



ISSN: 0975-833X

RESEARCH ARTICLE

SOCIAL ANXIETY IN HIGHER EDUCATION: REFLECTIONS ON ITS EFFECTS AND PREVALENCE IN A BRAZILIAN POPULATION SAMPLE

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ARTICLE INFO

Article History:

Received 19th February, 2014
Received in revised form
31st March, 2014
Accepted 07th April, 2014
Published online 31st May, 2014

Key words:

Social Anxiety;
Higher education;
Students.

ABSTRACT

The main symptom of Social Anxiety Disorder (SAD) is a persistent fear in situations involving social interactions. In the academic environment, the presence of this disorder may result in several problems for the individual because of the constant social interactions this environment requires. The present study aimed to identify the prevalence of social anxiety symptoms in a sample of Brazilian higher education students. The sample included 134 students of both genders, aged at least 18 years, from a Brazilian university. Hence, a sociodemographic data record and the Social Anxiety Questionnaire for Adults (SAQ-A30 – Brazilian version) were used. The sample was composed by 73.1% (n=98) of women and 26.9% (n=36) of men; the mean age was 26.83 years (SD=9.32). The findings showed that 41.8% (n=56) of the sample presented SAD symptoms. Regarding the SAQ-A30 dimensions, the highest means were found in the 5th dimension (criticism and embarrassment), and the 1st dimension (speaking in public/talking with people in authority), followed by the 4th dimension (assertive expression of annoyance, disgust or displeasure), and 2nd dimension (interactions with the opposite sex). The 3rd dimension (interactions with strangers) presented the lowest mean. The relation and implication of these findings on academic performance are discussed.

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INTRODUCTION

The presence of a mental disorder brings countless harms for the life of an individual, furthermore having an effect on interpersonal relationships. Among these disorders, the Social Anxiety Disorder (SAD) stands out. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychological Association, APA, 2013), SAD, also known as Social Phobia, is characterized by a persistent fear in one or more situations involving social interactions, in which the individual presents hypersensitivity to either criticism or the negative evaluation of others, possibly leading to avoidance behavior of these anxiogenic situations. The DSM-5 refers that it must be specified if the SAD is either specific - only in some aspects of the individual's life, or generalized - when the individual presents excessive anxiety in different situations requiring social interaction. The understanding of the harms of SAD to academic performance is hindered because a more accurate mapping of the prevalence of this disorder is required. Schneier and Socha (2010) report that for a wider comprehension of these harms it is necessary to be aware of the co morbidity of SAD, such as affective disorders, other anxiety disorders, substance abuse disorders, eating disorders, among others. The SAD is often observed as similar to shyness in the classroom, however it needs to be

distinguished; Henderson and Zimbardo (2010) point out that SAD is a clinically diagnosed disorder and its symptoms are more severe, persistent, and harmful, causing more distress to the person with the disorder. Difficulties related to social skills and SAD were interpreted as the same problem, due to the fact that public speaking, for example, is a situation that requires both social skills and social anxiety control; thus deficits in these areas have mutual influence (McNeil, 2010). However, although the improvement of social skills indicates a significant correlation with lower rate of social anxiety symptoms, (Wagner, Oliveira and Caballo, 2011), and considering that symptoms could have a cause-and-effect relationship, this aspect has not been thoroughly explored in the scientific context (McNeil, 2010). Although the main difference is the fact that SAD characterizes a disorder, and social skills refer to behaviors in social interaction situations, its deficits may be present in an individual's life whether a disorder is present or not. The SAD may cause ever harms to academic performance because higher education involves daily social interaction, work presentations, and internships, with performance assessment (Figueredo and Barbosa, 2008). The consequences of such disorder may lead the individual to question his/her own capacity for professional and academic success, or quitting the job or course due to the anxiety generated in these environments, which is harmful to performance (Durand and Barlow, 2008). Graduation students go through countless experiences of anxiety in the academic

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environment considering the constant exposure that social interactions demand. However, part of these students may have SAD as a consequence of excessive concern about public speaking, performance assessment from others, and the need to interact with strangers, causing more consequences from these situations. The DSM-5 (APA,2013) describes that the most common anxiety stimulus of SAD is public speaking, but the fear of talking to strangers and making new friendships is also observed. Students with social anxiety present negative beliefs about situations with social interaction, and about their own social performance when compared to others without these symptoms, so they become vulnerable to depression, not only because of social isolation, but also the general level of cognitive distortions (Sailerand Hazlet-Steven, 2009). The SAD also has negative effects on academic persistence and performance, and it may result in lower grades, avoidance behavior, and problems related to work presentations (Strahan, 2003). A current research that assessed theses and dissertations from CAPES (Brazilian Coordination of Improvement of Higher Education Personnel) presented between 1987 and 2009, found 27 papers about social anxiety, which indicates the lack of Brazilian studies that could benefit health professionals (Martinez *et al.*, 2013).

