			62.3(8.6)		
Post-Graduation	28(21.9)	32.43(10.58)			61.7(7.0)		
Father Education			.066	.978		1.926	.129
Matric	8(6.3)	30.63(8.21)			58.65(7.77)		
Inter	20(15.6)	31.80(7.36)			60.07(6.52)		
Graduation	57(44.5)	31.42(7.21)			63.39(7.11)		
Post-Graduation	43(33.6)	31.07(8.34)			60.57(8.26)		
Mother Profession			11.71	.001		.046	.831
House wife	110(86)	30.42(6.86)			61.30(7.06)		
Working	18(14)	36.78(9.64)			61.68(7.58)		
Father profession			.169	.917		.383	.766
Private	35(27.3)	31.1(8.2)			61.7(7.5)		
Government	28(21.9)	30.5(8.2)			60.8(10.0)		
Business	52(40.6)	31.7(7.3)			62.4(6.7)		
Miscellanies	13(10.2)	31.8(6.5)			60.2(6.8)		
Income (Rs. 000)			1.514	.224		.791	.456
<50	42(33)	29.93(7.15)			60.51(6.71)		
50-100	55(43)	31.67(8.24)			62.01(8.64)		
>100	27(21)	33.15(7.15)			62.85(6.49)		
Siblings			1.846	.124		.579	.679
2	23(18)	28.79(6.4)			60.6(8.4)		
3	34(27)	31.39(8.3)			61.8(9.1)		
4	31(24)	30.79(6.4)			63.1(6.2)		
5	15(12)	31.3(9.5)			59.7(8.8)		
>5	25(20)	34.5(7.2)			61.9(5.0)		

Table 4: Effect of Social Phobia on Academic Achievement

	SS	df	MS	f	p
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Regression	176.335	5	35.267	.597	.702 ^b
Residual	6086.701	103	59.094		
Total	6263.036	108			

Table 4 shows there was no statistically significant ($p > .05$) effect of social phobia on the academic achievement of students.

III. Conclusion

The present study was conducted to find out social phobia and academic achievements of girls at postgraduate level in Lahore. Majority of studies in the past had shown that social phobia is a great hindrance for the students in getting high achievements in academics and had negative impacts on their academic success (DSM-IV, 1994; Brunello, 2000; Beidel, Turner & Dancu, 1985; Turner et al., 1991). [31][7][32][18]

The current research showed the prevalence of social phobia among 35.5% respondent students. The prevalence found in the current research is higher than in previous researches by Russel and Shaw (2009)[25] in United Kingdom (10%), by Furmark (2000)[33] in Sweden(16%), by Wilson (2005)[34] in Australia (18.3%) and by Bella and Omigbodun (2008)[35] in Nigeria(9.4%). It is also in contrast to the research by Al Naggar (2012)[12] in Malaysia, which showed the prevalence among 53.85% students which is quite high than the current study. These differences in the prevalence can be due to the differences in the cultures as indicated by Hoffsmann and Asnaani (2010)[36] and Karlsson (2013)[37]. Karlsson (2013)[37] also pointed out the difference in the prevalence can be due to the difference in the diagnostic criteria. The research by Palissolo, Moutard, Wittchen and Lepine (2000)[38] showed that the little change in the diagnostic criteria of social phobia results in great difference in the prevalence estimates. The higher prevalence of social phobia in the present study could be due to fact that it was conducted on female students only. Kessler et al. (1994)[39], Essau, Conradt and Petermann(1999)[40], Acarturk et al.(2008)[14], Chapman, Manuzza and Fyer (1995)[15] found the rate of social phobia higher in female than males. Fehm, Bessdo, Jacobi and Fiedler (2007)[41] described the two fold increased risk of social phobia among females.

The current research showed that more phobic students fall in the category of mild level, while severe level of social phobia was also found in 15.6 students. These findings are in contrast to results of Chhabra, Bhattia, Gupta, Kumar and Srivastava (2009)[42] which found only 1% students with severe social phobia. They related the lower percentage to the high dropout rates and high absenteeism of children from the schools in which the study was conducted.

The current study found that the demographic factors had no significant effect either on the social phobia or the academic achievements of students. The results are highly contradictory to the results of the study conducted by Ahmed (2009)[4] in the same city, which found the significant positive relationship of parents' education, total number of siblings and income of the family with academic achievements of students. The same study also found the significant negative co relation of the parents' education and income with the social phobia of the students. Much research on these factors has not been conducted worldwide. According to Festa and Ginsburg (2011)[43] there is a lack of research on the relationship of childhood social anxiety with parental factors and peer factors.

