A STUDY OF SOCIAL ANXIETY WITH RELATION TO SOCIAL AND ACADEMIC FUNCTIONING OF ADOLESCENTS*

Zin Minn Myo Ma Ma Kyu Htwe[1]

Abstract

The present study was intended to explore social anxiety as an important factor for understanding the relationship between social and academic functioning of adolescents. The numbers of subject were 300 subjects. Two types of questionnaires namely social anxiety scale (SAS) and social functioning questionnaire (SFQ) were used in this study. Only in the 9th grade, there was no relationship between academic functioning between social anxiety. For 10th grade, there was relationship between academic functioning and social anxiety. It showed that there was negative correlation between social anxiety and over all academic subjects. All urban area and rural area adolescents in this study have no differences in social anxiety.

Key words: Social Anxiety, Social Functioning, Academic Functioning

Introduction

Social anxiety is different from stress. Social anxiety comes from a concern over lack of control over circumstances. In some cases being anxious and worrying over a problem may generate a solution. Many people feel temporary discomfort in a variety of social situations, including: public speaking, participating or presenting at meetings, talking with a group of people, being assertive with others, dating or talking to romantic interests, being watched while writing or eating, having one-on-one conversations, and talking with authority figures because social anxiety is a normal part of life. Having extreme and frequent social anxiety often interferes with a person's quality of life and ability of function well at work, school, or in relationships with others. Social anxiety when meeting or interacting with unknown people is a common stage of development in young people. For others, it may persist into adulthood and become social anxiety.

[1] Dr, Lecturer, Department of Psychology, University of Yangon.

Another view (from Wikipedia) is that anxiety is a "future-oriented mood state in which one is ready or prepared to attempt to cope with upcoming negative events" suggesting that it is a distinction between future versus present dangers that divides anxiety and fear. Anxiety is considered to be a normal reaction to stress. It may help a person to deal with a difficult situation, for example, at work or at school, by prompting one to cope with it. When anxiety becomes excessive, it may fall under the classification of an social anxiety.

Social Functioning

Social Functioning, according to Peter Tyrer, Saffron Kaelsen and Mike Crawford (2002), the way in which each of us acts and reacts in occupational, personal, social and leisure setting, has increasingly been recognized as one of the most important elements in mental health. It was first given a separate area of description in formal classifications in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in which a new division (axis) of description was given over to social functioning. The point of recording social functioning independently of other variables concerned with mental state perhaps needs to be stated.

As mentioned above social anxiety and social functioning play a major role in an individual's life. These two factors have never been studied in Myanmar. Therefore, this is one of the first studies to conduct the relationship between social anxiety and social and academic functioning in Myanmar. The researcher wanted to investigate whether the high school adolescents have social anxiety and how it determines social functioning and the relationship between social anxiety and academic functioning.

Social Anxiety of Adolescents

Social Anxiety first occurs in infancy and is said to be normal and necessary emotion for effective social functioning and developmental growth. Cognitive advance and increased pressures in late childhood and early adolescence result in repeated social anxiety. Adolescents have identified their most common anxieties as focused on relationships with peers to whom they are attracted, peer rejection, public speaking, blushing, self-consciousness,

and post behavior. Most adolescents progress through their fears and meet the developmental demands placed on them. In public places, such as work, meeting, or shopping, people with social anxiety feel that everyone is watching, staring, and judging them. The social anxious person cannot relax, "take it easy" and enjoy themselves in public.

Millions of people around the world suffer from social anxiety and related conditions. Despite being the most common type of anxiety and the cause of much impairment and suffering, it is under-recognized and under-treated. Yet virtually everyone knows what it is like to feel shy or lacking in social confidence, often to an extent that can limit opportunities and happiness. Because social anxiety issues are still relatively unknown amongst the wider public, most are not even aware that the thing which can have such a huge impact on their lives has a name.

