

An empirical investigation of social phobia among young athletes

Muntazir Ahmad Bhat

Abstract

Young athletes develop social phobia as a result of stress, pressure, frustration, and anxiety when their performance is judged by the audience while performing. Without a question, today's sportsmen have tremendous talent, health, knowledge, and willpower to achieve, but many are unable to showcase their abilities in a social situation due to fear and anxiety. As a result, it is considered that there is an urgent need to do empirical research on the causes of social phobia. As a result, the current paper makes an attempt to critically examine research findings on social phobia done in India and elsewhere. A survey of the literature identified the most prevalent forms of anxieties related with social phobia. In the research investigations, they are divided into two categories: anxieties related with performance circumstances and fears linked with interaction situations. Public speaking, eating in front of others, writing in front of others, speaking in a group, drinking before others, entering a room when people are sitting, and using public restrooms are just a few examples of situations that might cause social phobia. Interacting with others, phone conversations with others, speaking with strangers, interacting with the opposite gender, attending athletic meets, dealing with authorities, moving closely with opposite sex athlete are some of the interaction situations that result in common types of fear resulting in social phobia among young athletes, according to research studies. This significantly reduces athletes' self-esteem and impedes the development of self-actualization in young athletes. Thus, research investigations done both in India and overseas have clearly demonstrated that 'social phobia' has a negative influence on young athletes' performance.

Keywords: *social phobia, empirical study, young athletes, performance situations, interaction situations, self-esteem, self-actualization.*

Introduction

Each age group in society has a unique role. Young adults between the ages of 18 and 25 account for a sizable proportion of the population. They are also said to represent the future since they contribute fresh ideas and vitality to the pool of knowledge. They offer energy and vigour, which may lead to new discoveries and advances that benefit society or perhaps the entire globe. They are seen as agents of societal transformation. They are critical to the country's significant economic developments. Young adults are imaginative and creative in bringing about improvements and advancements that will bring their country up to speed with the rest of the world. In the current environment, India is a huge nation with a massive population that is continuously expanding. This is a competitive age, and only those who are quick on their feet and have mental and physical stamina will prevail. Today's society is extremely complicated in character. As a result, young athletes confront a variety of issues in their life, including stress, pressure, frustration, and worry. Athletes nowadays have a lot of talent, health, education, and a strong desire to succeed, but they can't express it in a social situation because of their fear and anxiety. It is thought that there is a need to discover the sources of their dread and worry. It is believed that there is a need to understand the reasons of social phobia and propose appropriate measures to cover this issue among our athletes. As a result, there is an urgent need to explore these occurrences.

Empirical study of social phobia Studies conducted in abroad on social phobia

Chavira and April (1999) [4] studied the relationships between shyness and social phobia: Issues in validity. The debate over whether high levels of shyness are synonymous with pathological social anxiety is complicated by the issue of social phobia subtypes. Information about the relationship of social phobia with pertinent temperament and personality characteristics may further clarify these methodological and clinically relevant issue. Participants were categorized using the Cheek and Buss revised shyness scale (Cheek, 1983). There were 148 highly shy and 155 comparisons (normative shyness participants who were recruited from San Diego State University. Structured interviews (CIDI; WHO, 1998) were used to diagnose social phobia subtypes; generalized social phobia (GSP) and non-generalized social phobia (NGSP). Participants were then compared on the retrospective self-report of inhibition (RSRI; Reznick et al. 1992) and the NEO Personality Inventory Revised Costa and McCrae, 1992).

Chi-square analysis found disproportionately higher rates of social phobia in the highly shy group (49%) than in the comparison group (18%). There were significantly more participants with GSP (27%) in the highly shy

group than in the comparison group (3%), and there were similar rates of NGSP in each group (22% vs. 16%, respectively). Analyses of variance on measures of shyness, behavioural inhibition, and neuroticism revealed group differences has corresponded to gradations in social anxiety; participants with GSP had the most extreme scores, followed by participants with NGSP, and lastly participants without a social phobia diagnosis. Logistic regression analyses demonstrated that shyness, behavioural inhibition, neuroticism and extraversion increased the odds of a social phobia diagnosis (OR = 4.4, OR = 11, OR = 9.3 and OR = 5.9, respectively). High shyness and neuroticism were predictors of a GSP diagnosis versus a NGSP diagnosis (OR = 7.27, and OR = 11). Highly shy individuals had a greater propensity to exhibit social phobia, specifically GSP, than subjects with normative levels of shyness. Nonetheless, it is also possible for an individual to be extremely shy but not diagnosable with social phobia. Specific risk factors for social phobia were identified and both quantitative and qualitative differences between the subtypes were found.

Social phobia symptomatology was associated with higher neural activity in the amygdaloid complex. i.e., the alarm system of the brain, and lower activity in the prefrontal cortex. Study III examined the neural correlates of anxiety elicited by the anticipation of public speaking in individuals with social phobia. Anticipatory anxiety was accompanied by enhanced regional cerebral blood flow in the dorsolateral prefrontal and inferior temporal cortices as well as in the amygdaloid hippocampal region. Brain blood flow was lower in the temporal pole and in the cerebellum. These results suggested that social phobia has a neuroanatomical basis in a highly sensitive fear network centered in the amygdala in hippocampal region and encompassing the prefrontal cortex.

