

A STUDY ON SOCIAL ANXIETY IN RELATION TO SELF ESTEEM AMONG ADOLESCENTS IN THE KOTTAYAM MUNICIPALITY, KERALA

Sajitha Joseph

Research Scholar , School of Gandhian Thought and Development Studies. M G University, Kottayam, Kerala, India.

ABSTRACT

The objective of the present study is to investigate the significance of Self-esteem in generating Social Anxiety in adolescent students in the Kottayam Municipality. Descriptive research design and cluster sampling design was used for this study. A sample of 180 adolescents was selected in which 60 from govt. school, 60 from aided private schools and 60 from CBSE schools in Kottayam municipality. The samples are studying plus two in these schools. Male and female adolescents are included in the study. Rosenberg self-esteem scale and Liebowitz Social Anxiety Scale are used for assessing the variables used for the study. The findings of the study are, the social anxiety and self-esteem among adolescents are negatively correlated. That means when one increases other one decrease. Even if the students are studying in plus two and they have enormous exposure to the society but majority of them have poor self-esteem. The adolescents have social anxiety but not at an extreme level.

Keywords : Self-esteem, Social anxiety, Adolescence.

INTRODUCTION

Adolescence is a transitional stage of growth and development between childhood and adulthood. The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19. The sudden and rapid physical changes that adolescents undergoes make adolescents very self-conscious, sensitive, and worried about their own bodily changes and interaction with others. The adolescent may make hurtful comparisons about themselves with their peers. In this period, it is quite normal for young people to begin to separate from their parents and ascertain their own identity. Many adolescents are at augmented risk for anxiety, depression and potential suicide attempts, owing to pressures and struggles in their family, school or social organizations, peer groups, and intimate relationships.

ADOLESCENCE

Adolescence is a transition period and it is divided into three stages: early adolescence, middle adolescence and late adolescence. The late adolescence is the phase of transition to adulthood and school to college. During this period physiological changes along with the psychological and emotional development occur. In the time the adolescents' first revelation with world or society is being started without adult supervision and he or she focuses on evolving new relationships of his/her likings. The importance of peer orientation and affiliation reach their peak during this period (Eccles, Lord, & Midgely, 1991) and peer relationships also help adolescents to facilitate their sense of personal identity and raise their autonomy (Dusek, 1991 & Ingersoll, 1989). Because late adolescence is a phase where there is a pressure to start independent social life and various environmental and social challenges occur during this period and hence self-esteem helps individuals to cope with these challenges effectively and to protect their mental health. In spite of other factors self-esteem is directly related to personal well-being.

SELF-ESTEEM

Self-esteem is one of the key aspects of self –concept. It is the personal appraisal of oneself and feeling of worth that results and is related with one's self-concept. Self-esteem is a phrase used in psychology to represent a person's overall emotional evaluation of his or her own worth. It is an appraisal of oneself as well as an attitude toward the self.

Adolescents have different levels of self-esteem, which seems to be affected by factors such as gender, ethnicity, and social class. Self-esteem can also vary within an individual. An adolescent may have varying levels of self-esteem in different realms such as social, scholastics, athletics, appearance, and general conduct and actions.

Adolescents will feel better about themselves if they experience success in the realms they care about and are complimented for that success by people they respect. Relationships with parents and relationships with peers are two important sources of social support that contribute to adolescents' self-esteem (Harter, 1990; Savin-Williams

& Demo, 1983). Adolescents, who have high self-esteem, have the ability to handle their stress and frustration in more appropriate ways.

SOCIAL ANXIETY

Social anxiety is a specific form of anxiety. It is an emotion characterized by a discomfort or a fear when a person is in a social interaction that involves a concern of being judged or evaluated by others. (Jacobs, Andrew M, 2012). Social anxiety is the fear of interaction with other people that brings on self-consciousness, feelings of being negatively judged and evaluated, and, as a result, leads to avoidance. It is the fear of being assessed and evaluated negatively by other people, leading to feelings of inadequacy, inferiority, embarrassment, humiliation, and depression. Social anxiety influences individuals' interactive patterns in the society. The adolescent with social anxiety admire loneliness and have panic on interactive life situations. There are particular criteria like DSM-V to identify social anxiety in an individual.

