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Feeling stupid: A survey of university students' experience of social anxiety in learning situations

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SUMMARY

In this study, 300 university students at UWE Bristol reported on their experiences of social anxiety in learning situations. Participants were self-selected using an initial screening tool and were invited to complete a web-based questionnaire. Descriptive statistics were prepared and student comments were organised using qualitative content analysis. The findings were consistent with previous research and models of social anxiety, and suggested that for a significant minority of students social anxiety related to learning situations is a persistent, hidden disability across the university community.

Social anxiety was reported to be an emotionally painful and inhibiting element in a range of learning situations and there were strong indications that it affected the scope and quality of learning. The fear of exposure and consequent concealment that is associated with social anxiety meant that student social anxieties tended to be overlooked or misunderstood.

Participants responded to their anxieties with strategies ranging from the pragmatic to the nihilistic and, while many coped and even benefited from challenging situations, there was a sizeable minority for whom the student experience was a continuing struggle with anxiety and its impact. Participants did not experience an intentional and organised approach to their concerns while at university and this was exacerbated by their own unwillingness to seek professional help or social support.

Based on the study findings and its congruence with previous work, the following recommendations were made with regard to research, teaching and learning, and student support:

With regard to research:

- i. Establish objective indices of the impact of social anxiety on learning.
- ii. Obtain data on developmental processes in social anxiety and evaluate the contribution of the university community to these.
- iii. Explore the meaning and function of student coping strategies and what role external factors play in altering these.
- iv. Develop and trial a method of profiling learning-related social anxiety.
- v. Collate research on help-seeking processes and barriers with a view to trial interventions in facilitating engagement.

With regard to teaching and learning:

- i. Teaching and learning committees to discuss a strategic approach to student social anxiety.
- ii. Academic support systems such as Blackboard used to raise awareness of anxieties affecting learning and to offer pathways to support.
- iii. Individual and group contact with academic staff to be used for guidance and skills practice.
- iv. Staff development to include understanding and working with student social anxiety.

With regard to student support:

- i. Student services web pages to offer self-appraisal tools and pathways to information and support.
- ii. Professional development on the dynamics of social anxiety and its impact on helping relationships.
- iii. Student services to provide opportunities for students to practice academic skills.
- iv. The counselling service to consider screening student clients for social anxiety as part of initial meetings.
- v. The counselling service to consider the optimal use of evidence-based therapies for social anxiety.

These recommendations were presented as inter-related and intended to encourage an integrated approach to social anxiety and learning across the university.

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INTRODUCTION

UWE Bristol is supporting the development of research into counselling and psychological support where outcomes will inform support processes relating to student development. An early aim has been to obtain data on psycho-social features of the university's student population and recent enquiries have collected data on social anxiety, self-esteem and indices of mental health.

Responses to a standard social anxiety questionnaire (Liebowitz 1987, 2003) indicated that 22% of a UWE student sample reported levels of social anxiety ranging from 'moderate' to 'very severe' (Moller and Topham 2008). A prevalence survey of students at the University of Plymouth (Russell and Shaw 2006) also showed that social anxiety was a common feature of students' experience, while further enquiry (Russell 2008) provided a range of data on the impact of social anxiety on students.

A university community is populous, diverse and provides many opportunities for social contact and support. Its academic activities require interaction and performance as part of students' learning and assessment, while interpersonal skill is a key attribute of student employability. It is hypothesised that these elements constitute degrees of challenge and threat to the individual student depending on their level of social confidence.

While social anxiety is salient in adolescence and is common in the general population there appears to be little research on its prevalence and impact in UK student populations. Discussions among colleagues at UWE and researchers at Plymouth concurred that it would be valuable to replicate the impact survey of social anxiety, with some modifications, at UWE. Replication enables researchers to confirm or challenge previous findings, reveals variations in local populations, provides opportunities for further analysis and encourages collaboration between researchers with common interests. All of these were in mind when considering the research reported here.

AIMS

This study will enquire into the prevalence and impact of social anxiety in learning situations among students at the University of the West of England. It will explore how students view and respond to their anxieties in order to frame proposals for support and guidance.

BACKGROUND

Orientation

There is a growing interest in social anxiety. An internet search on 'social anxiety research' yields an increasing number of references for each of the last five decades, multiplying approximately ten-fold since the millennium. The number of journal articles published annually on social phobia has steadily increased from 1 article in 1973 to 118 articles in 2001 (Mendlowicz, Braga et al. 2006). The *Journal of Anxiety Disorders* published 169 articles on social anxiety in the nine years from 1999 to date, compared to 71 in the preceding twenty-seven years. There have been many review articles and several journals have published special editions on social anxiety. The literature background to the study reported here aims to balance an adequate understanding of the social and psychological issues arising from research into social anxiety with their relevance and application to the higher education context. Therefore selective attention will be paid to the origins, development and architecture of social anxiety, while elaborating its known and probable impact on students as they interact with the academic and social features of university life. More extensive reviews are provided by den Boer (1997), Veale (2003), *Clinical Psychology Review* (2004) and Russell and Shaw (2006).

Most studies of social anxiety have used diagnostic criteria for social phobia or social anxiety disorder as the basis for enquiry and classification. Social Anxiety Disorder, for example, is defined as follows:

- A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others.
- The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing.
- Exposure to the feared social situation almost invariably provokes anxiety, which may take the form of a situationally bound or situationally predisposed panic attack.
- The person recognizes that the fear is excessive or unreasonable.
- The feared social or performance situations are avoided or else are endured with intense anxiety or distress.
- The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine, occupational (academic) functioning, or social activities or relationships, or there is marked distress about having the phobia. (DSM IV: APA 1994).

An alternative, experiential perspective on social anxiety is provided by an ongoing programme of research at the University of Strathclyde. Qualitative analysis of reports from the general public suggested the following themes that were a source of social anxiety (Elliot, Black et al. 2007):

- A need for connection with and acceptance by others
- Experience of rejection and criticism by others
- Feeling different from others
- Feelings of isolation and lack of emotional support
- Being shy and being sensitive
- Inclined to harsh self-judgment and low self esteem

Taken at face value, individual themes could apply to students at any stage of their education and might well appear manageable. Collectively, the impression conveyed is of substantial, distressing and limiting personal experience that may not be entirely captured by a diagnosis, or by the range of terms (e.g. social phobia, social skills deficits, avoidant personality disorder) that have been used to describe experience and functioning in this area. So for clarity, and as this study is located within an educational rather than a clinical setting, the term 'social anxiety' will be used generically with reference to people who may or may not fall within a diagnostic framework, but who do experience the psychological states outlined below.

Social anxiety

Anxiety is a normal human response and a necessary part of our evolutionary make-up. Its function is to alert us to threats to our physical safety and well-being, including our self-esteem; thus crossing a busy road and being asked a tricky question in a lecture may both trigger the anxiety response. Individuals vary in their experience of anxiety which may present as physical symptoms such as increased heart rate and breathing, worrying thoughts or images, feeling nervous or stressed, and changes in behaviour such as faster speech or avoiding a situation.

Low levels of anxiety commonly occur in relation to social situations (Purdon, Antony et al. 2003) and can help us attend to our self-presentation and to the needs of others. Higher levels of social anxiety may occur when we doubt our ability to cope with a situation or are concerned about other people's reactions to us; the level of anxiety can affect social or professional performance and our predictions can become self-fulfilling. Persistent high levels of social anxiety may justify a diagnosis of social anxiety disorder or social phobia

(APA 1994). The diagnostic features are summarised by Veale (2003) as 'a marked and persistent fear of social or performance situations. Affected individuals fear that they will be evaluated negatively or that they will act in a humiliating or embarrassing way. Exposure to social or performance situations invariably leads to panic or marked anxiety, and such situations therefore tend to be avoided or endured with extreme distress' (p.258). Summaries by professional and voluntary bodies further capture the distressing nature of social anxiety:

'People with social phobia have a persistent, intense, and chronic fear of being watched and judged by others and being embarrassed or humiliated by their own actions. Their fear may be so severe that it interferes with work or school, and other ordinary activities. Physical symptoms often accompany the intense anxiety of social phobia and include blushing, profuse sweating, trembling, nausea, and difficulty talking.'

