

Adolescent Social Anxiety: The Usage of Cognitive Behavioural Approach in Group Counselling

MAHZAM MOHD SAAD, ASLINA AHMAD & ZAHARI ISHAK

ABSTRACT

This study aimed to investigate the usage of Behavioural Cognitive approach in group counselling on social anxiety among adolescents. This study also identified social anxiety symptoms and social situations that cause anxiety among them. A total of 72 secondary school students from one particular school in Terengganu participated in this experimental study. Data was analysed using descriptive statistics and ANOVA test. Results revealed that there was a significant difference in the mean score of Social Anxiety Scale for Adolescence – SAS-A in the post test between the control and treatment group, $F(1,70) = 1.068, p < 0.05$. This indicates that the Cognitive Behavioural approach in group counselling was found to be effective in reducing social anxiety among adolescents in group counselling. It was also found that the symptoms that caused social anxiety included having rapid heart beat, difficulty in giving attention, experiencing chills, and empty thoughts. The social situations that were found to be significant in increasing social anxiety were when they felt being observed by others, doing something in public, talking or giving a speech in front of a big or small audience, facing a stranger, and being the main attraction in any social context.

INTRODUCTION

Social anxiety refers to the fear of getting negative evaluation as well as being observed by others in the social context (Albano & Detweiler, 2001), what more if the particular social situation is a new social experience. According to Muris, Merckelbach, Schmidh, Gadet, and Bogie (2001), being fearful and anxiety emerges naturally from children and adolescents. It is becoming increasingly difficult to ignore the existing of social anxiety as the current psychological problems among adolescents (Lipsitz & Scheneier, 2002). Thus, it has to be addressed seriously as most of the findings pointed out the negative effects of social anxiety (McKeon, 2005; Lipsitz & Scheneier, 2002). However, far too little attention has been paid to carry out research regarding social anxiety in Malaysia, due to the fact that anxiety is seen as a normal feeling that is usually connected to shyness – which denotes a good attitude of respect or being polite.

Study have also claimed that there was a correlation between social anxiety and problematic behaviours among adolescents (Albano & Detweiler, 2001). Wan Ghazali Wan Din (2000) reported that there was a positive correlation between emotional disturbance and mischievous among adolescents. Among the problematic behavior that was related to social anxiety are drug abuse (McKeon, 2005) social isolation (Albano & Detweiler, 2001), and attempting suicide (Fehm, Pelissolo, Furmark & Wittchen, 2005). A study carried out by Velting and Albano (2001) revealed that there is a correlation between severe social anxiety and other problems such as depression. Social anxiety was found to be the causal effect of depression and early signs of severe depression in the adolescence stage. In the long term, social anxiety is found to be correlated with problems related to education, career, social relationships and functioning of a person (Velting & Albano, 2001).

Problems concerning social anxiety such as social isolation, drug abuse, truancy, low academic achievement are among the current issues highlighted in Malaysia. According to a report given by the National Anti Drug Narcotics (2003), a total number of 2,119 adolescents of the age between 16 to 19 years old were drug abusers. A study carried out by See Chin Mey and Lee Siew Siew (2005) revealed that 43.41 percent of 182 form three students are having clinical depression, which is known as chronic depression. Even Oliver (in See Chin Mey & Tan Sin Keat, 2005) stated that 17 to 23 percent of school students are at a depressed state at any time during their adolescence stage as they have to face various challenges at that particular period. Therefore, it is time to address this matter to impede this problem.

Most parents as well as school staffs had not realise that most adolescents are struggling with social anxiety (Kashdan & Herbert, 2001). An individual that has social anxiety is too concerned with others' perception, thus they are found not to be involved in social activities. As a result, they isolate themselves, and is always being left out by others until they are involved in serious offences such as truancy (Biedel, Turner, &

Morris, 1999). Most adults believed that social anxiety as being timid. As a result, the sufferings of these adolescents concerning with social anxiety is left untreated (Kashdan & Herbert, 2001).

According to Scholing and Emmelkamp (1990), the most important time to pay attention on social anxiety is in the adolescence stage. Among the reasons are because at this stage, adolescents have to face the physical changes, new social roles and new situations in their lives (Leary & Kowalski, 1995). Even the adolescence period is a critical time involving a variety of important changes that require teenagers to make adjustments, especially in social contexts (Velting & Albano, 2001). As the possibility of adolescents experiencing high level of social anxiety is great, diagnosis and early intervention to address social concerns is required.

