

Understanding and assessing social anxiety among college students and its counseling through CBT

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Abstract:

Social performance and social skills are very important for today's students. The fear of social interactions and performance phobia are daily encounters for college youth. In Seminars, presentation, group projects students are expected to speak in front of a large crowd, who they are familiar or unfamiliar to. Students face phobia, avoidance, fear of negative judgment and find difficulty to cope up with these issues. The assessment of these presentations also contributes a major share of their degree grading as well. Thus students need support and help to self boost their level which requires a specialist. Author of this paper, a counselor was able to treat the students through Cognitive Behavioral Therapy that is highly effective for social anxiety.

The tools used to measure anxiety was Social Interaction Anxiety Scale (SIAS), to measure the judgment of negative evaluation was Brief Fear of Negative Evaluation Scale (Leary 1983) and to measure the phobia was Social phobia inventory SPIN. The tools were administered pre and post the intervention and results were calculated according to respective tools (SIAS, BFNE, SPIN). Cognitive behavior therapy was intervened with 12 sessions of 2hrs each session (weekly twice) for 32 students of EEE department of age group 20. The researcher has taken data for the time period of August 2017 to September 2017. The result suggests there is reduction and significant impact of CBT counseling in student's social anxiety and social phobia

Key words.: Social Anxiety, Social phobia, fear of negative judgment, Students, cognitive behavioral therapy.

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I. INTRODUCTION

Youth, is the critical phase of life where major physical, physiological, psychological, and behavioral changes happens with changing patterns of social interactions and relationships. It is the open door of opportunity that sets a healthy and productive adulthood. But when students face social anxiety they hold erroneous belief of negativity which makes them to avoid the situation. Social Anxiety is characterized by intense and persistent fear of being negatively judged by others. They have fear of talking to authorities, answering or asking for help in classroom which leads to greater difficulty in daily experiences. Possessing less self regard leads to falling short of their expectation which apparently lower academics scores even though they are competent.

The purpose of the study is to assess the,

- anxiety level of the students through SIAS
- fear of negative evaluation through BFNE
- fear, avoidance and Physiological symptoms of social phobia through SPIN and reduce anxiety, fear, and phobia through CBT.

II. REVIEW OF LITERATURE

Approximately one in six students faces Social Anxiety in college life. This study shows how it is treated both in individual therapy and group therapy. (Taylor Hubbert, 2017)[7] This study also addresses different aspects of social anxiety and criteria which was defined by the DSM- 5. Speaking in front of familiar or unfamiliar people is usually feared or avoided by most of the individuals with. This has

been associated with low level of educational attainment. (Maria Tillfors, 2007)[5] The prevalence of social phobia in Swedish university was 16.1% when comparable to general population. Similarly Social phobia was highly prevalent among university students and it has its negative effects on the quality of life. (Gultekin & Ferhan, 2011)[3] Another study states majority of the students experience elevated symptoms of social anxiety in social situation. (Christine Purdon, 2001)[1]

III. TOOLS USED IN THIS STUDY

The tool SIAS social interaction anxiety scale developed by (Richard P.Mattickab, 1998)[6]. The SIAS when compared to other anxiety scales found to be highly correlated ($r=0.86$, $P<0.001$). SIAS is found to have strong sensitivity to treatment change. Score scale has sensitivity of 0.93 and specificity 0.60 with positive predictive value (PPV) of 0.84 and negative predictive value (NPV) 0.78.

Tool of BFNE was developed by (Leary, 1983)[4]. Brief version of negative evaluation scale consists of feelings of apprehension about others evaluation, distress over these negative evaluations and the expectation that others will evaluate one negatively. (Watson, 1969)[8.] Key proposition of cognitive behavioral models is that social anxiety is in part, a response to perceived negative evaluation by others (weeks)[9]. Fear of negative evaluation is the sense of evaluating unfavorably while anticipating or participating in social situations, whereas social anxiety pertains to affective reactions to social situation. When tested BFNE clinically Factor analysis supported the construct validity of the BFNE.

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The scale obtained excellent inter - item reliability ($\alpha=.97$) and 2 week test retest reliability ($r=.94$). Discriminate function analysis also supported validity of the BFNE

Of available social phobia scales none assess the spectrum of fear, avoidance and physiological symptoms, all of which are clinically important. The Social Phobia Inventory was developed by the Psychiatry and Behavioral Science Department at Duke University. It's a brief self rated screening instrument. (Connor KM, 2000)[2] The result of the study of SPIN indicates acceptable psychometric properties. There is good test-retest reliability, internal consistency, convergent and divergent validity. The subjects use full range of the scale without tending to avoid extremes. The SPIN also shows a substantial difference between people with social phobia and people without, when compared with "gold standard" clinical interview. The unique feature of SPIN are its brevity, simplicity, and ease of scoring, its embracing of three clinically important domains of symptoms, a promising performance with respect to diagnostic efficiency and an ability to faithfully reflect responses to and differences between , treatment overtime.

IV. METHOD

CBT is psychosocial treatment which helps to hone students' behavioral, cognitive skills to manage their negative thoughts and subsequently reduce their anxiety. The main component used to treat social anxiety includes psycho education, cognitive restructuring, exposure and home work. This paper is designed to understand the effect of CBT on social anxiety through a psychological counselor (author) .It is an experimental research designed to use psychological tools to test social anxiety, fear and phobia before and after the CBT intervention.

