

Case Study

## A Comparative Study on Social Anxiety among Self-destructive and Non-Self-destructive Behavior of Adolescents

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### ABSTRACT

Adolescence is a phase of major changes during the journey from childhood to adulthood. This stage comes with a lot of insecurities, worries, tension, stress, anxiety etc. in order to cope up with the changes. Sometimes, while combating these issues, an adolescent may face failures and this drags him/her towards negativities such as self-destructive or self-harming behavior. With this comes other related symptoms such as stress, social and emotional anxiety, depression etc. which not only adds to hostility among adolescents but also increases the chance of self-destructive behavior. The aim of the present research is to study one such anxiety i.e. social anxiety among those adolescents who are having self-destructive behavior and also to compare the level of social anxiety with those of non self-destructive ones. In the present research study, a standardized test namely, Kutcher Generalized Social Anxiety Scale for Adolescents (K-GSAD-A) developed by Professor Stanley Kutcher is used which is possessing high reliability and validity. The test was conducted on 60 adolescents (30 subjects with self-destructive and 30 with non self-destructive behavior) selected from various educational institutions of Udaipur city. It was found that the level of social anxiety among adolescents with self-destructive behavior was high as compared to those of non self-destructive behavior and the difference was found to be clearly significant. This research study is found to be unique and very much useful in order to study and compare the levels of social anxiety and take corrective measures in order to reduce it.

**Keywords:** *Social anxiety, Self-destructive behavior, Non self-destructive behavior, Adolescents*

Adolescence is a intermediary stage of development and growth between childhood and adulthood. World Health Organization (WHO) described an adolescent as any individual from 10 and 19 years of age.

Adolescence has been identified as a period of increased risk for the onset of suicidal thoughts and behaviors. Results from the National Co-morbidity Study show the lifetime prevalence of suicide ideation, plans, and attempts in adolescents to be 12.1 %, 4.0 %, and 4.1 %, respectively (Nock et al. 2013). The same nationally representative study found the 12-month prevalence of suicide ideation and attempts in adolescents to be 4.2 % and 1.9 %, respectively.

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respectively (Husky et al. 2012). Psychosocial risk factors for suicidal feelings and behavior in adolescence comprise anxiousness, depression, substance abuse, pessimistic life events, history of physical or sexual abuse and despondency (Mazza and Reynolds 1998).

### **Social Anxiety**

Social anxiety is a marked fear or tension approximately one or more social conditions wherein the person is uncovered to feasible scrutiny and poor assessment of others. The social situations nearly constantly provoke fear or tension, and the social situations are avoided or persisted with extreme worry or anxiety (American Psychiatric Association 2013). Anxiety disorders are highly prevalent in adolescence (Costello et al. 1996), and researchers have commenced to scrutinize the association between anxiety disorders and suicidal tendencies in youth. Several specific anxiety disorders have been linked to adolescent suicidal tendencies, including panic disorder, generalized anxiety disorder, and separation anxiety disorder (for a review, see Hill et al. 2011). Latest researches also have begun to observe the relationship between social anxiety disorder and adolescent suicidal tendencies. Characterized by a fear of social situations, social anxiety disorder involves physical symptoms such as blushing and trembling, cognitive symptoms such as worry and negative self-evaluation, and a pattern of behavioral avoidance (Mesa et al. 2011).

### **Self-Destructive Behavior**

Self-destructive behaviors are a set of anomalous behaviors in which individuals express to cause themselves harm. It is a behavior in which people engaging in non-suicidal behavior have no purpose of ending their life and non-suicidal behavior includes suicidal treat/gestures, thoughts of self-injury, and mild to severe self-injury. It is performed as a result of difficulty related to “past abuse, problem with sex or death, in regard to expressing self to others or to guard others from one’s own anger or rage or desire to maneuver others” (Nock, 2010).

Self-destructive behavior or self-harm is a major public health concern which is considerably more common than completed suicide and a high-risk group for repetition (Hulten A et. al. 2001, Chan J. et. al. 2007). Defined as an act of self-injury or self-poisoning with non-fatal outcomes despite of the intention to die (Hawton K et. al., 2003), self-harm is a build differing from completed suicide in terms of the underlying purpose of death, the amalgamation of different methods and their lethality, and the prior degree of hopelessness, amongst other distinctions (Walsh BW, 2006).

