

Original Article

To Evaluate the Relationship between Social Anxiety & Life-Satisfaction among Adolescence in Karachi

Junaid Ahmed¹, Shamooun Noushad² & Sadaf Ahmed^{2&3}

1-Federal Urdu University of Science & technology (FUUSAT)

2-Advance Educational Institute & Research Centre (AEIRC)

3-Psychophysiology Research Lab, University of Karachi

Corresponding Author: jaajfze@hotmail.com

Abstract

The purpose of the present study is to investigate the relationship between social anxiety and life satisfaction in Adolescence of Karachi. The sample of 106 adolescents was randomly collected from Karachi (54 male & 49 females) age range from 18 to 25. It was hypothesized that there would be significant negative correlation between social anxiety & life satisfaction score. For measuring Socially Anxiety "Social Interaction Anxiety Scale" (Mattick, R. P., & Clarke, J.C) was administered and for Life Satisfaction "Life-Effectiveness Questionnaire" (James, T. Neill.) was administered. Whole questionnaire was self-reported and in Life Satisfaction eight domains was focused with the help of Life-Effectiveness Questionnaire (1)Time Management, (2)Social Competence, (3)Achievement Motivation, (4)Intellectual Flexibility, (5)Task Leadership, (6)Emotional Control, (7)Active Initiative, (8)Self Confidence. For statistical analysis Pearson Product Correlation was applied on the Ratio/Equal Interval data scores with the help of SPSS 22.0v. Result shows significant negative correlation between Social Anxiety & Life Satisfaction Scores $r=-.343$, $p<0.01$. It is concluded that Social Anxiety has significant negative impact on Life Satisfaction among adolescence and researchers reported that social anxiety convert in social anxiety disorder then it effects different areas of daily life (Stein & Kean, 2000).

Keywords

Social Anxiety, Life-Satisfaction, Adolescence

Introduction

The Diagnostic and Statistical Manual-V (APA, 2013) Social Anxiety (Social Phobia) is fear or anxiety (feeling of shyness, uncomfortable in participating daily activities) in one or more social situation. A Survey based study was conducted on 200 general population of Karachi (both genders male & female) which showed significant results that reported that 45% of sample population is suffering from Social Anxiety (fear of speaking & meeting other people also in different social situations. It is also noted that Social Interaction is being observed while eating or drinking in public, performing tasks in social environment. It leads to individual avoid social situation which leads fear or anxiety and it shows clinically significant distress in daily functioning (Naveed, S. et al. 2015). Social anxiety can be a provoking stimulus for different disability. Researchers reported that 69% individual faced impairment in general social relationship, and in them the half of population was unmarried who got impairment in opposite sex relation. However research explored that disability may also vary individual to individual in same situation and intensity (Schneier et al. 1994). Wittchen et al. (1999) demonstrated that adolescence is the period which marks the highest risk of social anxiety. Adolescence is the period which catches researchers' attention from which they found the different problems in adolescence, especially in social functioning, trouble in peer relationship and also negative perception of self (La Greca & Lopez, 1998). Individuals who were suffering with social anxiety

reported low level of educational achievement and less productive in working environment (Stein, et al. 2000). Furthermore, that people who suffering from social anxiety disorder reported frequently visits of medical treatment (Davidson, et al. 1993). A study reported that in Pakistan general adolescents facing social anxiety which after going ahead lead low of confidence and low self-esteem in them. After this factor many student become anxious in social situation in interaction with others, speaking or giving speech in audience (Ahmed, Z. R. et al. 2013). In the contrast research in Pakistani culture revealed that culture is also predictor of life satisfaction. Age also effects on life satisfaction although found no difference in life satisfaction of male & females (Bibi, F. et al. 2015). In one study Kashani (1989) explored that chance of social anxiety increase in both genders (male & female) when satisfaction of life bends toward peer from family. Psychometric properties of disability study conduct for knowing the relation with social anxiety disorder and it is found that social anxiety is strongly negative correlated with quality of life. Also found that chances of other disabilities are commonly noted in social anxiety patients (Hambrick, J. P. 2004). Same results found between confidence, self-esteem & social interaction (Saras on et al. 1990). Brown (1991) reported in his study that people who found most popular among peers & social situation have more positive self-image & satisfaction in life. Children who found social anxious also reported low social acceptance, self-esteem & interaction among peers (Ginsberg, 1998).

Some researchers also emphasized on this question to find out that how much social anxiety attributed association with other disorders like depression (Stein et al., 1999; Weiller et al., 1996). Social anxiety also associated with reduced work performance, effect negatively on social interaction, and found problems in children & adolescence (Schneier et al., 1994; Wittchen et al. 2000).