Developmental social anxiety occurs early in childhood as a normal part of the development of social functioning and is a stage that most children grow out of, but it may persist or resurface and grow into chronic social anxiety during their teenage years or possibly in adulthood (Albano & Detweiler 2001). People are varying in how often they experience social anxiety, and in which kinds of circumstances they experience it.

Chronic social anxiety that causes considerable distress and impaired ability to function in at least some parts of daily life is an anxiety disorder called social anxiety disorder (SAD) (National Institute for Health and Clinical Excellence, 2013). Social phobia, which is also known as social anxiety disorders, is a serious mental health problem in India with an incidence of 2.79% and prevalence of 1.47%. Social phobia leads adolescents to other social deviant behaviour like alcohol abuse, drug abuse etc... Socially anxious adolescents may experience troubles in peer relationships (La Greca & Lopez, 1998; Vemberg, Abwender, Ewell, & Beery, 1992) and inhibition in developing public individuation. SAD is a common adolescent disorder, with major depression as comorbidity and associated with impairment in academic functioning. (Indian J Psychiatry. 2004)

The causes of social phobia or anxiety appear to be a combination of biological, psychological and environmental factors (Delhi psychiatric journal, 2009). The physical, cognitive, and behavioral hallmarks of social anxiety disorder (SAD) often make their first appearance in the adolescence period. This developmental period is depicted by rapid physical growth and sexual maturation, along with unique emotional and cognitive developments and underlying neurological changes. At the period, increasing social demands, peer pressure, romantic interests, hormonal changes, and greater independence present an overwhelming array of challenges to the adolescence and it make adolescence as the period of highest risk for onset of social anxiety (Wittchen et al., 1999). Social anxiety in adolescents seems as a crucial aspect that draw researchers' attention since it is associated to numerous problems, especially to impaired social functioning and negative self-perceptions.

The most effective treatment currently available for social anxiety disorder is cognitive behavioral therapy (CBT). Medication may also be used to help ease the symptoms of social anxiety disorder so as to CBT is more effective. Drugs may also be used alone (Ann Marie Albano, 2014).

SELF-ESTEEM AND SOCIAL ANXIETY AMONG ADOLESCENCE

Researches in the area reveals that self-esteem is a well-established correlate of depression and social anxiety (Dubois & Tevendale, 1999; Harter, 1999; Shirk et al., 2003), consistent with clinical models that emphasize the role of negative self-perceptions in the emergence of mood and anxiety disorders (Beck, 1987; Gotlib & Abramson, 1999; Salkovskis, 1996). Coppersmith (1967) and Ginsberg, et al. (1998) also stated the negative link between social anxiety and self-esteem. Low self-esteem considered as a key factor in the development of various psychopathologies contributing to poor interpersonal relationships, and lack of confidence in social situations (Harter, 1999).

According to Rivas Torres and colleagues (1995) in both younger and older adolescents the relationship between self-esteem and general health behaviour found to be significant, as self-esteem clarified important variation in mental health behaviour, social health behaviour, and total health behaviour. Sarason et al., (1990), explained that adolescence with positive self-esteem enjoy the social interaction, while individual with the negative self-esteem has low confidence and do not feel comfortable in social interactions.

As Brown and Alexander (1991) reported that adolescence who rated themselves high in popularity among peer also have more positive self-images. Self-perception is definitely more important for feeling good about ourselves and our social standing amongst friends. During late adolescence, teens' views of their own social success may also contributes in individual's over all positive perception of self, consequently leads to high performance in all areas of life also help to maintain high levels of self-esteem. This cycle also positively motivate them to handle the stressful situations which may adversely focus on their psychological wellbeing and interpersonal relationships.

Low social acceptance, low self-esteem, and negative interactions with peers, were also reported by socially anxious children (Ginsberg & colleagues, 1998).

In every individual the self-esteem may influence their ability to deal with challenges in life. Positive or negative self-value is grounded on the grading of an individual about his/her performance in different role and spheres of life. Positive self-esteem is an underlying feature of psychological wellbeing that protects and facilitates better health and positive social behaviour; as well as it also safeguards against social anxiety.

