

Pain That Lasts: A Study on Social Anxiety, Self-Critical Ruminations, Psychological Distress & Peer Support among Bullied Young Adults

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ABSTRACT

In the research community, the immediate effects of childhood bullying have been extensively researched and are relatively well-understood even within the public sphere. However, its repercussions go way beyond the places they are experienced in, leading to grave mental health concerns. Although some researchers have studied social anxiety as a long-term implication of bullying, various other effects have not been investigated. The present study aims to measure the extent to which social anxiety moves in the same direction with self-critical rumination, psychological distress and peer support among young adults subjected to bullying. A sample of 80, age 18-25 years were taken. The findings of the study reveal a positive significant relationship between social anxiety, self-critical rumination, and psychological distress. In addition to this, a negative significant relationship between peer support and social anxiety was identified. Adding to the knowledge of existing body, the paper aims to help victims as well as the research community to understand the factors that help in maintaining social anxiety. Thus, as per prior research, the study suggests Emotion-Focused Therapy, may be an effective type of treatment for those suffering from high levels of social anxiety and self-criticism, which is being further explored by the researcher of the current study.

Keywords: *Bullying victimisation, Peer Support, Psychological distress, Self-critical Rumination, Social Anxiety*

“What happens long term, down the road, after they are no longer being bullied and after they’re no longer children” - William Copeland

When attempting to study the age-old phenomenon of bullying victimization, the question that arises is, how long can its bitter memories influence us. Bullying, a global issue well known for its catastrophizing effects, can leave devastating scars on a person's development that can last a lifetime (deLara, 2016). The trauma caused by it has been known to result in grave mental health concerns such as anxiety, depression, low self-esteem, and loneliness (Craig, 1998; Boulton, Trueman & Murray, 2008; Arseneault,

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Bowes & Shakoor, 2010; Lee, 2020). Childhood bullying, in particular, can be a traumatic experience and only a handful of people go through their childhood or adolescents without experiencing some level of bullying. A study carried out by Craig et al. (2009) across 40 nations indicated that approximately 8.6% to 45.2% of boys, and 4.8% to 35.8% of girls were exposed to bullying. Consistent with the findings of the previous study, a study in the Indian setting discovered that 26.8% of students from a sample of 213 were victims of bullying (Malhi & Bharti, 2021).

With increasing access to social media, bullying can occur way beyond name-calling or physical intimidation in the school premises and can follow us to our homes via online spaces such as chat forums, social networking, etc. Determining a uniform definition for such a phenomenon that can take place in a variety of settings and various forms, is complicated. However, the Centres for Disease Control and Prevention (CDC) along with The US Department of Education, various other researchers (Gladden et al., 2014) and the Health Resources and Services administration have attempted to standardize, how scholars view this phenomenon and defined it as: “Bullying is any unwanted aggressive behaviour by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm”

Bullying Victimization

To believe that the effects of bullying are limited to the spaces they are experienced in, would be far from the truth. Numerous studies purporting to explore the long term consequences of bullying victimization have found that being a target of bullying in childhood can jeopardize the well-being of young adults whilst also contributing to the development of morbid mental health concerns like anxiety, depression, post-traumatic stress disorder, and low self-esteem (Gladstone et al., 2006; Andreou et al., 2020; Plamondon et al., 2018; Lee, 2020).

While there is ample evidence to suggest the link between victimization and traumatic repercussions, there’s still a dearth of research devoted to long- term impact of early victimization among young adults in India.

As today’s emerging adults are the first generation to be victimized both offline and online during late childhood and adolescence (Pabian & Vandebosch, 2019), it is important to address this gap. The present study will focus on the experiences of young adults who were victimized in either or both the environments.

Social Anxiety

Social anxiety, previously known as social phobia, is a disorder of high frequency known to affect young people across the world. It refers to fear of social situations such as making conversation, meeting strangers, etc. in which they might have to face or there is a risk of being negatively evaluated by others like being seen as stupid, weak, or anxious. (APA, 2021). The global prevalence of social anxiety was confirmed by a study conducted by Jefferies & Ungar, (2020) which reported that more than one in every three respondents out of a total of 6,825, met the threshold criteria for social anxiety disorder. This confirms the rising existence of social anxiety and it being a concern for young adults around the world

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and the need to address it in a timely manner as it may lead to more serious mental health problems.