V. PARTICIPANTS

The participants include engineering students of 3rd yr EEE from the city of Madurai. The participants are in the age group of 18 to 21 years. The students participated in this research started with demographic mostly from Tamil medium school, who had taken at least 1 seminar and who were interested to change their performance

VI. PROCEDURE

Social Interaction Anxiety Scale (SIAS), Brief Fear of Negative Evaluation Scale, and Social Phobia Inventory tools were administered to the students before the start of the intervention. Then CBT were designed according to the results of the pre tests. Each session was for 2hrs, 2 days a week for 3 months. Brief Cognitive-Behavioral Treatment for social Anxiety Disorder by Eric P .Morris, David Mensink, and Sherry H . Stewart Dalhousie University was taken for treatment (Dr.Eric Morris, 2015)[10]. The intervention designed is as follows,

Psycho education, discussion of thoughts/situations, vertical arrow technique was introduced. Cognitive distortions were introduced with goal of providing students with types of

thinking errors they were making. Feared Situations Questionnaire was given to elicit the most social evaluative fear in them. Steps for moderating negative feelings were administered which explicitly outlines the process of identifying, analyzing, and correcting negative thoughts. Concepts of safety behaviors were told as tricks to cope up their anxiety which is ineffective tool that doesn't allow the student to experience the feared situation. Self esteem aspects were taught .Role play were performed with repetition to improve and tackle the situation and encourage to make eye contact, stand straight, and smile to the audience.

After the intervention the post test was conducted with similar tools namely, Social Interaction Anxiety Scale (SIAS), Brief Fear of Negative Evaluation Scale, and Social Phobia Inventory tools were taken

VII. RESULTS & DISCUSSION

Research Hypothesis: There is the impact of CBT intervention on the social anxiety.

Null Hypothesis: There is no impact of CBT intervention on social anxiety.

The tools were administered to students before the intervention and again after the intervention. The results of each test is as follows

VIII. SOCIAL INTERACTION ANXIETY SCALE (SIAS)

Once the test was administered pre and post intervention the researcher has bucketed the change in social anxiety and social phobia as shown in the below table. It is to be noted that the SIAS scores between 0 to 33 indicates no social phobia and anxiety, a score from 34 to 42 indicated presence of social phobia and a score from 43 to 80 indicates existence of social anxiety

Bucket Name	Number of Students
Normal – no social phobia and anxiety	5
Reduced social phobia	6
Reduced social anxiety	1
Social anxiety to social phobia	6
Social phobia to normal	11
Social anxiety to normal	4

Results indicate maximum conversion of students from social phobia to normal. It is understood that the intervention was effective. It is notable that more than 66.6% (includes the buckets Reduced social phobia, Reduced social anxiety, Social phobia to normal, Social anxiety to normal) of the sample population had a positive effect on their social phobia and social anxiety, removing the outlier, the students who had no social phobia and anxiety (includes the bucket Normal – no social phobia and anxiety) the intervention has positive effect on 78.5% of students

IX. BRIEF FEAR OF NEGATIVE EVALUATION SCALE (BFNE)

Once the test was administered pre and post the intervention the researcher has bucketed the change in negative evaluation as shown in the below table. It is to be noted that the BFNE score from 0 to 25 is considered as normal with no social anxiety and a score above 25 shows presence of clinical social anxiety

Bucket Name	Number of Students
Reduced social anxiety	24
Social anxiety to normal	9

As the results indicate there is a 100% positive effect on social anxiety after intervention. It's to be noted 27.2% of students have been completely cured from clinical social anxiety

X. SOCIAL PHOBIA INVENTORY (SPIN)

Once the test was administered pre and post the intervention the author has bucketed the change in social phobia as shown in the below table. It is to be noted that the SPIN score from 0 to 20 suggests no social phobia, a score from 20 to 30 is mild social phobia, a score from 31 to 40 is moderate social phobia, a score from 41 to 50 is severe social phobia and a score from 51 and above indicted very severe social phobia.

Bucket	Number of Students
Reduced mild social phobia	5
Mild social phobia to normal	12
Moderate social phobia to mild social phobia	10
Moderate social phobia to normal	1
Normal – no social phobia	2
Severe social phobia to mild social phobia	1
Severe social phobia to moderate social phobia	2

As the results indicate there is 39.3% from social phobia (mild and moderate) to normal. Also 54.5% of students have reduced social phobia (includes buckets Reduced mild social phobia, Moderate social phobia to mild social phobia, Severe social phobia to mild social phobia, Severe social phobia to moderate social phobia)

XI. CONCLUSION

Social Phobia and Anxiety is highly prevalent among college students. As the result shows social phobia is elevated which is the derivative of anxiety. After the intervention of cognitive behavior therapy the phobia level and anxiety level have reduced to mild level. This showed quite a number of students started to do paper presentation and seminars. It is noted that with the help of a counselor the (author) cognitive behavior therapy was conducted as intervention and best result were shown. So from author's point of view a counselor is needed in all educational departments to rectify physical, emotional and psychological issues which are needed in

present scenario. This study can be investigated further with more population than limited one

XII. BIBLIOGRAPHY

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