



SINCE 2000  
MEDWELL PUBLICATIONS

# Research Journal of Biological Science



## Comparison Between the Interpersonal Problems and Psychological Flexibility in People with Social Anxiety Disorders Symptoms

<sup>1</sup>Hamid Kazemi and <sup>2</sup>Sayedeh Monireh Azadeh

<sup>1</sup>Department of Psychology, Payame Noor University, P.O. Box 19395-3697, Tehran, Iran

<sup>2</sup>Department of Psychology, Najafabad Branch, Islamic Azad University, Najafabad, Isfahan, Iran

**Key words:** Social anxiety disorder, interpersonal problems, psychological flexibility, AAQ-II, SASA

### Corresponding Author:

Hamid Kazemi-Zahrani

Department of Psychology, Payame Noor University,  
P.O. Box 19395-3697, Tehran, Iran

Page No.: 102-105

Volume: 15, Issue 4, 2020

ISSN: 1815-8846

Research Journal of Biological Sciences

Copy Right: Medwell Publications

**Abstract:** This study interpersonal problems, psychological flexibility and quality of life in people with symptoms of social anxiety disorder and normal. This is causal-comparative study. The population was all female high school students with purposive sampling of which 40 students with symptoms of social anxiety disorder and 40 normal students that demographic variables such as age, education, socioeconomic status and gender were similar in the two groups. To collect the data, the scale of Interpersonal Problems (IIP-60), Acceptance and Action Questionnaire (AAQ-II) and the Social Anxiety Scale Adolescents (SASA) was used for data analysis variance of the two groups were examined. The results indicate that the two groups of students with symptoms of social anxiety on Interpersonal problems and its subscales except controlling and psychological flexibility there were no significant differences.

## INTRODUCTION

Social anxiety disorder is one of the most common disorders in the general population<sup>[1-3]</sup> and is also one of the most common disorders of adolescence in some of the early start at the age of 8-13 years has been mentioned<sup>[4]</sup>. In some of the early start at the age of 8-13 years has been mentioned<sup>[4]</sup>. Epidemiological research likely to develop social anxiety disorder during their lifetime estimate of 2-10%<sup>[5]</sup> but the disorder is likely to be different in different countries<sup>[6]</sup>. Women are more likely than teens. In this disorder, social phobia, also called with the name of the person avoids social situations trigger anxiety during everyday activities<sup>[7]</sup> and why the disorder has caused major problems in many aspects of the lives of individuals and the impact Brjism, education, employment and social performance<sup>[6, 8, 9]</sup>. Moreover, despite the disruption of life caused financial costs that will be spent on medical and psychological treatment<sup>[10]</sup>. And other negative consequences such as personal problems<sup>[11]</sup>, lack

of psychological flexibility<sup>[12]</sup> and reduced quality of life<sup>[7]</sup> is also. Interpersonal functions are related to psychological well-being of people<sup>[13]</sup>. Thus, a wide range of psychological disorders seen in interpersonal problems that all people have psychological problems are a common complaint<sup>[14]</sup>. Interpersonal problems, problems are constantly occurring in relationships with others<sup>[15]</sup>. People with social anxiety problems are mainly expressed in relations with others among which we cannot easily express one's feelings toward others or inability to participate in the community named<sup>[13]</sup> generally, Horowitz and Vitkus<sup>[14]</sup> to address the problems identified six areas of personal problems they are determined, the coloring, compliance, integrity, accountability and controlling<sup>[14]</sup>.

On the other hand, one of the issues that are dealt with the mental health needs of individuals including people with a sense of intimacy with others and a sense of independence and competence beliefs and behaviors in relation to the goals and values that they chose. One

of the factors that determine the mental health and well-being of individuals and ultimately lead to a better life, flexibility is psychological. What are considerable anxiety disorders, the lack of flexibility due to anxiety and psychological experience. In these disorders, the person experiencing anxiety and fear and avoid<sup>[17]</sup>. This factor also leads to reduced quality of life<sup>[18]</sup>. Quality of life related to health is a broad concept that includes self-perceived mental and physical disabilities such as pain, vitality and freshness, role and social functioning. Research shows that there is a significant relationship between social anxiety disorder with reduced quality of life<sup>[19-21]</sup>. Social anxiety symptoms of depression and other psychological disorders, comorbidity is often<sup>[20]</sup> which leads to a greater negative impact on the quality of life of people with social anxiety<sup>[20, 22]</sup>. According to what has been said and early onset of social anxiety disorder and the prevalence of this disorder among women (about 2.2 times more than men) to the importance of this research may be revealed. The main hypothesis of this research is: flexibility, personal and psychological problems in people with social anxiety disorder compared with normal subjects different.