## **REVIEW OF LITERATURE**

Michelle Gallagher et. al. (2014) conducted a study in which a clinical sample of 144 early adolescents was assessed during psychiatric inpatient hospitalization and followed up at 9 and 18 months post-baseline. Symptoms of social anxiety, despair, suicidal tendencies, loneliness, and perceived social guide had been assessed via structured interviews and self-report tests. Structural equation modeling discovered a considerable direct relationship among social anxiety signs and symptoms at baseline and suicidal ideation at 18 months post-baseline, even after controlling for baseline depressive signs and symptoms and ideation. Findings suggest that loneliness may be particularly implicated in the relationship between social anxiety and suicidal tendencies in teens. Clinicians should evaluate and deal with feelings of aloneness when treating socially anxious teens or adolescents.

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Becky Mars et. al. (2014) administered a research study in order to investigate the mental health, substance use, educational, and occupational outcomes of adolescents who self harm in a general population sample, And to study whether or not those consequences differ consistent with self pronounced suicidal intent. Data on lifetime history of self harm with and without suicidal cause have been available for 4799 respondents who completed an in depth self harm questionnaire at age 16 years. Mental health problems assessed using the clinical interview schedule-revised at age 18 years. The results showed that participants who self harmed with and without suicidal intent at age 16 years were at increased risk of developing mental health problems, future self harm, and problem substance abuse, with stronger associations for suicidal self harm than for non-suicidal self harm. Therefore, it was concluded that adolescents who self harm seem to be vulnerable to a range of adverse outcomes in early adulthood. Risks were usually higher in those who had self harmed with suicidal intention, but results were also poor among those who had self harmed without suicidal intention.

### ***Objectives***

The objectives of present research are as follows:

- To study the social anxiety of self-destructive behavior among adolescents.
- To study the social anxiety of non self-destructive behavior among adolescents.
- To compare the social anxiety of self-destructive and non self-destructive behavior among adolescents.

### ***Hypothesis***

- The hypothesis for the present study is “*Self-destructive adolescents possess high social anxiety as compared to non self-destructive adolescents*”.

### ***Test Description***

The Kutcher Generalised Social Anxiety Scale for Adolescents (K-GSAD-A) is an instrument developed by Professor Stanley Kutcher (an expert in child and adolescent mental health) in conjunction with input from doctors and nurses with many years’ experience in treating and monitoring the symptoms of adolescents with social anxiety.

The K-GSAD-A has three sections. In section A, there are 18 items relating to fear and avoidance (of social situations). Each object is rated on 2 scales, the first being discomfort/anxiety/misery experienced and the second being avoidance. Items are rated the use of a 4 point scale of strength of fear/avoidance, starting from 0= ‘never’, 1= ‘mild’, 2= ‘moderate’, and 3= ‘severe’. In section B, the respondent is asked for three of their most feared social situations which are also rated on the above four-point scales. Section C consists of 11 items relating to affective and somatic distress measured on the same scale.

Diagnostic categories are not allied with specific score ranges. Rather, scores should be assessed in relation to the young person’s baseline score to see if there is a worsening of social anxiety (increase in scores) or a possible improvement (reduction in score).

## **METHODOLOGY**

### ***Locale***

All the respondents were selected from the urban areas of Udaipur city, Rajasthan.

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### *Sample*

The sample size of 60 adolescents was purposively selected in which 30 subjects with self-destructive behavior were taken from psychiatrists and mental health professionals working in different hospitals, clinics and counseling center of Udaipur district and the remaining 30 subjects were selected from the same educational institution where selected adolescents with self-destructive behavior study. These non self-destructive behavior subjects were matched on age, class, gender and socio-economic status with subjects of self-destructive behavior. The age group of sample was between 13 to 17 years.

### *Method of Data Collection*

In order to collect data from all the respondents, a self report measure namely Kutcher Generalized Social Anxiety Scale for Adolescents (K-GSAD-A) with self information sheet were administered and manual of K-GSAD-A was used for the scoring purpose.

### *Statistical Techniques*

Basic statistical tools such as mean, standard deviation (S.D.) and independent 't' test were commonly used. All the calculations were done through SPSS Version 21.0.

## ANALYSIS OF RESULT AND DISCUSSION

**Table 1, Mean S.D. and Categories of Social Anxiety of Self-destructive and Non Self-destructive adolescents**

		N	Mean	Std. Deviation	Category
Fear and Anxiety	Non Self-destructive Adolescents	30	16.70	4.04	Average
	Self-destructive Adolescents	30	35.13	4.19	High
Fear and Anxiety Avoidance	Non Self-destructive Adolescents	30	11.50	2.10	Average
	Self-destructive Adolescents	30	29.93	1.89	High
Affective Distress	Non Self-destructive Adolescents	30	2.43	2.05	Average
	Self-destructive Adolescents	30	4.50	1.36	High
Somatic Distress	Non Self-destructive Adolescents	30	8.27	1.95	Average
	Self-destructive Adolescents	30	19.17	2.34	High
Total Generalized Social Anxiety	Non Self-destructive Adolescents	30	38.90	7.02	Average
	Self-destructive Adolescents	30	88.70	6.71	High

The above table signifies that non self-destructive adolescents have 'average level' whereas self-destructive adolescents have 'high level' of fear and anxiety, fear and anxiety avoidance, affective distress, somatic distress and total generalized social anxiety.

