INVESTIGATING THE EFFECTS OF SOCIAL ANXIETY DISORDER ON ADOLESCENTS’ MANIFESTED SOCIAL SKILLS AND ADJUSTMENT IN LAGOS METROPOLIS

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Abstract
This study investigated the effects of social anxiety disorder on adolescents manifested social skills and adjustment in Lagos Metropolis. Four null hypotheses were formulated to guide the study. The sample for the study consisted of 200 adolescents randomly selected across four schools in Lagos Metropolis. Descriptive survey design was employed in carrying out the study. Relevant data were collected using researchers’ designed questionnaire titled ‘Index of Social Anxiety and Social Adjustment Questionnaire (ISASAQ)’. Data generated were analysed using Pearson Product Moment Correlation Coefficient to test the hypotheses. Results obtained showed that social anxiety strongly relates with adolescents’ social adjustment, social interaction skills, social performance and social competence. This implies that adolescent with social anxiety disorder have poor social adjustment, poor social interaction skills and poor social competence than those without social anxiety disorder. The researchers discussed these findings in relation to the positions of other researchers. It was recommended, among other things, that all hands should be on deck to assist adolescents deal with their social anxiety as a way to acquire socially acceptable skills and competencies as one of the prerequisites for enjoying and benefiting meaningfully from social contacts.

Keywords: social anxiety, social anxiety disorder, social interaction skills, social adjustment, social performance, social competence and adolescents.

INTRODUCTION
Social anxiety is a discomfort or a fear of a person in social interactions that involve a concern about being judged or evaluated by others (Jacobs, 2012). It is typically characterized by an intense fear of what others are thinking about them (specifically fear of embarrassment, criticism, or rejection), which results in the individual feeling insecure, and that they are not good enough for other people. In the words of Garcia-Lopez (2013), the results of this are fear and anxiety within social situations, and the assumption that peers will automatically reject them in the social situations.

According to Albano and Detweiler (2001), 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. People vary in how often they experience social anxiety and in which kinds of situations.

A psychopathological (chronic and disabling) form of social anxiety is called social phobia or social anxiety disorder, and is a chronic problem that can result in a reduced quality of life (Leary, 2001). It is approximated that roughly 40 million Americans have social anxiety. The Kim Foundation (2012) reported that American adults ages 18 and older (18.1%) have an anxiety disorder. Akingbola (2008) reported a similar situation for Nigeria. According to him, more than 38 million Nigerians have anxiety disorder.

According to Angelico (2004), the difference between social anxiety and normal apprehension of social situations is that social anxiety involves an intense feeling of fear in social situations and especially situations that are unfamiliar or in which one will be watched or evaluated by others. The feeling of fear is so great that in these types of situations one may be so worried that he or she feels anxious just thinking about them and will go to great lengths to avoid them.

Overcoming social anxiety depends on the person and the situation. In some cases it can be relatively easy—just a matter of time for many individuals—yet for some people social anxiety can become a very difficult, painful and even disabling problem that is chronic in nature. The reasons are unknown. Social anxiety can be related to shyness or anxiety disorders or other emotional or temperamental factors, but its exact nature is still the subject of research and theory and the causes may vary depending on the individual. Recovery from chronic social anxiety is possible in many cases, but usually only with some kind of therapy or sustained self-help or support group work (Akinade, 2005).

Social anxiety first occurs in infancy and is said to be a normal and necessary emotion for effective social functioning and developmental growth. Cognitive advances and increased pressures in late childhood and early adolescence result in repeated social anxiety. Albano and Detweiler (2001) explained that 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 past behaviour. Most adolescents progress through their fears and meet the developmental demands placed on them. More and more children are
being diagnosed with social anxiety and this can lead to problems with education if not closely monitored.

Part of social anxiety is fear of being criticized by others, and in children social anxiety causes extreme distress over everyday activities such as playing with other kids, reading in class, or speaking to adults. On the other hand some children with social anxiety will act out because of their fear. The problem with identifying social anxiety disorder in children is that it can be difficult to determine the difference between social anxiety and basic shyness (Child development, 1995).