However, the present study does not confirm the negative effects of social phobia on students. It indicates the absence of any significant effect of social phobia on the academic achievements of students. These findings are in contrast to the results of the study conducted by Ahmed (2009)[4] on the school children. The study showed that social phobia had significant negative relationship with the academic achievement of school students. The difference in two researches can be due to the difference in the age level of the students. The Study by Stein and Kean (2000)[44] also showed that social phobia increases the chances of failure of students in examination, but the study described by Strahan (1998)[45] had the results which are in conformity to the present research. It showed that social anxiety did not cause any effects on the academic achievement of students or their withdrawal from the college. The same results were also found in the present study.

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References

- [1]. Alonso, J., Angermeyer, M. C., Bernert, S., Bruffaerts, R., Brugha, T. S., Bryson, H., ... & Vollebergh, W. A. M. (2004). Disability and quality of life impact of mental disorders in Europe: results from the European Study of the Epidemiology of Mental Disorders (ESEMeD) project. *Acta Psychiatrica Scandinavica*, 109(s420), 38-46.
- [2]. Bruce, T., & Saeed, S. (1999). Social anxiety disorder: A common underrecognized mental disorder. *American Family Physician*, 60(8), 2311-2320.
- [3]. Kessler, R., Berglund, P., Demler, O., Jin, R., & Walters, E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 62(6), 593-602.
- [4]. Ahmed, N. (2009). Academic achievement and its relationship with social anxiety and self esteem in male and female school students (Unpublished Phd thesis). University of the Punjab.
- [5]. Ingman, K. (1999). An examination of social anxiety, social skills ,social adjustment and self-construal in Chinese and American students at an American university (Unpublished Phd thesis). Virginia Polytechnic Institute and State University.
- [6]. Tillfors, M., & Ekselius, L. (2009). Social phobia and avoidant personality disorder: are they separate diagnostic entities or do they reflect a spectrum of social anxiety?. *The Israel Journal of Psychiatry and Related Sciences*, 46(1), 25-33.
- [7]. Brunello, N., Den Boer, J. A., Judd, L. L., Kasper, S., Kelsey, J. E., Lader, M., ... & Wittchen, H. U. (2000). Social phobia: diagnosis and epidemiology, neurobiology and pharmacology, comorbidity and treatment. *Journal of affective disorders*, 60(1), 61-74.
- [8]. Cederlund, R. (2013). Social anxiety disorder in children and adolescents: assessment, maintaining factors, and treatment. Stockholm University.
- [9]. Noyes, R. and Saric, R. (2006). *The anxiety disorders*. (1st ed.) New York: Cambridge University Press, p.158.
- [10]. Veale, D. (2003). Treatment of social phobia. *Advances in Psychiatric Treatment*, 9(4), 258-264.
- [11]. Liebowitz, M., Gorman, J., Fyer, A., & Klein, D. (1985). Social phobia. Review of a neglected anxiety disorder. *Archives of Journal Psychiatry*, 42(7), 729-736.
- [12]. Al-Naggar, R. A. (2012). Prevalence and associated factors of phobia and social anxiety among university students. Advisory Board, Associate Editors and Brain Fog Syndrome (BFS), Sleep Editorial Board Members iii-v And Beliefs about Sleep among Secondary School Students in Information for Authors vi Nigeria 165-175, 13(2), 112-121.
- [13]. Strauss, C. C., & Last, C. G. (1993). Social and simple phobias in children. *Journal of Anxiety Disorders*, 7, 141-152
- [14]. Acarturk, C., de Graaf, R., Van Straten, A., Ten Have, M., & Cuijpers, P. (2008). Social phobia and number of social fears, and their association with comorbidity, health-related quality of life and help seeking. *Social Psychiatry and Psychiatric Epidemiology*, 43(4), 273-279.
- [15]. Chapman, T. F., Mannuzza, S., & Fyer, A. J. (1995). *Epidemiology and family studies of social phobia*. Social phobia: Diagnosis, assessment, and treatment, (1st ed.). New York: Guilford Press. 21-40.
- [16]. Tillfors, M. (2001). Social phobia. the family and the brain (Unpublished Phd thesis). Acta Universitatis Upsaliensis.
- [17]. Lecrubier, Y., & Weiller, E. (1997). Comorbidities in social phobia. *International Clinical Psychopharmacology*, 12(Suppl 6), S17-S21. doi:10.1097/00004850-199710006-00004
- [18]. Turner, S., Beidel, D., Borden, J., Stanley, M., & Jacob, R. (1991). Social phobia: Axis I and II correlates. *Journal of Abnormal Psychology*, 100(1), 102-106.
- [19]. 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(2), 309-323.
- [20]. Dingemans, A., Vliet, i., Couvee, J., & Westenberg, H. (2001). Characteristics of patients with social phobia and their treatment in specialized clinics for anxiety disorders in the Netherlands. *Journal of Affective Disorders*, 65, 123-129. doi: 10.1037/0021-843X.100.1.102
- [21]. Gültekin, B. K., & Dereboy, I. F. (2011). The prevalence of social phobia, and its impact on quality of life, academic achievement, and identity formation in university students. *Turkish Journal of Psychiatry*, 22(3), 150-158.
- [22]. Katzelnick, D., & Greist, J. (2001). Social anxiety disorder: An unrecognized problem in primary care. *Journal of Clinical Psychiatry*, 62(Suppl 1), 11-16.
- [23]. Schneier, F., Heckelman, L., Garfinkel, R., Campeas, R., Fallon, B., & Gitow, A. et al. (1994). Functional impairment in social phobia. *Journal of Clinical Psychiatry*, 55(8), 322-331.
- [24]. Puskar, K. R., & Marie Bernardo, L. (2007). Mental health and academic achievement: Role of school nurses. *Journal for Specialists in Pediatric nursing*, 12(4), 215-223.
- [25]. Russel, G., & Shaw, S. (2009). A study to investigate the prevalence of social anxiety in a sample of higher education students in the UK. *Journal of Mental Health*, 18(3), 198-206.
- [26]. Khuwaja, A., Qureshi, R., & Azam, S. (2004). Prevalence and factors associated with anxiety and depression among family practitioners in Karachi, Pakistan. *The Journal of the Pakistan Medical Association*, 54(2), 45-49.
- [27]. Schneier, F. (2006). Clinical practice: Social anxiety disorder. *The New England Journal of Medicine*, 355(10), 1029-1036.
- [28]. Chaleby, K. (1987). Social phobia in Saudis. *Social psychiatry*, 22(3), 167-170.
- [29]. Edelmann, R. J., Asendorpf, J., Contarello, A., Zammunder, V., Georgas, J., & Villanueva C. (1989). Self-reported expression of embarrassment in five European cultures. *Journal of Cross Cultural Psychology*, 20(4), 357-371.
- [30]. Connor, K. M., Davidson, J. R., Churchill, L. E., Sherwood, A., Weisler, R. H., & FOA, E. (2000). Psychometric properties of the Social Phobia Inventory (SPIN) New self-rating scale. *The British Journal of Psychiatry*, 176(4), 379-386.
- [31]. American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders DSM-IV* Author: American Psychiatric Association: America.
- [32]. Beidel, D. C., Turner, S. M., & Dancu, C. V. (1985). Physiological, cognitive and behavioral aspects of social anxiety. *Behaviour Research and Therapy*, 23(2), 109-117. DOI: 10.1016/0005-7967(85)90019-1
- [33]. Furmark, T. (2000). *Social Phobia: From epidemiology to brain function* (Unpublished Phd thesis). Acta Universitatis Upsaliensis.
- [34]. Wilson, I. (2005). Screening for social anxiety disorder in first year university students: a pilot study. *Australian Family Physician*, 34(11), 983.
- [35]. Bella, T. T., & Omigbodun, O. O. (2009). Social phobia in Nigerian university students: prevalence, correlates and co-morbidity. *Social Psychiatry and Psychiatric Epidemiology*, 44(6), 458-463
- [36]. Hofmann, S. G., Asnaani, A., & Hinton, D. E. (2010). Cultural aspects in social anxiety and social anxiety disorder. *Depression and anxiety*, 27(12), 1117-1127.
- [37]. Karlsson, B. (2013). *Social phobia among the elderly*. University of Gothenburg.
- [38]. Pelissolo, A., André, C., Moutard-Martin, F., Wittchen, H. U., & Lépine, J. P. (2000). Social phobia in the community: relationship between diagnostic threshold and prevalence. *European psychiatry*, 15(1), 25-28.

