Fear of negative evaluation and social interaction anxiety among persons with disabilities and typically developing persons

Safna vp, Rajani Ramachandran

M.Phil. Scholar, Assistant Professor
University of Calicut

The world health organization (2011) defines disability as an umbrella term for impairments, activity limitations, and participation restrictions, referring to negative aspects of the interaction between a person with impairment and attitudinal and environmental barriers. India is an authorized signatory in the convention of rights of persons with disabilities in the year2006as the result of which the rights of persons with disabilities act (2016) passed in the country according to which a person with a disability is defined as a person with long term physical, mental, intellectual or sensory impairment which in interaction with barriers hinders their full participation in the society equally with others. The recent act in India is rights of persons with disabilities act (2016) in this act he types of disabilities have been increased from 7 to 21. The act added mental illness, autism, spectrum disorder, cerebral palsy, muscular dystrophy, chronic neurological conditions, speech and language disability, thalassemia, hemophilia, sickle cell disease, multiple disabilities including deaf blindness, acid attack victims and Parkinson’s disease which were largely ignored in earlier act. Social interaction is defined as “the development of cooperation and competition, the impact of status and social roles, and the changes of group behavior, leadership, and conform.” (APA Dictionary 2020 p996) social anxiety and fear of negative evaluation (FNE) are risk factors for numerous maladaptive outcomes, including depression (Stein, Tancer, Gelertner, Vittone, & Uhde, 1990), restricted development of interpersonal relationships (Schneier, Johnson, Hornig, Leibowitz, & Weissman, 1992), poor academic functioning (Turner, Beidel, Dancu, & Keys, 1986), and heightened risk for substance abuse (Page & Andrews, 1996). Given the serious consequences that can follow from social anxiety symptoms, it is essential to determine which individuals are most vulnerable. Although broad vulnerability factors have been known for some time, such as a withdrawn, behaviorally inhibited temperament (e.g., Biederman et al., 1993), little is known about how to predict which particular individuals will go on to develop social anxiety later in life, suggesting the importance of intervening life experiences in the manifestation of anxiety (Turner, Beidel, & Wolff, 1996). Specifically, “prospective studies of children characterized as shy or behaviorally inhibited suggest that a proportion of them will develop anxiety during adolescence. However, to date, it is unclear how to determine which children are likely to develop more severe disorders.” (Beidel, Morris, & Turner, 2004, p. 147).

The various phases of developing children, their stages of growth at times, and their regression or failures have been the most appealing frames of reference, in the developmental approach, this approach to the study of childhood, emphasizes the biological, of physical and physiological processes. The shortcoming of this approach is that children are expected to perform in a step-by-step manner as they reach particular age if they fail to meet the developmental milestones of Particular age, this may create anxiety in parents (Banarjee, 1987), this is especially true in the case of individuals with disability in childhood playing is an important activity that facilitates social interaction of children and lays the foundation for child to learn different social skills like sharing, caring etc., however children with disabilities may withdraw themselves from the games that they perceive they are unable to perform. For example, a child with disability may face difficulties in the physical education periods and spend themselves in the classroom. This withdrawal tendency from play activities during school years may lead to isolation and rejection by peer groups (Boin, Hymel, & Bukowski, 1995) ...The onset of adolescence – is typically between 12–and 18(Erikson, 1985). During adolescence, individuals experience hormonal changes that create impulse control issues, anxiety and rebelliousness, and distance from parents (Freud, A.1958; S.Freud, 1921/1949). When a child goes through a transition from childhood to adolescence they pass through a crisis which is known as identity versus role confusion. It is a critical period for the development of identity that includes career and works an individual wants to practice, (vocational identity), political identity, spiritual or religious identity, relationship identity, intellectual identity personality characteristics like whether the person is introvert or extrovert and body image. (Eickson, 1950/1968). Adolescents with disabilities often experience lack of friends of their own age group -outside their families, this may impact self-image development (Adamson, 2003). issues faced by youth with disability have often been defined in terms of medical concerns, it is now clearly recognized that disability is a cross-cutting issue and that it is often not medical but rather social, economic and human rights issues that are key barriers in the lives of these young people. For this reason, the UN Convention on the Rights of Persons with Disabilities (CRPD; UN, 2008) identifies persons with disabilities as individuals who have long-term physical, mental, intellectual or sensory impairments which, when combined with negative attitudes or environmental barriers, prevents them from taking a full and active role in society.

