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# An empirical study of social phobia among young athletes

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**Abstract**
Social phobia is due to stress, strain, frustration and anxiety among young athletes since their performance is evaluated by the audience domain while playing. No doubt, athletes of today possess very high potential, health, knowledge and will power to excel, but are deprived of showcasing their potential in a social setting because of fear and anxiety they undergo. Hence, it is felt that there is an urgent need to study the causes of social phobia empirically. Thus, in the present article an attempt has been made to critically review the research studies conducted on social phobia in India and abroad. The review of research have revealed the common types of fears associated with social phobia. In the research studies these are these are classified into: fears associated with performance situations and interaction situation. For instance, public speaking, eating in front of others, writing in front of others, speaking in a group, drinking before others, entering a room while others are sitting, using public wash rooms are some of the situation which creates fear associated with social phobia. On the other hand, interacting with others, conversation with others on phone, speaking with strangers, interacting with the opposite gender, attending athletic meet, dealing with authorities, moving closely with opposite sex athlete are some of the interaction situations which results in creating common types of fear resulting in social phobia among young athletes as per the research studies conducted in India and abroad. This lowers the self-esteem of athletes to a great extent as well as hinders the self-actualization process among young athletes. Thus, the research studies conducted both in India and abroad have clearly revealed that 'social phobia' has a negative impact on performance of young athletes.

**Keywords:** social phobia, empirical study, young athletes, performance situations, interaction situations, self-esteem, self-actualization

## Introduction
Each age group in the society has its own role. Young adults of age group between 18 to 25 years form a major sector of society. They are considered too represents the future as they bring new ideas and energy to add to the pool of knowledge. They bring enthusiasm and vitality which can lead to new discoveries and developments that can benefit society or even the world at large. They are considered as the divers of social change. Country's major economic developments rely on them. Young adults are innovative and creative to bring about changes and developments to place their country on par with global nations.

Today, in the present scenario, India is a vast country with an enormous population that is increasing quite rapidly. This modern age is the age of competition where only the fast paced individuals with mental as well as physical stability win the race. Society existing today is very complex in nature. Therefore young athletes face a number of problems in their lives such as stress, strain, frustration and anxiety. Athletes of today possess very high potential, health and knowledge and will to excel, but are deprived of showcasing their potential in a social setting because of fear and anxiety they have. It is felt that there is a need to identify the causes of fear and anxiety they have. It is felt that there is a need to identify the causes of social phobia and suggest suitable measure to cover this annually among our athletes. Hence there is an urgent need to investigate into these phenomena.

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**Empirical study of social phobia**
**Studies conducted in abroad on social phobia**
Chavira and April (1999) [4] studied the relationships between shyness and social phobia:Issues in validity. The debate over whether high levels of shyness are synonymous with pathological social anxiety is complicated by the issue of social phobia subtypes. Information about the relationship of social phobia with pertinent temperament and personality characteristics may further clarify these methodological and clinically relevant issue.

Participants were categorized using eh Cheek and Buss revised shyness Cale (Cheek, 1983). There were 148 highly shy and 155 comparisons (normative shyness participants who were recruited from San Diego State University. Structured interviews (CIDI; WHO, 1998) were used to diagnose social phobia subtypes; generalized social phobia (GSP) and non-generalized social phobia (NGSP). Participants were then compared on the retrospective self-report of inhibition (RSRI; Reznick *et al*. 1992) and the NEO Personality Inventory Revised Costa and McCrae, 1992).

Chi-square analysis found disproportionately higher rates of social phobia in the highly shy group (49%) than in the comparison group (18%). There were significantly more participants with GSP (27%) in the highly shy group than in the comparison group (3%), and there were similar rates of NGSP in each group (22% vs. 16%, respectively). Analyses of variance on measures of shyness, behavioural inhibition, and neuroticism revealed group differences has corresponded to gradations in social anxiety; participants with GSP had the most extreme scores, followed by participants with NGSP, and lastly participants without a social phobia diagnosis. Logistic regression analyses demonstrated that shyness, behavioural inhibition, neuroticism and extraversion increased the odds of a social phobia diagnosis (OR = 4.4, OR = 11, OR = 9.3 and OR = 5.9, respectively). High shyness and neuroticism were predictors of a GSP diagnosis versus a NGSP diagnosis (OR = 7.27, and OR = 11).