(National Institute of Mental Health 2008.)

'For sufferers of social anxiety, everyday tasks which most people take for granted - working, socialising, shopping, speaking on the telephone, can be a wearing ordeal marked by persistent feelings of anxiety and self-consciousness. Sufferers typically experience feelings of dread and nervousness in the build-up to the feared situation, and analyse or 'replay' the situation in their mind when it's over, ruminating on how they could have 'performed' better.

(Social Anxiety UK 2008.)

'When you have to get up and talk or perform in front of others, you become very anxious, stammer or 'dry up' completely. It can affect even people who are experienced at speaking in public and do it regularly. At its worst, it can make it impossible for you to speak in public at all, even to ask a question.'

(Royal College of Psychiatrists 2008.)

The distinction between social and performance anxiety is to some extent between general and specific anxieties. People with a fear of interviews, for example, may socialise comfortably in other settings, whereas people with a general social anxiety will find a range of informal situations difficult and uncomfortable. Crozier (2002) draws attention to a view of shyness as a lesser degree of social anxiety, noting that the reticence and social inhibition of shy people is not necessarily problematic for them. Neither the shy nor the socially anxious person lack interest in social interaction though in both instances their behaviour is constrained by a lack of confidence in their performance and fear of negative evaluation.

Models of social anxiety

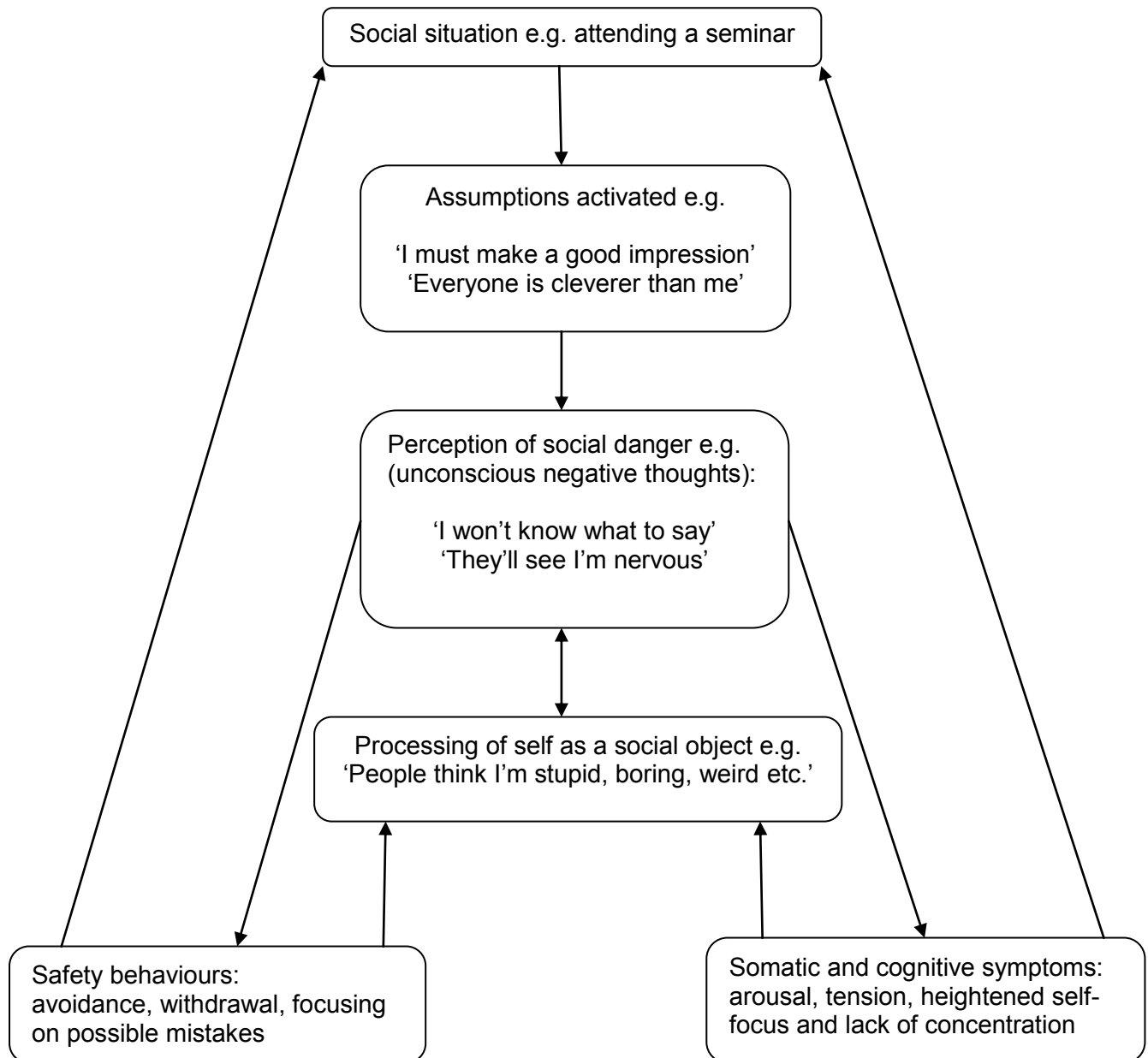
This dynamic is incorporated in Schlenker and Leary's Self-presentation model of social anxiety (Schlenker and Leary 1982a). They propose that social anxiety arises 'in real or imagined social situations where people are motivated to make a desired impression on others but doubt that they will do so' (Schlenker and Leary 1985, p.176). The key factors are the importance of creating a good impression on or getting a particular reaction from others, and the perceived likelihood that this can be achieved. The implications of this model are that self-presentation is judged or matched against an internal, personal standard of appearance and behaviour, but that the recipient or audience is (unknown to them) charged with making or confirming that judgement. The tendency to high standards among people with social anxiety (RCP 2008; Purdon, Antony et al. 2001) thus leaves them vulnerable to self-criticism of current social performance and anxiety about negative evaluation on future occasions.

A cognitive model of social anxiety (Clark and Wells 1995; Figure 1) builds on the idea of internal processes that shape the anxiety response and influence subsequent behaviours. When an individual enters a social situation, certain rules, beliefs and assumptions are activated which generate anxiety. These originate in earlier life experiences which have oriented the person to perceive certain social situations as a threat to self-esteem. Such established beliefs and assumptions are generally activated out of awareness and are therefore resistant to change by conscious self-reflection; even when brought to awareness they may be quite absolute in quality: 'I must make a good impression'; 'If I don't give the right answer I'll fail'; 'People can't see anything to like about me' etc. Because the anxiety response involves cognitive, emotional and physiological response systems, severe anxiety can disrupt performance in social situations particularly where thoughtful, informed and interpersonally sensitive responses are required. Such an outcome tends to reinforce beliefs about personal inadequacy and social challenge.

Clinical experience and research indicate that three elements derived from this model may contribute to the persistence of social anxiety: an excessive focus on the self rather than on others; a tendency to interpret negatively one's own performance and the reactions of others; and the habitual use of 'safety behaviours' (Bogels and Mansell 2004; Hirsch and Clark 2004; Salkovskis 1991). Avoidance of situations and the excessive use of alcohol to cope with them are examples of safety behaviours, as are avoidance of eye contact, excessive rehearsal and talking a lot. These behaviours may be helpful in temporarily reducing discomfort but they may also draw unwanted attention and are not a permanent solution.

Figure 1: Cognitive model of social anxiety

(Adapted from Clark & Wells, 1995)



Shame

Another perspective on social anxiety reflects more on its origins and emotional content.

