

The impact of social anxiety on student learning and well-being in higher education

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Abstract

Background: This paper reports findings from two complementary web-surveys conducted in the UK, in which 787 university students described their experiences of social anxiety.

Aims: The aim was to explore the impact of social anxiety on student learning and well-being in the context of higher education.

Method: Participants self-selected using a screening tool and completed a web-based questionnaire.

Results: The findings are consistent with previous research on social anxiety and suggest that for a significant minority of students, social anxiety is a persistent, hidden disability that impacts on learning and well-being.

Conclusions: The findings highlight the need for enhanced pedagogic support for students with social anxiety.

Keywords: *social anxiety, higher education, learning, well-being*

Background

Social anxiety is a common mental health problem that resides on a continuum of distress and disability. In its mildest form, it may present as transient social apprehension, occurring in response to common social-evaluative situations, while its more severe form is characterised by disabling, pervasive fear and avoidance (Crozier, 2001; Liebowitz, 2003; Veale, 2003).

According to the presentation model, social anxiety occurs when an individual wants to present a favourable public image, but doubts his or her ability to do so (Schlenker & Leary, 1982). Such doubt may be fuelled by low self-worth and internalised shame (Gilbert & Procter, 2006). Together these can exert a strong, untoward impact through social anxiety on personal identity, social relationships, mental health and success in education (Ameringen et al., 2003; Fehm et al., 2005; Keller, 2003; Stein et al., 1999; Turner et al., 1986).

More specifically, Bernstein et al. (2007) found that severity of social anxiety was correlated with deficits in social skills, attention difficulties and learning problems in school settings. Ameringen et al. (2003), found that a significant proportion of patients with social anxiety reported leaving school prematurely due to anxiety and Wetterberg (2004) found

that 21% of 17-year-old Swedish school students reported impaired functioning due to social anxiety. Further studies have reported significant effects of social anxiety on failure to complete school, increased risk of exam failure (Stein & Kean, 2000) and failure to graduate (Wittchen et al., 1999).

Social anxiety is relatively common with typical lifetime prevalence rates of 7–13% for adults and young people (Furmark, 2002). Moreover, first onset occurs during mid-to-late adolescence when many young people are engaged in full or part-time time education. Recent research has revealed similar prevalence rates in higher education with Russell and Shaw (2009) and Tillfors and Furmark (2007) documenting clinically significant levels of social anxiety in 10–16% in the UK and Sweden, respectively.

Despite these findings, relatively little is known about the effects of social anxiety on students studying in higher education. To address this, two complementary surveys were conducted to explore how university students experience and manage their social anxiety while engaged in learning activities.

Method

Two complementary surveys were carried out at Plymouth University (UoP) and the University of the West of England (UWE). These two institutions have combined student populations in excess of 60 000 that are drawn from diverse, urban and rural areas of South West England.

The Plymouth survey was conducted first and employed opportunistic sampling. The original intention had been to explore students' views on the impact of social anxiety on well-being and learning via stratified focus groups. However, despite having access to the volunteered contact details of a large pool of students who had taken part in earlier research on social anxiety, only two participants were actually willing to be interviewed and this was as a "pair".

Advice was sought from a service-user, who suggested that it would be easier to engage students with social anxiety on-line, because of the anonymity afforded. As a result of this an on-line survey was constructed to capture information relating to three domains that are frequently used to assess social anxiety in clinical research; performance fears (e.g. public speaking), social interaction fears and avoidance behaviour (Menin et al., 2002). Likert-type scale questions were developed to capture frequency data and free-text questions were used to gather experiential data about the impact of social anxiety on learning, student coping responses and ideas for improving support.

A flyer was posted on the University's intranet and the local, Student Union website, drawing attention to the survey and inviting students who experienced issues relating to shyness, embarrassment and anxiety in public to follow a link to the web-survey and screening tool. This process resulted in a rapid flow of responses (the majority of which were received within 7 days). The same procedure was adopted for the subsequent survey at the UWE.

The surveys were constructed using *Pegasus* and *Survey-Monkey* software and an adapted form of the Mini-SPIN (Connor et al., 2001) was used to screen the target populations for social anxiety. This brief, three-item scale has excellent discriminant properties and can accurately detect 90% of people diagnosed with social anxiety (Anthony et al., 2006).

Participants were provided with information about the aims of the project and measures were taken to ensure confidentiality and anonymity in data management. In case of personal distress, links were provided to university counselling services and self-help organisations.