A study on bibliometric indicators of national and international scientific literature about the prevalence of this disorder in university students, found 13 papers published between the years of 2006 and 2010 (Pereira and Lourenço, 2012), indicating that although publication about this subject has been receiving more attention from researchers, the results are not solid enough for the generalization of the theme. Another investigation about the presence of anxiety symptoms in a sample of university students indicated that 19.8% presented symptoms of SAD, and 8.5% have presented this criteria starting from the past 12 months, indicating the relevance of higher education as an anxiogenic factor (Bella and Omigbodun, 2009). When assessing social anxiety symptoms in a sample of Brazilian higher education students, the findings by Baptista *et al.* (2012) indicated prevalence of 11.6%. From the sample that presented social anxiety symptoms, 67.9% were women. The results indicated that the most common fear was of public speaking. The author highlight the fact that from the population with social anxiety symptoms, only a small group of 0.8% had been previously diagnosed and were under treatment. Similar results were found in a sample of Swedish university students (Tillforsand Furmark, 2007), indicating that 16.11% of the students presented social anxiety symptoms, the most common fear was of public speaking, and the profile of people presenting this symptom was of young and single students. The present study aimed to identify the prevalence of social anxiety symptoms in a sample of Brazilian higher education students, by investigating data from a population that is understudied in national and international publications. The findings will be discussed and will generate new data for future studies.

MATERIALS AND METHODS

This is an observational quantitative study. The sample included 134 students of both genders, aged at least 18 years, from a Brazilian university located in the state of Rio Grande

do Sul. After the approval from the Research Ethics Committee, the assessment activities were promoted within the institution and students were invited to participate of the present research. The individuals who agreed to participate signed an Informed Consent Form, according to Resolution 196/96 from the National Health Council, and were informed of the nature and purpose of the study, as well as of the responsibility of the researcher and confidence of participants' identity.

The research instruments were applied in the institution, individually and collectively. Information collected in the present research were computed in the "Statistical Package for the Social Sciences" (SPSS) 22.0 version. The sample was composed by 73.1% (n=98) of women and 26.9% (n=36) of men, the mean age was 26.83 years (SD=9.32). Regarding civil status of the sample, 75.4% (n=101) were single, 16.3% (n=22) were married, 4.5% (n=6) were divorced, and 3.7% (n=5) lived in a stable union. The instruments used in this study were: sociodemographic/personal data record, and the Social Anxiety Questionnaire for Adults (SAQ-A30) – Brazilian version. The Social Anxiety Questionnaire for Adults / SAQ-A30 (Caballo, Salazar, Irurtia, Arias and Hofmann, 2010) is an instrument composed by 30 items with a 5-point Likert scale, from 1 (none or very low) to 5 (very high or extremely high) points, answered according to the level of discomfort, tension or nervousness that the individual presents in different social situations. The factorial validity of the SAQ-A30 in Brazilian studies (Wagner, 2011) presents this instrument with 5 dimensions: 1st dimension - speaking in public/talking with people in authority; 2nd dimension - interactions with the opposite sex; 3rd dimension - interactions with strangers; 4th dimension - assertive expression of annoyance, disgust or displeasure; and 5th dimension - criticism and embarrassment. The instrument presents a high Cronbach's Alpha internal consistency of $\alpha=0.93$.

RESULTS

One of the main findings was the rate of 41.8% (n=56) of social anxiety symptoms found in the sample of higher education students, according to the SAQ-A30. The results for prevalence of SAD are described in Table 1.

Table 1. Presence of Social Anxiety according to the SAQ-A30

SAD Category	n	%
Non-Generalized SAD	44	32.8
Generalized SAD	12	9
Non-SAD	78	58.2
	134	100

Regarding the distribution of individuals who showed SAD criteria according to deficit areas indicated for the SAQ-A30 dimensions, most part of the sample, 26% (n= 35), showed high scores of anxiety in the 1st dimension, which relates to fear of public speaking and interacting with people in authority. Table 2 illustrates the frequency of individuals regarding SAQ-A30 dimensions.

Table 2. Distribution of SAD symptoms according to the SAQ-A30

SAQ-A30 Dimension	n	%
1 st D- speaking in public/talking with people in authority	35	26.1
2 nd D- interactions with the opposite sex	19	14.2
3 rd D- interactions with strangers	18	13.4
4 th D- assertive expression of annoyance, disgust or displeasure	29	21.6
5 th D- criticism and embarrassment	14	10.4

The mean found in the SAQ-A30 scores made it possible to identify the highest mean in the 5th dimension, followed by the 1st, 4th, and 2nd dimensions, respectively. The 3rd dimension presented the lower mean of symptoms intensity. The findings are showed in Table 3.

