#### SCHOOL OF POSTGRADUATE STUDIES UNIVERSITY OF LAGOS

#### **CERTIFICATION**

#### This is to certify that the Thesis:

## "ASSESSMENT AND MANAGEMENT OF SOCIAL ANXIETY AMONG ADOLESCENTS IN LAGOS METROPOLIS".

Submitted to the School of Postgraduate Studies University of Lagos

For the award of the degree of **DOCTOR OF PHILOSOPHY (Ph.D)** Is a record of original research carried out

#### By

AYENI, ESTHER ADUKE In the Department of Psychology

CANDIDATE'S NAME	SIGNATURE	DATE
1 <sup>ST</sup> SUPERVISOR'S NAME	SIGNATURE	 DATE
2 <sup>ND</sup> SUPERVISOR'S NAME	SIGNATURE	DATE
1 <sup>ST</sup> INTERNAL EXAMINER	SIGNATURE	DATE
2 <sup>ND</sup> INTERNAL EXAMINER	SIGNATURE	DATE
EXTERNAL EXAMINER	SIGNATURE	DATE
SPGS REPRESENTATIVE	SIGNATURE	DATE

#### **DEDICATION**

This work is dedicated to God - my Help, Sustainer, Strength and Victory. And also to my beloved husband Prof. Olubodun O. Ayeni and children – Tayo, Kunle, Dupe & Ben, Tumi & Dipo, Segun & Stephaine as well as my Princesses Aliyah MoyinOluwa and Toluwani IyanuOluwa.

#### ACKNOWLEDGEMENT

I will ever be grateful to God the Author and Finisher of my faith for bringing this work to a completion. He is indeed my Help and Strength. I am grateful to all who contributed to the successful completion of this work. First, my supervisor Dr. E.F. Akinsola for your immense contribution to this work. Your time, sacrifice and insistence on only that which is best have helped me tremendously. Thank you and God bless. My other supervisor, Dr. K.O. Ayenibiowo (a.k.a. Ayami) you have been wonderful, your time going through the work, encouragement and most importantly your prayers are all appreciated. I will ever be grateful you. I must also acknowledge Late Prof. P.F. Omoluabi who initiated and guided me through this research but unfortunately did not live to see the completion of the work. I pray God will continue to bless the family he left behind.

Dr. I. Agiobu-Kemmer, your time, patience, sacrifice and encouragement will ever be appreciated. Thank you. I am also grateful to Prof. Makanju, Prof. Oguntuase, Prof. Sote, Dr. Faghoungbe, Dr. Akintayo, Dr Olagbaiye, Mrs. Israel, Mrs. Ojo, Dr. Akinbode, Mr. Ayodeji, Dr. C. Umeh and all the non-teaching Members of staff in Psychology Department. Many thanks to Prof. A. Otubanjo, Mrs. I.V Makanju, Mr. Pratt, Miss Olagoke and all the members of Computer Science Home Fellowship, God will remember you all for good. Your prayers were not in vain. I also appreciate Prof. Anderson and Prof. Beck of the Department of Psychology, the Ohio State University for their readiness to assist during my study leave with them. Thank you both. I am grateful to the Principals, Vice Principals and School Counsellors of all the High Schools I used. I am grateful to my Chaplain (Pastor Azuka) for his prayers and concern. Thank you very much. Yemi you are too much. I do not know what to say but I know God will reward you for the time, dedication, and prayers you put into this work. Love you dear. Lastly, to my family both immediate and extended you are all appreciated for your help, prayer and support.

To you my beloved husband, Prof. O.O. Ayeni, you are one in a million. Your supports spiritual, financial, moral and psychological will ever remain green in my memory. I LOVE YOU. You are awesome. Also to my loving children and grand daughters, for your prayers, concerns and support, thank you. That status - Prof. & Mrs. has finally changed. I love you all.

TABLE OF CONTENTS	PAGE
Title	i
Certification	ii
Dedication	iii
Acknowledgements	iv-v
Table of Contents	V-X
List of Figures and Tables	xi-xii
Abstract	xiii- xiv

## CHAPTER ONE

INTROD	UCTION	1-42
1.1. Backg	ground to the study	2-7
1.1.1.	Types of social anxiety	7-8
1.1.2.	Symptoms of Social Anxiety	8-9
1.1.3.	Social Anxiety Diagnostic Criteria	10-11
1.1.4.	Situations that Elicits Social Anxiety	11-18
1.1.5.	Causes of Social Anxiety	18-24
1.1.6.	Social anxiety and Shyness	24-25
1.1.7.	Assessment of Social Phobia	25-32
1.2 Staten	nent of the Research Problem.	32-33
1.3 Objec	tives of the Study	34
1.4 Resea	rch Questions.	34-35
1.5 . Signif	ficance of Study.	35-36
1.6. Scope	e of Study.	36
1.7. Operational Definition of Terms		36-37

