Graham Russell is a Lecturer in Health Psychology at the School of Applied Psychosocial Studies, Nancy Astor Building, Room 108, University of Plymouth PL4 8AA.
For communication please email: graham.russell@plymouth.ac.uk

Graham Russell

Social Anxiety: The elephant in your classroom?

Social anxiety is a ubiquitous phenomenon, which is ranked as the third most common mental health problem in adults and young people (Furmark 2002). However, it often goes undetected by teachers, parents and GPs, where it may be mistaken for shyness (Bruce and Saeed 1999), which is generally regarded as a benign personality trait. Yet, there is little that is benign about social anxiety. It is a chronic, debilitating condition that is associated with failure to thrive in interpersonal, educational and work-related domains (Stein et al 1999). It is also linked with avoidance of learning situations, problems making friends and early school drop-out (Bernstein et al 2007; Ameringen 2002; Merikangas et al 2002).

People with the condition experience excessive anxiety and avoid social situations in which they may be judged negatively. These situations involve public speaking, interactions with unfamiliar people or authority figures, being assertive or events involving unsolicited self-conspicuousness (Muzina and El-Sayegh 2003). Such events are inherent in many learning situations.

How prevalent is social anxiety?

Social anxiety is relatively common in young people and adults. A recent prevalence survey carried out on 865 students at the University of Plymouth and its Partnership (FE) colleges found that approximately 10% of students registered marked to severe levels of social anxiety (Russell and Shaw 2008) and similar results were found in a Swedish University by Tillfors and Furmark (2006).

These findings bear comparison with recent epidemiological surveys. A combined view suggests that social anxiety is relatively common in education and, given that the mean age for first onset of social anxiety is 15.5 years (Kashdan and Herbert 2001), it is likely to be present in secondary schools too.

How does social anxiety affect student well-being & learning?

No research could be found on the impact of social anxiety on students in higher education so an intranet survey (Russell 2008) was designed to address three questions:

· How social anxiety affected student well-being & learning

· How students coped with it

· How students could best be supported

The intranet was the medium of choice as attempts to arrange focus groups and 1:1 interviews had proved futile. The MINI-SPIN screening tool (Kathyrn et al 2001) was used to screen students for social anxiety and 478 completed surveys were received. Likert-type questions (scales) were used to assess the frequency of emotional distress, together with 'free-text' response questions which allowed amplification on issues relating to impact, coping and support. Content analysis was used to interpret the qualitative data, using three independent

researchers.

How social anxiety impacted on learning

Students were asked whether they had felt socially anxious during seminars, lectures, presentations, group learning and whilst using shared IT facilities. The data showed that the most challenging activity was taking part in presentations with over 80% of students reporting anxiety, inhibition and embarrassment. Most of the distress was directly linked to fear of public speaking and was evident in seminars and lectures too, though expressed at lower levels with between one third and one quarter of students reporting distress in seminars, lectures, group-learning and shared use of IT facilities in descending order.

Coping and avoidance

Many students reported avoiding distress by making themselves inconspicuous and sitting wherever they thought it unlikely they would be asked questions. Some students said they knew which lecturers 'picked on' students and avoided their classes. Others coped with presentations by rehearsing extensively to avoid looking foolish. This did not always work and, for some students, anxiety on the day led to poor performance. This caused evident anger with some students believing that style rather than substance was being assessed. Other methods of avoidance included getting other students to do the talking in exchange for doing the PowerPoint presentation or background research, whilst others swapped modules on learning that assessment involved a presentation.

Evidently the thought of having to speak out in the public gaze was very anxiety provoking with some students believing their marks had suffered through an inability to concentrate or due to stammering or stuttering, etc. However, a number of students said that, although it was really hard, they were pleased they had persevered. Hence, we cannot assume that students with social anxiety will necessarily do less well than their peers as the rehearsing strategy may have led to some students doing very well, particularly in seminars where they appeared to do a lot of pre-reading in case they were 'put on the spot'. On the darker side though a small number of students reported avoiding classes completely, relying exclusively on the student intranet for information.

How social anxiety impacted on emotional well-being

Students were asked how often they had experienced emotional problems during the previous six months. A Likert-type scale was used to assess frequency from 'frequently' to 'never'. Stress was the most frequently reported emotion (55%), followed by loneliness (30%), inhibition (28%), discomfort in social settings (28%), difficulty relaxing with other people (25%) panic (23%), depression (22%), difficulty forming relationships (18%) and anger (15%). A small proportion of students reported frequent thoughts of self-harm or suicide (7%).