"Regular" social anxiety is known to all of us as an uncomfortable feeling of nervousness. Many people have particular worries about social situations like public speaking or talking to authority figures, or experience more general feelings of shyness or a lack of confidence. If an individual have experienced or do experience feelings such as these, you could well have Social Anxiety or the more severe form. Experiencing these kinds of feelings and thoughts can be very isolating, you can feel like the only person in the world with these kinds of problems, but one of the most reassuring things that many people gain from joining the social anxiety (UK) community is that they are not alone, that others have experienced and continue to experience the same thoughts and feelings. Many techniques and methods are now employed in helping people cope with and overcome the thoughts and feelings that drive social anxiety, and support is always available through the SAUK Forum and Chatroom.

The Journal of Clinical Psychiatry (1998:59, supplement 17, 4:9) suggests two different major subtypes of social anxiety, generalized and specific. Generalized social anxiety is when the persons fears a wide range of different social situations. Specific social anxiety is when the person fears only one specific social situation, such as public speaking, or only a couple of specific social situations.

The most common situations that are feared by people who have social anxiety include the following: Speaking in public, Eating and drinking in public, Writing in front of others, Meeting new people, Being the centre of attention, Meeting or talking with people in positions of authority, Meeting or talking to members of the opposite sex, Being watched doing something, Being teased, Being criticized and Using the telephone, etc. Arousal is an individual's level of alertness, wakefulness, and activation (Anderson, 1990). It is a state of physical and psychological readiness for action provoked by the activity of the central nervous system, including the brain.

In the early part of the twentieth century, Yerkes and Dodson (1908) showed that very low arousal and very high arousal are both associated with poor performance. A moderate level of arousal is associated with the best performance. People generally also feel their best when their level of arousal is moderate (Berlyne, 1960). Expert teachers habitually use a moderate level of arousal to their students' advantage. In one study, individuals who had a history of childhood shyness and a traumatic early experience were much more likely to experience social anxiety than individuals for whom neither of these factors was present (Stemberger et al., 1995). Recent findings indicate that cultural factors, too, may play a role in social anxiety.

According to La Greca & Stone (1993), highly socially anxious children tend to perceive their level of social acceptance and self-esteem to be and are less well liked and more rejected by peers. In addition, based on research by Strauss et al. (1989), we expected children with high social anxiety to be rated by adults as demonstrating poor social skills, particularly in the area of assertiveness. Specifically, the results show that negative relation between social anxiety and social functioning (Social Acceptance, Self-Esteem, Positive Peer Interaction, Negative Peer Interaction), and academic (examination marks) functioning.

Peer relations play a critical role in children's social and academic development. It is in the context of peer relations that adolescent learn how to share and take turns, how to interact with others, and how to place others' concerns before their own. Impairments in peer relations during the high school years have been linked with poor adjustment outcomes during adolescence. In recent years, evidence has begun to accumulate showing that

anxious children demonstrate impairments in their peer relations. Adolescences spend more of their time in school and in school-related activities than in any other setting. Clearly, then, adolescent's experiences in school play an important role in their social and academic development. In school, adolescent do not merely acquire information that contributes to their cognitive growth; they also have the opportunity to acquire, and practice, many social skills. They learn to share, to cooperate, to work together in groups to solve problems.

Social Functioning of Adolescents

Strauss, Frame, and Forehand (1987) found that adolescent in schools who were rated by their teachers as highly anxious were less liked and more actively disliked by their classmates than were their non-anxious counterparts. In addition to problematic peer relations, they have been found to evidence impairments in other aspects of their social functioning.

Dunn and colleagues (Dunn, 1996; Hughes & Dunn, 1997; Macguire & Dunn, 1997) have likewise shown that adolescent who perform well on theory of mind tasks have relatively positively peer interactions. In two different studies, Watson, Nixon, Wilson, and Capage (1999) found that adolescent's theory of mind was positively correlated with teacher-rated social competence, even after controlling for age and language. However, theory of mind ability was not related to teacher ratings of adolescent's popularity. Finally, Bosacki and Astington (1999) reported a significant correlation between adolescent's theory of mind and peer-rated social competence, even after partialing out verbal ability. In contrast, the relationship between theory of mind and peer-rated likeability was not significant once verbal ability was controlled.

