

## **Adolescent Social Anxiety : The Usage of Cognitive Behavioural Approach in Group Counseling**

MAHZAM BT 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 in Malaysia. This study also identified social anxiety symptoms and social situations that cause anxiety among them. A total of 72 secondary school students of one of the secondary schools in Terengganu participated in this experiment 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,  $F(1,70) = 1.068, p < .05$ . This indicates that the cognitive behavioural approach in group counseling has found to be effective in reducing social anxiety among adolescents in group counseling. It was also found that the symptoms that cause social anxiety are the feelings of having a rapid heart beat, difficulty in giving attention, the feeling of getting cold, and empty minds. The social situations that were found to be significant in increasing social anxiety are when they are being observed by others, doing something, 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 perception as well as being observed by others in the social context (Albano & Detweiller, 2001), what more if the particular social situation is a new social experience. According to Muris, Merckelbach, Gadet and Moulart (2000), 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 (Ballenger, Davidson, Lecrubier, Nutt, Bobes, Biedel, Ono & Westernberg, 1998; McKeon, 2005; Lewis & O'Neil, 2000; 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.

Previous research showed that severe social anxiety occurs in life with the frequency of between 10 percent to 15 percent (Ballenger, Davidson, Lecrubier, Nutt, Bobes, Biedel, Ono & Westernberg, 1998). From a study being carried out among adolescents and adults of the age of 14 to 24 years old, social anxiety normally occur in the developmental stage with 5 percent for male and 10 percent for female (Wittchen, Stein & Kessler, 1999). This indicates that social anxiety is a psychological problem that need to be addressed especially during the adolescence stage. Without treatment, adolescents may be adversely affected.

Several local studies have showed that secondary school students is at the medium stage of anxiety (Sumarni Junin, 2000). However, a study conducted by Fariza Mohd Shah (2005) revealed that out of 403 adolescents in Kajang Selangor were having extreme anxiety (21.6 %), panicked easily (21.8 %), having fear of facing failure (22.3 %), and always frustrated and agitated (21.3 %). This was also revealed by Wan Ghazali Wan Din (2000). His study showed that adolescents at schools were having emotional disturbance such as anxiety, stress, fear, furious and sad.

Recent writings have also claimed that there was a correlation between social anxiety and problematic behaviours among adolescents. 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; Lewis & O'Neil, 2000), social isolation (Albano & Detweiller, 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. A study by the National Health Commoridity (1996) claimed that the rate of depression was 11 percent with a high rate of suicidal, which was 7 person per day in the year of 2000. 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 (Herbert & Kashdan, 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 & Morris, 1995). Most adults believed that social anxiety as being timid. As a result, the sufferings of these adolescents concerning with social anxiety is left untreated (Herbert & Khasdan, 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 (Heimberg, Stein, Hiripi & Kessler, 2000; 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 (Mountier & Stein, 1999). Furthermore according to Ollendick and Hirshfeld-Becker (2002) adolescents who have higher social anxiety tend to avoid greater opportunity from being in social situations. Thus they are found to be reluctant to go to school, have low academic achievement and refused to engage with 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; Ollendick & Ingman, 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). Meta-analysis studies revealed that various techniques of cognitive behavioral treatment showed a favorable change in the reduction of social anxiety scores with an average effect size from pre test to post test of the treatment group ranged from 0.74 to 1.08 compared to the effect size of the control group, that is between 0:13 to 0:03 (Federoff & Taylor, 2001; Feske & Chambless, 1995; Gould, Buckmister, Pollack, Otto & Yap, 1997, Taylor, 1996). 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 group counseling approach in dealing with youth at risk. Therefore more studies should be carried out to determine whether cognitive behavioral approaches can give promising effects on spocial anxiety among the local adolescents.

Furthermore, the study also 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 group counseling approach 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 Group Counseling Approach is effective in dealing with social anixety among the local adolescents.