OBJECTIVES:

To assess the relation of self-esteem and social anxiety among adolescents in the Kottayam Municipality.

HYPOTHESIS:

There exists a correlation between of self-esteem and social anxiety among adolescents.

POPULATION

Population of the research constituted government school, private school and CBSE School plus two students in the Kottayam Municipality.

SAMPLING

A sample of 180 adolescents was selected in which 60 from Govt. School, 60 from aided Private schools and 60 from CBSE schools in Kottayam Municipality. The present study used cluster sampling. Firstly the schools in the Kottayam Municipality classified into three clusters such as aided, CBSE and government. Then two schools are selected from each cluster via lottery method in the probability sampling technique. The third step is also selecting students for the study. For this the researcher used lottery method to select thirty samples from each school as per inclusion and exclusion criteria. In this method each and every respondents in the population has an equal chance to be selected.

DISCRIPTION OF TOOLS

The tools used in the present study are following:

- Rosenberg's Self-esteem scale(1965)
- Liebowitz Social Anxiety Scale

Rosenberg's Self-esteem sale

The Rosenberg Self-Esteem Scale (RSES) the most commonly used self-steem measure and the scale have high reliability; test –retest correlation is typically in the range of .32 to.88. A 10-item scales that measures global self-worth via computing both positive and negative feelings about the self. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree.

Liebowitz Social Anxiety Scale

The Liebowitz Social Anxiety Scale (LSAS) is developed in 1987 by Michael Liebowitz, and its objective is to assess the range of social interaction and performance in situations feared by a patient in order to assist in the diagnosis of social anxiety disorder. The scale features 24 items, which are divided into two subscales. 13 questions relate to performance anxiety and 11 concern social situations. The LSAS was originally conceptualized as a clinician-administered rating scale, but has since been validated as a self-report scale.

STATISTICAL TECHNIQUES USED IN THE STUDY

The investigator selected descriptive and inferential statistical techniques for the analysis and interpretation of the present study.

ANALYSIS AND INTERPRETATION

The analysis of the raw information collected gives a meaningful picture of the results.

Table - 1
The correlation between Self-esteem and Social Anxiety among Adolescents

		Self esteem	Social Anxiety
Self esteem	Pearson Correlation	1	-.719**
	Sig. (2-tailed)		.000
	N	180	180
Social Anxiety	Pearson Correlation	-.719**	1
	Sig. (2-tailed)		.000
	N	180	180

** . Correlation is significant at the 0.01 level (2-tailed).

The p value of the correlation between self-esteem and quality of life is .000, which is lower than the p value of significance $p < .05$. This indicates that there is a significant correlation between self-esteem and social anxiety among adolescents.

Hence the hypothesis there is a significant correlation between self-esteem and social anxiety among adolescents is accepted.

CONCLUSION

The major areas of changes and challenges that face the individual during adolescence are physiological processes, cognitive processes, and psychological and emotional changes. The self-concept is a dynamic mental structure that interprets and mediates many interpersonal processes. It has to assist the person to value his own identity in the circumstances where he lives. As per the value given the person has positive self-concept or negative self-concept. Adolescents who failed to have a positive judgment of their own social approval and who were evaluated by their peers as unpopular yield negative self-image. The protective role of self-esteem in hazardous social or performance contexts is well recognised among social psychologists. Many behavioural problems arise in the adolescents as a part of full filling their psycho-social needs. It is a time of heightened emotional tensions which is a result of physical and glandular changes occurring in them. The major emotional problem of adolescent is centred on the failure to make transition to maturity that comprises important developmental tasks of adolescence. The adolescence with high self- esteem have the skill to mitigate the challenges in the adolescence period and thus to overcome social anxiety. Mental well-being is essential to good quality of life. Happy and confident adolescents are most likely to grow into happy and confident adults, who in turn contribute to the health and well-being of nations. Mental health problems among adolescents carry high social and economic costs, as they often develop into more disabling conditions later in life. It may results in dramatic consequences in family and society. Because of that we help the adolescence to develop self -confidence and self-esteem which are essential for being a healthy socialised individual .It will help them to handle social anxiety effectively and to become a healthy personal in various dimensions.

