



## Effect of Social Phobia on Psychological Well-being among Young Adults: A Micro Study

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### Abstract:

**Purpose:** In the present study an experiment has been undertaken to analyse the effect of Social phobia on psychological well-being among young adults. For this 102 respondents have been selected (33 male and 69 female) of ages between 18-30 years. **Tools & Techniques used:** This study administered with Social Phobia Inventory (SPIN) and different dimensions related to social phobia – fear, avoidance and physiologic symptoms. PGI Well-being Scale used to measure the overall status of well-being. Students't-test and Product Moment Correlation have been used to analyse the data. **Findings of the Study:** The study revealed no significant difference in attitude among the respondents on psychological well-being w.r.to gender, family size, and locality with slight variation of mean scores of it. Results further indicates that there is a negative correlation exist between social phobia and psychological well-being of young adults ( $r = -0.14$ ,  $P < 0.01$ ). **Comments:** A negative relationship has been found between social phobia and psychological well-being among the young adults. This means that the higher the level of social phobia, the lower will be the level of psychological well-being and vice-versa.

**Keywords:** Social Phobia, Psychological Well-being, Young Adults, Attitudinal difference, Correlation.

### Introduction:

Social phobia, often known as social anxiety disorder (SAD), is a frequent mental health problem that significantly impairs the psychological well-being of young adults. It is distinguished by a strong fear of social situations in which people may feel inspected, judged, or embarrassed. This fear can cause people to avoid social interactions, which can have a severe influence on many parts of their lives, including academic performance, career, relationships, and overall mental health. Young adulthood is a vital period of development, with changes in schooling, profession, and social life. (Sanuar, et.al, 2023) It is also a time when people are most prone to mental health issues. These difficulties are frequently compounded for persons suffering from social phobia, as fear of judgment and rejection can prevent opportunities for personal growth and social interaction. As a result, social phobia can lead to feelings of isolation, low self-esteem, and, in severe situations, the development of depression and other mental health conditions.

## Significance of the Study:

This study focuses on how social phobia affects mental health, guiding therapies and lowering stigma. Socially, it seeks to improve relationships, academic and professional performance, and overall well-being by addressing social anxiety. Practically, it provides insights into educational policies, counseling, and parental assistance. Theoretically, it enhances research into social phobia and its consequences on well-being by providing multidisciplinary viewpoints. The study also advocates for societal benefits such as greater mental health awareness and long-term improvements in mental health outcomes and policies.

## Review of Related Literature:

Ahmed Abudallh Abud, Dheyaa Kadhim Jabbar, and Mohammed Fadhil (2018) undertook a study involving 120 first-year nursing students at the University of Thi-Qar. They found that self-esteem is negatively impacted by social phobia. Their research revealed that 80% of self-esteem was influenced by the Index of Self-esteem (ISE), 15% by the Social Interaction Anxiety (SIA) scale, and 5.8% by the Social Phobia Inventory (SPI). The study showed that social phobia was the primary cause of low self-esteem among students. In a separate study, L. Lampe, T. Slade, C. Issakidis, and G. Andrews (2003) conducted an extensive epidemiological study in Australia, analyzing data from 10,641 participants. Their findings indicated that the 12-month prevalence of social phobia was 2.3%. Additionally, they discovered a strong association between social phobia and depression, alcoholism, and generalized anxiety disorder. Individuals diagnosed with avoidant personality disorder (APD) faced an increased risk of experiencing these concurrent conditions. In 2010, Gholam Hossein Ghaedi, Azadeh Tavoli, Maryam Bakhtiari, Mahdiah Melyani, and Mahdi Sahragard conducted a study on 202 Iranian college students to explore the effects of social phobia on their quality of life. Their findings revealed that students with social phobia reported notably lower scores in overall health, mental well-being, and social functioning compared to those without the condition. The study also highlighted that social phobia led to significant mental health impairment in 36.2% of those affected. Additionally, a 1996 study by Steven A Safren, Richard G Heimberg, Elissa J Brown, and Christian Holle examined the link between social phobia and quality of life, concluding that individuals with social phobia experienced a lower quality of life compared to the general population. Cognitive-behavioral therapy was found to enhance the quality of life for individuals, particularly those with avoidant personality disorder and greater functional impairment. In a study conducted by Mohammedamin Hajure and Zakir Abdu (2020) at Mettu University in Ethiopia, 523 students were assessed, revealing that 26% of them displayed social anxiety, which was more common among females and those with a family history of mental illness. The research indicated that social anxiety significantly affected the students' quality of life, with common concerns revolving around criticism and social gatherings.