'The origin of social phobia is the first fear of a stranger when a baby is in the hands of his mother. As soon as they are separated, the baby becomes nervous when he sees a face he doesn't know and which he interprets as menacing. He no longer has the security that he knew in the arms of his mother. Social phobia, at its origin, is something very natural. We are all sensitive and nervous with someone different, a stranger, because we don't know if he could be hostile toward us....' (Psychoanalyst interviewed by Lloyd 2006, p.236).

Beyond this natural beginning, some children are unfortunate to experience undue embarrassment or criticism from parents and other important people in their life. They develop a sense of inadequacy and self-consciousness about social evaluation such that feelings of shame are common to people with social anxiety (Gabbard 1992). They are vulnerable to rejection by others, fearing that people will see the flaws that they perceive in themselves (Zerbe 1994; Lutwak & Ferrari 1997). Their shame and its origins are associated with a tendency to mistrust other people, to be self-critical and to engage in self-defeating behaviour (Henderson and Zimbardo 2003). The sense of shame extends to contact with therapists and other potential helpers such that sufferers require a skilled and sensitive approach if and when they do come forward (Eckleberry-Hunt & Dohrenwend 2005). From this perspective, social anxiety is a vivid and painful emotional experience which by its nature acts to constrain social engagement in a range of settings. It is not hard to imagine how the socially anxious student might feel within the busy and diverse social structures of a modern university.

Prevalence of social anxiety

Some self-help organisations (e.g. SP/SAA; Social Anxiety Network) have claimed that social anxiety is the third largest mental health problem after depression and alcoholism, although it is unclear from where those figures are obtained. Kessler et al. (1994) suggested that 13% of the U.S. adult population will meet diagnostic criteria at some point in their lifetime. Lépine and Lellouch's (1995) review of epidemiological studies found that the lifetime prevalence of social anxiety in adults varied between 2% and 5%, with a further longitudinal survey (Wittchen and Lepine 1998) suggesting a lifetime figure of about 7%. (Lifetime prevalence is the number of individuals in a population that at some point in their life have experienced social anxiety compared to the total population, expressed as a ratio or percentage. 12-month prevalence is the equivalent figure for one year.)

More recent surveys of social anxiety in U.S. adults gave lifetime prevalence figures of 3.7% (Narrow et al. 2002), 5% (Grant, Hasin, Blanco et al. 2005) and 12% (Ruscio et al. 2007). From a literature review of social phobia in European countries, Fehm et al. (2005) gave a figure of 6.65%; while Furmark's (2002) review of epidemiological studies on social phobia from 1980 estimated the lifetime prevalence of social phobia at 7 to 13% in Western countries. Wittchen and Lepine (1998) reported that women had higher prevalence estimates for social anxiety than men (in a ratio of 2.5 to 1), as did Fehm et al. (2005) and Grant et al. (2005). Russell and Shaw's (2008) survey of undergraduates at an English university reported that women scored higher than men on all sub-scales of the Liebowitz Anxiety Scale (Liebowitz 1987, 2003). Although Furmark notes that the criteria for diagnosis are subject to revision over time and that researchers vary in their methods, social anxiety even when narrowly defined is perhaps more common than generally known.

Heimberg, Stein et al. (2000) analysed U.S. national survey data on people with performance fears (e.g. public speaking) and those with general social anxieties. Their analysis indicated an increase in the lifetime prevalence of social anxiety within the cohort of people with general social fears, and that the increase was most pronounced among those who were socially and economically advantaged, an outcome they described as 'intriguing'. Although beyond the scope of this paper, Lloyd (2006) has suggested that there may be 'dominant therapeutic narratives' as well as cultural and economic factors that have contributed to the increased prevalence of social anxiety over the last twenty years.

Outside diagnostic criteria, in a 1977 survey Zimbardo found that 40% of U.S. adults described themselves as shy while Pollard and Henderson (1988) and Furmark et al. (1999) reported that over 20% of the population report irrational social fears. In an early study of British university students, Bryant and Trower (1974) found that 10% tried to avoid, or had great difficulty with a number of common social situations. Moller & Topham (2008) used the Liebowitz Social Anxiety Scale (Liebowitz 1987, 2003) to with new undergraduates, finding that 22.6% reported levels of social anxiety ranging from moderate (7%) to very severe (4%). Using the same scale, Russell and Shaw (2006) found that approximately 10% of students reported marked to very severe social anxiety. Applying Furmark's prevalence figures (7% to 13%; Furmark 2002) to a university population of 25,000 would suggest that between 1750 and 3250 students will suffer from significant social anxiety at some stage in their life. Fehm et al (2005) and Grant et al. (2005) provide 12-month prevalence figures of 2% to 3% (500 to 750 students) which may be more applicable to university populations though still a sizeable cohort of students with significant social anxiety.

Onset and duration

Social anxieties may become a particular problem during adolescence (Wittchen & Fehm 2003). Clinical severity (i.e. justifying a diagnosis) is observed at age 11 in 50% of presented U.K. cases and by age 20 in 80% of cases (Stein and Stein 2008). Grant et al (2005) identified the mean age of onset of a clinical condition as 15.1 years in U.S. adolescents. Severe social anxiety, whether or not clinically diagnosed, tends to be a persistent condition where spontaneous remission (recovery without treatment) is unlikely (Kessler et al. 1994). The review by Grant et al (2005) suggested a mean duration of 16.3 years and long-term studies have indicated that only one-third of individuals attain remission within 8 years (Keller 2003). Conversely, Vriends, Becker et al. (2007) observed that one-third of young women diagnosed with social phobia were fully recovered 18 months later and two-thirds were partially recovered in terms of diagnostic symptoms. Wittchen & Lepine's (1998) observations of remission in an epidemiological sample led them to suggest that social anxiety may have low stability amongst adolescents, and that some forms may be transient rather than persistent.

One reason for the persistence of social anxiety is that people may not seek help until they can overcome or be supported with the self-consciousness and feelings of shame that are intrinsic to social anxiety:

'I was close on having a complete breakdown, so I went and confessed to my mum what I had been suffering with all these years. Her reaction was "thank god for that!" They had tried to get me to admit it since the age of eight but I always denied there was a problem due to embarrassment.' (Success stories: Social Anxiety UK.)

Ruscio et al. (2007) noted that while social anxiety is associated with other mental health conditions it is the focus of attention in only about half of cases where treatment is obtained. At UWE in the academic year 2007/08, 'Anxiety' was recorded as a presenting problem for 37% of the students who used the university counselling service. While student clients often present concerns about their academic performance, the current list of 300-plus student concerns used by U.K. university counsellors to record their work does not include social anxiety (AUCC 2008).

The impact of social anxiety

While a degree of social anxiety is probably normative during adolescence as developmental tasks are addressed (Erikson 1950; 1968), the impact of persistent social anxiety is likely to interfere with those tasks; social relationships, personal identity and a sense of competence

are all partly formed and vulnerable at this stage of life. Social anxiety is also often associated with other mental health issues such as depression and alcohol use (Fehm et al 2005; Keller 2003) which compound the developmental and remedial challenges. It has an adverse impact on quality of life particularly in the areas of subjective well-being, social functioning and achievement, including career progression (Winnie, Coles et al. 2005; Wittchen and Fehm 2003). In a small survey of socially anxious patients (Schneier, Heckelman et al.1994), more than half reported at least moderate impairment at some time in their lives in education, employment, family and other relationships. In a larger national survey, Kessler (2003) distinguished between the direct effects of social anxiety on social interactions and the indirect effects via (i) secondary mental and physical health problems (ii) effects on normative role transitions such as educational attainment and (iii) effects on help-seeking.

In school settings, Wood (2006) has shown that interventions to reduce general anxiety can improve performance and social functioning in children while Bernstein, Bernat et al. (2007) found that severity of social anxiety was associated with poorer social skills, attention difficulties and problems with learning. In a retrospective survey of patients with social anxiety, Van Ameringen, Mancini et al. (2003) found that nearly half reported leaving school prematurely and nearly one-quarter of those did so because of anxiety. An early survey of American students found that over 20% of them reported that shyness was a problem for them (Pilkonis and Zimbardo 1979); more recently, 21% of 17-year old Swedish students responding to a questionnaire survey had impaired functioning due to social anxiety, one half of which was related to school performance (Wetterberg 2004). Further studies have reported significant effects of social anxiety on failure to complete school, increased risk of exam failure (Stein and Kean 2000), failure to graduate and reduced income (Wittchen 1999).