Highly shy individuals had a greater propensity to exhibit social phobia, specifically GSP, than subjects with normative levels of shyness. Nonetheless, it is also possible for an individual to be extremely shy but not diagnosable with social phobia. Specific risk factors for social phobia were identified and both quantitative and qualitative differences between the subtypes were found.

DePace and Nicholas (2000) [5] made a study on psychosocial correlates of self-reported social anxiety in a rural community sample of young adolescents. The experience of social anxiety was investigated in a rural community sample of young adolescents. An empirically validated measure of social anxiety was used to test several hypotheses developed from related areas of research. It was necessary to examine these areas due to the lack of clinically based research. It was necessary to examine these areas due to the lack of clinically based research addressing social anxiety among youth. This investigation provided several precedents into the examination of social anxiety among youth. Notably, social anxiety was assessed in a rural setting, sub clinically socially anxious youth were assessed, and predictors of social anxiety factors were examined. In contrast to other investigation of community samples of youth, gender differences were not found but ethnic differences were found. Other results indicated that youth reporting subclinical levels of social anxiety were more similar to those reporting clinical level of social anxiety than they were to those individuals who report minimal level of social anxiety.

Additionally, each factor had prediction equation that was unique from the others in terms of what emotional and demographic variables contributed to it. Results were discussed in terms of the rural setting in which the data was obtained. Implications of these findings had the development of preventive interventions are also discussed.

Tillfors and Maria (2001) [13] investigated family history and neurobiology of social phobia. Social phobia is a disabling disorder characterized by a marked fear of scrutiny in a variety of social situations. By using a validated questionnaire, study I related family history of excessive social anxiety to social phobia and avoidant personality disorder in epidemiologically identified propends in the Swedish general population. A two to threefold increased relative risk of social anxiety was observed for both diagnostic groups.

Thus, having an affected family member was associated with approximately a doubled risk for both social phobia and avoidant personality disorder. The neurobiological studies explored situational and anticipatory elicited anxiety by means of positron emission tomography and O water. Study II examined the functional neuroanatomical of social anxiety provocation in social phobic and a healthy comparison group during a public speaking task.

Social phobia symtomatology was associated with higher neural activity in the amygdaloidal complex. i.e., the alarm system of the brain, and lower activity in the prefrontal cortex. Study III examined the neural correlates of anxiety elicited by the anticipation of public speaking in individuals with social phobia. Anticipatory anxiety was accompanied by enhanced regional cerebral blood flow in the dorsolateral prefrontal and inferior temporal cortices as well as in the amygdaloidal hippocampal region. Brain blood flow was lower in the temporal pole and in the cerebellum. These results suggested that social phobia has a neuroanatomical basis in a highly sensitive fear network cantered in the amygdale in hippocampal region and encompassing the prefrontal cortex.

Kocovski and Nancy (2002) [8] in a study investigated the following areas of social anxiety research: (i) attention biases with the use of the modified stroop task, and (ii) coping styles and coping strategies used in socially anxious situations. Participants were 112 (64 women, 48 men) undergraduate students, comprising a high social evaluation trait anxiety group (n = 55; 34 women, 21 men) and a low social evaluation trait anxiety group (n = 57; 30 women, 27 men). Participants completed a modified stroop task once in a low social evaluation threat condition and once in a high social evaluation threat condition (after being told they would have to deliver a speech). For the stroop task, socially threatening and control words were presented in a random (rather than a blocked) format and control words were from one semantic category. Participants also completed questionnaires assessing trait coping styles, coping strategies aimed at socially anxious situations, and perceived control over social situations. The dependent variables were reaction time on the stroop task, coping styles and strategies, and perceived control. The independent variables were social evaluative threat condition (high vs low), word type (socially threatening vs. control words), and social evaluation trait anxiety group.

The results indicated that participants in the high social evaluation trait anxiety group had longer response latencies on the stroop task compared to participants in the low social evaluation trait anxiety group. Contrary to expectations, this effect did not depend on either word condition or social

evaluative threat condition, possibly due to the methodological issues that were addressed in the present study. With respect to coping, as hypothesized, high social evaluation trait anxiety participants were higher on emotion-oriented and emotional-preoccupation coping than low social evaluation trait anxiety participants. Additionally, high social evaluation trait anxiety participants were found to use distraction coping strategies aimed at socially anxious situations to a lesser extent than participants low in social evaluation trait anxiety. After controlling for trait depression, only an emotional-oriented coping style differentiated the two social evaluation trait anxiety groups. Additionally, high social evaluation trait anxiety participants were found to have lower perceptions of control over social situations compared to low social evaluation trait anxiety participants.