## **RESEARCH QUESTIONS**

This study was carried out to investigate on these aspects:

1. Cognitive behavioural approach in group counseling is able to reduce adolescence social anxiety ?
2. There is an interactive effect between group counseling of cognitive behavioural approach and gender on adolescence social anxiety ?
3. What are the social situations that enhance anxiety among adolescence?
4. What are the anxiety symptoms of anxiety experienced by adolescence ?

## **RESEARCH METHODOLOGY**

### **PARTICIPANTS**

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

### **DESIGN**

This is a study using experimental design. The aim of the study is to look at the effect of cognitive behavioral group counseling 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 and 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 (Coles, Hart and Heimberg, 2005). 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.

### **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).

Table 1 shows that SAS-A contains three subscales that includes Fear of Negative Evaluation (Fear of Negative Evaluation-FNE), Social Avoidance and Distress-new (social avoidance and distress-new-SAD-NEW) and Social Avoidance of General Distress (social avoidance Distress -general-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.

Table 1 Subscale for Social Anxiety Scale for Adolescence (SAS-A)

| Subscale  | Items   |
|---|---|
| Fear of Negative Evaluation (FNE)<br>and Distress-NEW (SAD-NEW) | 3, 6, 8, 9, 12, 14, 17, 18 Social Avoidance<br>1, 4,5,10,13, 20 |
| Social Avoidance of General Distress (SAD-general)              | 15, 19, 21, 22  |

SAS-A has been proven to have a high psychometric quality. The internal consistencies for the instrument ranged from .76 to .91 and the value for test re-test in two months ranged from .54 to .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

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

Table 2 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 3 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,  $F(1,70) = 1,068$ ,  $p < .05$ . This indicated that cognitive-behavioral counseling group approach is effective in reducing social anxiety.

Table 3 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 4 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 counseling 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 4 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 5 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 5 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 6 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 6 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

This findings are consistent with a study conducted by West (2004). West investigated the experience of social anxiety among native American youth. The results showed that most of the participants were having social anxiety symptoms such as difficulty to fall sleep, worrying about others' perception, embarrassment and being quiet in social context. Similarly, studies conducted by Velting and Albano (2001) and Ruscio et al (2008) claimed that adolescents are suffering from the symptoms of social anxiety. Based on the descriptive analysis, it is clearly shown that the Cognitive Behavioral Group Counselling approach is effective in reducing the mean scores of the dependent variables. There were also significant differences between the mean scores of the pretest and the post test of social anxiety. The result also revealed that there is no difference regarding gender on the treatment given. The study showed a reduction in mean score or the dependent variable is due to the effect of treatment with the counseling group cognitive behavioral approach. This study supports previous findings showing cognitive behavioral approach is capable of reducing social anxiety (Hayes, 2006; Clark, Ehler, Hackman, Mc Manus, Fennel, Gery, Waddington & Wild, 2006; Hofman, David, Hyu Jin Kim & Andrew, 2004).

## CONCLUSION

Studies showed that there are many negative effects of social anxiety such as failure to build relationships with others (Kraus, 2006; La greca & Lopez, 1998; Flanagan, 2005; Erath, 2006; Oakman, Gifford & Chlebowski, 2003; Davill & Beck, 2002; Westernberg, 2007), having academic problems (Strahan, 2003), negative self-evaluation (Walter, 2006) 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 Group Counselling Approach 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.