Strahan has conducted longitudinal studies of the effects of social anxiety on academic performance in first year college students (Strahan 1999, 2003). In the first study, the more socially anxious students were more likely to withdraw from college, but in the second study social anxiety was not a predictor of either persistence at college or of academic achievement. She suggests that, in the college studied, students managed despite their anxieties but that colleges will vary in the presentational and other anxiety-provoking demands that they place on students and thus in the potential for anxieties to impact on social interaction and academic performance.

Help and support

Information and peer support for people suffering from social anxiety can be found online via a large number of local, national and international websites, such as SA West (Bristol), Social Anxiety UK, and the Social Phobia/Social Anxiety Association (U.S.). Self-help and referral guidance are published in books and online by professional bodies, charitable and government agencies (see, for example, Butler 1999; Royal College of Psychiatrists; Mind UK; Centre for Clinical Interventions 2008).

People who need more than self-help for their social anxiety may be offered medication by their General Practitioner and can find this useful in the short-term. Research into non-medical approaches has found strong support for the effectiveness of cognitive behavioural therapy (CBT), provided individually or in groups (Veale 2003; Rodebaugh, Holaway and Heimberg 2004; Ponniah and Holloway 2008). This may be available through the NHS in areas where there are specialist CBT practitioners, although there are no clinical guidelines for social anxiety currently published or planned (NICE 2009). It is not yet clear whether the emerging body of CBT-trained therapists engaged to work on the government's Improving Access to Psychological Therapies initiative (Layard 2006) will offer specific help for social anxiety.

A visit to the counselling service web pages of most universities around the world will find, in addition to the sources mentioned above, self-help information and online links for learning-related issues such as giving presentations or working in groups, addressed to all students for whom it may be useful. There will also often be invitations to join therapist-led groups that help with assertiveness, anxiety management, procrastination, personal relationships and other topics relevant to managing as a student. Together with the option for self-referral for individual counselling, students have a range of psychological and educative support available to them.

Summary

Social anxiety is a necessary feature of human functioning that is salient at key stages of development. For a significant minority of adolescents, social anxiety persists as a distressing and limiting accompaniment to daily life that is largely unseen and untreated due to its self-conscious dynamic. The impact of social anxiety on interpersonal, educational and occupational functioning is becoming apparent although it may be useful to distinguish between transient effects which are part of developmental processes and persistent effects which have a lasting impact on learning, performance and social engagement. Remedial and developmental options exist but may not be accessed by a majority of social anxiety sufferers.

METHOD

Ethical approval for the survey was given by the University Research Ethics Committee (Reference number UREC07-08/15). Ethical issues were considered in relation to professional codes and frameworks issued by the British Psychological Association, the British Association for Counselling and Psychotherapy and guidelines issued by the Association of Internet Researchers.

With permission from the University of Plymouth, their social anxiety survey was adapted for use with 'SurveyMonkey', an online survey software package that enables both quantitative and qualitative responses (www.surveymonkey.com). The survey was constructed to obtain information about students' experience in university learning situations and was presented in four parts:

- i. Personal and academic information;
- ii. Prevalence and impact of social anxiety in learning situations;
- iii. Managing social anxiety;
- iv. General health and wellbeing.

Modifications to (i) were made to reflect the university's structures. Enhancements to the survey were made following discussions with colleagues at Plymouth, such as the inclusion of questions about dyslexia and changes in social anxiety over time. The survey items required participants to respond to questions using a Likert-type scaling and/or free-text responses where appropriate (see survey template in Appendix 1). Where a question included multiple items the item order was presented randomly across participants; where participants had a choice of responses (e.g. verbal scale points) these were presented randomly across participants.

Participants

The survey was advertised on the University and the Students' Union intranet sites for a period of four weeks from March to April 2008 (Appendix 2). The participants were students attending programmes at the University of the West of England. In order to focus the enquiry on students with levels of social anxiety which might be assumed to affect their experience and performance, participants were self-selected from the university population. To achieve this and following the Plymouth procedure, initial respondents to the advertisement were invited to complete the Mini-SPIN questionnaire (Appendix 3) which screens for generalised social anxiety disorder and which has good psychometric properties

(Connor, Kobak et al. 2001; Weeks, Spokas et al. 2006). Respondents were invited to answer three questions:

- Being embarrassed or looking stupid are among my worst fears
- Fear of embarrassment causes me to avoid doing things or speaking to people
- I avoid activities in which I am the centre of attention

Students who gave affirmative answers to all three questions were invited to access the main internet survey. At this stage, participants were provided with further information about the aims of the project, confidentiality, and data management and were then asked to affirm consent to use of their survey responses. In case participant reflection on the survey caused feelings of discomfort or distress, links were provided to the university's Counselling Service and to a local self-help group for social anxiety.

Participants' online responses to the survey were stored anonymously within the security framework of the 'SurveyMonkey' software provider, from where results could be analysed and downloaded. Downloaded data was stored in a password protected file in addition to the standard password protection for UWE computer users and hard copies of data were stored in locked accommodation. Individual data sets were only available to the researcher and collaborating colleagues.

ANALYSIS

The participants were a self-selecting sample who entered the survey via a screening questionnaire that is validated for the identification of social anxiety. The analysis of the survey data aimed to produce a dimensional picture of participants' experience of social anxiety and of how they responded to those experiences. It was not intended to provide an evaluation of university staff, other students or services. Qualitative data relating to those areas was included only if it contributed to the aims of the study.

Quantitative data from multiple choice questions was analysed as frequencies and percentages by the software programme used to conduct the survey; filter options in the programme allowed analysis of sub-groups within the data set. For the majority of free-text questions that were identical to those used in Plymouth survey, responses were analysed using the prior categories produced by qualitative content analysis of that survey (Miles and Huberman 1994). The summary and categorisation of free-text responses was non-

inferential, i.e. the meaning of individual responses was taken at face value and no interpretation of responses was attempted. In assigning responses to categories it was assumed that the meaning of words was shared by the sample of participants surveyed.

The researcher is a counselling psychologist experienced in individual therapy, where a core skill is the identification and communication of themes suggested by emotional, cognitive and behavioural client data. This skill was applied to summarising and comparing participants' free-text responses, with and without prior categories. Analogous to therapy, the aim was to outline recurring patterns and to achieve a degree of internal validity by triangulation across sets of responses to free-text questions and, with quantitative data, from scalar responses to questions.

For free-text responses additional to the Plymouth survey (Questions 9, 10, 20), the judgement of the researcher was used to assign responses to categories. Limits on the availability of staff meant that a secondary validation of category boundaries was only achievable for Question 15 (see Appendix 10).

Where participants were asked to comment on how they managed their anxieties (Question 11), a distinction was made between safety behaviours (Salkovskis 1991) and coping strategies. These judgements were made on the basis of whether the face content of responses indicated behaviour towards or away from engaging with the learning activity in question.

Where participant quotations have been used as examples in this report, basic grammar has been corrected (e.g. capital 'I' for 'i') to equalise their impact and for ease of reading. No changes were made to participants' syntax which often conveyed the strength and direction of their responses.

FINDINGS

567 students completed the Mini-spin filter questions on the survey link page, indicating that they experienced significant levels of social anxiety. This represents 2.1% of the university's 07/08 population of 26,676 students ('About UWE' 2008). On the survey web site, 24 participants declined consent and their data was deleted from the survey. In all, 309 participants elected to complete some or all of the survey questions and a majority of those responded to the free-text options, including views about the research:

'I am glad you are doing this survey – will some people know that what they feel is social anxiety, or would they just call it anxiety?'

'Thank-you for giving me the opportunity to talk about this, it is something that affects me continually. I hope this helps your response.'

