

PERCEIVED SOCIAL SUPPORT AND ANXIETY: A CORRELATIONAL ANALYSIS

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Abstract: *Exposure to a varied environment (associated with a reduced capacity for predictability or tolerance to social dynamics) can lead to anxiety for some individuals. In these situations, we look for recourses to overcome the dysfunctions generated by anxiety in the sense of increasing the degree of adaptability to the social environment. Perceived social support can be one of these resources. In this light, the current investigation has the objective to identify the relationship between perceived social support (i.e. Attachment, Social Integration, Reassurance of Worth, Reliable Alliance, Guidance, and Opportunity for Nurturance) and anxiety (i.e. Social Anxiety and Performance Anxiety). The sample consisted of 71 individuals (between 19 and 52 years, with an average age of $M = 35.04$, $SD: 9.95$) from Romania. Anxiety was measured with the Liebowitz Social Anxiety Scale and perceived social support with the Social Provisions Scale. Results highlighted the significant negative association between perceived social support and anxiety. The results of this study can offer relevant information to stimulate the reconsideration of social support in the reduction or prevention of the development of anxiety and can support educators or counselors who work with young individuals.*

Keywords: *Perceived social support; anxiety; social anxiety; performance anxiety.*

I. Introduction

Exposure to a varied environment (associated with a reduced capacity for predictability or tolerance to social dynamics) can lead to anxiety for some individuals. In these situations, we look for recourses to overcome the dysfunctions generated by anxiety in the sense of increasing the degree of adaptability to the social environment. Perceived social support can be one of these resources. That is why we chose to investigate the extent to which the level of perceived social support associates with the level of anxiety, conducted on a sample of 71 individuals.

From a psychopathological point of view, anxiety can manifest and can be described in three ways: 1. “feelings of an imminent danger, objectively determined, of an unspecified danger that would occur, a feeling that is accompanied by the elaboration of phantasms that amplify everything, raises the situation to the proportions of a drama; 2. an attitude of expectation in the face of a danger, which has the character of a true state of alert that invades the individual in its entirety and which is associated with the impression of an immediate catastrophe; 3. the belief of an absolute impossibility to act, to which the feelings of self disorganization and of the annihilation of self in front of the danger are associated” (Enăchescu, 2005, pg. 193).

We distinguish the feeling of fear from anxiety in the sense that the states felt in the case of anxiety have an incomprehensible character for the self and the surrounding individuals, a character given by the irrational specificity of the anxious states, whereas the simple state of fear can be associated with objective elements, being perceived by the self and the surrounding individuals with almost the same intensity (Enăchescu, 2005).

In the present study, from all dimensions of anxiety, we chose to investigate social anxiety. Social anxiety can be understood as being a fear of social interactions or a fear of reaching situations where the self might be judged, humiliated, offended or rejected by others (American Psychiatric Association, 2016; Moore, 2016). An important dimension of social anxiety refers to states of heightened mental discomfort, accompanied by unpleasant somatic manifestations, which the person experiences when he perceives that he is being evaluated by someone. We refer to specific situations of public speaking, of carrying out activities that involve the evaluation of someone (i.e. tests, artistic acts) or even usual activities such as talking in a small group, talking on the phone, eating in public places or sexual activity (Liebowitz, 1987; Heimberg et al., 1999; Khadhijah & Vijakurnamar, 2018). Synthetically, we refer to social anxiety as a fear of interacting with other individuals or of carrying out activities in the presence of other individuals.

Studies in literature have highlighted the link between social anxiety and various demographic factors such as age, gender, school preparation, belonging environment (Deb et al., 2010; Djinouand et al., 2016). A recent study highlighted differences in girls and boys according to the schools they attended (Khadhijah & Vijakurnamar, 2018). The findings of this study highlighted a high level of anxiety only in girls who attended a differentiated school by gender, but not to the boys who attended the same type of school.

Negative expectations of social performance, inefficient coping strategies and poor social skills were correlated with various levels of social anxiety and mediators linking social anxiety to poor relationships in the peer group. (Erath, Flanagan & Bierman, 2007). Other explored the link between social anxiety and self-esteem (Leary, 1990; Jong, 2002; Hraman et al., 2005) or between social anxiety and the use of the internet (Lee & Stapinsky, 2012).

Liebowitz Social Anxiety Scale (Liebowitz, 1987) was tested to verify its validity for people with social anxiety disorder, highlighting its usefulness in establishing an accurate diagnosis and useful treatment for social anxiety. (Mennin et al, 2002; Fresco, 2001; Heimberg et al., 1999). Studies conducted in cultures different from the American one (i.e. Spanish culture) have led to the identification of a high validity of this scale for the evaluation of the social anxiety disorder, being performed statistical analyzes for both the social fear dimension and the one of avoidant behavior (Olivares, Sanchez-Garcia & Lopez-Pina, 2009). A study developed in Turkey, on a sample of individuals with social anxiety disorder, generalized anxiety disorder and individuals without pathological manifestations identified a high reliability of this scale for achieving a good differential diagnosis regarding this type of anxiety disorder, i.e. social anxiety (Soykan, Özgüven & Gençöz, 2003).