REFERENCE

1. Albano, A. M. (2014, August 12). When young people suffer social anxiety disorder:what parents can do [post].Care for your mind. Retrieved from <http://www.careforyourmind.org./when-young-people-suffer-social-anxiety-disorder-what-parents-can-do/>
2. Albano, A.M. & Detweiler, M.F. (2001) The Developmental and Clinical Impact of Social Anxiety and Social Phobia in Children and Adolescents. 455-472.
3. Beck, A (1987). Cognitive models of depression. *Journal of Cognitive Psychotherapy*,1, 5-38.
4. Brown L. & Alexander J. (1991). *Self-Esteem index examiner's manual*. Austin, TX: PROED.
5. Coppersmith, S. (1967). *The Antecedents of self esteem*. San Francisco: W. H. Freeman.
6. Dubois, D., & Tevendale, H. (1999). Self-esteem in childhood and adolescence. Vaccine or epiphenomenon? *Applied and Preventative Psychology*, 8, 103-117.
7. Eccles, J. S., Lord, S., & Midgley C. (1991). What are we doing to early adolescents? The impact of educational contexts on early adolescents. *American Journal of Education*, 99, 521-542

8. Ginsburg, G. S., La Greca, A. M., & Silverman, W. K. (1998). Social anxiety in children with anxiety disorders: Relation with social and emotional functioning. *Journal of Abnormal Child Psychology*, 26, 175-185.
9. Gotlib, I., & Abramson, L. (1999). Attributional theories of emotion. In T. Dagleish, & M. Power (Eds.), *Handbook of cognition and emotion* (pp. 613-636). New York: Wiley.
10. Harter, S. (1990). Identity and self development. In S. Feldman and G. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 352-387). Cambridge, MA: Harvard University Press.
11. Harter, S. (1999). *The construction of the self*. New York: Guilford.
12. Ingersoll, G. M. (1989). Adolescents (2nd ed.). In A. M. La Greca, & N. Lopez (Eds). *Social Anxiety Among Adolescents: Linkages with Peer Relations and Friendships*. *Journal of Abnormal Child Psychology*, Vol. 26
13. Jacobs, Andrew M. "Social Anxiety Disorder and Social Phobia". Retrieved 14 November 2014, from www.socialanxiety.com.
14. Khyati Mehtalia, G.K. Vankar. *Indian J Psychiatry*. 2004 Jul-Sep; 46(3): 221–227.
15. La Greca, A. M, & Lopezen. (1998). Social anxiety among adolescent, Linkages with peer relations and friendships. *Journal of Abnormal Psychology*, 26, 83-94.
16. National Institute for Health and Clinical Excellence: Guidance. *Social Anxiety Disorder: Recognition, Assessment and Treatment*. Leicester (UK): British Psychological Society; 2013 Retrieved March 10, 2015, from www.ncbi.nlm.nih.gov
17. Rivas Torres, R.M., & Fernandez, P. (1995). Self-esteem and value of health a determinants of adolescent health behavior. *Journal of Adolescent Health*, 16, 60-63.
18. Salkovskis, P. (1996). *Frontiers of cognitive therapy*. New York: Oxford University Press.
19. Sarason, I.G., & Sarason, B.R. (2007). *Abnormal psychology The Problem of Maladaptive Behavior* (Eleventh edition) Pearson Prentice .
20. Savin-Williams, R. & Demo, D. (1983). Situational and transsituational determinants of adolescent self-feelings. *Journal of Personality and Social Psychology* 44, 824-833.
21. Shirk, S., Burwell, R., & Harter, S. (2003). Strategies to modify low self-esteem in adolescents. In M. Reinecke, F. Datilio, & A. Freeman (Eds.), *Cognitive therapy with children and adolescents, Second Edition: A casebook for clinical practice* (pp. 189-213). New York: Guilford
22. 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.
23. Vishal Chhabra, MS Bhatia, Sahil Gupta, Pankaj Kumar & Shruti Srivastava *DELHI PSYCHIATRY JOURNAL* Vol. 12 (1).1Prevalence of Social Phobia in school-going adolescents in an urban area .APRIL 2009
24. 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.