



Perceived Family Support Predicts Anxiety Level among Highly Anxious University Students

Sarah Jen Paccarangan^{a*}, Jayzel Javier^b, Nephtaly Joel Botor^c

^a*Assistant Professor, University of the Philippines Los Baños, Laguna 4031, Philippines*

^b*University of the Philippines Los Baños, Laguna 4031, Philippines*

^c*Instructor, University of the Philippines Los Baños, Laguna 4031, Philippines*

^a*Email: sjpaccarangan@up.edu.ph*

Abstract

Higher level of social anxiety brings forth distress among individuals. More particularly among university adolescents which are compelled by their responsibilities to frequently interact with people, there is a need to explore ways through which social anxiety may be address. The present study, which use predictive-associative design, investigated upon the relationship between social anxiety and its dimensions to perceived social support (general, family, friends, significant others) among highly anxious undergraduate students (n=149). Statistical analysis revealed that perceived social support significantly predicts social anxiety when interacting with strangers, $F(1, 147)=6.697, p=.011, R^2=.044$. Family support, on the other hand, was found to significantly predict general social anxiety, $F(1, 147)=4.660, p=.032, R^2=.031$, and social anxiety in interaction with strangers, $F(1, 147)=9.349, p=.003, R^2=.060$. The value of social support, particularly family support, is discussed as well as potential directions in terms of research and intervention.

Keywords: social anxiety; social support; family support; adolescence.

1. Introduction

Social anxiety is characterized by shyness, self-consciousness, fear of embarrassment, humiliation and judgement by others and avoidance of social interactions [1, 2, 3].

* Corresponding author.

A person with social anxiety would avoid speaking and expressing their selves and their opinions in public especially in large group of people and they would even avoid going out with some of their peers. They desire the company of people but they fear that people would not like them and would thought of them boring or dumb. A person with high social anxiety level avoids interacting with people but some social interactions cannot be avoided and they would go through with it in extreme distress and discomfort [4, 5].

High level of social anxiety is a disabling condition for most individuals; some make choices and adjustments to accommodate their disorder which can result to lost opportunities that hinders them from having a better life. Generalized social anxiety disorder is applied for social anxiety that interferes with a person's functioning in a wide range of social situations such as in personal routine, relationships and occupational/academic activities [4, 6, 7].

The typical onset for social anxiety is in childhood or adolescence but it peaks during adolescence. It may have a slow start or just appear after a traumatic experience. Some people can recognize a specific time when their social anxiety began and may connect it with a specific occasion such as being a new student and others may describe their selves as always been shy or reserve person and saw their social anxiety as a gradual and worsening problem. Also, some may not recall a time when they are free from social anxiety [8, 9, 10]. Longitudinal studies with children, albeit more meager than those with adults, have affirmed that social anxiety are very likely to start by adolescence [11].

There are problems that people tend to discuss and share to other people, especially, if they find it hard to deal with or they feel it interferes in their activities. Somehow, it is a form of release for them. People usually do this because they want to receive any form of help from others. The help given depends on what the troubled person needs; it can be both material and non-material things. This whole process is commonly called social support. Social support is described as the physical and emotional comfort received by individuals given to them by the significant people in their lives [12, 13] Significant people include parents, siblings, friends, classmates, teachers, and/or other authorities. Children and adolescents seek and consider social support similarly from parents and friends. Though, when the adolescent reaches the ages 16 to 18, the social support from friends becomes more prominent than that from the parents [4].

Feeling anxious in social situations is normal for a human being. This type of anxiety can "alert us to threats to our physical safety and well-being, including our self-esteem". But when this anxiety starts to interfere a person's relationships, personal routine, and occupational/academic activities, this can be considered as social anxiety disorder or social phobia [1, 14].

In studies done in universities in United Kingdom and Sweden, there have been significant levels of social anxiety in 10 percent of the students. Students reported feeling severe anxiety in interacting with other students and staff in the university. And when participating in seminars or presentations, students with social anxiety judge their capabilities poorly and as opposed to the more positive assessments of other people. Regardless of their academic achievement, negative self-evaluation still persist [9, 10, 11, 15]. Several other studies on students with high levels of social anxiety describe them as being self-conscious, having cognitive and

behavioral impairment, such as forgetting and stuttering and a propensity to overthink past performances or conversations. They also habitually avoid public situations by being absent in class or by not participating in school activities [9, 12, 15].