The UoP survey was conducted first and minor changes were then made to the UWE survey, to capture additional frequency data relating to key themes that emerged from the UoP survey.

Ethics

Ethical permission was granted by the participating universities' research ethics committees and account was taken of guidance issued by the *British Psychological Association* and the *Association of Internet Researchers*. Information supplied by participants was anonymous and downloaded to password-protected files. Individual data sets were only available to the researchers and collaborating colleagues.

Descriptive data

Sample size

Total of 787 students completed the survey, representing approximately 2.0% of the total UoP and UWE student populations.

Participant characteristics

The majority of respondents were female with a ratio of approximately 2:1, which reflects epidemiological trends for social anxiety (Furmark, 2002). Over 90% of the sample was aged between 16 and 30 with the remaining 10% aged between 31 and 60 (Table I).

The majority of students were in years 1–3 of their studies, with a small proportion in year 4, post-graduate studies or “other” forms of study (Table II).

Frequency data

Anxiety in common learning situations

A Likert-type scale was used to gauge how frequently students experienced social anxiety (defined as embarrassment, anxiety or inhibition) in common learning situations (Figure 1). The scale employed three parameters – “none”, “occasional” and “frequent”.

Table I. Distribution by gender and age.

Gender and age	Number	Percentage of sample
Female	196	63.4%
Male	113	36.6%
16–20 years	293	36.5%
21–30 years	358	55.8%
31–40 years	74	5.5%
41–50 years	16	2.9%
51–60 years	5	1.6%

Table II. Distribution by undergraduate year and level.

Year 1	Year 2	Year 3	Year 4	Postgraduate and other
32.05% (234)	30.05% (225)	34.0% (225)	4.8% (34)	6.7% (43)

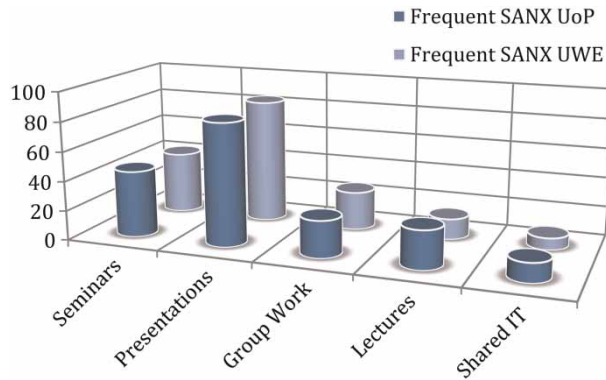


Figure 1. Frequency of social anxiety in common learning situations (%).

Slightly more than 80% of UoP and UWE students reported that presentations were associated with frequent social anxiety, with lower ratings for seminars (range 45–52%), group work (25–26%), lectures (14–26%) and sharing IT facilities (8–13%).

Emotional distress

Given the known association between social anxiety and co-morbidity for mental health problems students were asked if they had experienced common forms of emotional distress in the 6 months preceding the survey. Figure 2 shows that approximately 50% of students reported frequent stress and anxiety (range 52–55%). Reported rates for frequent depression, panic and anger were all similar (21–24%). Thoughts of frequent self-harm or suicide were comparatively rare (4–7%).

Social difficulties

Social anxiety has been variously associated with social inhibition, discomfort in social settings and difficulty forming relationships. Hence, students were asked to report whether

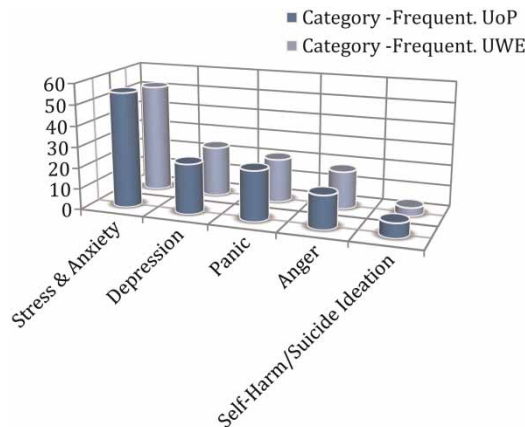


Figure 2. Frequency of emotional distress in common learning situation (%).

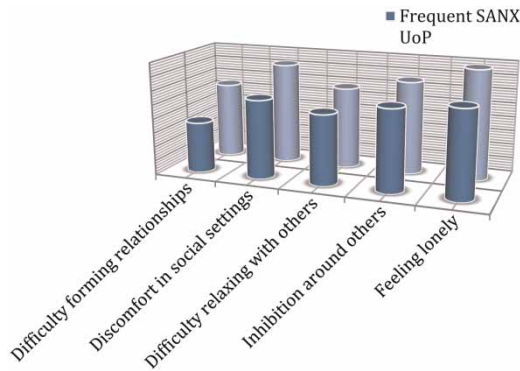


Figure 3. Frequency of distress associated with social relationships (%).