## CHAPTER TWO

LITERATURE REVIEW 43-		
2.1. Review of Theoretical Literature	43-49	
2.1.1. Psychoanalytical theories	43	
2.1.2. Behavioural Theories	43-45	
2.1.3. Cognitive Theories:	45-46	
2.1.4. Erickson's Psychosocial Developmental Theory	46-47	
2.1.5. Ethological /Psychobiological Theory.	47-49	
2.2. Theoretical Framework for the Study	49-52	
2.2.1. Integrated Cognitive-Behavioural Model	49-50	
2.2.2. The Self- Presentational Theory	50	
2.2.3. Social Learning Theory.	51-52	
2.3 Review of Empirical Studies	52-99	
2.3.1. Etiology of Social Anxiety Disorders	52-61	
2.3.2 a. Social Anxiety Subtypes and Symptomology	61-65	
b. Social Anxiety Subtypes and Physiological Reaction	65-68	
c. Age of Onset	69	
2.3.3 Gender Differences in Social Anxiety	69-72	
2.3.4 Age differences in Social Anxiety	72	
2.3.5. Prevalence of social anxiety	72-73	
2.3.6. Social Anxiety and Comorbidity	73-75	
2.3.7. Development of Social Anxiety	75-91	
2.3.8. Technology's Influence on Social Experience	91	

	2.3.9.	Familial Antecedents in Social Anxiety	92-96
	2.3.10.	Knowledge of Social Anxiety among Professionals.	96-99
2.4.	Social S	upport and Social Anxiety.	99-100
2.5.	Cultural	Differences in Social Anxiety.	100-102
2.6.	Effects of	of Social Anxiety on the Sufferers.	103-105
2.7.	Treatme	ent of Social Anxiety.	105-116
	2.7.1.	Education and Social Support.	105
	2.7.2	Interpersonal Psychotherapy (IPT).	105-106
	2.7.3.	Cognitive-Behavioural Therapy.	106-114
	2.7.4.	Pharmacological Treatments.	114-116
2.5	Research	n Hypotheses.	117

## CHAPTER THREE.

METHOD.	118-169
3.1. Phase 1: Development, Standardization and Validation of	
Social Anxiety Scale (SAS).	
3.1.1 Study Location.	118
3.1.2 Sampling Technique.	118
3.1.3 Participants.	119
3.1.4. Research Design.	119
3.1.5. Instruments.	119-120
3.1.6. Procedures for the Development of SAS.	120-122
3.1.7. Data Analysis.	122
3.2. Phase 2: Assessment of Social Anxiety.	123-128
3.2.1 Study Location.	123

3.2.2. Sample and Sampling Technique.	123-124
3.2.3. Research Design.	124
3.2.4. Instruments.	124-125
3.2.5. Procedures for the Development of SAS.	125-127
3.2.6. Scoring and Data Collection.	127
3.2.7. Data Analysis.	127-128
3.3. Management of social anxiety.	129-146
3.3.1 Location and Setting.	128
<ul><li>3.3.1 Location and Setting.</li><li>3.3.2 Participants.</li></ul>	128 129
3.3.2 Participants.	129
<ul><li>3.3.2 Participants.</li><li>3.3.3 Sampling and Sampling Techniques.</li></ul>	129 129
<ul><li>3.3.2 Participants.</li><li>3.3.3 Sampling and Sampling Techniques.</li><li>3.3.4 Research Design.</li></ul>	129 129 129

## CHAPTER FOUR

# **RESULTS** 4.0. Descriptive Statistical Output

4.1. Development, Standardization and Validation of SAS.	148-157
4.2. Assessment and Management Phases.	158-169

## **CHAPTER FIVE**

DISCUSSION	169-179
5.1 Summary of Findings.	170-171
5.2 Development, Standardization and Validation of Social	171-172

147-168

146—148

Anxiety Scale.