## MATERIALS AND METHODS

The study is causal-comparative. The study variables interpersonal problems and psychological flexibility as dependent variables in the two groups of students with symptoms of social anxiety disorder and normal controls were compared. The population of this study consisted of all high school female students were enrolled in the year 2013-2014. Purposive sampling study was conducted in two stages. In the first phase of the five areas of district 5, of the three schools and secondary schools two classes were randomly selected from each school and questionnaires after obtaining the consent of all of the students play and explained how to answer questions. Of the 17 students responding to the questionnaire was 40 highest and 40 lowest scores of selected grades and symptoms of social anxiety disorder on the basis and criteria for DSM-V, no other psychological disorders and psychiatric drugs was assessed by the investigator. Inventory of interpersonal problems in the second stage of admission and surgery was completed by all 80 members and software for data analysis and analysis of variance between groups were analyzed by SPSS-22.

**Research instruments:** The following research instruments were used in this study:

**Inventory interpersonal problems:** The questionnaire was based on the results obtained in the form of a 127-point scale in a sample of students is obtained. Research Tidings in the exploratory factor analysis in addition to the general problems of personal, interpersonal confirmed six factors for scale problems. The six factors are decisive, compliance, integrity, accountability and

controlling. Convergent validity and diagnostic scale interpersonal problems, according to research tidings were confirmed. Scale internal consistency, Cronbach's alpha coefficients were calculated on the basis and a correlation coefficient of 0.82-0.93 was approved. Test-retest reliability of the scale, based on the results of the re-calculation of the coefficients of 0.65-0.81 is approved.

**Acceptance and action questionnaire:** This questionnaire is a self-assessment tool to measure the flexibility of psychological explanation. This tool checks indicates to what extent a person's psychological flexibility<sup>[23]</sup>. First this questionnaire is shown. The first version of the questionnaire was developed in 2004 by Hayes and Astrvsal and colleagues. AAQ-II is a 10-item instrument that internal consistency ( $\alpha = 0.87$ ) and test-retest reliability ( $r = 0.80$ ) is well shown. AAQ-II positive and negative questions and the variables are theoretically related to the correlation. The AAQ-II scores above the predicted mental health<sup>[24]</sup>.

**Social Anxiety Scale for Adolescents (SASA):** The scale consists of 28 items that worries fears and avoidance behaviors of adolescents in different social situations and interactions with friends and at school as a measure. That scale consists of two subscales of perception and fear of negative evaluation (15 items) and the impact of stress and social inhibition (13 questions). Each question is answered on a scale of 5 degrees. The results of Garcia-Lopez *et al.*<sup>[25]</sup> and Zhou *et al.*<sup>[26]</sup> shows the scale used to measure the ability of a high social anxiety in adolescents. In the study of God and colleagues alpha coefficients for the scales of perception and fear of negative evaluation and social tension and inhibition in touch and scores of social between 0.84-0.68 is obtained which indicates a high level of internal consistency of the SASA. The test-retest correlation coefficients for the subscales and the total score of the questionnaire, respectively SASA, 0.77, 0.71 and 0.60 obtained acceptable.

## RESULTS AND DISCUSSION

A sample of 80 patients is 40 with and 40 without a certain level of social anxiety social anxiety. To compare the two groups in terms of the parameters of the two groups were analyzed by ANOVA. Table 1 shows the mean and standard deviation and personal problems between its components is reported psychological flexibility.

Variable analysis results in Table 2 for both group and personal problems between its components and reported psychological flexibility.

Table 1 shows that all scales except for the small scale of the problem of controlling a significant difference between the two groups.