Proactive steps addressing adolescents who experience anxiety is important especially when they are at the age of 13 to 20 years. Furthermore according to Ollendick and Hirshfeld-Becker (2002) adolescents who have higher social anxiety tend to avoid being in social situations. Thus they are frequently found not to be at school, have low academic achievement and not engage with school and other social activities. Even these has been misunderstood as being stubborn and disobeying rules as they often refuse to do whatever are instructed by the authorities (Kasdan & Herbert, 2001).

There are various approaches specifically for social anxiety. Empirical studies have shown that Cognitive Behavioral approach is effective in reducing social anxiety (Hayes, 2006; Clark, Ehler, Hackman, Mc Manus, Fennel, Gery, Waddington & Wild, 2006; Hofman, David, Hyu Jin Kim & Andrew, 2004). Despite the success of using the cognitive behavioural approach, there has been little attempt in conducting such research in the local context. For example, a study has been carried out by Muhammad Nasir Bistamam (2006) using the Cognitive Behavioral approach in group counselling in dealing with at-risk youth. However, it did not address the problems on social anxiety among them. Therefore more studies should be carried out to determine whether Cognitive Behavioral approaches can give promising effects on social anxiety among the local adolescents.

Furthermore, Fehm (2005) and La greca and Lopez (1998) found that there are differences in the level of social anxiety according to gender. Females were found more likely to experience social anxiety than men (Fehm, 2005; La greca & Lopez, 1998). Even many social concerns related to social functioning in which teenage girls have poor functionality than boys. Therefore, the question arises whether gender factors also have an impact on treatment? Does the treatment have different effect for boys and girls?

Based on a number of uncertainties, this study was taken to determine the effect of Cognitive Behavioral approach in group counselling on social anxiety. This study is also important especially in assisting the school to identify adolescents who are prone to develop social anxiety at an early stage so that treatments can be provided to them. Early preventive and developmental intervention is a proactive action that can help to address social anxiety among adolescents. This early intervention can prevent more serious problems in the long term such as abuse, loneliness, depression and suicidal attempts. Therefore a suitable treatment must be identified to treat social anxiety among adolescents. Therefore this study is carried out to see whether the Behavioural Cognitive approach in group counselling is effective in dealing with social anxiety among the local adolescents. This study was also carried out to look at the interaction effect between Behavioral Cognitive approach In group counselling and gender towards social anxiety among adolescence. Symptoms related to social anxiety and situations that enhance social anxiety are also listed in this study.

METHODOLOGY

This is a study using experimental design. The aim of the study is to look at the effect of cognitive behavioral group counselling on adolescence social anxiety. Comparison was made on the mean score of the pretest and post test of the treatment group and the control group. The cognitive behavioral approach group counselling module for this study is designed based on the procedure of Cognitive Behavioral Group Therapy for social anxiety (Ledley, Marx & Heimberg, 2005). There are three main components of social anxiety treatment emphasized in this module; which are cognitive restructuring exercises, training, and exposure as homework assignments to enhance the exposure and cognitive restructuring. In this module, relaxation training as one more technique to address social concerns based on studies that show relaxation exercises can also help in treating anxiety (Rodebaugh, Holaway & Heimberg, 2004). Before this module is used for the purpose of study, this first module was given to a number of experts to be reviewed.

A total of 72 secondary students were participants in this study. The participants were all 16 years old from a secondary school situated in Terengganu.

INSTRUMENT

Social Anxiety Scale for Adolescence

Social Anxiety Scale was translated from the Social Anxiety Scale for Adolescence - SAS-A, which was designed by La Greca and Lopez in 1998. The instrument consists of 22 items to measure a person's experience of the youth on the subjective experience of social anxiety. This instrument using 5 Likert scale according to how much the item is "is right about you" (ie you 1 = strongly disagree to 5 = strongly agree).

SAS-A contains three subscales that includes Fear of Negative Evaluation (FNE), Social Avoidance and Distress-new (SAD-NEW) and Social Avoidance of General Distress (SAD-general). FNE reflects fears, concerns, or worries regarding negative evaluations from peers (including eight items such as "I worry about what others think of me"). SAD-NEW also assess social avoidance and distress with new social situations (with 6 items such as "I get nervous when I meet someone new "). While SAD-general reflects more generalized or pervasive social distress, discomfort, and inhibition (with 4 items such as " I feel shy even with someone I know well). Scores are obtained by summing all the scores. High scores of 50 and above indicates a person is having a high level of social anxiety that needs treatment.

