EFFECT OF STRESS TOLERANCE ON ADOLESCENTS WITH SOCIAL ANXIETY

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Abstract

Social anxiety disorder is the psychological disorder where interpersonal disruption and debilitation, including a persistent fear of embarrassment and rejection in social interactions or performance situations is involved. It is the third largest disorder in prevalence. The present study focuses on the stress tolerance of the socially anxious adolescents. For the same, 120 adolescents were selected from different schools across 6 districts of Kerala, between the ages of 14 to 17 years, out of which 60 were socially anxious students and 60 non socially anxious students. The participants were administered Social Social Anxiety Measure (Raj, H.S., 1995), and Stress tolerance scale (Reshmy and Sananda Raj, 1999), The analysis was done in SPSS version 20, Student's t-test and Pearson's correlation coefficient were used. The

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results show that socially anxious adolescents had poor stress tolerance when compared to the non socially anxious group. And social anxiety was found to increase significantly when stress tolerance decreased.

Introduction

"Survival of the fittest" (Charles Darwin, 1869). This is the time and the times to come in future where people must keep up, polish their talents, work hard to keep themselves wanted in the society. To live in this world, it is extremely essential that individuals should be intelligent enough to cope with different stressors and to change accordingly as demands of the society keeps changing frequently. Competition is at its heights. Everybody looks forward for results alone and is not bothered about how or in which manner the result is obtained. As a result people become more self-centered, selfish, workaholic and aggressive on one side. But on the other side, there are people who cannot cope with stressors, mere thought of those stressors make them to back off due to fear of failure or humiliation.

A person's character starts to develop right from the womb. Shyness shown by children are mostly accepted and unintentionally at times reinforced. But it becomes problematic when the child reaches the next stage of life – adolescence, which interferes with his/ her effective functioning. People then, no more accept shyness as the societal expectation changes in case of these adolescents.

Social anxiety is the condition in which an individual feel difficult to mingle with other people due to the fear of humiliation or scrutiny. For the same reason they begin to avoid social situations, interaction with others as they find these situation to increase their emotional discomfort, apprehension and fear of being negatively judged and evaluated by others , evoking feelings of self consciousness, inadequacy, embarrassment and inferiority though they have increased need for affiliation.

The hallmark features of social anxiety disorder (SAD) involve interpersonal disruption and debilitation, including a persistent fear of embarrassment and rejection in social interactions or performance situations. Phobias are fears of specific objects or situations; fears that seem excessive and that lead to avoidance or flight. They are usually signs of "ego anxiety" and, like other manifestations of such anxiety, they arise from an individual's fear that personal desires threaten social relations she or he is trying to preserve (e.g., Bandura, 1977; Freud, 1926; Marks, 1969; Mavissakalian and Barlow, 1981).

Social anxiety disorder (also known as Social phobia) has been diagnosed to be more common than it has been estimated in the past but still it is under treated. Today millions suffer from this disorder, which affects their personal, social and occupational affairs, either in the form of a specific social anxiety or a more generalized social anxiety.

Each and every person experience stress at some part of their life. In fact, stress is an important aspect of mortal existence; it is the psychological and physical response to the events and situations that upsets one's balance and it affects a person depending on how he or she manages it. Stress is a state of tension that is created when a person responds to the demands of pressure that comes from work, family and other external sources as well as those that are internally generated from self composed demands, obligations and self criticism.

The term stress tolerance refers to a person's ability to withstand stress without becoming seriously impaired (Carson, Butcher and Mineka, 1996). Lower stress tolerance results in violence, murders, threats and attacks on one side, and to the other extreme may go to depression or withdrawal.

In India, not many studies have been conducted on social anxiety. In this context, this study will throw light to the understanding of social anxiety in Kerala.

Objectives of the study

1.   To examine whether there is significant difference between the socially anxious adolescents and their matched group, in terms of stress tolerance.

2.   To investigate whether there is significant correlation between stress tolerance and social anxiety.

Hypotheses

1.   There will be significant difference between the socially anxious adolescents and their matched group, in terms of stress tolerance.

2.   There will be significant relation between stress tolerance and social anxiety.

Research Method

Participants

A Sample of 120 adolescents was selected, out of which 60 were socially anxious students and 60 students without social anxiety. The data was collected from adolescents between the ages of 14 to 17 years, from different schools across 6 districts of Kerala. Purposive sampling technique was employed for data collection.

Instruments used

Only questionnaire measures were used in the present study. The following instruments were used to obtain the relevant data.

Personal Data Sheet

Personal data sheet was used to collect certain personal details of the subjects under study. It consists of certain questions related to the socio-demographic variables of the subjects such as their name, age, sex, date of birth, religion, school, class, place of residence, number of members in the family, siblings, birth order, monthly income, educational qualification and occupation of father, mother and brothers / sisters.