However, having social anxiety might not be one's fault entirely, it might actually have to do with the environment one stays or has been in. This could be explained by the little Albert study of Watson & Rayner (1920) due to which the etiology of anxiety disorders has been long recognised as the instance of classical conditioning effects. It is based on the hypothesis that anxiety disorders result from the pairing of certain stimuli in the past environment of the individual (De Houwer, 2020). Bullying experiences of children and adolescents who have encountered unpleasant memories through the years, eliciting fear and helplessness in them, are a perfect example of such a situation (Wu, Qi & Zhen, 2020). Consequently, they begin to correlate their traumatic experiences with every social interaction to avoid being bullied again (Pabian & Vandebosch, 2019). Although a plethora of studies have revealed a long-term link between bullying victimisation, a type of childhood maltreatment, and social anxiety in adulthood (Boulton, 2013; Pörhölä, 2019). It has not been explored among Indian young adults. Furthermore, the study intends to broaden understanding of the occurrence of social anxiety in bullying victims by concentrating on certain variables that may lead to development or maintenance in some way.

Self-Critical Rumination

Taking a slightly different approach to the factors that influence the emergence of social anxiety, several researchers (Simon et al., 2009; Bruce et al., 2012; Knappe et al., 2012) believe that childhood maltreatment, namely bullying in the current study, may have an impact on the development of Social Anxiety Disorder. Socially anxious individuals are primarily concerned with their shortcomings being exposed because they feel less than or inferior to others (Moscovitch, 2009). To conceal their shortcomings, they develop self-criticism as a coping mechanism which in turn leads to the development and maintenance of social anxiety (Shahar et al., 2014).

Self-criticism is a form of negative evaluation in which judgement, condemning, and attacking thoughts are directed towards self (Gilbert et al., 2004). It is conceptualized as a safety strategy that taps into the brain's threat or defence response (Markway, 2018) pointing out one's own perceived flaws. A study (Lazarus & Shahar, 2018) consistent with the notion that self-criticism may serve as a defence mechanism stated that a high level of self-criticism could be linked to social anxiety difficulties. Self-criticism, in the context of the current study, can be thought of as a coping technique due to highly aversive childhood experiences (Shahar et al., 2014) of bullying that in turn led to social anxiety.

While social anxiety has been linked to self-criticism (Lazarus & Shahar, 2018), self-critical rumination, which has recently been explored as a more prevalent type of self-criticism, has previously not been explored (Kolubinsk et al., 2017). Rumination, according to Trapnell and Campbell (1999), is a neurotic form of self-focused attention marked by recurring thoughts about perceived threats, losses, and injustices to oneself, as well as related feelings of anxiety, depression, and anger. It is known to foster emotional disorder and maladaptive coping (Smith & Alloy, 2009; Treynor et al., 2003) predominantly in depression (Nolen-Hoeksema et al., 2008; Smart et al., 2016). According to research on depressive rumination, it mediates the association between self-criticism and psychological discomfort (O'Connor & Noyce, 2008; Schiller et al., 2016). Self-critical rumination, which is frequently but not always associated with depressed rumination, has a distinct role in maintaining self-criticism

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(Gilbert & Procter, 2006). Improved self-critical ruminants can therefore be expected to be linked with reductions in self-criticism and psychological distress.

Although Gilbert & Procter's (2006) findings suggest a link between self-critical ruminants and its effect on self-criticism and psychological distress, little or no research is present on the association between self-critical rumination and social anxiety in adulthood. Hence, it was included as one of the factors in this study.

Psychological Distress

Psychological distress is a prevalent mental health issue that occurs when an individual is presented with circumstances that they are unable to cope with. It can be defined as a state of emotional suffering characterized by symptoms of depression (e.g., lost interest; sadness; hopelessness) and anxiety (e.g., restlessness; feeling tense) (Mirowsky and Ross 2002). Stress-related resources have been identified as risk factors for psychological distress and stress, in particular, has been linked to anxiety. Dohrenwend & Dohrenwend's (1981) chronic stress model also identified psychological distress, as well as depression and anxiety, as consequences of bullying victimisation. One study (Iwanaga et al., 2018) focusing on the impact of long-term bullying in school, found high psychological distress in adulthood significantly associated with bullying in school adulthood.

Based on the findings of the above-stated studies, it is safe to assume that bullying behaviour can operate as a risk factor for psychological distress, which coexists with depression and anxiety.