A study was conducted by Miklos, Johansen Nyquist Hanisch ,Girdler s. (2022) on the social interaction and personal engagement of persons with disabilities in a rehabilitation centre context. It was an ethnographic study consisting of 16 young adults recruited using purposive and theoretical sampling. Structured interviews, participant observation, and informal interactions were used to attain triangulation. The results revealed that the experience at the rehabilitation centers helped the individuals with a disability to help them to create more friends be part of a community seeing on the self through others, activity sharing experiences of living with disability lead to two types of experience 1) equality and cohesion and stigmatization due to comparison. with peers, self-exploration regarding social interaction four themes emerged setting goals and achieving desired outcomes. Trying and participating
in different activities, improving skills in different areas, mastery experience improving physical functioning like training to exercise and managing energy. The participants anticipated various benefits of being with peers like understanding, peer learning, and being young.4) autonomy and motivation ie being energetic in social interaction self-understanding and what one can learn about oneself and a follow-up study was conducted where the participant's transportation, economics, and being oneself.

According to Erickson (1968) middle adulthood extends from the the age of 40 to 65, the main crisis faced by this age group is generativity versus stagnation. Generativity means that adults desire to leave legacies of them through the next generation (Peterson, 2002) stagnation is a state experienced by the individuals when they feel they had done nothing for the next generation.

generativity can be achieved in a number of ways like biological generativity refers to having children, parental generativity refers to nurturing and guiding children, work generativity refers to skills passed down to others. Cultural generativity refers to conserving some aspects of one’s culture (Kotre 1984) individuals with disability face many obstacles in employment, education marriage and raising children so persons with disability experience more developmental crisis than typically developing individuals.

Older and ns middle adults face various issues like limitations in performing activities of daily living (ADL) They face low social contact be cause of factors like death of spouse and children going abroad for studies and job (Atchley 1980; George 1989). This is high among persons with disabilities and women (Simonick kasper &Philips 1998).

Fear of negative evaluation (FNE) was originally defined as a trait related to “apprehension about others’ evaluations, distress over their negative evaluations, avoidance of evaluative situations and the expectation that others would evaluate oneself negatively” (Watson & Friend, 1969 p. 449). Social anxiety is partially a response to fear of negative evaluation(Kumar et.al 2015)

The fear of being negatively evaluated (FNE) is regarded as a defining feature of social anxiety. According to cognitive theories, this anxiety may be the result of biased information processing, especially when one is anticipating a threatening situation (Clark and McManus, 2002), individuals with social anxiety demonstrate an unfavorable assessment of social events, which is defined by the selective retrieval of negative information about the individual (Rapee and Heimberg,1997). This biased information is then utilized to make negative self-evaluations (Rapee & Heimberg ; Rapee and McManus,2002) .spence and rapee 2004) . In their influential approach, Rapee and Spence (2004) suggested that social anxiety might be seen as lying on a continuum: the lower end of the sequence indicates no social anxiety and o end of the sequence meets the criteria of social anxiety disorder.

Hypothesis

1) There Social interaction anxiety and fear of negative evaluation among typically developing individuals
2) There is a significant relationship The social interaction anxiety and fear of negative evaluation among persons with disability
3) There is a significant gender difference in social interaction anxiety
4) There is a gender difference in fear of negative evaluation

METHOD

PROCEDURE

The study consisted of 118 participants. 56ically developing children and 63 persons with disability Participants were located using google form and offline method the instruments used were. INSTRUMENTS

Social interaction anxiety scale

It consists of 20 items. Each item measured on a 4 point scale ranging from not at all true of me to extremely true of me the score ranges from 0 to80. The scale has good reliability consistency ranging from 0.88 to 0.93.

Fear of negative evaluation scale

It was developed by Leary in 1983. Each item is measured in 5 Point likert scale scores ranging from 1 to 60.and the reliability of the scale is 0.9 and the scale also has good psychometric properties.