Quality of life researched explained that severity of social anxiety also effect on Quality of Life, when Social anxiety severity increase quality of life decrease (Candilis, P.J., 1999; Meltzer-Brody S., 2000). Although Christine (2002) findings reported significant load of illness associated with anxiety disorder and Quality of Life. Most studies indicated that parenting raising style, biological, family structure play important role in developing social anxiety which showed by empirical evidences (Parker, G., 1983). Lieb, R., (2000) empirically explore that multiple family factors are involved for developing social anxiety (Parental Psychopathology). Some other researches depicted that individual judge life satisfaction by comparing own life with self-imposed standard and done this comparison with the cognitive ability (Diener, E.D. 1985; Shine, D.S 1978). John reported that Individual who experience more positive effects in life than negative see self-image as more satisfied, strong in subjective well-being and report life same as his/her desired standard (John, F. 2011). A recent research in Asia also explored that gender plays major role in life satisfaction. Results showed that male found more satisfied with their lives than females (Yaremtchuk, S. K. 2014). Another research on life satisfaction tells that life satisfaction is correlated with self-esteem. It is also reported that it is explored with the help of empirical research that boys found more in life satisfaction & self-esteem than girls (Khatib, S.A. 2013). Research on gender difference in life satisfaction & loneliness depicts that gender has also significantly effect on life satisfaction & loneliness. Also reported that loneliness and life satisfaction have negative correlation although female students found more in loneliness & less in life satisfaction in opposite male students found more in life satisfaction & less in loneliness (Bugay, A. 2007). Samaranayake (2011) conducted a research on medical & other students for knowing their relationship with anxiety & depression disorders and results revealed that female students reported more on anxiety & depression, in opposite those medical students found more satisfied with their lives than other students. Research on African American & Caucasian American tells that there is strong and significant correlation between life satisfaction and social support (Joh, F. 2011).

Methodology

This study was conducted on the general population & sample was randomly selected from adolescents of Karachi. In this study total 106 participants were selected from both genders (male & female). Selected participants belong to age group 18 to 25 years and everyone had an equal chance to participate because survey sampling method was used in this study. The demographic sheet was used for measuring other extraneous & confounding variables like; age, gender, birth order, siblings, and socio-economic status (dependent/independent). Social Interaction Anxiety Scale (Mattick, R.P, & Clarke, J.C., 1998) is a self-report measure consist of 20 Items with 3 reverse items (5, 9 & 11). It is helpful in measuring social anxiety symptoms over time, and also helpful as part of an assessment for social phobia or other anxiety related disorders. Life-Effectiveness Questionnaire (James T. Neill Ph.D.) is also a self-reported scale consists of 24 Items with no reverse Item. It is focused on eight domains of Life-Effectiveness (1) Time Management, (2) Social Competence, (3) Achievement Motivation, (4) Intellectual Flexibility, (5) Task Leadership, (6) Emotional Control, (7) Active Initiative, (8) Self Confidence. Participants were approached at difference places and asked to fill out the self-reported questionnaires after giving a short brief about the study. If they were agree to participate, they were given consent form to fill and then explain that how to fill questionnaires. Some participants faced difficulty in attempting questions due to non-native language (English) so the questions were explained to them. In the end, participants who participated were appreciated.

Results

After collecting all questionnaires they were scored according to their procedure, and data was pulled on SPSS 22.0v for statistical analysis. Pearson Product Correlation was applied for seeing the correlation between Social Anxiety & Life Satisfaction Scores.

Table 1: Pearson's Correlation between Social Anxiety & Life Effectiveness

		Life Effectiveness	Social Anxiety
Life Effectiveness	Pearson Correlation	1	-.343**
	Sig. 1-Tailed	106	106
	N		
Social Anxiety	Pearson Correlation	-.343**	1
	Sig. 1-Tailed	106	106
	N		

**Correlation is significant at the 0.1 (1-tailed)

Discussion

In the present study, alternate hypothesis is proved which showed by result the significant negative correlation between both variables (social anxiety & life-satisfaction). Result supported to the hypothesis $r = -0.343$, $p < 0.01$. Previous studies on social anxiety & life-satisfaction also demonstrated that Social Anxiety has significant negative impact on Life Satisfaction (Stein & Kean, 2000). Another study revealed that confidence, self-esteem & social interaction have a strong negative relation (Saras on et al. 1990). Brown (1991) reported in his study that people who found most popular among peers & social situation have more positive self-image & satisfaction in life. Children who found social anxious also reported low social acceptance, self-esteem & interaction among peers (Ginsberg, 1998).

Present study showed significant negative relation in among both variables but not enough strong correlation, it is nearby moderate relationship between both variables although other researchers reported strong negative correlation (Stein & Kean, 2000). It can be due to different confounding & extraneous variables that adolescent is age in which youngsters do not take interest participating in research which was observe during study. Participant observed exhaustive due to lengthy questionnaire & language barrier (non-native language questionnaire). It is also found female most cooperative than male participants.

It is concluded that social anxiety affects the different domain of life-satisfaction and significant low performance found in daily activity. Social anxiety also further leads to different disabilities in daily life. Research defined that social anxiety convert in social anxiety disorder then it affects different areas of daily life (Stein & Kean, 2000).

Further researched for curing Social anxiety disorders researches are being conducted in clinical setting which reported relationship of social anxiety & life satisfaction in the domain of Cognitive behavioral therapy revealed that people who are facing social anxiety disorder found significantly low in life satisfaction. It is also showed that with the help of CBT their anxiety can be reduced and a significant result increase in their life satisfaction was measured after a series of sessions with patients of social anxiety disorders (Eng, W. 2005).

Furthermore researched are necessary with good representative population in general public & for developing clinical implications of social anxiety disorder.

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