Table 1: The mean and standard deviation and personal problems between its components, psychological resilience

Components	People with social anxiety disorder symptoms			Normal people		
	n	$\bar{x}$	SD	n	$\bar{x}$	SD
Determination problem	38	1.825	0.648	37	1.142	0.472
The problem of coloring	39	2.096	0.591	40	1.241	0.659
The problem of compliance	39	2.215	0.796	39	1.738	0.793
Problems with intimacy	38	1.668	0.800	39	1.041	0.784
The problem of accountability	37	2.409	0.499	38	1.938	0.584
Difficulty in controlling	39	1.497	0.801	39	1.297	0.716
Total score of interpersonal problems	40	1.900	0.392	40	1.300	0.380
The flexibility of the psychological	40	48.168	8.075	40	36.300	8.913

Table 2: Analysis of variance for comparison of group and personal problems between its components, psychological resilience, quality of life and its components

Variables	SS	df	X2	F	Sig.
Determination problem	8.741	1	8.741	27.018	0.000
The problem of coloring	18.442	1	14.442	36.734	0.000
The problem of compliance	4.435	1	4.435	7.016	0.010
Problems with intimacy	7.576	1	7.576	12.070	0.001
The problem of accountability	4.164	1	4.164	14.066	0.000
Difficulty in controlling	0.780	1	0.780	1.350	0.249
Total score of interpersonal problems	7.190	1	7.190	48.037	0.000
The flexibility of the psychological	2718.415	1	2817.415	38.951	0.000

Based on the above findings what is certain is that people with higher scores on measures of social anxiety symptoms, interpersonal problems and lower scores on psychological resilience gain.

This research study by Watson *et al.*<sup>[20]</sup> and Hayes *et al.*<sup>[18]</sup> Sast line, indicating a recurring difficulties in interpersonal relationships treasury and lack of adequate treatment and dissatisfaction and the pursuit of values is when the symptoms of social anxiety disorder. What this study with other studies as well as assumptions researcher is Countercurrent and the lack of significant differences between the two groups is the controlling variable. Perhaps the explanation for this could be paraphrased as the selected sample of high school students and teens are only and since there is a characteristic of youth aggression and emotions are caused by physiological and psychological factors that the character of the period. With proper training or anger can control the consequences of reduced but what is known as an inhibitor during this period of reduced problems in this area due to lack of proper expression may be involved in controlling problems.

### CONCLUSION

Since, this study was conducted only on adolescent girls in generalizing it to all members of society, there are limits. We can offer future research; this study was done on different segments of society. Admittedly, the present study using repeated measures with regard to the items listed in different regions of the country and compares its results as well as research in both males and females can be very fruitful. There is no doubt that the results of research in education, institutes and centers of intellectual development are necessary.

### REFERENCES

- Turner, S.M., M.R. Johnson, D.C. Beidel, N.A. Heiser and R.B. Lydiard, 2003. The social thoughts and beliefs scale: A new inventory for assessing cognitions in social phobia. *Psychol. Assess.*, 15: 384-391.
- Beidel, D.C. and S.M. Turner, 2007. *Shy Children, Phobic Adults: Nature and Treatment of Social Anxiety Disorders*. 2nd Edn., American Psychological Association, Washington, USA.,.
- Rosenberg, A., D.R. Ledley and R.G. Heimberg, 2010. *Social Anxiety Disorder*. In: *Cognitive-Behavior Therapy for Refractory Cases: Turning Failure into Success*, McKay, D., J. Abramowitz and S. Taylor (Eds.), American Psychological Association, Washington, USA., pp: 65-88.
- Beidel, D.C., S.M. Turner and T.L. Morris, 1999. Psychopathology of childhood social phobia. *J. Am. Acad. Child Adolesc. Psychiatry*, 38: 643-650.
- Kessler, R.C., P. Berglund, O. Demler, R. Jin, K.R. Merikangas and E.E. Walters, 2005. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Arch. Gen. Psychiatry*, 62: 593-602.
- Furmark, T., 2002. Social phobia: Overview of community surveys. *Acta Psychiatrica Scand.*, 105: 84-93.
- Brozovich, F. and R.G. Heimberg, 2008. An analysis of post-event processing in social anxiety disorder. *Clin. Psychol. Rev.*, 28: 891-903.
- Beidel, D.C. and S.M. Turner, 1998. *Shy Children, Phobic Adults: The Nature and Treatment of Social Phobia*. American Psychological Association, Washington, USA.,.