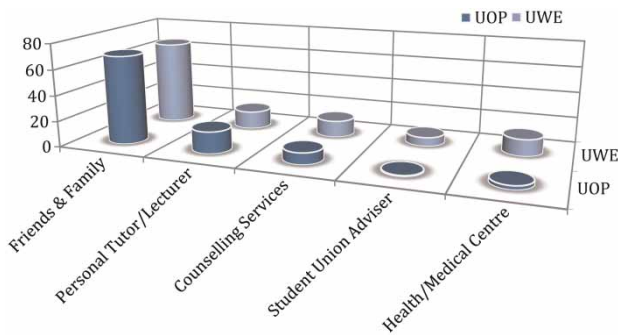


Figure 4. Frequency of types of help-seeking behaviour (%).

they had experienced social difficulties. The responses (Figure 3) indicate that frequent loneliness, inhibition and discomfort in social settings was reported by approximately one-third of students (range 29–39%) with slightly lower numbers of students reporting frequent difficulty forming relationships and discomfort in social settings (18–36%).

Seeking help

Students with mental health problems are often reluctant to seek professional help. Hence, students were asked to identify the main sources of support they had used in the past.

Figure 4 shows that friends and family were the most frequently reported sources of support (range 66–69%). Only a small proportion of students reported seeking help from their personal tutor (range 14–17%), student counselling (9–13%) or health/medical centre (3–13%).

Coping strategies

Additional data from the UWE survey provided frequency estimates of the chief means of managing social anxiety around learning activities. These are shown in Figure 5. The use of safety behaviours (e.g. acting to minimise conspicuousness and rehearsal) was the single most commonly reported strategy (74%). Avoidance of learning activities was reported by 37% of students with 64% reporting diverse coping strategies (e.g. taking “Calms”, using relaxation techniques, drinking alcohol to calm nerves, etc.).

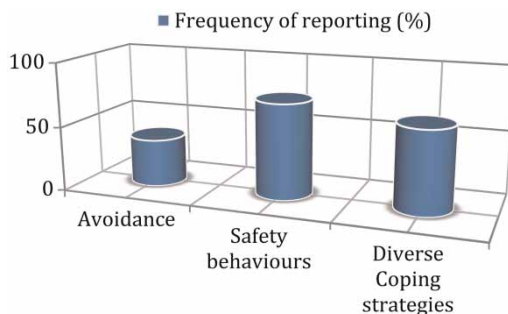


Figure 5. Frequency of strategies to manage social anxiety (%).

Qualitative findings

In order to gain insights into the experiences of students with social anxiety, UoP participants were invited to provide free-text responses to three, key areas of interest:

- (1) How social anxiety impacted on engagement in learning activities?
- (2) How the students coped with these events?
- (3) What changes the university could make to improve their experiences?

The findings were initially sorted into emergent themes. Following this, Relational Analysis was used to explore the semantic relationships inherent in the themes. The findings are presented in the following section together with a selection of supporting quotes from students (given within quotes).

How social anxiety impacted on engagement in learning activities

The impact of social anxiety during learning activities was found to cluster around three main themes: anticipatory anxiety with assumptions about failure, embarrassment and disabling effects.

In keeping with the frequency data, anxiety was most commonly linked to taking part in learning activities that involved (or had the potential to involve) public speaking during presentations, seminars and lectures. The period prior to such events was characterised by anticipatory anxiety (“I often feel embarrassed and worry greatly before contributing as I am mainly afraid of getting things wrong and looking stupid”). These periods could be protracted (“I get really worried when I have to do a presentation and I worry about it for ages beforehand”). In some cases, anticipatory anxiety was severe enough to impact on student well-being (“Very nervous before presentations, feeling sick and loosing sleep ... I dread them”) or to cause them to exit the learning setting (“When waiting to take part in a debate or having to present some findings to a class I feel fidgety and dizzy. In the past I have walked out of the room due to very high levels of anxiety”).

Participants also reported that anxiety was linked to *a priori* assumptions of failure and fear that events would expose personal shortcomings and invite ridicule (“I feel anxious and often find it difficult to be myself and communicate with others. I think that the anxiety comes from being afraid that I won't be good enough and that people will judge me badly”).