- [39]. Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eshleman, S., ... & Kendler, K. S. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey. *Archives of General Psychiatry*, 51(1), 8-9.
- [40]. Essau, C. A., Conradt, J., & Petermann, F. (1999). Frequency and comorbidity of social phobia and social fears in adolescents. *Behaviour Research and Therapy*, 37(9), 831-843.
- [41]. Fehm, L., Beesdo, K., Jacobi, F., & Fiedler, A. (2007). Social anxiety disorder above and below the diagnostic threshold: prevalence, comorbidity and impairment in the general population. *Social Psychiatry and Psychiatric Epidemiology*, 43(4), 257-265.
- [42]. Chhabra, V., Bhatia, M. S., Gupta, S., Kumar, P., & Srivastava, S. (2009). Prevalence of social phobia in school-going adolescents in an urban area. *Delhi Journal of Psychiatry*, 12(1), 18-22.
- [43]. Festa, C. C., & Ginsburg, G. S. (2011). Parental and peer predictors of social anxiety in youth. *Child Psychiatry & Human Development*, 42(3), 291-306.
- [44]. Stein, M. B., & Kean, Y. M. (2000). Disability and quality of life in social phobia: epidemiologic findings. *American Journal of Psychiatry*, 157(10), 1606-1613. doi:10.1176/appi.ajp.157.10.1606
- [45]. Strahan, E. Y. (2003). The effects of social anxiety and social skills on academic performance. *Personality and Individual Differences*, 34(2), 347-366.