Boyle and Raynor (2006) investigated all in the mind's eye - the observer perspective and the applicability of the adult models of social phobia to children. The study reported that social phobia is one of the most common anxiety disorders in childhood. However, there is currently no widely used and accepted model of social phobia for young people. In the literature review, the adult models of social phobia are discussed and research based on them reviewed. Current models of anxiety and social anxiety in children were then considered and the research conducted on children was described. Comparisons between the adult and child models were made and suggestions for a more comprehensive model of social phobia for children, based on the Clark and Wells (1995) adult model of social phobia, were proposed.

As part of their model, Clark and Wells (1995) proposed that negative self-images, often visual images seen and recalled from the perspective of an observer (OP), were an important maintaining factor in social phobia. The OP contrasted with a Field Perspective (FP) where visual images were recalled from an individual's perspective). The present empirical study explored the relevance of the OP to children. Fifty-eight children (aged 7-14 years) recalled memories of social and physical situations and were asked to label the perspective they sued (OP or FP). Social anxiety, memory distress and memory age were also measured. Children did recall OP memories. OP was not related to child's age, social anxiety or social memories. Interestingly, OP was related to older social memories, but not to memory distress. Possible reasons for the findings and the potential implications for the models of social phobia in child development were discussed.

Aiken and Roseanne (2008) investigated extent that the various dimensions of perfectionism are related to public speaking anxiety and whether proactive coping and social self-efficacy mediate the association between perfectionism and public-speaking anxiety. Perfectionism was assessed in terms of trait perfectionism and the need to appear perfect (i.e., perfectionistic self-presentation). A sample of 221 participants completed the Multidimensional Perfectionism Scale, the Perfectionistic Self-Presentation Scale, the Proactive Coping Scale, the Self-Efficacy in Social Situations Scale, the Social Anxiousness Scale, and the Self-Statements during Public Speaking Scale. Correlational analyses confirmed that trait perfectionism, perfectionistic self-presentation, low proactive coping, and low social self-efficacy were associated with speech anxiety. Hierarchical regression showed that perfectionistic self-presentation predicted unique variance in speech anxiety, over and above trait perfectionism. Findings reported differential effects for stylistic perfection, beyond trait perfectionism. Structural Equation Modelling determined full mediation of perfectionistic self-presentation - speech anxiety and social perfectionism - speech anxiety models, by psychosocial process of social self-efficacy and proactive coping and demonstrated the benefit of studying personality as an integrative cumulative science, looking at both stability and contextual variability within a unified theory. The findings are discussed in terms of how the results pertain to existing models of perfectionism and social anxiety, and how the findings accord with the general themes inherent in the Toastmasters International education programme.

Feiden and Lauren (2012) [6] made a retrospective analysis of the childhood antecedents of generalized social phobia. Few studies have examined the links between childhood shyness and later generalized social phobia. Additionally, there were no factors that predict who will outgrow shyness and who will not. Research has shown that chronic self-conscious shyness and generalized social phobia share similar phenomenology, etilogic, and developmental and vulnerability factors. They differ with regard to severity and thus it has been suggested that shyness and generalized social phobia exist along a continuum of social anxiety. The current study aimed to investigate the association between chronic self-conscious shyness and later generalized social phobia. Five young adults with generalized social phobia, between the ages of 20 and 21, participated in this study. This study was a retrospective analysis of the childhood antecedents of generalized social phobia. Participants responded to multiple questions, via the internet, concerning their childhood experiences that included: self-perception, family, school, peers, and social phobia. Results showed that all participants reported negative childhood experiences at home, school and in social interactions. Furthermore, adolescence seemed to have been a particularly difficult time for all participants. This study provided more support for the social anxiety spectrum and the notion that certain factors helped to maintain social anxiety and increase its severity. Clinical implications were discussed.