Academic Functioning of Adolescents

As Harter (1993, 1998) suggests, another possible way of maintaining self-esteem at acceptable levels involves a reorganization of the student's domain-specific evaluation, whereby he reduces his investment in those areas that represent a threat to his self-esteem and invests in others that are potentially more rewarding. In this way, students with poor results at school

are able to protect their self-esteem by reducing their investment in the Academic Functioning and investing in other domains in which they perform well, such as interpersonal relations. In a previous work, Alves- Martins & Peixoto, (2000) have found that ninth grade low achievers present high perceived competence in areas not related to school and depreciate those that are related to school.

The objective of this study is to measure social and academic functioning of adolescents (14—17 years), and to measure the relationship between social anxiety and social functioning, and to measure the relationship between social anxiety and academic functioning, and to compare social anxiety between adolescents in rural and urban areas. More specifically, on the basic of the literature reviewed, we generated the following hypotheses:

Hypothesis 1: There is negative relation between social anxiety and social functioning.

Hypothesis 2: There is negative relation between social anxiety and academic functioning.

Hypothesis 3: There are differences between urban and rural adolescents concerning social anxiety.

Method

Participants

Sample of 300 adolescents were used as participants. They are high school students between 14 to 17 years of age. The number of subjects were 150 nine graders and 150 ten graders. One fifty subjects were (grade nine and ten) from BEHS No.1 Dawpon and 150 subjects were (grade nine and ten) from BEHS No.1 Tadaywa, Yangon.

Procedure

Social Anxiety Scale (SAS) and Social Functioning Questionnaire (SFQ) were administered to 300 adolescents. Academic functioning of the adolescents was obtained from the students' from the report cards. Based on

these findings, the relation between social anxiety and social functioning and academic functioning of adolescents was investigated.

First, Social Anxiety Scale (SAS) was given to the subjects and they were given instructions. The time taken was about (15) minutes. After that Social Functioning Questionnaire (SFQ) was administered and instructed to completely answer the questionnaire as much as possible. The total time taken was about (30) minutes.

Measures

The construction of Social Anxiety Scale as originally conceptualized by Watson and Friend (1969). Social Anxiety Scale for Children-Revised (SASC-R; La Greca & Stone, 1993) has been used with children (La Greca & Stone, 1993; Silverman, La Greca, & Wasserstein, 1995) and has been modified for use with adolescents (La Greca & Lopez, 1998; Vernberg et al., 1992).

In this research Social Anxiety Scale for children-Revised (SASC-R) was originally developed by La Greca & Stone (1993) has been translated and adapted in accordance with Myanmar school settings. After the original items of Social Anxiety Scale (SAS) were translated, they were reviewed by some Professors from Psychology Department. Then, Myanmar version of Social Anxiety Scale was constructed. The answers are to given a four-poit scale viz, 4 points for "not at all", 3 points for "sometime", 2 points for "often", and 1 point for "always" for each item. There were 44 items in initial item pooling before factor analysis was carried out. Social Anxiety Scale (SAS), consisting of 44 items had internal consistency. The Myanmar Version of Social Anxiety Scale (SAS) was used to test 106 high school students. The students were given clear instructions before they completed the questionnaire and were allowed 15 minutes for completion.

Another questionnaire to measure "Social Functioning" was translated and adapted based on the questionnaire used by Harter (1985). Social Functioning Questionnaire (SFQ) consists of 60 items. It consists of 20 items for Social Acceptance (SA) and 10 items for Global Self-worth or Self-esteem (SE) and 15 items for Positive Peer Interaction (PPI) and 15 items for Negative Peer Interaction (NPI). Then, Myanmar version of Social

Functioning Questionnaire (SFQ) was constructed. The answers are given on a five-point scale ranging from 5 (strongly agree) to 1 (strongly disagree). The (106) students were given clear instructions before they completed the questionnaire and were allowed 15 minutes for completion.