Based on this background, the researchers intend to investigate the effect of social anxiety disorder on adolescents’ manifested social skills and adjustment in Lagos Metropolis. The need to go into this study cannot be overstretched. The today’s youth need to be trained to face challenges without much problems. This will definitely help them in every area of their endeavour.

STATEMENT OF THE PROBLEM
The problem of social anxiety is very real among our adolescents in the recent times. There are enough evidences of social anxiety disorder among our Secondary School Students. Some of them have been reported to have difficulties in speaking in public places, mixing with other people because of the fear of not wanting to be assessed, criticised or rejected. Hence, they continue to avoid social contacts that would have naturally blessed them.

PURPOSE OF THE STUDY
This study investigates the effect of social anxiety disorder on adolescents’ manifested social skills and adjustment among Secondary School Students in Lagos Metropolis. Specifically, the study intends to:
1. Find out if any relationship exists between social anxiety and adolescents’ social adjustment.
2. Examine the relationship between social anxiety and adolescents’ social interaction skills.
3. Determine the relationship between social anxiety and adolescents’ social performance.
4. Find out if any relationship exists between social anxiety and adolescents’ social competence.

RESEARCH QUESTIONS
These questions were answered in the study
1. Does any relationship exist between social anxiety and adolescents’ social adjustment?
2. What is the relationship between social anxiety and adolescents’ social interaction skills?
3. In what way will social anxiety relate with adolescents’ social performance?
4. Will any relationship exist between social anxiety and adolescents’ social competence?

HYPOTHESES
The following hypotheses were tested in the study
1. There is no significant relationship between social anxiety and adolescents’ social adjustment.
2. There is no significant relationship between social anxiety and adolescents’ social interaction skills.
3. There is no significant relationship between social anxiety and adolescents’ social performance.
4. There is no significant relationship between social anxiety and adolescents’ social competence.

LIMITATION
This study is subject to the responses provided by the respondent. The researchers were not in the know of the psychological state of the minds of the respondents.

METHODOLOGY
Design
Descriptive survey research design was adopted in this study
Population
The population of study comprised all Secondary School Two students in Lagos Metropolis.
Sample/Sampling Technique
The sample for the study consists of 200 Secondary School Two students. The sample consisted of male and female SS11 students with their age ranging from 17 to 21 years. Stratified random sampling technique was used to group participants into different age group.
Instrumentation
The main instrument used in collecting relevant data for this study is Researchers’ Self Designed Index of Social Anxiety and Social Adjustment Questionnaire (ISASAQ).

The questionnaire consisted of two sections, while section 1 obtained bio-data of respondents; section 2 measured the research variables.

The face and content validity of the instrument was determined by means of approval rating from experts in the field. Test retest reliability method was used in obtaining the reliability coefficient of the instrument. The instrument was pilot tested on 20 adolescents within the same age range. Those children were not the target of the main study. Pearson Product Moment Correlation Coefficient method was used to calculate reliability coefficient value because it was tested twice on the same group. This helped the researchers to see the consistency of the instrument in measuring the research variables.

PROCEDURE
Two steps were involved in the data collection procedure. First, the researchers personally visited the Principals of the Selected Schools and made his intention known to the authority. The second was the actual administration of the instruments. All participants were gathered together in the school hall for the exercise. Thereafter, the instruments were administered to them with the
assistance of their teachers. There was no time limit given to children to respond to the instrument. Thereafter, the instruments were retrieved for processing.

**Results Hypothesis One**
This hypothesis in the null form states that there is no significant relationship between social anxiety and adolescents’ social adjustment. In testing this hypothesis, Pearson Product Moment Correlation Coefficient was used and the result obtained is shown in table 1 below:

**Table 1:** The Pearson Product Moment Correlation Showing the Relationship Social Anxiety and Adolescents’ Social Adjustment

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>D.f</th>
<th>r- cal</th>
<th>r- critical</th>
<th>Remark</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Anxiety</td>
<td>200</td>
<td>198</td>
<td>0.94</td>
<td>0.19</td>
<td>Not Significant at 0.05; d.f = 198; r-critical value = 0.19</td>
<td>Ho is accepted</td>
</tr>
</tbody>
</table>

Result in table 1 above shows that there was a significant relationship between social anxiety and adolescents’ social adjustment. The r-calculated value of 0.94 is greater than the r-critical value of 0.19, given 198 degree of freedom at 0.05 level of significance. Hence, the null hypothesis was rejected. This therefore implies that there is a significant relationship between social anxiety and adolescents’ social adjustment in Lagos Metropolis.