Ali (2013) [2] conducted a study on social phobia among medical students. Mental distress among medical students is often reported. Social phobia is a highly prevalent yet often overlooked psychiatric disorder that can cause severe disability but fortunately has shown responsiveness to specific pharmacotherapy and psychotherapy. The aim of this work was to study the prevalence of social phobia problem and potential risk factors that may be associated with social anxiety among medical students. It was designed to identify the manifestations and correlates of social phobia among medical college students. The sample for this investigation consists of 321 (170 female and 151 male) students aged 19-26 years. For detection of social phobia among the studied sample, we used social phobia inventory which is a self-rating scale that capture the spectrum of fear, avoidance and physiological symptoms. It demonstrates good test-retest reliability, internal consistency, convergent and divergent validity. The sample consisted of participants from all medical stages (this was a proportionate representative sample from each classes), 56% were from higher income groups, nearly 45% had their residence in hotel, 21.5% of the students had a SPIN score of 19 and more, mean social phobia was present in almost 22% of the population. There was no statistically significant difference in prevalence of social phobia with respect to gender, family income or type of residence. Social phobia has a high prevalence and marked impact on life, early identification and adequate treatment by college counselling centres will successfully help in reducing the burden of this common condition.

Anselme Djidonou *et al.* (2016) [3] the aim of this research work was to study this anxious disorder impact on the academic performance among students from the University of Parakou (UP).

**Study methods**
It was a descriptive cross-sectional study with prospective data collection among 363 students recruited through systematic random sampling from April to June 2015 at the campus of the UP. A questionnaire including the Mini International Neuropsychiatric Interview (MINI), the Liebowitz social anxiety intensity evaluation scale and the ASSIST was used for data collection in compliance with recommended ethical principles. Social phobia prevalence among students from the campus of University of Parakou was 11.06% (CI 95% = 10.9 - 21.2). Its intensity was moderate 66.7%), medium (23.4%), severe (7.1%) and very severe (4.8%) only among female students. Moreover, gender, rural or urban living environment and field of study were statistically associated with this social phobia which reduced academic performance by 57.1% among the studied population. However, 42.9% were not influenced in any way. Addiction to alcoholic beverages (23.8%) and anxiolytics (9.5%) were used to overcome the disorder. Although the risk of dependency to these substances was low, adverse effects on their and socio-professional future were to be taken seriously.

Rafatpanah (2016) conducted a study on Prediction of self-actualization based on personality traits and self-awareness among gifted students. This descriptive study was conducted in Shiraz city among 239 gifted students among high school during 2013. The Big Five Personality Questionnaire (BFPQ), Self-Consciousness Scale (SCS) and Measure of Actualization of Potential (MAP) were used to collect the data. Validity and reliability of these tools were agreeable. Data were analysed by regression test using SPSS software. The findings revealed that agreeableness (r = 0.34) and conscientiousness (r = 0.41) factors from five factors of personality had a positive relationship and neuroticism (r = 0.21) had a correlation with self-actualization negatively.

Moreover, the privative self-awareness (r = 0.41) and public self-awareness (r = 0.15) revealed a positive correlation and social anxiety showed a significant negative relationship (r = 0.27) with general self-actualization. On the other hand, privative self-awareness and agreeableness predicted that 23% of the scores belong to openness to experience dimension (self-actualization) positively. In addition, conscientiousness and privative self-awareness predicted self-reference dimension positively, and neuroticism predicted it negatively. These variables found 40% of the scores of self-reference dimension. Also, conscientiousness, agreeableness and privative self-awareness predicted that 36% of the scores belong to general self-actualization. Conscientiousness and agreeableness factors (personality traits) showed a significant relationship with self-actualization and predicted the scores of self-actualization. It was observed that privative self-awareness (self-awareness dimension) had a significantly positive correlation with self-actualization and predicted its scores.

Reza Ranjbaran *et al*. (2016) [11] aimed in this study to determine predictors of social phobia through studying some social phobias predictors. In this study, shyness, social self-efficacy and coping styles were assessed as predictors of social phobia. 262 students of Tehran secondary education participates in this study. The students completed measures of social phobia, shyness and self-efficacy scales for social situations and coping style. After collecting the data, the results are analysed using determining correlation coefficients and statistical model of simultaneous multivariable regression.

The results showed that all three variables of shyness, social self-efficacy and coping style had a significant relationship with social phobia and the pattern of social phobia prediction comprised of shyness and emotion-focused coping style. Therefore, it can be concluded that the emotion-focused coping style and shyness can predict social phobia among secondary school students.