Table 3. Mean (M) and Standard Deviation (SD) of SAQ-A30 dimensions

SAQ-A30 Dimension	M	SD
1 st D- speaking in public/talking with people in authority	19.17	6.21
2 nd D- interactions with the opposite sex	18.19	5.66
3 rd D- interactions with strangers	14.51	5.20
4 th D- assertive expression of annoyance, disgust or displeasure	18.99	4.29
5 th D- criticism and embarrassment	19.51	4.08

DISCUSSION

Literature points out different incidences of social anxiety among higher education students. Incidences of social anxiety symptoms found in the literature studied were 12.3% (Iancu, Sarel, Avital, Abdo, Joubran and Ram, 2011), 16.1% (Tillforsand Furmark, 2007), and 19.8% (Bella and Omigbodun, 2009). The present study identified a prevalence of social anxiety symptoms in 41.8% of the sample, showing divergence from the results of other studies. However, although data from the present study are different from other samples, there is an understanding that the affirmative of a significant majority without SAD symptoms is maintained. Such findings may come from a different method of assessment of SAD, or even due to aspecific nature of the sample. One of the findings of the present study was the predominance of the single civil status, which is consistent with Barlow and Durand (2008) who suggest that individuals with SAD are inclined to present greater difficulty to maintain a stable social relationship. However, although this aspect is relevant, this statement may not be considered significant because a greater portion of single individuals initially composed the sample. The prevalence of SAD symptoms in women in the present sample agrees with the studies of Barlow and Durand (2008) and the DSM-5 (APA, 2013), which mention that the prevalence of symptomatology is for women. However, as women composed 73.1% of the sample, the comparison between genders is not possible. The result may be associated to the data collection method performed as open invitations to the students, thus the male sample may be underrepresented because of the higher incidence of SAD among men, reflecting the avoidance of possible social evaluation. Regarding the assessment of the SAQ-A30 dimensions, the results identified a mean of 19.51 for the 5th dimension - criticism and embarrassment, and 19.17

for the 1st dimension - speaking in public/talking with people in authority. This index supports the DSM-5 (APA, 2013), which states that individuals with SAD present sensitivity to criticism or negative evaluation from others, it also confirms the results by Ruscio et. al (2008) and Baptista (2012), which suggest that the most common symptoms of social anxiety were the fear of public speaking, with prevalence of 21.2% throughout life, and speaking during meetings, with prevalence of 19.5%. Concerning other SAQ-A30 dimensions, the 4th dimension - assertive expression of annoyance, and the 2nd dimension - interactions with the opposite sex, are also observed due to difficulties of speaking in public and the fear of being negatively evaluated. These deficit areas may have significant implications, as they are common in the academic environment where the individual is exposed to situations that require agreeing and/or disagreeing with others, and social interactions with the opposite sex.

Therefore, avoiding these anxiogenic situations may harm academic performance of individuals with these symptoms. The 3rd dimension - interaction with strangers, has showed the lowest mean. No other studies were found assessing related factors, but it may be caused by the fact that the academic environment constantly requires the need for interactions. Social Anxiety Disorder has several implications to the learning process and academic performance. The rate of SAD symptoms in the present sample was higher than the one indicated in the DSM-5 and the consulted bibliography, considering this may be a result from the sample collection method. These results may help to map anxiety symptoms in the academic environment. The dimensions of the Social Anxiety Questionnaire for Adults (SAQ-A30 – Brazilian version) that presented a higher number of individuals with social anxiety were: 1st dimension - speaking in public/talking with people in authority, and 5th dimension - criticism and embarrassment. These high scores may come from the frequency and how these situations happen in academic life. Public speaking and the relationship with professors and classmates may have a significant importance for these issues. Thus, such situations could cause anxiety because of the fear of not succeeding, interfering in the goals of academic achievement. The limitations of the present research concern the number of the sample and its location, suggesting that samples with more individuals and different locations could contribute for the subject. New studies correlating the results of SAD symptoms with academic performance may be useful to map the need for intervention. It is known that social anxiety may have several consequences on the learning process because the difficulty to perform class presentations, solving questions, and interacting with classmates and professors may cause great discomfort, leading to learning deficiency. It is suggested, for future researches, the assessment of the social anxiety of professors, since the presence of the disorder may imply an educational process that lacks dialogues and constructivism. Thus, it is expected for this study to contribute to professionals and researches in this field, providing potentially useful data for other studies on the subject, as well as the planning of interventions with in the academic environment, aiming for better quality of life of the individuals who suffer with the harms and consequences of this disorder.

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