Academic Functioning of the adolescents will be calculated from the report cards in which the ratings of their teacher can be obtained.

Demographic Questionnaire: This questionnaire included demographic variables of particular interest as control variables (i.e., age, sex, education level).

Results

In data analysis process, Social Anxiety, Social Functioning and Academic Functioning were scored according to their scoring keys. And then these scores were grouped into demographic characteristics of respondents. The obtained Social Anxiety scores for each area ranged from 41 to 123 and skewed positively. These Social Anxiety scores were categorized into low, medium and high groups by means of median (shown in table-1)

Table 1: Social Anxiety Scale (SAS) of Respondents (N=300)

Area	Social Anxiety			Total
	Low	Medium	High	
Rural 9th grade	32	11	32	75
Rural 10th grade	34	8	33	75
Total	66	19	65	150
Urban 9th grade	34	8	33	75
Urban 10th grade	34	6	35	75
Total	68	14	68	150
Subjects Total	**134**	**33**	**133**	**300**

Obtained total Social Functioning scores ranged from 72 to 147 and skewed positively with the medium of 97. The results of each component of Social Functioning of respondents were shown in table-2.

Table 2: Social Functioning Questionnaire (SFQ) of respondents (N=300)

Grade	Social Functioning Scores		
	Minimum Score	Maximum Score	Median score
10th Grade			
• Social Acceptance (SA)	24	54	40
• Self-esteem (SE)	18	39	28
• Positive Peer Interaction(PPI)	5	33	16
• Negative Peer Interaction(NPI)	7	21	15
9th Grade			
• Social Acceptance (SA)	27	49	40
• Self-esteem (SE)	19	37	28
• Positive Peer Interaction(PPI)	4	32	16
• Negative Peer Interaction(NPI)	5	21	15

As part of the measure, for the data on Academic Functioning, monthly tests marks were collected from the schools. From their report cards, the grades given by their teachers were obtained. Academic Functioning was determined by the examination records of school subjects for 9th grade; the academic subjects are Myanmar, English, Mathematics, Geography, History, and Science and, for 10th grade; the academic subjects are Myanmar, English, Mathematics, Chemistry, Physics, and Biology. Academic Functioning of respondents were taken from their examination records of academic subjects. Average academic functioning scores of respondents ranged from 63 to 139, skewed positively with the median of 117. The results of academic functioning including total marks in each academic subject of 9th and 10th grade adolescents were shown in table-3.

Table 3: Academic Functioning including total marks in each academic subject of respondents

Academic subjects	Academic Functioning (Academic Subject Marks)		
	Minimum	Maximum	Median
10th Grade			
• Myanmar	57	144	87
• English	46	186	84.5
• Mathematics	41	174	89
• Chemistry	46	197	81
• Physics	67	187	95
• Biology	60	186	87
9th Grade			
• Myanmar	51	173	103
• English	58	181	96
• Mathematics	53	195	96
• Geography	52	180	92
• History	47	164	97
• Science	49	181	105

Table 4: Relationship between Social Anxiety and Social Functioning (9th grade)

Social Functioning	Spearman correlation; rho value	p
	Social Anxiety	
Social Acceptance (SA)	0.508	0.0001
Self-esteem (SE)	0.346	0.0001
Positive Peer Interaction(PPI)	0.461	0.0001
Negative Peer Interaction(NPI)	0.385	0.0001

The relationship between social anxiety and social functioning were presented in table-4. It showed that positive correlation existed between social anxiety and over all social functioning: Social Acceptance (SA), Self-esteem (SE), Positive Peer Interaction (PPI), and Negative Peer Interaction (NPI) significant at 0.0001 level.