Abdallah *et al.* (2016) [1] conducted a study on association between social phobia and parenting styles of secondary school students. Parenting styles were particularly significant in the development of social phobia. Aim of the study was to find the association between social phobia and parenting styles of secondary students. A descriptive design was adopted in carrying out this study. The study was done in the government schools in Elsinbellawin city, Dakhliagovernorate.

The sample size of 446 students were selected using simple random sample technique from three secondary schools of Ahmed Lofty Elsayed secondary school for boys, Elsadat secondary school for boys and the secondary school girls. Tools which was used for data collection were socio-demographic data sheet, parenting styles and social phobia scales. Results showed that female students recorded higher prevalence of social phobia 23.6% than did in male students 14.4%. The significant difference was exhibited between authoritarian, neglectful parenting styles and developing social phobia in the female students. There existed a significant negative correlation between parenting styles and social phobia. This study concluded that social phobia to be higher in females than in males. More the parents exhibited parenting style, their children showed lower levels of social phobia.

Farooq *et al.* (2017) studied the quality of life perceptions on school going adolescents with social anxiety, in Aga Khan University, Karachi, Pakistan. Social anxiety is common among adolescents with a prevalence range of 9-34%. People with social anxiety have intense fear of being evaluated negatively when they come in contact with strangers and as a result they are less satisfied with their life experiences. Our study aimed to screen school going adolescents for social anxiety disorder and to estimate their perceptions about quality of life. This across sectional study was conducted in Karachi Pakistan from January to February 2016. We recruited 450 high school students of ages 14 to 17 using a self-administered questionnaire based on the Liebowitz Social Anxiety Scale for Children and Adolescents and the brief version of the World Health Organization Quality of Life questionnaire. In this school based study, 23.8% screened positive for social anxiety with a preponderance of adolescents from public than private schools (33% vs. 18%, *P*<0.001). Social anxiety status, however, was not associated with gender and age. Screening positive for social anxiety was found to be associated with a significant difference in mean scores on all four domains (physical health, psychological health, social relationships, and environment) of WHOQOL-BREF. Social anxiety is prevalent among Pakistani school adolescents with a substantial negative effect on quality of life. Adolescents must be targeted with interventions such as group treatment and mentorship programs that are effective in tackling the menace of social anxiety.

**Studies conducted in India on social phobia**

Mehtalia and Vankar (2014) [10] published an article on social anxiety in adolescents in Indian Journal of Psychiatry 2004;46(3):221-227. Social anxiety disorder (SAD) is a chronic, disabling and treatable disorder with common onset in adolescence. Virtually there are no Indian studies on SAD. The study was conducted to find out frequency, demographic phenomenological characteristics of SAD family related risk factors, academic impairment and comorbidity of depression among adolescents. Aims and objectives of the study are to find out frequency of social anxiety disorder among high school adolescents to find out demographic as well as phenomenological characteristics of SAD among adolescents, to find out association of SAD with family related factors, perceived difficulties in studies, appearance characteristics. To decline factor structure of social phobia and to examine co-morbidity of depression in social anxiety disorder. The students of classes IX, X, XI and XII participated in groups of about 100 students. They were requested to fill up a proforma approved by the school. It comprised on (SPIN) (Connor *et al*., 2000), Brief Patient Health Questionnaire (Spitzer *et al*., 1990) and factors associated with social anxiety disorder. We also tried to validate SPIN with another instrument, Liebowitz Social Anxiety Scale (Leibowitz, 1987) on a smaller sample of subjects within one week of SPIN administration. Social Phobia Inventory (SPIN) is a self-rating screening instrument consisting of 17 items on fear and avoidance in a variety of social situations and a subscale rating physiological arousal symptoms like blushing, sweating, palpitations, shaking and trembling. Each item is rated from 0 (not at all) to 4 (extremely).