Participation in learning events involving public speaking was characterised by embarrassment (“Feel embarrassed and nervous about how people are going to react to what I say”)

and physical impairment (“I have problems speaking out in front of people and develop a stutter and my voice clearly shows nervousness, especially in presentations”). Impairment due to high levels of anxiety also extended to cognitive effects, including thought-blocking (“I feel unable to relax, which prevents me from gaining understanding of the information being received”). In addition, excessive self-preoccupation detracted from task performance (“I feel anxious and very self-conscious when ‘put on the spot’ my mind goes blank, even if I know the answer!”) and was linked to self-consciousness about excessive blushing (“I always go bright red!! I absolutely hate it; I clam up and develop a really bad stammer”).

How students coped

Students used learning strategies, such as memorising and rehearsal to buffer anticipatory anxiety and to increase knowledge and personal confidence (“For presentations I find that if I spend a lot of time preparing I become more confident and am usually ok”). In clinical terms, such strategies are referred to as “safety behaviours” and some of those employed resulted in, at best, partial participation in learning activities. Some students, for example, would get others to do the speaking (“I sit with a group of friends who are more than happy to answer questions on behalf of the group, so I don’t volunteer to answer any”). Or they would offer to do certain group tasks in order to avoid having to speak out (“I avoid presentations etc if I can minimise my input in the standing up part by doing extra research”). Alternatively, they would hide at the back of the class or sit behind someone tall to avoid being conspicuous (“As soon as I walk into the room, I check it out and devise a place to sit where I have the least attention on me and avoid eye contact so that a lecturer won’t pick on me to answer a question”). In more extreme cases, safety behaviours constituted avoidance (escape) from the feared situation or event (“I do not go to lectures if I know I have to give presentations. I have swapped modules several times to avoid presentations”).

Some students indicated that they were aware of the potential impact of avoidance and safety behaviours on their learning and marks, but were resigned to the outcome (“I do not attend classes where I will have to do a presentation. I avoid them at all cost even it means losing ten percent of a grade”). Others asserted the need to tackle issues head-on.

I used to try and avoid situation where I could be put on the spot, but it never worked and it sometimes magnified the negative feelingsnow I just try and get on with it and if I’m making a presentation I don’t hide that I’m nervous.

In the worst instances avoidance was pervasive and almost certainly harmful in both social and educational terms (“Avoiding all classes – learning only through lecture notes”).

Student views on support for social anxiety

The role of the institution

While many students pointed to the role of the institution (e.g. Faculty or Programme) in helping students to develop new social networks, this was juxtaposed with a liberal measure of “yes-but” thinking. For example, students drew attention to the importance of early integration (“When people come to uni, its either make or break in their first year, so you have to get them out of their shells early before they have a chance to start worrying about socialising”). Yet, they also portrayed themselves as members of a discrete group, averse to socialising through “normal” student activities (“More in terms of getting students

together when they first arrive, not only socials set up for drinking and partying”). Offering a “solution” to this conundrum, one student suggested that the university should have a discrete society for people with social anxiety, while dryly noting that “a society for socially anxious people could be goodbut then you have the problem of people being too anxious to run it or show up”.

Barriers to support

Students identified various barriers to support that were grouped under the themes invisibility, stigmatisation and lack of confidence.

Frustration was expressed that the problems they faced were unrecognised and seemingly invisible. This was reflected in pleas for lecturers to know and understand more about social anxiety and its impact in learning situations (“If I had a magic-wand I would make tutors take into consideration the amount of difficulty I face when I am the centre of attention during debates and presentations”).

While students recognised the potential value of seeking help for their social anxiety, fear of ridicule (“I haven’t tried the uni facilities yet as there is nothing physically wrong with me ... I would feel daft coming in saying that I am scared of coming in”) and stigmatisation were readily identified as barriers that inhibited help-seeking from personal tutors and university counsellors (“I think how I feel is directly related to my confidence and self-esteem. If I was to attend some services available to me I would probably feel a lot better, But I don’t want others to label me for attending”).

Elsewhere, comments reflected frustration about what was regarded as the prevailing assumption that all students are inherently confident.

There seems to be a lot of emphasis on social aspects, group work and it feels like it is taken for granted that everyone is really confident. It would be nice if there was more understanding that just being in a lecture theatre is a real big achievement for some people.

Flowing from these concerns, calls were made for extra support to improve self-esteem and confidence in public speaking (“Offer more opportunities in training and development programmes that continue through the module programmes so that people have the ability to speak confidently in public”).