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**Table 2**  
**Comparison of Generalized Social Anxiety of Non Self-destructive Adolescents and Self-destructive Adolescents**

		N	Mean	Std. Deviation	Mean Difference	't'	p value
Fear and Anxiety	Non self-destructive Adolescents	30	16.70	4.04	18.43	17.35	.000
	Self-destructive Adolescents	30	35.13	4.19			
Fear and Anxiety Avoidance	Non self-destructive Adolescents	30	11.50	2.10	18.43	35.74	.000
	Self-destructive Adolescents	30	29.93	1.89			
Affective Distress	Non self-destructive Adolescents	30	2.43	2.05	2.07	4.61	.000
	Self-destructive Adolescents	30	4.50	1.36			
Somatic Distress	Non self-destructive Adolescents	30	8.27	1.95	10.90	19.64	.000
	Self-destructive Adolescents	30	19.17	2.34			
Total Generalized Social Anxiety	Non self-destructive Adolescents	30	38.90	7.02	49.80	28.09	.000
	Self-destructive Adolescents	30	88.70	6.71			

The above table explains that the mean scores of non self-destructive adolescents on fear and anxiety was found to be  $16.70 \pm 4.04$  (Mean  $\pm$  SD) while the mean scores of self-destructive adolescents on fear and anxiety was found to be  $35.13 \pm 4.19$  (Mean  $\pm$  SD). The 't' score was found 17.35 which is significant at 0.01 level ( $p < 0.01$ ). It infers that there is significant difference in context of fear and anxiety of non self-destructive and self-destructive adolescents. Furthermore, the mean scores indicate that self-destructive adolescents have significantly higher fear and anxiety in comparison to non self-destructive adolescents. It may be due to the self destructing adolescents don't know how to manage fear and anxiety while non self-destructive adolescents share their anxiety and fear feelings to their family members or friends or able to find how to subsidized these negative personality traits.

The above table shows that the mean scores of non self-destructive adolescents on fear and anxiety avoidance was found to be  $11.50 \pm 2.10$  (Mean  $\pm$  SD) while the mean scores of self-destructive adolescents on fear and anxiety avoidance was found to be  $29.93 \pm 1.89$  (Mean  $\pm$  SD). The 't' score was found 35.74 which is significant at 0.01 level ( $p < 0.01$ ). It infers that there is significant difference with reference to fear and anxiety avoidance of non self-destructive and self-destructive adolescents. In addition, the mean scores indicate that self-destructive adolescents have significantly higher fear and anxiety avoidance in comparison to non self-destructive adolescents. It may be because of the fear and anxiety avoidance tendency of self-destructive adolescents, they do not wish to face it therefore they avoid these circumstances while non self-destructive adolescents try to face these situations.

The above table shows that the mean scores of non self-destructive adolescents on affective distress was found to be  $2.43 \pm 2.05$  (Mean  $\pm$  SD) while the mean scores of self-destructive

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adolescents on affective distress were found to be  $4.50 \pm 1.36$  (Mean  $\pm$  SD). The 't' score was found 4.61 which is significant at 0.01 level ( $p < 0.01$ ). It infers that there is significant difference in affective distress of non self-destructive and self-destructive adolescents. Additionally, the mean scores indicate that self-destructive adolescents have significantly higher affective distress in comparison to non self-destructive adolescents. This may be caused due to the more emotional problems among self-destructive adolescents and also lacks the ability to deal with emotional up and downs.

The above table shows that the mean scores of non self-destructive adolescents on somatic distress was found to be  $8.27 \pm 1.95$  (Mean  $\pm$  SD) while the mean scores of self-destructive adolescents on somatic distress was found to be  $19.17 \pm 2.34$  (Mean  $\pm$  SD). The 't' score was found 19.64 which is significant at 0.01 level ( $p < 0.01$ ). It infers that there is significant difference in somatic distress of non self-destructive and self-destructive adolescents. Moreover, the mean scores indicate that self-destructive adolescents have significantly higher somatic distress in comparison to non self-destructive adolescents. This may be due to non-interaction with others and hence the lack of mobility among self-destructive adolescents affects of their body related problems.