Psychometric properties of SPIN have been reported in both healthy controls and psychiatric patients with and without SAD. The items are scored on separate scales ranging from 0 to 3 for fear or anxiety and avoidance. Major depression was diagnosed when person rates at least five symptoms with two or more with sadness of mood or lack of pleasure as essential criteria. Persons who have these essential criteria present plus 2 or 3 responses rated 2 or 3 were considered as having other depressive disorder. The following family related, appearance related and other factors were also included in the instrument; difficulty in coping with studies, being troubled with appearance, closeness with parents, strict parents being treated differently as compared to siblings, discrimination because of gender, parental conflicts, perception of having limited friends and confiding relationships. Adolescents were also requested to give examples of their social anxiety experiences. Total responses received were 425, of these 4 were incomplete and hence were not included in the analysis having 421. There were no refusals for participating in the study. SAD was present in 12.8% high school

Kumar and Nisha (2014) [9] studied explicit and implicit interpretation of facial expressions as a function of social anxiety. The current study evaluated the relationships of social anxiety to affective interpretation biases by examining explicit ratings and implicit association with emotional facial expressions in participants with high compared to low social anxiety. Social anxiety was measured by the Social Interaction Anxiety Scale (Mattick and Clarke, 1998). Participants with high social anxiety (n = 39) had scores of 39 or greater, while participants with low social anxiety (n = 37) had scores of 11 or less. Pictures from the Nim Stim Face Stimulus Set (Tottenham *et al*., 2009) were used to create a Single Target Implicit Association Test (STIAT; Wigboldus *et al*., 2004). Previous research has used the STIAT to

investigate associations to affect words, but this was the first study to use the paradigm to measure negative and positive associations to angry, happy, and neutral facial expressions. Explicit ratings of the pleasantness of the facial expressions were also collected. Participants with high social anxiety displayed greater negative implicit biases for angry faces than participants with low social anxiety; however, participants with high social anxiety did not have greater negative associations with neutral faces or lower positive associations with happy faces than participants with low social anxiety. Participants with high and low social anxiety did not differ in their explicit valence ratings of the facial expressions. All participants rated angry faces as less pleasant than neutral faces as less pleasant than happy faces.

Harikrishnan *et al*., (2016) investigated the prevalence of social phobia among school going adolescents. Little is known about the prevalence of social phobia among school going adolescents in North-East states of India. Despite the wide prevalence of social phobia, individuals with social phobia often do not seek treatment and this leads to impairment on daily activities.

The aim of the study is to assess prevalence of social phobia among school going adolescents. The present study was a cross sectional descriptive study design. Schools were selected from urban areas of Sonitpur district, Assam. Socio demographic data sheet, Liebowitz Social Anxiety Scale and the Social Phobia Inventory were administered to the participants. The statistical analysis was done using SPSS statistical software using appropriate statistical test. Percentage, chi-square test and person correlation test was done. A total of 561 students participated in the study. In the study 14.6% of the participants had moderate level of social anxiety, 12.8% of the participants had marked social anxiety and 2.5% of the participants had severe social anxiety.

Results from the present study showed that 38.3% of the participants reported to have social phobia and 61.7% of the participants were found to be below cut off score (normal). Further, in the study no gender difference was found in social phobia. The study shows that there is a prevalence of social phobias among school adolescents in Tezpur, Assam. Therefore, early detection and adequate intervention is crucial to reduce overall burden and disability associated with psychiatric disorder in adolescent population.

Ganapthi *et al*., (2016) [7] conducted a study on the prevalence of social anxiety disorder (SAD) among medical undergraduate students and its relation with self-esteem. Social anxiety disorder (SAD), manifests as fear of social situations including being observed by others. Pertaining to study done on university students by BMC, GGH (2006), SAD was seen in 19.5% of which medical students were 2nd largest to have SAD. SAD in medical students leads to decrease in efficiency deteriorates self-esteem, causes depression, poor academic performances, even quitting of courses. This scenario demands to understand the prevalence of SAD among medical students so that better professionalism is ensured. To correlate SAD with self-esteem. A convenient sample of 480 undergraduate medical students who gave consent for the study from 1st year to 4th year in Government M.K. Medical College, Salem were administered a valid semi structured questionnaire consisting of 3 parts. (i) Demographic characteristics and associated features. (ii) Liebowitz Social Anxiety Scale (LSAS). (iii) Rosenberg Self-Esteem Scale (RSES). Data were analysed using SPSS. Results revealed prevalence of very severe social anxiety (SAD) was found to be 12.9% (62/480). Moderate, marked

and severe levels of social anxiety were present in 22.9%, 22.5% and 17.30% respectively. Increased levels of social anxiety was found to be more in females, students studying in first year, from rural background and among lower socio-economic group. Students with high levels of social anxiety had low scores on RSES and were poor in their academic performances. It is inferred that high prevalence and strong impact on life demands stringent efforts to recognize and treat SAD among medical students so that their academic performances, self-esteem and overall quality of life can be improved.