## Statement of the Problem:

Since young adulthood is a crucial time for social and personal development, it is important to examine how social anxiety may hinder or have a detrimental effect on the mental health of those in this age range. This study aims to investigate the impact of social phobia on the psychological health of young adults. It will look into how social anxiety impacts critical facets of psychological well-being like life satisfaction, self-esteem, and emotional functioning. Developing mental health treatments and support services that aim to enhance the wellbeing of individuals in this age range requires an understanding of these connections. Given the foregoing context, the current issue has been described as, "**Effect of Social Phobia on Psychological Well-being among Young Adults: A Micro Study**".

## Objectives:

1. To discuss the demographic profile of the participants.
2. To measure about the demographic details of the participants through descriptive statistics.

3. To discuss about the attitudinal differences of the respondents towards the effect of social phobia on psychological well-being according to gender.
4. To discuss about the attitudinal differences of the respondents towards the effect of social phobia on psychological well-being according to family size.
5. To discuss about the attitudinal differences of the respondents towards the effect of social phobia on psychological well-being according to locality.
6. To measure the magnitude of differences of social phobia and psychological well-being separately among the young adults according to gender.
7. To measure the association between social phobia and psychological well-being of young adults.

## **HYPOTHESIS**

**H<sub>0</sub>1:** No significant differences exist about the attitudinal difference of the respondents towards the effect of social phobia on psychological well-being according to gender.

**H<sub>0</sub>2:** No significant differences exist about the attitudinal difference of the respondents towards the effect of social phobia on psychological well-being according to family size.

**H<sub>0</sub>3:** No significant differences exist about the attitudinal difference of the respondents towards the effect of social phobia on psychological well-being according to locality.

**H<sub>0</sub>4:** No significant differences exist of social phobia and psychological well-being separately among the young adults according to gender.

**H<sub>0</sub>5:** No significant correlation exists between social phobia and psychological well-being of the young adults.

## **Data Source and Methodology:**

### ● **Data source**

Data was collected through google form (online mode). Data were collected by using following scales: Social Phobia Inventory (SPIN) and PGI well-being scale. The data was collected by young adults 18-30 years. Total 102 data were collected.

### ● **Population and sample**

102 young adults participated in this study (male=33, female=69). This study has included all young adults with different age (18-30 years), educational qualification, caste, religion, monthly income, social economic status, residential area.

### ● **Description of tools**

#### ➤ **Social Phobia Inventory (SPIN)**

A 17-item test called the Social Phobia Inventory (SPIN) is used to screen for and gauge the severity of social anxiety disorder (SP). It was created in 2000 by Connor et al. at the Department of Psychiatry and Behavioral Sciences at Duke University. SPIN evaluates fear, avoidance, and physiological symptoms, among other aspects of social phobia. Adults (18 years of age and up) can use it. A 5-point Likert scale, ranging from 0 (not at all) to 4 (very), is used to score each item.

Respondents score the degree to which each item bothered them over the course of the previous week. 0 is the lowest possible score, and 68 is the highest.

### ➤ P.G.I. General Well-being

**An explanation of the test:** The current test consists of 20 items in plain English that are suitable for use in Indian contexts. The P.G.I. General Wellbeing Scale is the name of the instrument. To assess items' appropriateness, the "thinking aloud method" was employed. Using the "underlining test," its degree of difficulty was assessed and found to be quite low but very satisfactory. It took little time to administer and was well received. Placing a checkmark next to the item that the participant feels is pertinent to him from the previous month is how he answers the scale. Simply counting the number of ticks—which range from 0 to 20—is how the score is determined.