Discussion

As far as the authors are aware these are the first surveys to explore the impact of social anxiety on learning and well-being in students studying in higher education and the picture revealed is one of emotional distress, impairment and mixed coping responses.

Emotional distress was evident in the high frequency of reported stress and anxiety with about one-third of students experiencing depression, loneliness and difficulty with social relationships. These findings are not dissimilar from other reports on student mental health (e.g. Royal College of Psychiatrists, 2003, 2011; University of Leicester, 2001).

The findings also show that students believed their learning and performance in the classroom was affected by associated thought-blocking, excessive self-focused attention and physical effects such as blushing and stammering. These beliefs are given broad credence by research which shows that both memory performance and attention to task content is reduced in high threat conditions (e.g. public speaking) for social anxiety sufferers

(Fox et al., 2001; Wenzel & Holt, 2003). In addition, student fears appeared to be underpinned by *a priori* assumptions about personal inadequacy as predicted by Schlenker and Leary's (1982) presentational model of social anxiety.

Students also believed that their achievements in the learning domain were likely to be hampered by their safety behaviours, the most obvious of which was avoidance of learning situations. However, research has also drawn attention to the insidious effects of gaze aversion and verbal inhibition on teachers' judgements of intellectual ability, social maturity and leadership (Alden, 2001; Evans, 2001).

Despite obvious distress and anxiety, many students felt unable or unwilling to seek help, citing fear of stigmatisation or worry that their problems would not be taken seriously by their personal tutor due to lack of understanding. Their reticence is graphically demonstrated via the frequency data, which shows that, at best, less than 1:5 students reported seeking help from their personal tutor or student counsellor. Again similar findings have been reported elsewhere, most notably in the 2001 Leicester University surveys. However, the pattern of help-seeking pattern was complex. In some cases, students received professional support from outside of the university, while the majority of students reported receiving help from friends and family.

Recommendations for support

The Clark and Wells (2000) model predicts that socially anxiety is maintained through a negative feedback loop, consisting of poor self-expectations – anticipatory anxiety – cognitive impairment – poor performance and reinforcing negative self-beliefs that may be positively interrupted through social and clinical interventions tailored to improve personal confidence, self-awareness and social-skills. Drawing on this model, we believe it is in the best interests of the socially anxious student to promote engagement in public speaking and group interaction in order to develop confidence and skills in public speaking and anxiety-management. It should be noted, however, that in the absence of supportive approaches the anxious student may simply vote with his or her feet and avoid presentational activities all together.

Pedagogic interventions for social anxiety should be cognisant of the dual problems of fear of stigmatisation and enhanced self-other sensitivity displayed by people with social anxiety. Hence, we think it is desirable to couch support activities within a normative framework developed for the general student population. Such activities might include, small group support for public speaking and the use of *Powerpoint*, via these activities other aspects of social, personal and academic skills training may then be introduced (such as the importance of maintaining eye contact, the use of relaxation techniques to control stress, the importance of effective preparation and rehearsal, etc.). Such interventions would benefit not only students with social anxiety, but also the wider student population.

To reduce invisibility and to improve awareness of social anxiety in the classroom, we suggest that staff should be helped to recognise social anxiety and to be cognisant of the causes and effects of safety and avoidance behaviours on student performance and student–teacher impression formation.

We do not believe it is realistic for teaching staff to be able to discriminate between shyness and social anxiety. This is primarily because their behavioural manifestations overlap so markedly that to try and do so would require treading into the therapeutic domain. We suggest a more pragmatic approach is for the teacher to consider how general pedagogic approaches may be employed in the classroom to reduce potential performance anxiety and embarrassment for *all* students. These may include graded exposure for public speaking

tasks, the promotion of small group teaching and activities, peer-support for self-disclosure and exposure in class and avoiding asking questions of students in large groups unless it is clear the information is being freely volunteered.

Finally, authors such as Yorke and Longden (2008) and Simpson (2004) have drawn attention to the importance of early integration and proactive interventions in supporting students and preventing withdrawal from university. In particular, Simpson refers to the need to engage with the “quiet student”, who may fail to come forward for help and advice. This has a particular resonance given the low rates of help-seeking reported in this survey.

Conclusion

This exploratory study has highlighted the need to enhance pedagogic support for students who experience social anxiety. It is evident that learning activities, particularly those that involve public speaking, can cause great anxiety and it is incumbent upon teachers to reflect that self-confidence is an attribute that needs to be nurtured in a small, but significant minority of students.

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