Social Anxiety Measure (Raj, H.S., 1995)

This test was developed for measuring the 'anxiety resulting from the prospects or presence or interpersonal evaluation in real or imagined social settings' or what is called 'social anxiety' (Sananda Raj, 1995) Social anxiety measure was developed earlier in 1988 and the revised version (Sananda Raj, 1995) was used in this study. There were 30 items in the present scale,

covering a wide variety of social situations involving anxiety. There are equal number of positive, and negative statements (items) in this test, five level Likert scale, A,B,C,D,E where A has a score of 5 and E is 1; and verse versa for a negative item. The reliability of the questionnaire was found to be .90 and the validity was found to be .74.

Stress tolerance scale (Reshmy and Sananda Raj, 1999)

The Stress Tolerance Scale developed by Resmy and Sananda Raj (1999) was used for measuring the stress tolerance levels of the subjects. The scale consists of 24 items having equal number of positive and negative items with five response choices. Where 'A' (strongly agree) is given weightage of '5', to 'E' (Strongly disagree) given '1' weightage for positive statement and vice versa for the negative statement. Both English and Malayalam versions are given in the scale. The reliability of the inventory was found to be .82 and the validity was found to be .72.

Procedure

The investigator selected 10 higher secondary schools each across 6 districts of Kerala using simple random technique. The students from ninth grade to plus 2 were assigned to different stratas (early, middle and late adolescents) from the respective schools. The participants and teachers were explained about the aim and procedures prior the collection of data.   All the selected students from the given classes after signing the informed consent were screened on the basis of Social anxiety Questionnaire (Revised version) scores. Those who scored the highest 60 scorers among those who scored above 60% (sixty percent) of the total score and untreated, were categorised into the group with social anxiety and those lowest 40 scorer among those who scored below 40% (forty percent) of the total score was considered as the control group or those without social anxiety. And those students who scored average or had physical / mental incompetencies or those incomplete questionnaires were excluded from the study. Further they were administered Stress Tolerance Scale. Scoring was done as per the manual and entered into spreadsheet for statistical analysis such as Student's t-test and Pearson's correlation coefficient. Similarly data was collected from both the groups also were matched on the basis of age, sex, educational qualification, monthly income, birth order.

Result and discussion

The objective of the study was to examine whether there is significant difference between the socially anxious adolescents and their matched group, in terms of stress tolerance. To find out the significant difference, descriptive statistics was used and the results are presented in the following tables.

Table 1 *Descriptive statistics and t test of Stress tolerance between the social anxiety group and without social anxiety group*

Variable	Social anxiety	*N*	Mean	*SD*	*t*
Stress tolerance	With anxiety	60	67.38	7.395	4.039**
	Without anxiety	60	73.45	8.983	

**Significance at .01 level

Descriptive statistics for the variable stress tolerance is presented in the Table 4.1. Scores of stress tolerance are normally distributed among with social anxiety and without social anxiety adolescents. Results of independent sample *t* test indicate that adolescents with social anxiety shows significantly low level of stress tolerance compared to adolescents without social anxiety, $t(118) = 4.039$, which is significant at 0.01 level. This might be because adolescence is a stage of transition where almost all of their expectancies, and others too, changes. Socially anxious adolescents are more conscious about what others think about them, whether their behaviour will, in any way, be foolish that others will humiliate or criticize. So this thought itself makes them anxious and stressed out leading to avoidance of that situation. They are incapable of handling stress when compared to their matched group.

The result is supported by Velting and Albano (2001), stating that adolescents become more conscious about themselves, trying to observe what others do as they know social expectations about them have changed, thus making some adolescents excessively fearful of social situations leading to intense distress.

Table 2 Pearson's correlation coefficient of social anxiety and stress tolerance

Sl no	Variables	r
1	Social anxiety and stress tolerance	-.432**

**Significance at .01 level

*Social anxiety – stress tolerance (-.432**)*

The result indicates that social anxiety and stress tolerance are negatively and significantly correlated that is, the higher the social anxiety a person has the poorer is his tolerance for stress. This may be because initially this individual might have encountered with social interactions with negative outcomes. A study that supports the finding is by Maner et al., (2007) in which they found that social anxiety patients shows greater stress reactivity as they acquire less success and reward when pursuing goals.

Conclusion

Though social anxiety disorder ranks the third in its prevalence in psychopathology, it is mostly underrated and under treated. People with this disorder often prefer to be unseen and get used to their daily activities and vocation which does not in any way threaten their very existence, which in turn is way below their actual capability. The current study has significantly contributed to understanding of social anxiety and the effect stress tolerance it has on adolescents, especially when it is considered as its onset age. The study clearly shows that socially anxious adolescents had poor stress tolerance when compared to the non socially anxious group. And social anxiety was found to increase when stress tolerance decreased on a significant level. So it is mandatory to intervene at the grass root level of the problem at the onset age itself. Students must be given enough exposure to overcome their anxiety to social situations and simultaneously given relaxation techniques or yoga to reduce their anxiety.

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