Characteristics of participants

Participants were distributed by gender and age as shown in Table 1.

Table 1: Distribution by gender and age

	Number	Percentage of sample	Percentage of total UWE students in this age group
Female	196	63.4%	
Male	113	36.6%	
Age 16 to 20 years	105	34.1%	51.9%
21 to 30	172	55.8%	28.3% (aged 21-29)
31 to 40	17	5.5%	
41 to 50	9	2.9%	
51 to 60	5	1.6%	

Where the recording categories used by the university ('About UWE' 2008) are equivalent or closely equivalent, comparison shows that proportionately fewer students aged 16 to 20, and proportionately more students aged 21 to 30, responded to the survey. Overall, nearly 90% of the sample and nearly 80% of the total student population fall into the 16 to 30 age group. Participants were studying at all campuses as shown in Table 2; participants on undergraduate programmes were fairly evenly distributed across the first 3 years as shown in Table 3:

Table 2: Place of study

Frenchay	St Matthias	Glenside	Bower Ashton	Hartpury
82.9% (233)	15.3% (43)	7.5% (24)	5.0% (14)	1.6% (5)

Note: Students may study at more than one campus.

Table 3: Distribution by undergraduate year and level

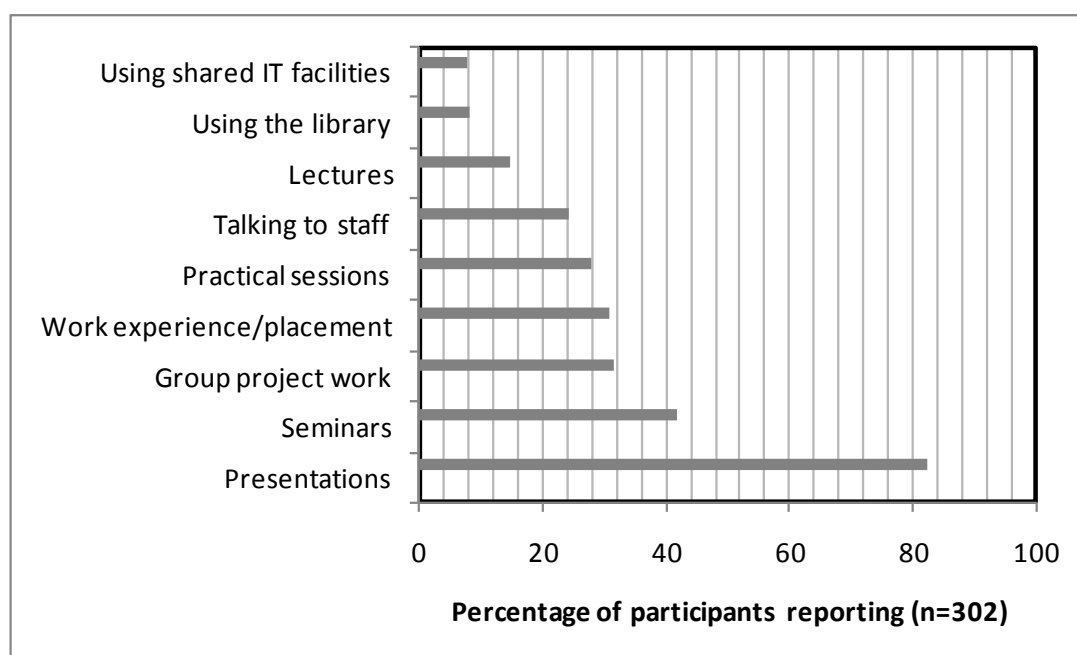
Year 1	Year 2	Year 3	Year 4	Postgraduate
33.6% (88)	27.1% (71)	34.0% (89)	5.3% (14)	11% (32)

83% of participants were enrolled on a B.A. or B.Sc. programme and 6% on Foundation Degree, Diploma, Certificate or Foundation programmes. The 11% of respondents who were enrolled on postgraduate programmes compared to nearly 20% in the total university population.

Social anxieties during learning experiences

The extent to which participants felt anxious, embarrassed or inhibited during the range of learning experiences surveyed is shown in Appendix 4. Upto 60% of all participants experienced no anxiety in some settings, while over 50% recorded occasional anxiety in some settings. Those reporting frequent experiences of anxiety in particular settings are summarised in Figure 2.

Figure 2: Learning experiences associated with frequent social anxiety



Over 80% of participants frequently experienced anxiety during presentations, over 40% frequently experienced anxiety during seminars, and over 30% frequently experienced anxiety during group project work and work placements.

How participants were affected by their learning experiences

'I SHIT a Fukin Brick if i av 2 do a presentation ! i shake, sweet, close to tears, im a Friikin mess when it comes to dat!!'

Participants described a range of emotional, physiological, cognitive and behavioural effects relating to anxiety-provoking learning experiences which were categorized using the Plymouth categories. Definitions of the categories used and illustrative comments by participants for each category are given here; further examples are given in Appendix 5. The text has been corrected for spelling and grammar where this was judged not to alter the surface meaning or tone of the response. Participant responses were summarised as shown in Table 4, and represented graphically in Figure 3, following.

Anticipatory anxiety

Anxiety experienced prior to a learning activity and including synonyms such as worry, nervous, panic, stressed, fear, scared. *'I dread speaking in front of groups even if I know everyone'*.

Fear of ridicule

Fear of negative evaluation of content, delivery or persona by peers and tutors. *'Embarrassed about saying/doing something wrong / stupid'*.

Somatic symptoms

Experiencing physiological indicators of nervous system activity related to anxiety. *'...dry mouth, quaky voice, mind goes blank, face goes red'*.

Feeling shy, embarrassed and anxious

Subjective experiences occurring during learning activities and including worry, nervous, panic, stressed, fear, scared, intimidated. *'Feel anxious, stressed and unable to relax'*.

Being the centre of attention where mistakes are amplified

Feeling particularly self-conscious about performance in front of a group of people. *'Embarrassed to make a mistake in a group'*.

Cognitive and behavioural impairment

The impact of anxiety on participation in learning activities, particularly on thinking and communication. *'I go red, unable to concentrate on what I want to say, stutter'*.

Post-event rumination

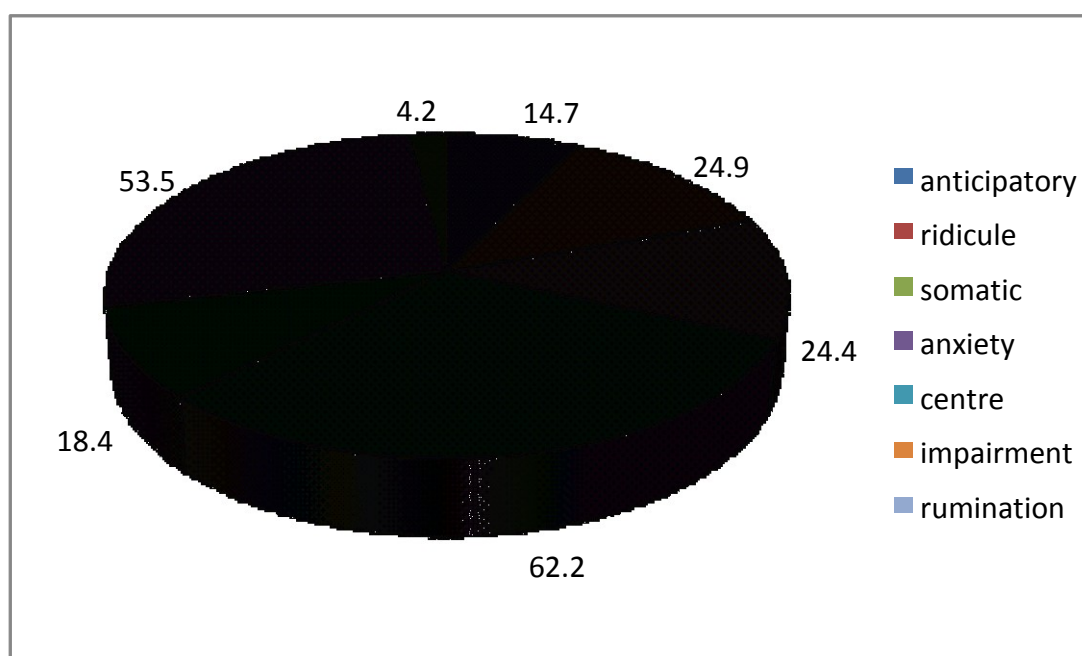
Persistent and self-critical reflection on past performance in learning activities that were (or are believed to have been) adversely affected by anxiety. *'Following the activity I usually feel extremely angry with myself for perceived mistakes, coupled with this I of course feel extremely embarrassed for the same reasons.'*