RESULTS

<table>
<thead>
<tr>
<th>SOCIAL ANXIETY</th>
<th>INTERACTION</th>
<th>FEAR OF NEGATIVE EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL ANXIETY</td>
<td>INTERACTION</td>
<td>1</td>
</tr>
<tr>
<td>FEAR OF NEGATIVE EVALUATION</td>
<td>0.50*</td>
<td>1</td>
</tr>
</tbody>
</table>

Correlation significant at 0.01 level

Results indicate that there is a moderate positive correlation between fear of negative evaluation and social interaction anxiety among typically developing persons so hypothesis 1 is accepted

Table 2 Correlation of social interaction anxiety and fear of negative evaluation among persons with dis abilities

Disabilities

Moderation analysis of disability on the of the relation between fear of negative evaluation and social interaction anxiety

<p>| MODERATIONOF SOCIAL INTRACTION ANXIETY BY GENDER |
|---------|---------|-----------|</p>
<table>
<thead>
<tr>
<th>gender</th>
<th>R2</th>
<th>SIGNIFICANCE</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.199</td>
<td>0.00</td>
<td>19.99%</td>
<td></td>
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</tbody>
</table>
The results indicate that gender contributes to 19.9% variance in the relationship between social interaction anxiety and fear of negative evaluation.

<table>
<thead>
<tr>
<th>SOCIAL ANXIETY</th>
<th>INTERACTION</th>
<th>FEAR OF EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEMALE</td>
<td>0.54*</td>
<td>0.55</td>
</tr>
</tbody>
</table>

Correlation significant at 0.01 level

The results indicate that there is a moderate positive correlation between social interaction anxiety and fear of negative evaluation among persons with disabilities (r=0.55) hypothesis 2 is accepted.

Table 3 Shows mean S.D AND T value of social interaction by gender

<table>
<thead>
<tr>
<th>SIAS</th>
<th>SIGNIFICANCE</th>
<th>GENDER</th>
<th>MEAN</th>
<th>SD</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.43</td>
<td>Male</td>
<td>22.95</td>
<td>15.35</td>
<td>0.66</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>24.85</td>
<td>15.35</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results indicate that there is significant sex difference in social anxiety. Hypothesis 3 is accepted.

Table 4 mean s.d and t value of fear of negative evaluation by gender

<table>
<thead>
<tr>
<th>FEAR OF EVALUATION</th>
<th>SIGNIFICANCE</th>
<th>GENDER</th>
<th>N</th>
<th>MEAN</th>
<th>SD</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.91</td>
<td>Male</td>
<td>38</td>
<td>23.12</td>
<td>7.49</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>38</td>
<td>24.92</td>
<td>8.62</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results indicate that there is no gender difference in fear of negative evaluation so hypothesis. 4 is rejected.

**DISCUSSION**

The study was aimed to find the relationship social interaction anxiety and fear of negative evaluation among persons with disabilities and typically developing individuals. It also assessed gender difference. The results indicated that there is a moderate significant correlation between social interaction anxiety and fear of negative evaluation among typically developing individuals. Which means that as fear of negative evaluation increases social interaction anxiety also increases. This finding is supported by numerous studies (eg. Iqbal, & Ajamal 2018; Fredrick & Aron 2022). Also there is a positive correlation between social anxiety and fear of negative evaluation among persons with disability. However the researcher could not find studies to support this finding. The study also found that there is significant gender difference in social anxiety and females are more socially anxious than males there are many studies which support this finding (eg. Kumar et. al 2015; Asher, Asnani & Aderka 2017). The results indicate that there is no gender difference in fear of negative evaluation. It was found that there is significant gender difference in social anxiety and females are more socially anxious than males there are many studies which support this finding. (eg. Karedemir 2015; Asher, Asnani & Aderka 2017). The results indicate that there is no gender difference in fear of negative evaluation. Studies indicate that there is significant gender difference in fear of negative evaluation by a research conducted by praba & babu (2021) support this findings. But there are also researches which is is against this findings it is more among females (eg. Kumar et. al 2015; sunkaraali, & Agarwal, 2017). And also gender contributes to 19.9% variance in the relationship between social interaction anxiety and fear of negative evaluation. The relationship between social anxiety and fear of negative evaluation.

**Conclusion**

There is significant positive correlation between social interaction anxiety among typically developing persons and persons with disabilities. Females are more socially anxious than males. There is no gender difference in fear of negative evaluation.

**REFERENCES**

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