Peer Support

While some people suffer from anxiety, psychological distress, and various other long-term consequences of victimisation, others appear to be relatively unscathed by their past experiences. A study by Hawker & Boulton (2000) supported the claim that not all bullied people have such issues in adulthood. A factor known to assist individuals cope with the negative effects of bullying victimisation is peer support. Peer support, according to Mead (2003) can be defined as, 'a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful'. A study conducted on Chinese adolescents by Yin et al. (2017) found that peer support had a direct and negative impact on depression, therefore mitigating the detrimental effect of bullying victimisation on depression. While extensive studies have focused on the relationship between bullying and peer support in adolescents, less is known about the impact of peer support on long-term repercussions of bullying such as social anxiety.

Purpose

The current research aims to study the favourable association between adults' recalled childhood bullying victimization and its impact on social anxiety, self-critical rumination and psychological distress among young adults.

Hypothesis

- There will be a positive relationship between social anxiety and self-critical rumination.
- There will be a positive relationship between social anxiety and psychological distress.
- There will be a negative relationship between social anxiety and peer support.

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- There will be a gender difference in levels of social anxiety, self-critical rumination, psychological distress & peer support.

METHODOLOGY

Sample

A total of 80 participants (40 Males and 40 females) mostly from Chandigarh, Panchkula, and Mohali, aged 18-25 years were taken.

Measures

The following standardized scales were used on participants who had a self-reported history of bullying victimization:

- **Self-Consciousness Scale--(SCS-R) subscale- Social Anxiety:** The SCS-R is a revised Self-consciousness Scale (Scheier & Carver, 1985) of 22 items containing 6 items that address social anxiety. The 16 other items are based on public and private self-consciousness and were not used in the respondents' questionnaire. Using the 4-point scale ranging from 0 = not like me at all to 3=a lot like me, participants were asked to evaluate each statement according to how much it was like them.
- **Self-Critical Rumination Scale (SCRS):** The SCRS (Smart et al., 2016) is a 10-item scale that assesses the ruminative process associated with self-critical thoughts and correlates highly with measures of self-criticism as well as measures of rumination. The respondents were asked to rate each item on 4-point scale with 1= Very Much to 4= Not at all like me.
- **Kessler Psychological Distress Scale (K10):** The K10 scale (Kessler et al., 2003) involves 10 questions about emotional states each with a five-level response scale. The measure can be used as a brief screen to identify psychological distress with a minimum score of 10 and a maximum score of 50. Low scores indicate low psychological distress while high scores indicate high levels of psychological distress. Participants were asked to select the answer that best reflected their emotional condition over the past four weeks.
- **Multidimensional Scale of Perceived Social Support subscale - Friends subscale:** The MSPSS is a brief 12 item scale by Zimet et al., (1988) with three subscales evaluating support from friends (items 6, 7, 9, and 12), family (items 3, 4, 8, and 11), and significant other (items 1, 2, 5, and 10). A higher score implies better social support for a person; it can be measured by adding the score of each item and then dividing it by 4 according to its sub-scales. The current study only employed four questions from the friends' subscale, which measures peer support. The questionnaire used 7-point scale Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). (author & year).

Procedures

The participants voluntarily accepted to respond to the questionnaire which was distributed online. Participants were informed of their rights and consent was taken to use the data for research purposes with no identifying information being published. The criteria for completing the survey was self-reported childhood bullying history.

RESULTS

Correlation was conducted to measure extent to which social anxiety changed together constantly with self-critical rumination, psychological distress and peer support. To calculate

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the difference between levels of social anxiety, self-critical rumination, psychological distress & peer support in males and females, T- testing was used.

Table 1 - Descriptive statistics showing N, Mean and Standard Deviation of all variables (N=80)

	Social Anxiety	Self-Critical Rumination	Psychological Distress	Peer Support
N	80	80	80	80
Mean	11.6	2.85	29.3	4.27
Standard deviation	4.37	0.839	9.16	1.84

Table 2 - Showing Correlation of all variables

	Social Anxiety	Self-Critical Rumination	Psychological Distress	Peer Support
Social Anxiety	—			
Self-Critical Rumination	0.540***	—		
Psychological Distress	0.394***	0.733***	—	
Peer Support	-0.225*	-0.146	-0.123	—