Soohinda and Sampth (2016) [12] conducted a study on social phobia among school student-prevalence, demographic correlated and socio academic impairment. Background social anxiety disorder or social phobia is a common disorder particularly in adolescents resulting in significant impairment. This study determined the prevalence of socio demographic correlates and associated impairment due to this disorder in high school children in India representing adolescent population. This was a cross sectional study among urban adolescent English medium school population. 628 students of two schools were screened using Social Phobia Inventory (SPIN) and those screening positive were interviewed for diagnosis of Social Anxiety Disorder. Information was obtained on socio demographic variables and academic and social impairment. The study sample comprised of age range of respondents between 13 to 17 years with the mean age of 14.5 years 5.3% (n = 33) of the students the criteria for social phobia comprising of 6 (3.9) males and 26 (5.7%) females. No fulfilled association of social anxiety disorder with type of family, number of siblings, birth order and parents education and vocational status was found.

Significant association between SAD and poor academic performance and limitation in involvement in extracurricular activities and peer relationship was found. SAD is prevalent among adolescents in India and is associated with impairment in both in academic and non-academic areas. Hence, identification of SAD and timely referral of students for effective treatment in important for school health care personal.

**Critical analysis of related studies**
Speaking in front of an audience, attending a party, being addressed in a group of people, or some other common situation in real life are the normal occurrence prevailing among people. In the beginning of these situations one's heart may pound heavily, voice may tremble or head may go blank and so on. For most of us this state lasts only a couple of minutes and then we feel comfortable, or at least we do not experience an intense persisting anxiety. However, for certain individuals with social phobia one o more of those situations are either endured with intense anxiety or avoided (e.g., Bruce and Saeed, 1999; Sareen and Stein, 2000). Phobias can be described as an intense irrational fear of specific objects, situations, or activities (Ohman, 1994). The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders - DSM-IV (APA, 1994) describes social phobia as a disabling disorder characterized by a marked fear of humiliation or scrutiny in certain performance and/or interactional situations. Public speaking is the most prevalent fear and between 15 and 30 per cent of the normal population experience significant fears in this performance situation (Furmark, Tillforms, Everz, Marteinsdottir, Gefvert, and Fredrikson, 1999; Kessler, Stein, and Berglund, 1998; Stein, Torgrud, and Walker, 2000). Other common types of fears associated with social phobia are mentioned below.

**Table 1:** Common fears in social phobia

| Performance situations | Interaction situations |
|---|---|
| Public speaking | Interacting with others |
| Eating in front of others | Conversing on the telephone |
| Writing in front of others | Speaking with strangers |
| Speaking in a group | Dating |
| Drinking in front of others | Interacting with the opposite sex |
| Entering a room where others are seated | Attending athletic meet |
| Using public toilets | Dealing with authority figures |

Hence, individuals with social phobia often either avoid these kinds of situations where scrutiny may occur or they endure them with intense anxiety of distress. When exposed to feared situations individuals with social phobia become self-conscious, self-focused and self-critical. Most of them further, experience some kind of somatic symptoms of anxiety such as palpitations, trembling, sweating, or blushing (e.g., Heckelman and Schneier, 1995). However, social phobic's distress is not restricted to the phobic situation only but is present also in anticipation of it (e.g., Clark, 1997). This anticipatory anxiety could be as intense and distressing as that experienced in the feared situation (e.g., Jefferys, 1997). To be diagnosed as having a phobia, the fear must significantly interfere with the person's occupational activities or social functioning (APA, 1994).

**Conclusion**
Social phobia is one of the most common disorders in young athletes. This disorder impacts on interpersonal functioning. Not only are the educational and carrier aspirations of many people with social phobia severely affected by the distress that they experience in routine. Social interaction, individuals with social phobia are also more likely to have low levels of social support, which has adverse implications for mental and physical health. Hence it has a high prevalence and marked impact in life. It is a great hindrance for the young athletes in achieving great heights. This lowers their self-esteem to a great extent. This prevents them from being self-actualised. Self-actualizing athletes are self-aware focus on personal growth and not very concerned with the opinion of other and desire to achieve their potential. Therefore it is evident that social phobia has a negative impact on performance among young athletes.

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