**Hypothesis Two**
Hypothesis two states that there is no significant relationship between social anxiety and adolescents’ social interaction skills.

In testing this hypothesis, Pearson Product Moment Correlation Coefficient was used and the result obtained is shown in table 2 below:

**Table 2:** The Pearson Product Moment Correlation Showing the Relationship Social Anxiety and Adolescents’ Social Interaction Skills

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>D.f</th>
<th>r- cal</th>
<th>r- critical</th>
<th>Remark</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Anxiety</td>
<td>200</td>
<td>198</td>
<td>0.78</td>
<td>0.19</td>
<td>Not Significant at 0.05; d.f = 198; r-critical value = 0.19</td>
<td>Ho is accepted</td>
</tr>
</tbody>
</table>

Result in table 2 above shows that there was a significant relationship between social anxiety and adolescents’ social interaction skills. The r-calculated value of 0.78 is greater than the r-critical value of 0.19, given 198 degree of freedom at 0.05 level of significance. Hence, the null hypothesis was rejected. This therefore implies that there is a significant relationship between social anxiety and adolescents’ social interaction skills in Lagos Metropolis.

**Hypothesis Three**
Hypothesis three states that there is no significant relationship between social anxiety and adolescents’ social performance.

In testing this hypothesis, Pearson Product Moment Correlation Coefficient was used and the result obtained is shown in table 3 below:

**Table 3:** The Pearson Product Moment Correlation Showing the Relationship Social Anxiety and Adolescents’ Social Performance

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>D.f</th>
<th>r- cal</th>
<th>r- critical</th>
<th>Remark</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Anxiety</td>
<td>200</td>
<td>198</td>
<td>0.82</td>
<td>0.19</td>
<td>Not Significant at 0.05; d.f = 198; r-critical value = 0.19</td>
<td>Ho is accepted</td>
</tr>
</tbody>
</table>

Result in table 3 above shows that there was a significant relationship between social anxiety and adolescents’ social performance. The r-calculated value of 0.82 is greater than the r-critical value of 0.19, given 198 degree of freedom at 0.05 level of significance. Hence, the null hypothesis was rejected. This therefore implies that there is a significant relationship between social anxiety and adolescents’ social performance in Lagos Metropolis.

**Hypothesis Four**
Hypothesis four states that there is no significant relationship between social anxiety and adolescents’ social competence.

In testing this hypothesis, Pearson Product Moment Correlation Coefficient was used and the result obtained is shown in table 4 below:

**Table 4:** The Pearson Product Moment Correlation Showing the Relationship Social Anxiety and Adolescents’ Social Competence

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>D.f</th>
<th>r- cal</th>
<th>r- critical</th>
<th>Remark</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Anxiety</td>
<td>200</td>
<td>198</td>
<td>0.95</td>
<td>0.19</td>
<td>Not Significant at 0.05; d.f = 198; r-critical value = 0.19</td>
<td>Ho is accepted</td>
</tr>
</tbody>
</table>

Result in table 4 above shows that there was a significant relationship between social anxiety and adolescents’ social competence. The r-calculated value of 0.95 is greater than the r-critical value of 0.19, given 198 degree of freedom at 0.05 level of significance. Hence, the null hypothesis was rejected. This therefore implies that there is a significant relationship between social anxiety and adolescents’ social competence in Lagos Metropolis.