Table 3 - Showing group descriptive

	Gender	N	Mean	SD	Statistic	df	p
Social Anxiety	Female	40	11.45	4.181	-0.356	78.0	0.723
	Male	40	11.80	4.603			
Self-Critical Rumination	Female	40	2.92	0.827	0.785	78.0	0.435
	Male	40	2.77	0.855			
Psychological Distress	Female	40	30.57	9.821	1.224	78.0	0.225
	Male	40	28.07	8.395			
Peer Support	Female	40	4.41	1.822	0.710	78.0	0.480
	Male	40	4.12	1.878			

DISCUSSION OF RESULTS

Descriptive statistics are given in Table 1. Social anxiety, self-critical rumination, psychological distress, and peer support all had mean scores of 11.6, 2.85, 29.3, and 4.27, respectively. The mean social anxiety score, indicates high social anxiety in victims of bullying which is consistent with previous research highlighting the relation between victimisation in childhood and unfavourable outcomes in adulthood (Boulton,2013; Pörhölä et al., 2019). Supported by the findings of Iwanaga et al (2018), the present paper found high psychological distress (29.3), where score between 25-29 indicates ‘Likely to have a moderate disorder’ and 30 onwards indicates ‘Likely to have a severe disorder’.

The results in Table 2 found that social anxiety had a significant positive correlation with self-critical rumination ($r= 0.540, p<.001$), as well as psychological distress ($r= 0.394, p<.001$) which is in line with our hypothesis. A significant positive correlation also emerged between self-critical rumination and psychological distress ($r=0.733, p<0.001$). The current study expanded on the findings of childhood bullying having a long-term influence in the form of social anxiety (Boulton, 2013; Pörhölä et al., 2019) to other variables. Previous research has linked a few of these variables with bullying (Iwanaga et al.,2018), but not with

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social anxiety arising from bullying. As a result, the current study's findings of these variables being linearly linked with social anxiety, is an extremely relevant finding.

Additionally, a significant negative correlation was found between social anxiety and peer support ($r=-0.225$, $p<0.05$). This finding is incredibly important as it demonstrates how assistance by peers might contribute to the reduction of impact left behind from bullying.

The comparative study of males and females, however, found no significant difference, refuting one of our hypothesis. Possible explanations for this include there is less variation across the population. It is also possible that the sample size used in this study did not have enough statistical power to be able to detect the difference in both the genders. At this time no evidence of gender impact on levels of social anxiety in victims of bullying emerged in the current study, therefore it difficult to draw firm conclusions about its impact.

CONCLUSION

The purpose of the present paper was to analyse how social anxiety consistently shifted with self-critical rumination, psychological discomfort and peer support. The results provide evidence that social anxiety moved in same direction as self-critical rumination and psychological distress. It also proved our hypothesis of negative correlation between peer support and social anxiety. However, no significant difference could be found in anxiety levels of males and females.

In order to eliminate scars left behind from bullying, Emotion-Focused Therapy (EFT) has demonstrated efficacious for social anxiety (Shahar, 2013; Elliott & Shahar, 2019). With known primary change such as improved emotion awareness, reduction of experiential avoidance, and transformation of shame that underlies the symptomatic anxiety (Shahar, 2013). EFT could be beneficial for adults who experience psychosocial effects of bullying in adulthood. Such processes lead to less self-criticism and more self-compassion further resulting in a more favourable perception of the self. This study suggests that EFT could be an effective kind of treatment for people with a high level of social anxiety, self-criticism, and psychological distress. The researcher of the current study is exploring this further and encourages other researchers to study this further as well.

STUDY LIMITATIONS AND FUTURE DIRECTION

The research has been exposed to certain limitations and challenges throughout its course. First is the use of self-reported survey data and not real-life observations, which is subject to socially desirable responses. Hence, the results may only be partially of psychosocial effects of bullying in the early years. The second was the low sample size used in this study, which can increase the likelihood of false positives and false negatives. Furthermore, the sample size for cyberbullying was smaller than that for traditional bullying. This raises concerns of generalization related to the use of non-probability convenience sampling. Thus, our findings must be approached with caution without considering these as observed findings of an adequate sample population with optimal representation. Future research may investigate the influence of peer support in greater depth, or it may investigate the impact of Emotion-Focused therapy on a sample of adults who were bullied as children or adolescents.

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Conflict of Interest

The author(s) declared no conflict of interest.

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