### ➤ Statistical techniques

Collected data was analysed by using Student Paired t-test through Microsoft Excel 2019 and Pearson Product Moment Correlation.

## Analysis and Discussion:

**Table -1: Particulars showing demographic profile of sample**

| Measures    | Gender |        | Locality |       | Religious |        | Education qualification |                   | Socio Economics Status |      | Family Size |        | Caste    |         |
|-------------|--------|--------|----------|-------|-----------|--------|-------------------------|-------------------|------------------------|------|-------------|--------|----------|---------|
| N           | Male   | Female | Urban    | Rural | Hindu     | others | Modera tely educate d   | Highl y educa ted | Apl                    | BP L | Nucl ear    | Lar ge | Gene ral | Oth ers |
|             | 33     | 69     | 78       | 24    | 90        | 12     | 17                      | 85                | 94                     | 8    | 81          | 21     | 86       | 16      |
| Percent age | 32.35  | 67.65  | 76.47    | 23.52 | 88.26     | 11.76  | 16.67                   | 83.33             | 92.16                  | 7.85 | 79.41       | 20.58  | 84.31    | 15.69   |

Source: Author's calculation based on field survey, 2024

**Table -2: Comparing Mean, SD and t-value of studied respondents according to gender**

| GENDER | N  | MEAN  | SD    | t-vale | df  | CRITICAL VALUE (P>0.01) | REMARKS         |
|--------|----|-------|-------|--------|-----|-------------------------|-----------------|
| MALE   | 33 | 30.45 | 14.11 | 1.14   | 100 | 2.63                    | Not significant |
| FEMALE | 69 | 27.10 | 13.56 |        |     |                         |                 |

Source: Author's calculation based on field survey, 2024

Note: \*P>0.01

It appears from table 2 that the null hypothesis  $H_0$  is accepted and the alternative hypothesis is rejected with no significant difference according to gender.

**Table-3: Comparing Mean, SD and t-value of respondents according to family size.**

| FAMILY SIZE | N  | MEAN  | SD    | t-vale | df  | CRITICAL VALUE (P>0.01) | REMARKS         |
|-------------|----|-------|-------|--------|-----|-------------------------|-----------------|
| NUCLEAR     | 81 | 27.88 | 13.80 | 0.15   | 100 | 2.63                    | Not significant |
| LARGE       | 21 | 28.38 | 13.89 |        |     |                         |                 |

Source: Author's calculation based on field survey, 2024

Note: \* P>0.01

It appears from table 3 that the null hypothesis **H<sub>0</sub>2** is accepted and the alternative hypothesis is rejected with no significant difference according to family size.

**Table-4: Comparing Mean, SD and t-value of studied respondents according to locality.**

| LOCALITY | N  | MEAN  | SD    | t-value | df  | CRITICAL VALUE (P>0.01) | REMARKS         |
|----------|----|-------|-------|---------|-----|-------------------------|-----------------|
| URBAN    | 78 | 28.14 | 13.75 | 0.04    | 100 | 2.63                    | Not significant |
| RURAL    | 24 | 28    | 14.39 |         |     |                         |                 |

Source: Author's calculation based on field survey, 2024

Note: \* P>0.01

It appears from table 4 that the null hypothesis **H<sub>0</sub>3** is accepted and the alternative hypothesis is rejected with no significant difference according to locality.