Table 4: Impact of learning experiences (n=217)

Category	Percentage of participants reporting
Feeling shy, embarrassed and anxious	62.2% (135)
Cognitive and behavioural impairment	53.5% (116)
Fear of ridicule	24.9% (54)
Somatic symptoms	24.4% (53)
Being the centre of attention	18.4% (40)
Anticipatory anxiety	14.7% (32)
Post-event rumination	4.2% (9)

Over 60% of participants reported feeling shy, embarrassed and anxious during learning experiences, and over 50% reported cognitive and behavioural impairment in those settings.

Figure 3: Impact of learning experiences



40% of participants (n=298) said that these experiences had a considerable or very considerable effect on their life as a student (see Appendix 6).

General health and wellbeing of participants

12% of participants (n=292) reported frequent physical illness over the last year, with 88% reporting occasionally or never being ill. 5% of participants (n=292) reported being affected by dyslexia.

Participants' general emotional experiences over the last year are shown in Table 5; over 50% reported frequent feelings of anxiety or stress and over 20% frequent feelings of panic. Slightly less than one quarter reported frequent feelings of depression while more than a quarter reported no feelings of depression. One quarter of participants occasionally or frequently had thoughts of self-harm or suicide.

Table 5: Emotional experiences over the last year (n=295)

	Frequently	Occasionally	Never
Anxiety/Stress	52.2% (154)	43.4% (128)	4.4% (13)
Panic	21.4% (63)	60.2% (177)	18.4% (54)
Depression	23.6% (69)	47.9% (140)	28.4% (83)
Anger	17.7% (51)	47.2% (136)	35.1% (101)
Thoughts of self-harm or suicide	4.2% (12)	19.7% (57)	76.1% (220)

Participants' feelings and difficulties around social relationships are shown in Table 6. 38% had frequently felt lonely over the last year and 36% had frequently felt discomfort in social settings. A sizeable minority (12% to 29%) reported never having difficulties in the areas surveyed.

Table 6: Relationship difficulties at university over the last year (n=295)

	Frequently	Occasionally	Never
Difficulty forming relationships	27.3% (80)	48.8% (143)	23.9% (70)
Discomfort in social settings	36.4% (107)	50.7% (149)	12.9% (38)
Difficulty relaxing with other people	28.7% (84)	54.6% (160)	16.7% (49)
Feeling inhibited with other people	33.3% (98)	48.6% (143)	18.0% (53)
Feeling lonely	38.8% (114)	45.6% (134)	15.6% (46)

Other factors

A small number of participants stated that their anxiety was primarily a result of factors such as early experience, personality or behaviour by other students:

'..people are shy or embarrassed due to their childhood. It's not an illness to be treated.'

'My awkwardness stems from being abused as a child...'

'Your questionnaire doesn't seem to ask any personality questions regarding the natural introversion of a student.'

'Being shy or embarrassed is a psychological characteristic.... For instance I chose most of the time to be shy because adopting that social behaviour it says something about my personality and how I want other people to see me.'

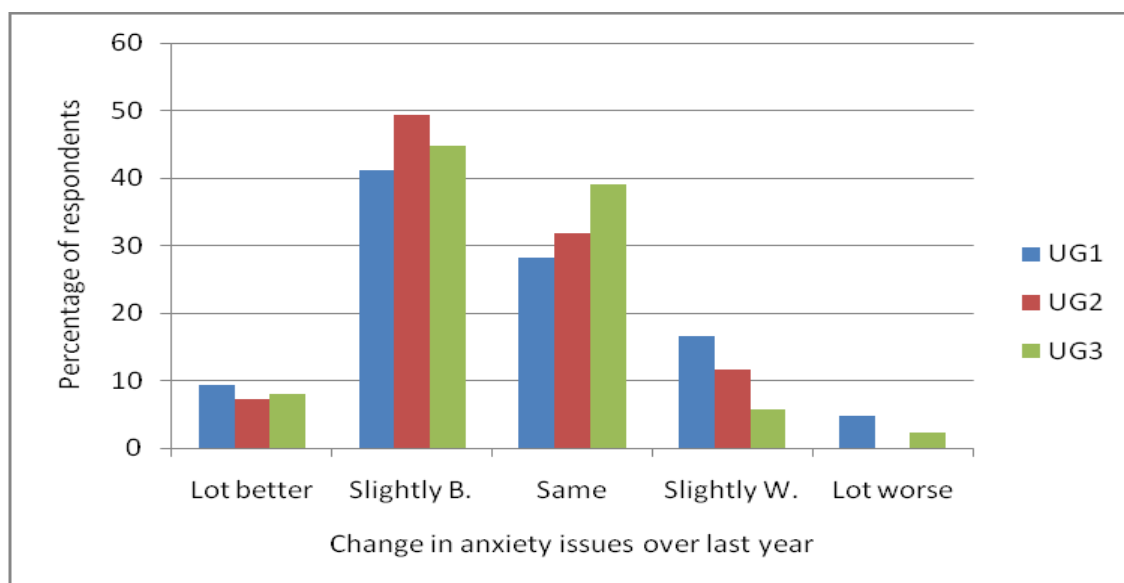
'It's not as easy to make friends at Uni as everyone seems to think.... people seem to form tight cliques and are unwilling to let a newbie join their friendship group.'

'I can safely say there is a culture of bullying amongst students that is frequently extreme in nature and frequently ignored because it isn't 'sexist' or 'racist'... someone needs to take them aside and tell them it's not acceptable to act like an arrogant, peer-pressured and immature jerk.'

Change in learning experiences

Participants in each undergraduate year reported on how their experience of anxiety in learning settings had changed over the last year (including the year prior to attending university). These changes are summarised in Appendix 7 and represented graphically in Figure 4, below.

Figure 4: Change in social anxiety in learning settings over the last year (n=295)



Key: B.= Better; W. = Worse

7% to 10% of participants in each year reported that their anxieties were a lot better compared with one year ago, and more than 40% of participants that they were slightly better. Between 6% and 16% of participants report that their anxieties had become slightly worse, with less than 5% reporting that they had become a lot worse. Around one-third of participants reported no change in their anxieties.