Initially structured on two subscales (i.e. fear of avoiding situations of social interaction and performing an action while being observed), the Leibowitz scale supports nuances in terms of the factors that explain and define social anxiety disorder. "The common analysis of exploring the entangled factors of fear and avoidance assessment revealed four similar factors for each: (1) social interaction, (2) public speaking, (3) observation by others, and (4) eating and drinking in public, which demonstrated convergence and discriminative validity with other instruments for measuring social anxiety. These findings suggest that there are four global categories of social fear assessed by the Social Anxiety Scale and that although social interaction anxiety appears to be unifactorial, fear of performance/ observation may be multifactorial" (Safern et al., 1999, pg. 253).

As regards to social support, in the APA Dictionary of Psychology it is represented as „the provision of assistance or comfort to others, typically to help them cope with biological, psychological, and social stressors. Support may arise from any interpersonal relationship in an individual’s social network, involving family members, friends, neighbors, religious institutions, colleagues, caregivers, or [support groups](#). It may take the form of practical help (e.g., doing chores, offering advice), tangible support that involves giving money or other direct material assistance, and emotional support that allows the individual to feel valued, accepted, and understood”.

To measure the degree of social support we used the Social Provisions Scale (Russell & Cutrona, 1987), that has within its competence six subscales of social support: Attachment, Social Integration, Reassurance of Worth, Reliable Alliance, Guidance and Opportunity for Nurturance proposed by Weiss (apud Perera, 2015). The scale was used to study the perceived social support in the evaluation of individuals with physical disorders (Chiu, Moti, Ditchman, 2016). It was used in correlation with well-being, with self-esteem ([Yarcheski](#), [Mahon](#), Yarcheski, 2001, 2003) or with perceived loneliness in adolescence (Damsteegt, 1992); It was also used to study how coping influences stress (Hardy, Richman, Rosenfeld, 1991). The scale was proven to be valid for the evaluation of close relationships in adulthood (Mancini, Blieszner, 1992), and the construct validity

was studied and demonstrated by Perera in his investigation conducted in 2015 on a sample of 376 young individuals.

In literature, social support was studied in relation to social anxiety as well. Meaningful correlations were identified for some dimensions such as: social anxiety with social support and self-concealment and from social support to commitment, exploration, and self-concealment. (Potoczniak, Aldea, DeBlaere, 2007). Results of hierarchical [multiple regression](#) analyses in a study from 2010 (Wonderlich-Tierney, Vander Wal) „indicated that higher levels of social support are associated with a weaker association between social anxiety and eating disorder [symptomatology](#)”. A study conducted on young individuals diagnosed with depression and/ or anxiety revealed that „Social anxiety did not have a significant indirect effect on suicidal ideation through perceived social support from either parents or close friends” (Gallagher et al. 2014).

II. Objective and hypothesis

The aim of this present study is to identify the relationship between perceived social support (i.e. Attachment, Social Integration, Reassurance of Worth, Reliable Alliance, Guidance, and Opportunity for Nurturance) and anxiety (i.e. Social Anxiety and Performance Anxiety), as well as the extent to which they are represented in persons from the Romanian population. The objective was established as a result of the empirical findings regarding the attitude of the individuals towards their own existence, towards the stable goals for their personal and professional development in the European social context, characterized by an accentuated dynamic at social, educational and professional level. Also in this context we are interested in the level of anxiety felt by people from the perspective of performance - understood as an activity performed in the presence of others, as well as from the perspective of establishing social contacts.

2.1. Hypotesis

There will be a negative correlation between the levels of perceived social support (i.e. Attachment, Social Integration, Reassurance of Worth, Reliable Alliance, Guidance and Opportunity for Nurturance) and the levels of anxiety (i.e. Social Anxiety and Performance Anxiety).

III. Methods

3.1. Participants

The sample is one of availability (randomly selected), consisting of 71 individuals, aged between 19 and 52 years, with an average age of $M = 35.04$ ($SD = 9.95$). In terms of gender distribution, the sample is unbalanced, with the female gender representing larger numbers ($N = 59$), compared to the male gender ($N = 12$). The majorities of the respondents are graduates of higher education or were attending college. Responses were collected through the Google Forms platform. The participants of this study were asked to respond as sincerely as possible to the statements of the instruments and were informed that they are participating in a

research on social support and the presence of anxiety. Also, the participants were assured of the confidentiality of the data.