This study focuses on social support and social anxiety among university students. These students are constantly exposed to social situations where they had to perform and socialize in and out of the classroom such as in university events, lectures, seminars, and group projects. They are expected to speak in front of a large group of people in lectures or seminars which may be comprised of professionals, strangers, acquaintances and friends. Social interactions are encouraged and advised such as consultations to professors and class participation. Hence, difficulties arise between the need to be involved and their fears of embarrassment and failure. Moreover, it is anticipated that as the level of social support increases, the level of social anxiety would decrease.

2. Materials and Methods

2.1 Participants and Sampling Design

Randomly selected university students (n=170) served as the participants in this study. College adolescents were chosen as participants due to their constant exposure to social situations and their tendency to have social anxiety in their current age. The participants' mean age is 19.82 years old ($SD=1.32$). Participants were evenly distributed according to socioeconomic conditions, wherein majority of them belong to middle- to upper-income families (57% with monthly family income greater than Php 30, 000).

Since this study is focused on highly anxious student, a cut-off score [16] was used wherein participants with an average total SAQ score of 4 and above were categorized as highly anxious

2.2 Data Collection Procedure and Research Instruments

To facilitate distribution and ease of answering, an online form was created and a link was sent to the participants. The form was structured to contain the following variables: (a) socio-demographics, (b) perceived social support, and (c) social anxiety.

Perceived social support was measured by the 12-item Multidimensional Scale of Perceived Social Support [16], rated on a seven-point Likert scale (1=very strongly disagree 7=very strongly agree). MSPSS has three subscales representing three different sources of social support: Family, Friends, and Significant Other. On the other hand, Social anxiety was measured using the 30-item Social Anxiety Questionnaire [17], rate on a five-point Likert (1= Not at all or very slight; 5= Very high or extremely high). SAQ measures unease, stress or nervousness in social situations, comprising five social anxiety dimensions: Speaking in public/talking with people in authority, Interactions with strangers, Interactions with the opposite sex or preferred sex, Assertive expression of annoyance, disgust or displeasure, and Criticism and embarrassment. A summative score of 120 and above means high to very high anxiety levels.

2.3 Data Analysis Procedure

The data were analyzed using SPSS. Pearson Product-Moment Correlation and further linear regression analysis were used to explore associations among the variables. Mean and standard deviation were used to estimate central tendency and dispersion, respectively.

3. Results and Discussion

3.1 Levels of Social Anxiety and Perceived Social Support

Table 1 presents the levels of social anxiety (general and situational) and perceived social support of the participants.

Table 1: Levels of social anxiety and perceived social support (n=170)

Variables	Mean	SD
Social Anxiety (general)	98.96	24.27
Speaking in public/talking to authority	20.02	6.27
Interaction with preferred sex	20.72	5.71
Criticism and embarrassment	20.91	5.33
Assertive expression of annoyance, disgust, or displeasure	18.84	5.23
Interaction with strangers	18.47	5.77
Perceived social support (general)	62.87	14.64
Family support	20.51	5.59
Friend support	21.32	5.76
Support from significant other	21.04	6.57

At the average, the general social anxiety level of the participants is a little greater than moderate (i.e., moderate score is 90), although grouping the participants according to anxiety level would show that majority of the students were highly anxious (n=149) than those who are less anxious. On the other hand, looking at the dimensions of social anxiety, it can be gleaned that participants tend to be *highly* anxious in situations involving criticisms and embarrassment, interaction with preferred sex, and speaking in public or with authority, while a little *greater than moderate* in situations involving assertive expression of negative emotions and interaction with strangers.

In terms of social support, participants perceived *relatively high* general sense of support (i.e., moderate score ranges from 36 to 60 in the entire scale and 12 to 20 in the subscales). More specifically, support from family, friends, and significant others are also *relatively high* (20.51 to 21.32).