SAS-A has been proven to have a high psychometric quality. The internal consistencies for the instrument ranged from 0.76 to 0.91 and the value for test re-test in two months ranged from 0.54 to 0.78 (Vernberg, Abwender, Ewell, & Berry, 1992 ; La Greca & Lopez, 1998). Flanagan (2005) also showed that the internal consistencies for the instrument is .91. The construct validity is validated by La Grace and Stone (1993) thus claimed that adolescents with high score of SAS-A had been reported not accepted by peers and of low self-concept Inderbitzen-Nolan and Walter (2000) also revealed that SAS-A is significantly correlated with Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985). According to Inderbitzen-Nolan, et al. (2004), SAS-A has been proven to be used to distinguish individuals with high and low social anxiety. This study used the Analysis of Variance (ANOVA) to analyse the data obtained in the pretest and post test.

RESULTS

The result of the study shows that there was a decrease in the mean scores of social anxiety in the treatment group compared to the control group. As shows in Table 1 that the mean score for the dependent variable, Social Anxiety Scale of the control group (mean = 77.583) is higher compared to the treatment group (mean = 51.333).

Table 1
Mean score of treatment and control group on Social Anxiety (SAS-A) in the pretest and post test

Variable	Group	Pretest mean score	Post test mean score
SAS-A	Control	78.111	77.583
	Treatment	78.078	51.333

ANOVA analysis in Table 2 shows there is a significant difference between the mean score of the post test of social anxiety between the control group with the treatment group, $F(1,70) = 1,068$, $p < 0.05$. This indicated that cognitive-behavioral counselling group approach is effective in reducing social anxiety.

Table 2
ANOVA test of post test of social anxiety

Variable	Sum of Squares	JKD	df	MKD	F	sig
SAS-A	Between group	12403.125	1	12403.125	1.068	.000
	Within group	812.750	70	11.611		
	Total	13215.875	71			

However, ANOVA analysis in Table 3 showed there is no significant difference between the mean score of post test between boys and girls for the dependent variable, adolescent social anxiety (SKSR) on the value of $F(1,70) = .002$, $p > .05$. The finding indicated that the cognitive behavioral group counselling

approach does not have different impact on boys and girls. This means that there is no interactive effect of gender on the treatment given.

Table 3
ANOVA test of post test of social anxiety based on gender

Variable	Sum of Squares	JKD	df	MKD	F	sig
SAS-A	Between group	.347	1	.347	.002	.966
	Within group	13215.528	70	188.793		
	Total	13215.875	71			

Table 4 showed that the number of social situations that often cause anxiety to teenagers is when someone watching them do something (72.2% or 26 people), speaking or speaking in front of a large group (67.6% or 25 people), having eye contact with strangers (62.2% or 23 people), being the main attraction (59.5% or 22 people) and talking or speaking in front of a small group (54.1% or 20 people). While the social situations that cause less anxiety are making calls to someone they know, asking for information from someone, attending a ceremony (29.7% or 11 people), inviting friends or family members to come over to their houses (25% or 9).

Table 4
The frequency of situations that cause social anxiety

Situations	Frequency	Percentage
Being watched of doing something	26	72.2
Talking in front of a large crowd	25	67.6
Having eye contact with strangers	23	62.2
Being the main attraction	22	59.5
Giving a talk to a small group	20	54.1
Calling a stranger	19	51.4
Attending general social gatherings	18	48.6
Asking questions in class or in a meeting	16	44.4
Talking to a person who has authority (eg: teachers, principals)	15	40.5
Having a meal in public	14	37.8
Talking to a person who are of your interest	14	37.8
Stating your disagreement	14	37.8
Writing in front of others	13	36.1
Calling a person I know	11	29.7
Asking for information from someone	11	29.7
Attending an official event	11	29.7
Invite friends to my house	9	25
Invite family members to my house	9	25

Table 5 showed that the symptoms of social anxiety is often experienced by teenagers are having a rapid heart beat (91.7% or 33 people), difficulty in paying attention (80.6% or 29 people), my body feels cold and empty mind (77.8% or 28 people). While the symptoms of social anxiety frequently experienced less dryness of mouth teenagers (22.2% or 8 persons), dizziness and unstable (19.4% or 7 people) and abdominal pain (16.7% or 6 people).