09. Ledley, D.R. and R.G. Heimberg, 2006. Cognitive vulnerability to social anxiety. *J. Social Clin. Psychol.*, 25: 755-778.
10. Acarturk, C., P. Cuijpers, A. Van Straten and R. Degraaf, 2009. Psychological treatment of social anxiety disorder: A meta-analysis. *Psychol. Med.*, 39: 241-254.
11. Dekeyser, M., F. Raes, M. Leijssen, S. Leysen and D. Dewulf, 2008. Mindfulness skills and interpersonal behaviour. *Personality Individual Differences*, 44: 1235-1245.
12. Fledderus, M., E.T. Bohlmeijer, J.P. Fox, K.M. Schreurs and P. Spinhoven, 2013. The role of psychological flexibility in a self-help acceptance and commitment therapy intervention for psychological distress in a randomized controlled trial. *Behav. Res. Ther.*, 51: 142-151.
13. McEvoy, P.M., M.M. Burgess and P. Nathan, 2013. The relationship between interpersonal problems, negative cognitions and outcomes from cognitive behavioral group therapy for depression. *J. Affective Disord.*, 150: 266-275.
14. Horowitz, L.M. and J. Vitkus, 1986. The interpersonal basis of psychiatric symptoms. *Clin. Psychol. Rev.*, 6: 443-469.
15. Horowitz, L.M., S.E. Rosenberg and K. Bartholomew, 1993. Interpersonal problems, attachment styles and outcome in brief dynamic psychotherapy. *J. Consulting Clin. Psychol.*, 61: 549-560.
16. Basharat, M., 2009. The relationship between hard work and personal problems. *J. Psychol. Stud.*, 4: 105-185.
17. Kashdan, T.B. and J. Rottenberg, 2010. Psychological flexibility as a fundamental aspect of health. *Clin. Psychol. Rev.*, 30: 865-878.
18. Hayes, S.C., J.B. Luoma, F.W. Bond, A. Masuda and J. Lillis, 2006. Acceptance and commitment therapy: Model, processes and outcomes. *Behav. Res. Ther.*, 44: 1-25.
19. Ghaedi, G.H., A. Tavoli, M. Bakhtiari, M. Melyani and M. Sahragard, 2010. Quality of life in college students with and without social phobia. *Social Indic. Res.*, 97: 247-256.
20. Watson, H.J., A. Swan and P.R. Nathan, 2011. Psychiatric diagnosis and quality of life: The additional burden of psychiatric comorbidity. *Comprehensive Psychiatry*, 52: 265-272.
21. Heiser, N.A., S.M. Turner, D.C. Beidel and R. Roberson-Nay, 2009. Differentiating social phobia from shyness. *J. Anxiety Disord.*, 23: 469-476.
22. Olatunji, B.O., J.M. Cisler and D.F. Tolin, 2007. Quality of life in the anxiety disorders: A meta-analytic review. *Clin. Psychol. Rev.*, 27: 572-581.
23. Hayes, S.C. and K.D. Strosahl, 2010. *A Practical Guide to Acceptance and Commitment Therapy*. Springer Science and Business Media Inc, New York, USA..
24. Basharat, M., 2011. Reliability, validity and factor analysis of the 60-item scale forms of interpersonal problems in Iranian population. *Contemp. Psychol.*, 4: 36-25.
25. Garcia-Lopez, L.J., J. Olivares, M.D. Hidalgo, D.C. Beidel and S.M. Turner, 2001. Psychometric properties of the social phobia and anxiety inventory, the social anxiety scale for adolescents, the fear of negative evaluation scale and the social avoidance and distress scale in an adolescent Spanish-speaking sample. *J. Psychopathology Behav. Assess.*, 23: 51-59.
26. Zhou, X., Q. Xu, C.J. Ingles, M.D. Hidalgo and A.M. La Greca, 2008. Reliability and validity of the Chinese version of the social anxiety scale for adolescents. *Child Psychiatry Hum. Dev.*, 39: 185-200.