## REFERENCES

- Albano, A.M. (2000). Treatment of social phobia in adolescence: Cognitive behavioral programs focused on intervention and prevention. *Journal of Cognitive Psychotherapy, 14*, 67-76.
- Albano, A.M., & Detweiler (2001). The development and the clinical impact of social anxiety and social phobia in children and adolescents. In S.G. Hofmann & P.M. DiBartolo (Eds). *Social Phobia and Social Anxiety: An integration*, 162-178. New York: Plenum Press.
- Albano, A. M., & Kendall, P. C. (2002). Cognitive behavioural therapy for children and adolescents with anxiety disorders: Clinical research advances. *International Review of Psychiatry, 14*, 129-134.
- Albano, A.M., Hayward, C., Henderson,L., Schatzberg, A.E.,Thienemann, M.,& Varady,S.(2000). Cognitive-behavioral group therapy for social phobia in female adolescents: Result of pilot study. *Journal of American Academy of Child and Adolescent Psychiatry, 39*(6), 721-726.
- Clark, D.M., Ehler,A., Hackmann,A., McManus,F., Fennell,M., Grey,N., Waddington,L., & Wild, J. (2006). Cognitive therapy versus exposure and applied relaxation in social phobia: A randomized controlled trail. *Journal of Consulting and Clinical Psychology, 74*, 568-578.
- Fehm, L., & Margraf, J. (2001). Thought suppression: Specificity in agoraphobia versus broad impairment in social phobia? *Behaviour Research and Therapy, 40*,57-66.
- Fehm, L., Pelissolo, A., Furmark, T., & Wittchen, H.U. (2005). Size and berden of social phobia in Europe. *European Neuro psychopharmacology, 15*, 453-462.
- Lipsitz, J. D., & Schneier, F. R. (2000). Social phobia: Epidemiology and cost of illness. *Pharmacoeconomics, 18*, 23-32.
- Muris, P., Merckelbach, H., Schmidh, H., Gadet, B., & Bogie, N.( 2001) Anxiety and depression as correlates of self reported behavioural inhibition in normal adolescent, *Behaviour Research and Therapy, 39*, 1051-1061.
- Baumeister, R.F., Twenge, J.M., & Nuss, C.K. (2002). Effect of social exclusion on cognitive processes: Anticipated aloneness reduces intelligent thought. *Journal of Personality and Social Psychology, 83*, 817-827.
- Ballenger, J. C., Davidson, J.R., Lecrubier, Y., Nutt D. J., Bobes,J. Biedel, D. C., Ono, Y., & Westernberg, H.G.M. (1998). Consensus statement on social anxiety from the international consensus group on depression and anxiety. *Journal of Clinical Psychiatry, 59*, 54-60.
- Fariza Mohd Shah (2005). Dakwah kepada remaja yang mengalami tekanan emosi: Kajian di Kajang Selangor Darul Ehsan. Doctoral dissertation. Universiti Malaya.
- Hayes, B.B.( 2006). Comparing the effectiveness of cognitive behavioral group therapy with and without motivational interviewing at reducing the social anxiety, alcohol consumption and negative consequences of socially anxious college student. Dissertation Doctor Philosophy. University of Wisconsin.
- La Grace, M.A.,& Lopez.N. (1998). Social anxiety among adolescents: Linkages with peer relations and friendships. *Journal of Abnormal Child Psychology, 26*, 83-94.
- Lampe,L., Slade, T., Issakadis,C.,& Andrew.G. (2003). Social Phobia in the Australian National Survey Mental Health and well- being. *Psychological Medicine. 33*(4), 637-646.
- Ledley, D.R., Mark, B.P.,& Heimberg R.G.(2005). Making Cognitive-Bahavioral Therapy Works: Clinical process for new practitioners. Guilford.
- McKeon, M.D. (2005).The role of alcohol expectancies in the relationship between alcohol use and social anxiety in college students: A social cognitive framework. Dissertation. Doctor of Philosophy. Lincoln university. Nebraska.
- Muhammad Nasir Bistamam. (2006). Kesan kaunseling kelompok ke atas penyesuaian remaja berisiko. Doctoral dissertation. National University of Malaysia.
- See Chin Mey & Tan Sin Keat. (2005). Tahap dan corak kemurungan di kalangan pelajar tingkatan enam: satu kajian kes. *Jurnal PERKAMA,11*, 39-45.
- Wan Ghazali Wan Din (2000). Gangguan emosi dan kaitan dengan kenakalan remaja. Dissertation. Master of Education. University of Malaya.