Study methods

It was a descriptive cross-sectional study with prospective data collection among 363 students recruited through systematic random sampling from April to June 2015 at the campus of the UP. A questionnaire including the Mini International Neuropsychiatric Interview (MINI), the Liebowitz social anxiety intensity evaluation scale and the ASSIST was used for data collection in compliance with recommended ethical principles. Social phobia prevalence among students from the campus of University of Parakou was 11.06% (CI 95% = 10.9 - 21.2). Its intensity was moderate 66.7%), medium (23.4%), severe (7.1%) and very severe (4.8%) only among female students. Moreover, gender, rural or urban living environment and field of study were statistically associated with this social phobia which reduced academic performance by 57.1% among the studied population. However, 42.9% were not influenced in any way. Addiction to alcoholic beverages (23.8%) and anxiolytics (9.5%) were used to overcome the disorder. Although the risk of dependency to these substances was low, adverse effects on their and socio-professional future were to be taken seriously. Rafatpanah (2016) conducted a study on Prediction of self-actualization based on personality traits and self-awareness among gifted students. This descriptive study was conducted in Shiraz city among 239 gifted students among high school during 2013. The Big Five Personality Questionnaire (BFPQ), Self-Consciousness Scale (SCS) and Measure of Actualization of Potential (MAP) were used to collect the data. Validity and reliability of these tools were agreeable. Data were analysed by regression test using SPSS software. The findings revealed that agreeableness ($r = 0.34$) and conscientiousness ($r = 0.41$) factors from five factors of personality had a positive relationship and neuroticism ($r = 0.21$) had a correlation with self-actualization negatively. Moreover, the privative self-awareness ($r = 0.41$) and public self-awareness ($r = 0.15$) revealed a positive correlation and social anxiety showed a significant negative relationship ($r = 0.27$) with general self-actualization. On the other hand, privative self-awareness and agreeableness predicted that 23% of the scores belong to openness to experience dimension (self-actualization) positively. In addition, conscientiousness and privative self-awareness predicted self-reference dimension positively, and neuroticism predicted it negatively. These variables found 40% of the scores of self-reference dimension. Also, conscientiousness, agreeableness and privative self-awareness predicted that 36% of the scores belong to general self-actualization. Conscientiousness and agreeableness factors (personality traits) showed a significant relationship with self-actualization and predicted the scores of self-actualization. It was observed that privative self-awareness (self-awareness dimension) had a significantly positive correlation with self-actualization and predicted its scores. The results showed that all three variables of shyness, social self-efficacy and coping style had a significant relationship with social phobia and the pattern of social phobia prediction comprised of shyness and emotion-focused coping style. Therefore, it can be concluded that the emotion-focused coping style and shyness can predict social phobia among secondary school students.

Critical analysis of related studies

Speaking in front of an audience, attending a party, being addressed in a group of people, or some other common situation in real life are the normal occurrence prevailing among people. In the beginning of these situations one's heart may pound heavily, voice may tremble or head may go blank and so on. For most of us this state lasts only a couple of minutes and then we feel comfortable, or at least we do not experience an intense persisting anxiety. However, for certain individuals with social phobia one or more of those situations are either endured with intense anxiety or avoided (e.g., Bruce and Saeed, 1999; Sareen and Stein, 2000). Phobias can be described as an intense irrational fear of specific objects, situations, or activities (Ohman, 1994). The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders - DSM-IV (APA, 1994) describes social phobia as a disabling disorder characterized by a marked fear of humiliation or scrutiny in certain performance and/or interactional situations. Public speaking is the most prevalent fear and between 15 and 30 per cent of the normal population experience significant fears in this performance situation (Furmark, Tillforms, Everz, Marteinsdottir, Gefvert, and Fredrikson, 1999; Kessler, Stein, and Berglund, 1998; Stein, Torgrud, and Walker, 2000). Other common types of fears associated with social phobia are mentioned below.

Table 1: Common fears in social phobia

Performance situations	Interaction situations
Public speaking	Interacting with others
Eating in front of others	Conversing on the telephone
Writing in front of others	Speaking with strangers
Speaking in a group	Dating
Drinking in front of others	Interacting with the opposite sex
Entering a room where others are seated	Attending athletic meet
Using public toilets	Dealing with authority figures

Hence, individuals with social phobia often either avoid these kinds of situations where scrutiny may occur or they endure them with intense anxiety or distress. When exposed to feared situations individuals with social phobia become selfconscious, self-focused and self-critical. Most of them further, experience some kind of somatic symptoms of anxiety such as palpitations, trembling, sweating, or blushing (e.g., Heckelman and Schneier, 1995). However, social phobic's distress is not restricted to the phobic situation only but is present also in anticipation of it (e.g., Clark, 1997). This anticipatory anxiety could be as intense and distressing as that experienced in the feared situation (e.g., Jefferys, 1997). To be diagnosed as having a phobia, the fear must significantly interfere with the person's occupational activities or social functioning (APA, 1994).

Conclusion

Social phobia is one of the most common disorders in young athletes. This disorder impacts on interpersonal functioning. Not only are the educational and career aspirations of many people with social phobia severely affected by the distress that they experience in routine. Social interaction, individuals with social phobia are also more likely to have low levels of social support, which has adverse implications for mental and physical health. Hence it has a high prevalence and marked impact in life. It is a great hindrance for the young athletes in achieving great heights. This lowers their self-esteem to a great extent. This prevents them from being self-actualised. Self-actualizing athletes are self-aware focus on personal growth and not very concerned with the opinion of other and desire to achieve their potential. Therefore it is evident that social phobia has a negative impact on performance among young athletes.

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