**DISCUSSION OF FINDINGS**
Result in table 1 indicated that there was a significant relationship between social anxiety and adolescents’ social adjustment in Lagos Metropolis. This finding agrees with the position of Jacobs (2012) who reported that social anxiety has significant effect on adolescents’ social adjustment. According to him, high social anxiety function as a threat to adolescents’ positive social adjustment and if not properly moderated can become a disorder that will impair their effective social functioning. Similarly, Del Prette & Del Prette (2001) asserted that...
those who will benefit maximally from social contacts are those with moderated social anxiety.

Result in table 2 suggested that there was a significant relationship between social anxiety and adolescents’ social interaction skills in Lagos Metropolis.

This finding agrees with the report of (Angélico, 2004; Argyle, 1994; Halford & Hayes, 1995; Turner, Beidel & Flood, 2003; Turner, Beidel & Townsley, 1992). They all seem to agree that social anxiety often affects social interaction skills of adolescents. Their various positions buttress the fact that adolescents with social anxiety disorder manifest poor interaction skills in interpersonal situations.

Social skills can be defined as “different classes of social behaviour within the individuals repertoire to deal appropriately with demands of interpersonal situations” (Del Prette & Del Prette, 2001), considering the situation in its wide meaning, including culture variables (Argyle, Furnahm & Grahan, 1981). Such concept comprehends the descriptive aspect of the verbal and non-verbal behavior displayed by the individual before different demands of the interpersonal situations. It is necessary to distinguish this concept from that of social performance, which refers to displaying a behavior or sequence of behaviors in a certain social situation. Del Prette and Del Prette (2001) add that both cognitive abilities of social perception and information processing which define, organize and guide social performance, and verbal and non-verbal behavioral abilities which implement the direction defined by the cognitive processes are grouped in the concept of social skills.

Social skills deficits are considered to hinder social functioning and the adaptive ability of individuals, with several implications and several impairments, especially for performance and social interactions. Impairment in social skills has been assumed as one of the paramount aspects of social anxiety disorder (SAD), which is considered a serious mental health problem because of its high prevalence and its resulting limitations on social interactions and performance. According to the diagnostic criteria from DSM-IV (APA, 1994), individuals with SAD or social phobia exhibit excessive, persistent and irrational fear of being seen behaving in a humiliating or embarrassing way – by the display of anxiety or inappropriate performance – and of disapproval consequences or rejection by others.

Result from table 3 three suggested that there was a significant relationship between social anxiety and adolescents’ social performance in Lagos Metropolis.

This result agrees with the result of a survey conducted by Angelico, Crippa and Loureiro (2013), their three studies checked the influence of the structure and demands of the situation on the social performance of individuals with social phobia, socially anxious and non-clinical. The result agrees with Thompson and Rapee (2002) who reported that the structure of social interaction situations moderates differences between the social performance of socially anxious and non-anxious individuals, and that they show better social performance in structured situations as compared to unstructured situations. According to this conclusion, the results of the experiment by Sheffer et al. (2001) point out that high or low demand to produce a positive impression of oneself constitutes an important mediating factor in the relationships between anxiety, heart rate and social competence in non-clinical individuals. In the condition of low demand to produce a good impression of oneself, higher social competence was consistently associated with lower heart rate and less self-reported anxiety. In the condition with high demands, higher social competence was only associated with higher heart rate.

Result from table 4 indicated that there was a significant relationship between social anxiety and adolescents’ social competence in Lagos Metropolis.

This result corroborates with that of Ige (2008) who reported that there is a significant relationship between Social Anxiety and Social Competence among adolescents. This researcher found that increase social anxiety inhibits quality social competence in adolescents’. Among other things, the researcher recommended that parents and teachers should help adolescents to deal with their social anxiety so that they can be socially competent.

CONCLUSION AND RECOMMENDATIONS
The analysis of the results obtained by this study reveals that social anxiety negatively affects the social adjustment, social performance, social interaction skills, and social competence of individuals with social phobia and socially anxious.

It is therefore recommended that all hand should be on deck to assist adolescents to acquire social skills paramount to their effective social functioning by teaching them social anxiety coping skills. Adolescents should also be taught how to develop a healthy view of self in social situations.

REFERENCES