3.2 Social Anxiety and Perceived Social Support among Highly Anxious Students

The focus of the present study are highly anxious students. It was emphasized earlier that a mild to moderate degree of anxiety is normal, however, higher levels of anxiety might be detrimental in social functioning (____). Out of the 170 participants, 149 were categorized as highly anxious by virtue of their summative scores in the Social Anxiety Questionnaire. Table 2 presents the correlation coefficients and *p*-values derived from the bivariate correlation analysis of scores among highly anxious students.

Table 2: Bivariate correlation among study variables (n=149)

Variables	Perceived Support (total)	Social Family	Friends	Significant other
Social Anxiety (SA) total	-.146 (.075)	-.175 (.032)	-.089 (.282)	-.048 (.561)
Speaking in public/talking to authority	-.076 (.357)	-.134 (.102)	-.036 (.665)	.005 (.951)
Interaction with preferred sex	-.128 (.121)	-.085 (.302)	-.049 (.555)	-.125 (.130)
Criticism and embarrassment	-.137 (.097)	-.140 (.088)	-.095 (.251)	-.056 (.500)
Assertive expression of annoyance, disgust, or displeasure	-.080 (.334)	-.142 (.084)	-.078 (.342)	.039 (.635)
Interaction with strangers	-.209 (.003)	-.245 (.003)	-.126 (.125)	-.073 (.374)

Note: Significant relationships in **bold**.

Generally, the trend is that the general perception of social support *negatively relates* with general social anxiety ($r=-.146$, $p=.075$) and its dimensions, although the relationships were not significant except with Interaction with Strangers ($r=-.209$, $p=.003$). Apparently, a higher sense of having social support in general is associated with lower levels of social anxiety among highly anxious adolescents who are in situation of relating with people they are not familiar with. Regression analysis further reveals that social support predicts social anxiety in interaction with strangers, $F(1, 147)=6.697$, $p=.011$, $R^2=.044$, albeit the anxiety variance explained by general social support is small.

Among the dimensions of social support, only family support has significant relationship with general social anxiety ($r=-.175$, $p=.032$) and only with the Interaction with Stranger dimension ($r=-.245$, $p=.003$). This means that a higher sense of having family support is associated with lower levels of social anxiety among highly anxious adolescents, in general, and who are in situation of relating with people they are not familiar with, in particular. Regression analysis further reveals that social support predicts general social anxiety, $F(1, 147)=4.660$, $p=.032$, $R^2=.031$, and social anxiety in interaction with strangers, $F(1, 147)=9.349$, $p=.003$, $R^2=.060$, albeit the anxiety variance explained by general social support is small.

4. Conclusion

4.1 Levels of Social Anxiety and Perceived Social Support

In general, the participants have relatively moderate levels of general social anxiety. They also tend to be highly anxious in situations involving criticisms and embarrassment, interaction with preferred sex, and speaking in public or with authority, while moderately anxious in situations involving assertive expression of negative emotions and interaction with strangers.

4.2 Social Anxiety and Perceived Social Support among Highly Anxious Students

Among highly anxious college-level adolescents, high perceived social support (general) predicted lower social anxiety when dealing with strangers. Most importantly, high perceived family support predicted lower general social anxiety and lower situational social anxiety when dealing with strangers.

5. Recommendations

Perception on social support has mental and physical benefits [18, 19] Individuals with a good perception on social support, especially if they perceived it available when needed and were satisfied with it, would perceive themselves in a positive light and would believe that others have a similar view of them [20]. A positive perception on social support is also associated to a positive view of one's relationships to other people; this may also boost self-confidence [21]. Depression and anxiety were related to low perception of social support [22, 23].

The findings of this research strengthen the claim that social support has a positive impact on one's well-being. This proven relation also attests to the need for further researches to be done in this area. Expansion of scope may be applied to future researches by delving into the conditions that help or degrade the condition of socially anxious people or other variables in a relationship that affects one's social anxiety level. And since the onset of social anxiety is during childhood, and family being an indispensable factor on a child's well-being [24], there needs to be more research focusing on family relationship and the various variables within the discourse, such as quality, communication, size, organization, or composition of the family. Further knowledge on social anxiety will help not only those who are suffering from it, but also the people around them who want to offer them aid.

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