Table5 : Relationship between Social Anxiety and Social Functioning (10th grade)

Social Functioning	Spearman correlation; rho value	p
	Social Anxiety	
Social Acceptance (SA)	0.384	0.0001
Self-esteem (SE)	0.504	0.0001
Positive Peer Interaction(PPI)	0.445	0.0001
Negative Peer Interaction(NPI)	0.375	0.0001

Table-5 shows the relationship between social anxiety and social functioning of 10th grade adolescents. It was found that there was positive correlation between social anxiety and over all social functioning: Social Acceptance (SA), Self-esteem (SE), Positive Peer Interaction (PPI), and Negative Peer Interaction (NPI) significant at 0.0001 level.

The relationship between social anxiety and academic functioning of 9th grade adolescents were shown in table-6. It represented that there was positive correlation between social anxiety and academic subjects of Mathematics, History and Science. But, there was no significant correlation between social anxiety and the remaining academic subjects (Myanmar, English, and Geography) of 9th grade adolescents.

For 9th grade students, they are not social self-conscious as they are still young. This may be the reason why they social anxiety scores are not high. Therefore, there was positive correlation between social anxiety and academic subjects.

Table 6: Relationship between Social Anxiety and Academic Functioning of 9th grade adolescents

Academic Functioning (Academic Subjects)	Spearman correlation; rho value	p
	Social Anxiety	
Myanmar	0.082	0.320 (NS)
English	0.044	0.596 (NS)
Mathematics	0.218	0.007
Geography	0.113	0.170 (NS)
History	0.179	0.029
Science	0.279	0.001

The relationship between social anxiety and academic functioning of 9th grade adolescents were shown in table-7. It represented that the correlation between social anxiety and academic functioning was not significant.

Table 7: Showing the correlation between social anxiety and academic functioning (9th grade)

	Academic Functioning (All Academic Subjects)	p
Social Anxiety	0.145	0.08

Table-8 illustrates the relationship between social anxiety and academic functioning of 10th grade adolescents. It showed that there was negative correlation between social anxiety and over all Academic Subjects, (Myanmar, English, Mathematics, Chemistry, Physics, and Biology) significant at 0.001 level.

Table 8: Relationship between Social Anxiety and Academic Functioning of 10th grade adolescents

Academic Functioning (Academic Subjects)	Spearman correlation; rho value	p
	Social Anxiety	
Myanmar	-0.418	0.001
English	-0.280	0.001
Mathematics	-0.375	0.001
Chemistry	-0.360	0.001
Physics	-0.296	0.001
Biology	-0.445	0.001

Table 9: Showing the correlation between social anxiety and academic functioning (10th grade)

	Academic Functioning (All Academic Subjects)	p
Social Anxiety	-0.356	0.0001

Table-9 illustrates the relationship between social anxiety and academic functioning of 10th grade adolescents. It showed that there was negative correlation at the level of 0.0001.

Table 10: Differences between social anxiety of rural area and urban area adolescents (9th and 10th grade)

	Social Anxiety						
	Low	Medium	High	Total	$\chi 2$	df	p
Rural	66	19	65	150			
Urban	68	14	68	150	0.86	2	0.65
Total	134	33	133	300			

Table 11: Differences between social anxiety of rural area and urban area adolescents (9th grade)

	Social Anxiety						
	Low	**Medium**	**High**	**Total**	**χ 2**	**df**	**p**
Rural	32	11	32	75			
Urban	34	8	33	75	0.55	2	0.76
Total	66	19	65	150			

Table 12: Differences between social anxiety of rural area and urban area adolescents (10th grade)

	Social Anxiety						
	Low	**Medium**	**High**	**Total**	**χ 2**	**df**	**p**
Rural	34	8	33	75			
Urban	34	6	35	75	0.35	2	0.84
Total	68	14	68	150			

Discussion

All urban area and rural area (9th and 10th grades) adolescents in this study have no differences in social anxiety. Specifically, we examined linkages between social anxiety and social functioning. According to La Greca & Stone (1993), highly socially anxious children tend to perceive their level of social acceptance and self-esteem to be and are less well liked and more rejected by peers, we expected similar relations in our sample. In addition, based on research by Strauss et al. (1989), we expected children with high social anxiety to be rated by adults as demonstrating poor social skills, particularly in the area of assertiveness. Specifically, the results show the negative relation between social anxiety and social functioning and academic functioning.