Statistical change

The Wilcoxon Matched-Pairs Signed-Ranks Test is a nonparametric test that compares the medians of paired sets of data. The percentage of students who rated each learning situation as 'Frequently causing anxiety' was compared across undergraduate years 1 to 3 (i.e. Figure 4, above, analysed by year) and with the proportion of postgraduate students (11%) in the sample. The p-values obtained (the probability that the sets of data did not derive from separate populations) were as follows:

UG1 and UG2 $p \leq 0.7911$

UG2 and UG3 $p \leq 0.8598$

UG1 and UG3 $p \leq 0.9648$

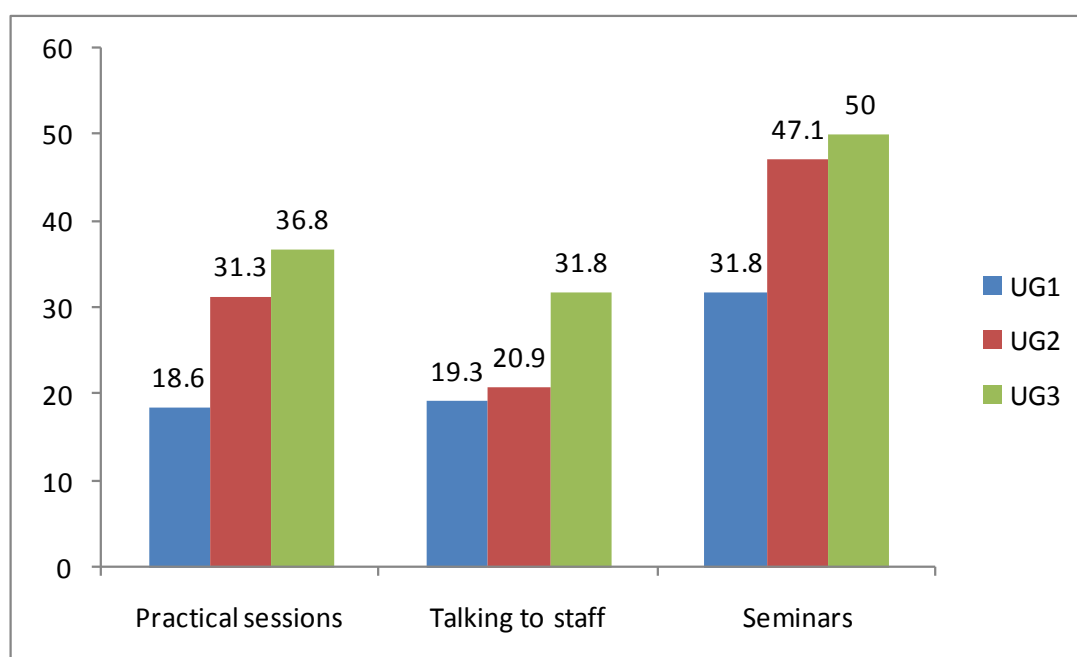
UG1 and PG: $p \leq 0.1641$

UG3 and PG: $p \leq 0.0742$

Allowing for the small sample size ($n=9$ learning situations), the p values provide some support for the view that the most severe social anxieties experienced by this population did not change over the three undergraduate years to an extent that is statistically significant (at a level of $p=0.05$). Comparisons with the postgraduate group suggest that reductions in social anxiety by this stage were approaching statistical significance.

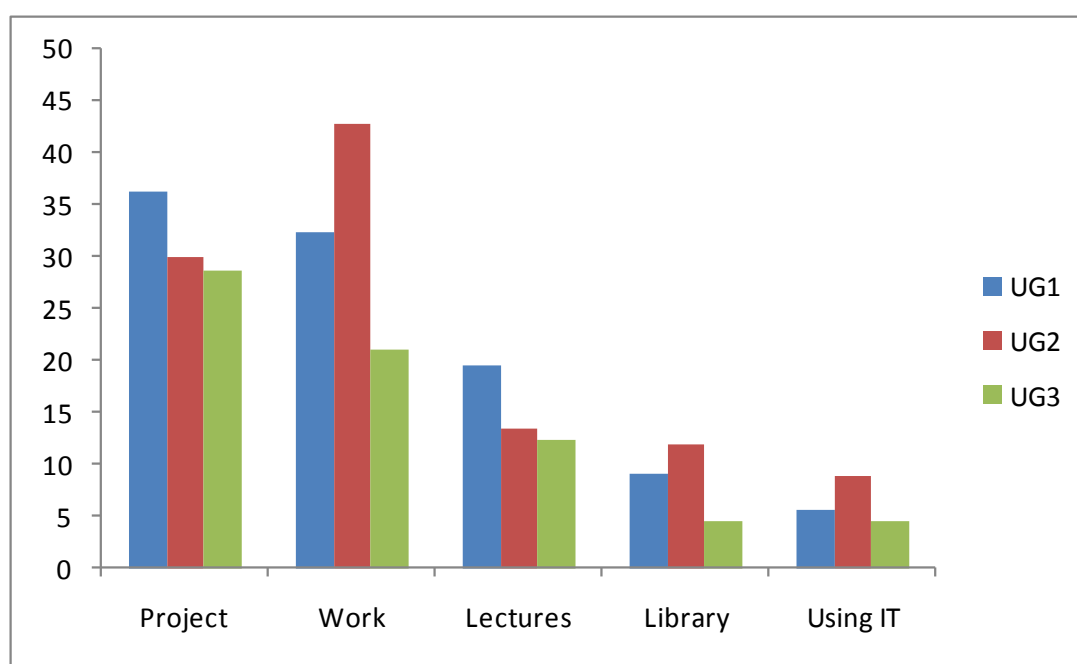
Regarding specific learning experiences, presentations remained a consistent challenge over undergraduate years 1 to 3, with between 85% and 87% of participants from each academic year reporting frequent presentation anxiety. The other learning experiences surveyed divided into those which became more, and those which became less of a concern over the three undergraduate years. These two groups are represented graphically in Figures 5 and 6.

Figure 5: Participants' increasing concern about learning experiences, UG1 to UG3



(Percentage of participants; n= 232)

Figure 6: Participants' decreasing concern about learning experiences, UG1 to UG3



(Percentage of participants; n= 220. Insufficient space for data labels)

Key: Project = Group project work; Work = Work placement/experience; Lectures = Attending lectures; Library = Using the library; Using IT = Using shared IT facilities.

What participants said about change in their learning experiences

Descriptive and qualifying comments about change in participants' learning experiences were obtained from free-text sections of Questions 8, 10, 11 and 20 (n=52). It was estimated that participants who commented on positive change related to learning experiences exceeded those making negative comments, and those making no-change comments, by a factor of 3 to 1 in each case. The numbers in the latter categories (negative and no change) are small but suggested a lack of personal or social 'fit' with the university environment, and the revision of self-expectations, are relevant for some:

'Before coming to uni I was fairly comfortable going about my local town. Didn't feel particularly conspicuous, anxious or embarrassed. It has got a lot worse since starting at UWE'.

'I feel like I am looked down upon by other students and feel like an outcast'.

'I have always been very shy and introverted and have learned to cope with it as best I can.' 'Have accepted that I'm not a super-confident person and don't really want to be'.

Some older students associated their concerns with differences in age:

'Some of the seminars are often too juvenile in their climate, with lecturers having to pander to disruptive students.... as a mature student, the environment is sometimes not conducive to integrate and communicate into and undermines achieving class tasks with a slight case of embarrassment and ostracisation....'

'...it's very scary to feel all the past emotions coming back and taking over again. I feel it more so in that I'm older than the 18/19 year old 1st year undergraduates, and I feel that I don't fit in'.

Those commenting on positive change, while tentative, attributed it to four factors:

Getting to know fellow students and tutors

'I have found that as I have got to know the people in my tutor group I have found it easier talking with them'.

'I have definitely got better with speaking to people on my course but I'm hopeless talking in a group or with staff or someone I don't know.'

Practice and experience over time

'Better in some respects as I've experienced more situations and that's given me some confidence but the core problems are all still there'.

'I feel that I am developing more confidence due to being on placement and having to talk to members of the public regularly but I am concerned about returning to university in September as I don't want to go back to the lack of confidence I had before'.

Revising beliefs about learning settings

'I do still sometimes go red but carry on when making a point in seminars and I am wrong, although it doesn't bother me as much now as other people make mistakes to'.

'Honestly speaking, it was more an issue during first year when I didn't want to look stupid when/if I got something wrong. But I came to realise that everyone gets things wrong, so I started speaking up much more and it's no longer really a problem. I'd rather get it wrong now, and right in the exam'.