Reluctance to seek help

Research shows that people with social anxiety are often reluctant to seek help, because it conflicts with their need to present a favourable public image and avoid ridicule (Kashdan and Herbert 2001). One student reported not being in the university for some time, because 'I would feel daft coming in and saying I'm scared of coming in'. This type of thinking may account for the low levels of formal, help-seeking evident in the study (especially considering the high, reported rates of emotional distress). For students, the most common source of formal help was their personal

tutor (18%), followed by counselling service (9%), learning support (7%), student health centre (3%), Student Union (1%) and the Chaplaincy (1%). The biggest single source of reported help was family and friends (70%).

How students felt they could be supported

The students were asked what sorts of support the University might put in place if they had a magic wand.

Several discrete themes emerged. The first related to enhancing opportunities for making friends and social networks. Some students proposed that programmes should be more proactive in helping students bond, whilst others baulked at the idea of 'forced interaction'.

Several students wanted alternatives to, what was perceived as the culture of socialising through drinking and one wag astutely suggested a 'society for socially anxious people' but noted 'the problem of people being too anxious to run it or show up'!

The second theme related to raising awareness about social anxiety. Students wanted greater understanding of the difficulties in doing presentations and wanted lecturers to understand that intellect could not be judged by appearance or mannerisms alone.

The third theme related to developing support services. Some students found it difficult to access information about available support and suggested more effective use of information technology for access to information and for social networking.

In general terms the support services won praise, but there were calls for alternative provision such as short courses and workshops on self-esteem and assertiveness, stress management and more specialised one-to-one support.

The final theme related to support for pedagogic issues. Students were evidently spilt between wanting the right to opt out of presentations on the one hand and acknowledging on the other that, whilst painful, confidence in public speaking was an important skill to master. These latter students also argued for appropriate support to facilitate confidence in public speaking and the use of PowerPoint.

Recommendations

In summing up, social anxiety appears to be common in an important minority of students with evidence suggesting that it does have a negative impact on student learning and well-being, though more research into these issues is required. That said the findings fit with what is known about social anxiety generally and they aid our understanding of why people with social anxiety fail to do as well as their peers. So let us make some recommendations that address three key issues drawn from the intranet survey in the form of problems (P) and solutions (S).

P: Students want improved recognition and awareness of social anxiety and its impact on learning
S: Research suggests that social anxiety is poorly understood with low rates of detection by teachers, parents, and GPs. However, information for teachers and parents about recognising social anxiety is available via the National Phobics Website: http://www.phobics-society.org.uk/
In addition, frequent absenteeism, avoidance of school or college and difficulty making friends should be regarded as potential indicators of social anxiety.
It is important to distinguish social anxiety from shyness. As a broad guide these two concepts are similar as both are characterised by social inhibition. However they differ because social anxiety is associated with significantly higher levels of anxiety, avoidance behaviours and core, negative self-beliefs that automatically result in internal attributions for failure (or

defensive anger aimed at others).

P: Students with social anxiety experience frequent emotional distress

S: Frequent emotional distress is likely to have a significant impact on students' general well-being and ability to learn effectively. This may be addressed by providing ready access to a range of resources. Students with generalised social anxiety and avoidance are most likely to benefit from one-one support from a counsellor or psychologist. However many students with episodic anxiety related to specific social interaction difficulties (e.g. being assertive or engaging in public speaking) may benefit from self-help approaches.

The National Institute for Clinical Excellence (NICE) recommends self-help approaches for mild-moderate anxiety and depression. Information about recommended self-help books can be viewed via the Devon Book Prescription Scheme:

http://www.plymouth.gov.uk/bps_booklist_2007.pdf

In addition, self-help resources can be accessed by students, parents and staff via web-sites such as 'Shy no More':

http://www.cci.health.wa.gov.au/docs/
SHY-12-Self%20Management.pdf

and 'Mood Gym': http://moodgym.anu.edu.au

P: Students with social anxiety are reluctant to seek formal help

S: Students with social anxiety are acutely worried about projecting a negative image so consider inclusive approaches that avoid singling-out student groups and which minimise conspicuousness and stigmatisation. For example, consider developing classes or making help available via the Internet or library for everyone on topics such as assertiveness, self-confidence, public speaking and emotional intelligence. Research from the USA suggests that such initiatives globally increase student grades and minimise student attrition.

Future Developments

In response to student calls for better use of information technology to support social networking and access to information, we have developed a web-based resource for students with social anxiety and shyness called the iHUB, which will be accessed via the University's Intranet.

The iHUB will provide social networking facilities via chat-rooms and blogs and students will be able to use it to share advice and information at a local level. The iHUB will be running from September 2008 and its use will be evaluated during the new academic year. If successful it will be released for general use or adaptation by universities, colleges and schools as it is built on an open-source platform. The iHUB can be previewed on http://www.ihub.org.uk but chat rooms and blogs will only be accessible to University of Plymouth students during the trial period.

Conclusion

Social anxiety appears to be common in a small, but important minority of students. By identifying social anxiety and providing support at an early stage we are afforded a unique opportunity to help students develop coping skills that will help them thrive rather than quietly suffer.

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