5.3 Evaluation of Assessment of Social Anxiety.	172-178
5.4 Evaluation of Management Phase.	178-179

## CHAPTER SIX

CONCLUSION	180-184
6.1 Implication of the Findings	181
6.2. Limitation of Study	182
6.3. Recommendations for Future Studies	182-184
6.4. Contributions to Knowledge	184-185
Reference	186-228

Appendix

## LISTS OF TABLES AND FIGURES

Table 1: Means and standard deviations of the scores of all the participants	in SAS & FNE across	
gender in Validation Phase.	146	
Table 2: Means and standard deviations of the scores of all the participants i	in SAS across gender in	
Assessment Phase.	147	
Table 3: Means and standard deviations of the scores of all the participants i	in SAS across gender in	
Management Phase.	148	
Table 4: Means and Standard Deviations of Participant's scores on SAS across	Gender. 149	
Table 5: Reliability coefficients of SAS	150	
Table 6 – Correlations Matrix for participants' scores on FNE and SAS.	152	
Table 7: Initial Eigenvalue of the Extracted Factors	154	
Table 8: Items, Communalities and their Factors Loading	155	
Table 9: Names of Extracted Factors and items that load on them	158-157	
TABLE 10: Percentage of Participants with Scores Higher than the Norms for S	SAS 158	
Table 11: Means and Standard Deviations for Male and Female Participants' Scores on SAS and		
their t-statistics.	159	
Table 12: Means and Standard Deviations for Participants' scores on SAS across Age Groups. 161		
Table 13: Summary of Polynomial ANOVA for Paricipants' Scores across Age Groups. 163		
Table 14: Means and Standard Deviations of Participants' Scores on SA	S according to	
Educational Status. 1	.64	

Table 15: Anova Summary for the Educational Levels on the 7 Components of Social Anxiety	
Measures. 16	55
Table 16: Summary of the Scheffe test for the Four Significant Measures acr	oss Educational
Levels 16	56
TABLE 17: Means and Standard Deviations for Pretest and Posttest Scores	s on SAS for
Treatment and Control Groups.	167
Table 18: ANCOVA Summary of Participants' Scores in SAS.	168
Table 19: Means, Standard Deviation and t-test for Adjusted Gain Scores for the Treatment and	
1	169
Figure 1: Hypothetical Model of the association among demographic variables	s, fear triggers,
fear stimulus and treatment modality for Social Anxiety.	39

Figure 2: Graphical Illustration of Means Score of all the Participants in the Measure of SAS and its Components based on Age Categories 162-163

#### ABSTRACT

The main objective of this study was to develop, standardize and validate an instrument that is both global and specific in assessing Social Anxiety Disorder (SAD) among adolescents and to investigate the prevalence of these disorders. The study also aimed at establishing the effectiveness of Cognitive-Behavioural Therapy (CBT) using Social Skill Training techniques in the treatment of social anxiety in adolescents. To realize these objectives,

the scores of the participants in the newly developed Social Anxiety Scale (SAS) was computed using Statistical Parkage for Social Scientists (SPSS) to establish its Cronbach Alpha Internal Consistency and Odd-even and Split-half reliability while its concurrent and construct validity was established by correlating SAS with Fear of Negative Evaluation (FNE). The following hypotheses were also formulated and tested: (1) Female participants will have significantly higher scores in measures of SAS than male participants. (2) There will be significant trend in the progression of social anxiety from the younger adolescents to the older age categories. (3) Participants with low educational attainment will report significantly higher levels of social anxiety than those with high educational attainment.

(4) Participants who are managed with Social Skills Training will manifest less social anxiety than those who are not managed (control group).

The study was carried out in three phases: Phase I focussed on the development, standardization and validation of Social Anxiety Scale (SAS), using 464 participants from three high schools and 100 level university students. Fear of Negative Evaluation (FNE) was used to validate SAS. The second Phase was devoted to the assessment of social anxiety among 364 adolescent participants. Participants were drawn from three high schools and 100 level university developed Social Anxiety Scale with its seven components was used to collect data. Phase three was solely concerned with the

management of social anxiety using Cognitive-Behavioural Therapy and specifically Social Skills Training. Thirty four (34) participants with high social anxiety were used (17 for experimental and 17 for control groups).

Six major findings resulted from the study. First, is the emergence of 35-items Social Anxiety Scale with seven components and good reliability and validity coefficients. Second, a prevalence of 27.47% social anxiety was found among the adolescent participants. Third, female participants significantly exhibited higher levels of social anxiety than male participants. Fourth, there was a decrease in social anxiety level as age increased from 12 to 17 years with an upward surge from age 17-21 revealing a curve-linear trend. The study also showed that low educational status does not necessarily predict high level of social anxiety. Sixth, Cognitive-Behavioural Therapy specifically Social Skills Training techniques was found to be effective in reducing or/and eliminating social anxiety among the adolescent participants.

This study confirmed the conceptual hypothetical model developed by the researcher. It also established the existence of social anxiety among Nigerian adolescents. Recommendations based on these findings were made to government, educators, parents and future researchers. Some of these recommendations include: a longitudinal research that will elucidate the etiological findings of social anxiety; formulating a policy for preventive and intervention strategies for early diagnosis and treatment of social anxiety; educating teachers about social anxiety and further studies with particular attentions on those aged 16 and 17 and female adolescents.

xiv