The findings from this investigation are the first to provide support for the utility of the social anxiety scale (SAS) with a sample of adolescents. In according with the research by Strauss et al.,(1989), which stated that

adolescents with high social anxiety to be rated by adults as demonstrating poor social skills, particularly in the area of assertiveness.

The results of this research will be helpful for parents, peer group and the students. Moreover, the finding of this research will be applied to understand the nature of social/ school environment.

Conclusion

The present study social anxiety and social functioning play a major role in an individual's life. These two factors have never been studied in Myanmar. Therefore, this is one of the first studies to conduct the relationship between social anxiety and social and academic functioning in Myanmar. Therefore, this study was to find out the relationship between social anxiety and social functioning and academic functioning of adolescents.

References

Alan Hunt (1999). Anxiety and Social explanation: some anxieties about anxiety. Journal of Social History, Spring.

Albano, A.M.,& Detweiler, M.F.,(2001). The Developmental and Clinical Impact of Social Anxiety and Social Phobia in Children and Adolescents. Allyn & Bacon.

Allyn & Bacon (2002). Educational Psychology. USA.

Beidel, D.C.,(1998). Social anxiety disorder: Etiology and early clinical presentation. Journal of Clinical Psychiatry 59, 27-31.

Betty Repacholi, Virginia Slaughter, Michelle Pritchard, and Vicki Gibbs, (1999). Theory of Mind, and Social Functioning in Childhood. Australia. Vol.2, 67-72.

Crick, N.R., & ladd, G. W.(1993). Children's perceptions of their peer experiences: Attributions, loneliness, social anxiety, and social avoidance. Developmental Psychology 29, 244-254.

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, Vol. 26, No.3, 175-185.

Harold Leitenberg (1990). Handbook of Social and Evaluation Anxiety. Anxiety Away.com

La Greca, A.M., & Stone, W.L.,(1993). The Social Anxiety Scale for Children-Revised: Factor structure and concurrent validity. Journal of Clinical Child Psychology 22, 7-27.

La Greca, A.M.,& Lopez, N.(1998). Social Anxiety among adolescents: Linkages with peer relations and friendships. Journal of Abnormal Child Psychology 26, 83-94.

La Greca, A.M.,(1998). Journal of Abnormal Child Psychology, Vol.26, No.3, PP-175-185.

La Greca, A.M.,(1998). Manual for the Social Anxiety Scales for Children and Adolescents, University of Miami.

M.Alves-Martins, F. Peixoto, M. Gouveia-pereira, V. Amaral and I. Pedro, (2002). Self-esteem and   Academic Achievement Among Adolescents, Educational Psychology, Vol.22, No.1,Portugal.

Peter Tyrer, Saffron Karlsen & Mike Crawford (2002). Social functioning and personality difficulties. UK.

Robert, W. R., Eccles, S.J., and Arnold J.S.,(1998). Academic and emotional functioning in early adolescence, USA, Cambridge University Press, Development and Psychology 10, 321-352.

Sarah W.Book, M.D.,& Randall, C.L.,Ph.D.(1994). Social Anxiety Disorder, Medical University of South Carolina.

Thomas A. Richards, Ph.D (2007). What is Social Anxiety? Social Anxiety Institute.

Thomas A. Richards, Ph.D. (2009). What is Social Anxiety?

Vernberg, E.M., Abwender, D.A., Ewell, K.K.,& Beery, S.H., (1992). Social Anxiety and peer relationships in early adolescents: A prospective analysis. Journal of Clinical Child Psychology 21, 189-196.