The result also shows that after given treatment or in the post test, social anxiety symptoms were reduced compared to before treatment (in the pretest). Table 6 shows the symptoms such as difficulty breathing, dryness of mouth, dizziness and imbalance, stomach pain and feels hard to breathe is no longer felt in the post test. Other symptoms also showed a reduction of social anxiety symptoms in the post test such as feel the heart beat rapidly decreased to 52.8 per cent (19 people), the body feels stiff declined to 2.8 percent (1 person), the body feels cold to decline to 11.1 per cent (4 people) , muscles feel tense declined to 2.8 percent (1 person) and difficult to pay attention to decline to 50 per cent (18 people).

Table 5
The frequency of social anxiety symptoms in pretest and post test

Symptoms	Pretest		Post test	
	Frequency	Percentage	Frequency	Percentage
Rapid heart beat	33	91.7	19	52.8
Difficulty in paying attention	29	80.6	18	50.0
Body felt so cold	28	77.8	4	11.1
Empty minds	28	77.8	18	50.0
Trembling hands	27	75.0	12	33.3
Sweaty hands	26	72.2	12	33.3
Stiffness	26	72.2	1	2.8
Urgency to urinate	23	63.9	6	16.7
Tense muscles	15	41.7	1	2.8
Difficulty to swallow food	13	36.1	0	0
Flushing face	13	36.1	4	11.1
Hard to breathe	11	30.6	0	0
Chest pain	10	27.8	3	8.3
Dry mouth	8	22.2	0	0
Dizziness and being unstable	7	19.4	0	0
Stomach ache	6	16.7	0	0

DISCUSSION

The results of this study clearly indicate that Cognitive Behavioral approach in group counselling is effective in reducing social anxiety. There were also significant differences between the mean scores of the pretest and the post test of social anxiety. The findings of the current study are consistent with those studies that showed cognitive behavioral approach is capable of reducing social anxiety (Hayes, 2006; Clark et al., 2006; Hofman, David, Hyu Jin Kim & Andrew, 2004).

Surprisingly, another important finding was that there is no interaction effect regarding gender on the treatment given. The findings of this current study do not support the previous research. There is a difference in level of social anxiety between male and female clients (Fehm, Pelissolo, Furmark, & Wittchen, 2005; La greca & Lopez, 1998). Therefore, it can be concluded that factor of gender does not affect the intervention in this study. In other words, the reduction in Social Anxiety Score is caused solely by the intervention given, that is Behavioral Cognitive Approach in Group Counselling.

The most interesting finding was that social situations that caused social anxiety in this current study were being watch of doing something in public, talking in front of a big crowd, having eye contact with strangers and being the main attraction. This findings corroborates the results by Velting and Albano (2001), and Ruscio et al. (2008) which also listed that the social situations that was feared by clients are public speech, or giving speech in a meeting. The less treating ones are usage of public toilet and writing, eating and drinking although these actions were observed by others.

Another important finding was that the symptoms that are listed related to social anxiety in this current study are rapid heart beat, difficulty in paying attention, body felt so cold and having empty minds. This findings contradicts with West (2004) who studied the experience of getting social anxiety among native adolescents in America. West (2004) found that majority of these adolescent have difficulty in deep sleep, too concern about what others will say, feeling of shy, and speechless when they are with others. However, West (2004) also revealed that through intervention, these symptoms can be reduced.

CONCLUSION

Studies showed that there are many negative effects of social anxiety such as failure to build relationships with others (La greca & Lopez, 1998; Oakman, Gifford & Chlebowski, 2003; Davill & Beck, 2002;), having academic problems, negative self-evaluation and disorders in various aspects of life (Stein & Kean, 2000; Lampe, Slade, Issakidis & Andrew, 2003). By the failure to address and treat social anxiety, especially during adolescence certainly have a negative impact on youth in the long term. These findings clearly indicate that Cognitive Behavioral approach in group counselling can be used to reduce many of the symptoms of social anxiety and social anxiety. The symptoms of social anxiety experienced by teenagers should be acknowledge as it plays great importance to all parties such as parents, school counselors, administrators. Social anxiety disorder can be treated from the early stage so that serious problems can be prevented.

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