The above table shows that the mean scores of non self-destructive adolescents on total generalized social anxiety was found to be  $38.90 \pm 7.02$  (Mean  $\pm$  SD) while the mean scores of self-destructive adolescents on total generalized social anxiety was found to be  $88.70 \pm 6.71$  (Mean  $\pm$  SD). The 't' score was found 28.09 which is significant at 0.01 level ( $p < 0.01$ ). It infers that there is significant difference in total generalized social anxiety of non self-destructive and self-destructive adolescents. Besides this, the mean scores indicate that self-destructive adolescents have significantly higher total generalized social anxiety in comparison to non self-destructive adolescents. This may be because self destructing adolescents are not aware of prevention of generalized social anxiety as well as they also do not have the idea to control, manage and treat social anxiety. In fact these mental health issues like anxiety, stress and depression prone them towards self-destructive behavior. The present results are in the concordance with the findings of Michelle Gallagher et. al. (2014) and Becky Mars et. al. (2014).

### CONCLUSION

Consequently, from the given result tables and its interpretation, it can be concluded that there is a significant difference between the social anxiety of self-destructive and non self-destructive behavior among adolescents. Therefore, the hypothesis "*Self-destructive adolescents possess high social anxiety as compared to non self-destructive adolescents*" is accepted.

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### REFERENCES

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington: American Psychiatric Publishing.

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- Becky Mars, Jon Heron, Catherine Crane, Keith Hawton, Glyn Lewis, John Macleod, Kate Tilling, David Gunnell (2014). Clinical and social outcomes of adolescent self harm: population based birth cohort study. *BMJ* 2014; 349.
- Chan J, Draper B, Banerjee S. Deliberate self-harm in older adults: a review of the literature from 1995 to 2004. *Int J Geriatr Psychiatry*. 2007; 22:720–732.
- Costello EJ, Angold A, Burns BJ, Stangl DK, Tweed DL, Erkanli A, Worthman CM. (1996). The Great Smoky Mountains Study of Youth. Goals, design, methods, and the prevalence of DSM-III-R disorders. *Arch Gen Psychiatry*; 53(12):1129-36.
- Hawton K, Harriss L, Hall S, Simkin S, Bale E, Bond A. Deliberate self-harm in Oxford, 1990–2000: a time of change in patient characteristics. *Psychol Med*. 2003; 33:987–995.
- Hill RM, Castellanos D, Pettit JW. (2011). Suicide-related behaviors and anxiety in children and adolescents: a review. *Clin Psychol Rev.*; 31(7):1133-44.
- Hulten A, Jiang GX, Wasserman D, Hawton K, Hjelmeland H, De Leo D, Ostamo A, Salander-Renberg E, Schmidtke A. Repetition of attempted suicide among teenagers in Europe: frequency, timing and risk factors. *Eur Child Adolesc Psy*. 2001; 10:161–169.
- Husky MM, Olfson M, He JP, Nock MK, Swanson SA, Merikangas KR (2012) Twelve-month suicidal symptoms and use of services among adolescents: results from the National Comorbidity Survey. *Psychiatr Serv.*; 63(10):989-96.
- Mazza JJ, Reynolds WM (1998). A longitudinal investigation of depression, hopelessness, social support, and major and minor life events and their relation to suicidal ideation in adolescents. *Suicide Life Threat Behav*; 28(4):358-74.
- Mesa F, Nieves MM, Beidel DC. Clinical presentation of social anxiety disorder in adolescents and young adults. In: Alfano CA, Beidel DC, editors. *Social anxiety in adolescents and young adults: Translating developmental science into practice*. Washington: American Psychological Association; 2011. pp. 11–27.
- Michelle Gallagher, Mitchell J. Prinstein, Valerie Simon, Anthony Spirito (2014). Social Anxiety Symptoms and Suicidal Ideation in a Clinical Sample of Early Adolescents: Examining Loneliness and Social Support as Longitudinal Mediators. *J Abnorm Child Psychol.*; 42(6): 871–883.
- Nock M. (2010). Self-Injury. *Annual review of clinical psychology*, 6,339-363.
- Nock MK, Green JG, Hwang I, McLaughlin KA, Sampson NA, Zaslavsky AM, Kessler RC (2013). Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents: results from the National Comorbidity Survey Replication Adolescent Supplement. *JAMA Psychiatry*; 70(3):300-10.
- Walsh BW. In: *Treating self-injury: A practical guide*. Walsh BW, editor. New York: The Guilford Press; 2006. Definition, differentiation from suicide, and classification; pp. 3–20.

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