3.2. Instruments

For the assessment of anxiety, the Liebowitz Social Anxiety Scale (Liebowitz, 1987) was used which consists of two subscales, i.e. Social Anxiety and Performance Anxiety. The instrument is comprised of 24 items, on a 4-point Likert scale, measuring the fear level, ranging from 0 (Not at all) to 3 (Severe), and the avoidance level, ranging from 0 (Never) to 3 meaning (Usually) (Liebowitz, 1987). In this study, the simple translation was used, which can be found online for public usage.

For the assessment of the perceived social support, the Social Provisions Scale (Russell & Cutrona, 1987) was used which consists of six subscales, i.e. Attachment, Social Integration, Reassurance of Worth, Reliable Alliance, Guidance and Opportunity for Nurturance. The instrument is comprised of 24 items, on a 4-point Likert scale, ranging from 1 (total disagreement) to 4 (total agreement) (Russell & Cutrona, 1987). In this study, the simple translation was used, which can be found online for public usage.

Both scales were taken for the purpose of carrying out this study from researchcentral.ro, without having the status of validated instruments on the Romanian population.

3.3. Design and procedure

Data collection took place in June, 2019, and completing the questionnaire package took approximately 30 minutes for each participant.

For the verification of the proposed hypothesis, a correlational design was used, having as dependent variables the level of perceived social support (i.e. Attachment, Social Integration, Reassurance of Worth, Reliable Alliance, Guidance and Opportunity for Nurturance) and the level of anxiety (i.e. Social Anxiety and Performance Anxiety).

IV. Results

The data were processed using SPSS version 17, and to determine the type of statistical procedures used later in this study, the normality distribution with the Shapiro-Wilk test was calculated for each variable (Table 1).

Tabel 1. Shapiro-Wilk test for the perceived social support and anxiety

Variables	Statistic	df.	Sig.
Social support	.82	71	< .01
Attachment	.58	71	< .01

Social Integration	.85	71	< .01
Reassurance of Worth	.88	71	< .01
Reliable Alliance	.63	71	< .01
Guidance	.62	71	< .01
Opportunity for Nurturance	.85	71	< .01
Anxiety	.97	71	> .05
Performance Anxiety	.97	71	> .05
Social Anxiety	.96	71	< .05

As can be observed in Table 1, the variables that did not respect a normal distribution of data are: Social Support (global score), Attachment, Social Integration, Reassurance of Worth, Reliable Alliance, Guidance, Opportunity for Nurturance and Social Anxiety.

Table 2. Mean values and standard deviations for social support and anxiety

Variables	N	Mean	Standard deviation
Social support	71	3.61	.40
Attachment	71	3.74	.51
Social Integration	71	3.52	.50
Reassurance of Worth	71	3.45	.52
Reliable Alliance	71	3.66	.62
Guidance	71	3.66	.64
Opportunity for Nurturance	71	3.64	.37
Anxiety	71	1.31	.79
Performance Anxiety	71	1.38	.77
Social Anxiety	71	1.24	.85

Due to the fact that the null hypothesis (which states that the distribution on the scales will be normal; Table 1) for the majority of the variables been rejected, the Spearman correlation test will be used. Therefore, to verify whether there is a negative association relationship between the perceived social support and anxiety, the Spearman correlation will be used (Table 3).

Tabel 3. Spearman correlation between perceived social support and anxiety

Social Support	Anxiety	
	Performance Anxiety	Social Anxiety
	-.53**	
Attachment	-.25*	-.27*
Social Integration	-.40**	-.35**
Reassurance of Worth	-.51**	-.52**
Reliable Alliance	-.36**	-.32**
Guidance	-.40**	-.41**
Opportunity for Nurturance	-.28*	-.24*

As it can be observed in table 3, the majority of the correlations were significant at a $p < .01$ level, except for Attachment with Performance Anxiety, Attachment with Social Anxiety, Opportunity for Nurturance with Performance Anxiety and Opportunity for Nurturance with Social Anxiety (these correlations were significant at a $p < .05$ level).

V. Discussions and conclusions

Through this study we aimed to highlight the correlation between perceived social support and social anxiety. Statistical analysis highlighted the significant negative correlation between most dimensions of the two instruments. It is thus highlighted that people who perceive a high level of social integration, value assurance, trust alliance and guidance will have a lower level of performance anxiety and social anxiety. The feeling of trust and the awareness of one's own value, as well as that of belonging, are characteristics that ensure the maintenance of a low level of anxiety.

The results of this study can offer relevant information to stimulate the reconsideration of social support when necessary to reduce or prevent the installation of anxiety and can support educators or counselors who work with

young individuals. Analyzing the social network of one individual, the particularities of the social relationships, the sentimentality of their own values, the confidence that one individual has in himself and in others are important aspects that can be addressed in the counseling of the persons who face anxiety problems.

5.1. Limits

The lack of the homogeneity and the reduced numbers of the participants (N = 71) do not allow an extension of the results on certain categories of age, gender or professional category. Therefore future studies on homogeneous groups could provide more useful information in structuring a more relevant image on the specifics of social support and anxiety in different categories of population.

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