**Table-5: Particulars showing Mean, SD and t-values of variables according to gender (analysis pertaining to H<sub>0</sub>4)**

| VARIABLES                | MALE  |       | FEMALE |      | df  | T value | CRITICAL VALUE (P>0.01) | DECISION    | CONCLUSION      |
|--------------------------|-------|-------|--------|------|-----|---------|-------------------------|-------------|-----------------|
|                          | MEAN  | SD    | MEAN   | SD   |     |         |                         |             |                 |
| SOCIAL PHOBIA            | 21.36 | 12.78 | 18.51  | 13.5 | 100 | 1.04    | 2.63*                   | Ho Accepted | Not significant |
| PSYCHOLOGICAL WELL-BEING | 9.09  | 6.49  | 8.59   | 5.65 | 100 | 0.38    | 2.63*                   | Ho Accepted | Not significant |

Source: Author's calculation based on field survey, 2024

Note: P> 0.01

**Table-6: Particulars for finding out the interrelationship between social phobia and psychological wellbeing**

| VARIABLES               | N   | MEAN  | SD    | r value | df  | CRITICAL VALUE<br>P>0.01 | DISCUSSION           | REMARKS         |
|-------------------------|-----|-------|-------|---------|-----|--------------------------|----------------------|-----------------|
| SOCIAL PHOBIA           | 102 | 19.43 | 13.28 | -0.14   | 202 | 0.181                    | Negative correlation | Not significant |
| PSYCHOLOGICAL WELLBEING | 102 | 8.75  | 5.91  |         |     |                          |                      |                 |

**Source: Author's calculation based on field survey, 2024**

Note: \* P>0.01

Null hypothesis H<sub>07</sub> is accepted and the alternative hypothesis is rejected. There is a very low negative correlation exists between these two variables. Conversely, it can be said that there is no strong relationship exists between Social Phobia and Psychological well-being among young adults.

### **Discussion:**

According to the H<sub>01</sub>, young adults' psychological well-being and gender do not significantly differ from one another. Research revealed no appreciable distinctions in the general psychological health of men and women. (Che Su binti Mustaffa and Nurul 'Aaina Binti Salleh, 2016). Hypothesis H<sub>02</sub> states that young adults' psychological well-being and family size do not significantly differ from one another. In multiple studies, Pirutinsky et al. (2015) found no correlation between family size and psychological outcomes in Orthodox Jewish communities. The H<sub>03</sub> indicates that young adults' psychological well-being and location do not significantly differ from one another. Urban and rural residents' psychological well-being does not significantly differ from one another (Ahmad et al., 2015; Borah & Nisanth, 2024). For a number of reasons, including sample characteristics, measurement techniques, comorbidity, cultural and contextual factors, timing of assessment, and adaptive functioning, H<sub>04</sub> came to the conclusion that there is no significant difference between social phobia and respondents' psychological well-being. To fully comprehend this relationship, more research is required. For a number of reasons, including the complexity of well-being, coping strategies and resilience, cultural and social factors, measurement problems, the variability in the severity of social phobia, other influencing factors, and compensatory behaviors, the H<sub>05</sub> indicates that there is no significant correlation between social phobia and psychological well-being in young adults. To fully comprehend this relationship, more research is required.

### **Limitations of the Study:**

- The study is restricted to young adults as the sole age group.
- The study was restricted to a particular demographic. Self-reporting biases brought on by either over reporting or underreporting symptoms.
- The relationship between social phobia and psychological well-being may be complicated by elements like socioeconomic status, cultural differences, gender, education, or other mental health conditions.
- More investigation is required to examine new themes.

### **Recommendations and Policy Suggestions:**

- Increase mental health awareness and minimize stigma.

- Ensure access to mental health services in schools, businesses, and communities.
- Provide mental health education in schools and universities.
- Train mental health professionals to treat social phobia using cognitive behavioral therapy and social skills training.
- Offer workplace and academic support to persons with social phobia.
- Encourage insurance coverage of mental health services.

### Conclusion:

The results from several hypotheses indicate that there are no significant differences in psychological well-being among young adults based on social gender, family size, location, or social phobia. Social phobia does not have a direct or substantial relationship with psychological well-being; however, sample features, cultural context, coping mechanisms, cultural influences, and measurement methodologies may all influence these findings. This highlights the need for additional research to completely understand these linkages, particularly those involving social phobia and psychological well-being.

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