Becoming older or more mature

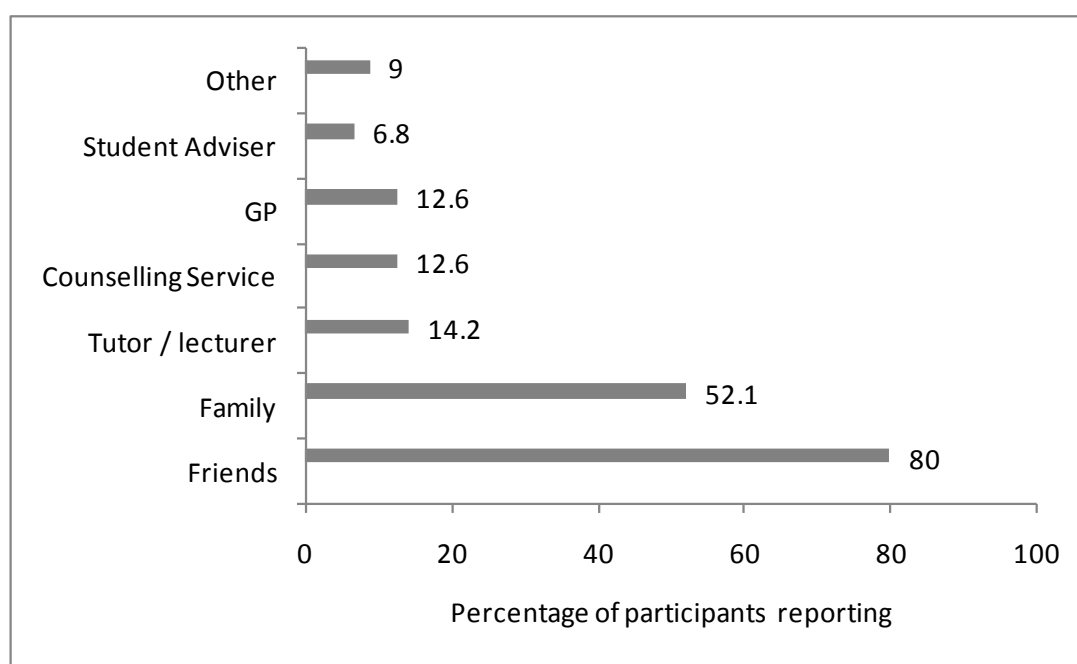
'I'm much more confident than when I was younger except when required to make presentations'.

'...Since school I feel I have improved in that I don't shake so much whilst standing and doing presentations, and I feel less embarrassed to talk in front of people'.

How social anxieties were managed

The large majority of participants looked to friends and/or family for help or support with their social anxieties.

Figure 7: Sources of help used by participants (n=190)



Note: 'Other' category includes Chaplaincy, Nightline or other helpline, other NHS service, and the Students' Union.

Fairly small numbers made use of academic, support and medical services but those reported on were found useful:

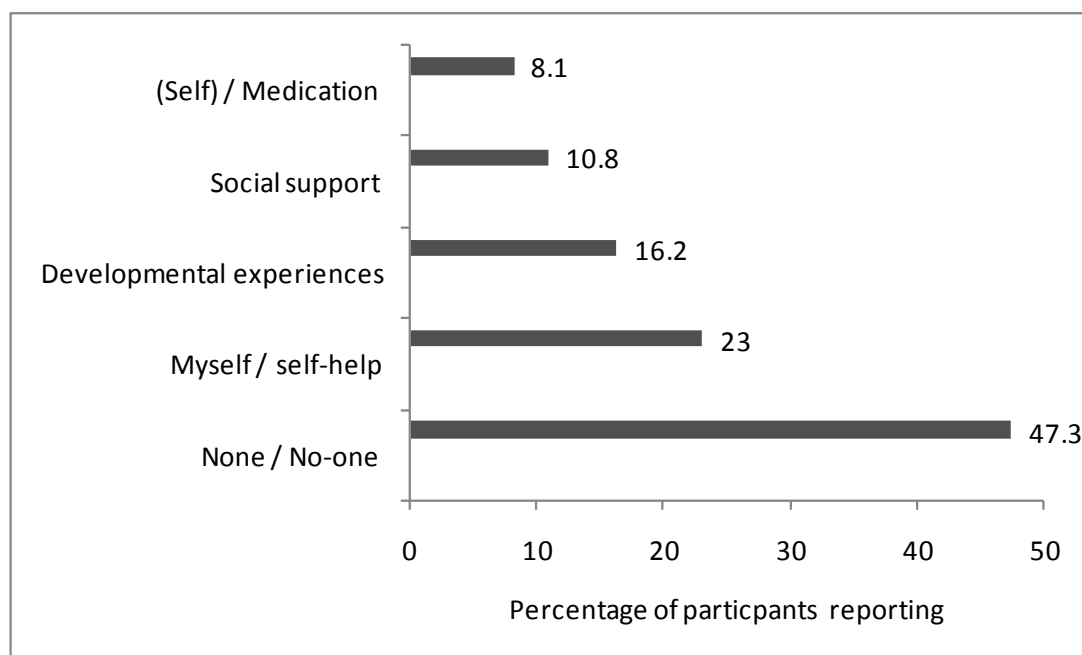
'At those times when I have approached staff for help they have nearly all been extremely helpful and gone out of their way to give me information, guidance and support. If nothing else is changed then more staff behaving in this manner would make a world of difference to students finding university difficult because of emotional problems'.

'I used the counselling service for 2 months before going out to placement and have really noticed a difference'.

31% of participants (24% of postgraduates) had used alcohol to help with their anxieties and related issues while 16% reported using non-prescribed medication, a figure that fell to zero amongst postgraduates. (Due to a typographical error in the survey it was not possible to assess the extent that participants had used prescribed medication.) Almost all 23% of the participants who reported frequent depression concurrent with their social anxieties also reported frequent presentation anxiety, although other situations were less universally difficult. This group were more likely to use alcohol (46% compared to 31% of non-depressed), and were more likely to seek help from their GP (28% compared to 12%) or from the counselling service (24% compared to 12%).

74 participants (less than 25% of the sample) described other sources of help which are summarised in Figure 8. Nearly half had not sought help at all and a further third relied on some form of solitary self-help. One quarter reported on social support or had pursued external developmental experiences.

Figure 8: Other sources of help: summary from free text responses



The following comments convey something of the quality of those further sources of help:

<p>(Self) / Medication</p> <p><i>'..take prescribed medication for anxiety'.</i></p> <p><i>'Booze, that's it. Everything else is embarrassing / loser-ish!'</i></p>
<p>Social support</p> <p><i>'...talking to other students, discussing strategies and sharing our feelings'.</i></p> <p><i>'My partner is very supportive and over the years has helped me to cope better'.</i></p>
<p>Developmental experiences</p> <p><i>'I saw a hypnotherapist last year which has helped'.</i></p> <p><i>'My placement helped to a massive extent as I was frequently required to carry out presentations, so the more I did them, the more confident I became - my manager ensured I was happy with the topic in question, and always offered guidance / comforting words'.</i></p>
<p>Myself / Self-help</p> <p><i>'I pray quite a lot as well'.</i></p> <p><i>'I do not think of myself as cripplingly shy- just anxious, maybe I think too much!'</i></p> <p><i>'Jim Telfer's speech at the Lions Forwards meeting before the 3rd Test against South Africa, from the 'Living with Lions' video, 1997'.</i></p> <p><i>'... no one can help me overcome this, only I can help myself and so far it's working'</i></p>
<p>None / No-one</p> <p><i>'None, I just work around it if possible'.</i></p> <p><i>'I haven't really spoken to anyone about it'.</i></p> <p><i>'Unfortunately I haven't gone looking for help.</i></p> <p><i>The anxiety itself is probably the reason for that'.</i></p>

How social anxieties relating to learning experiences were managed

More than one-third of participants reported avoiding learning situations which made them anxious. Three-quarters employed behaviours intended to minimise contact or attention. Two-thirds used some form of strategy to help them cope or improve their ability to manage the situation. Tables 7a and 7b summarise these findings and provide illustrations.

Table 7a: How participants managed their learning experiences

Category of response	%age of participants (n=211)
Avoidance	37.0% (78)
Avoid the event completely	32.3%
Select modules / classes to avoid presentations	4.7%
Safety behaviours	74.9% (158)
Locate to minimise attention during the event	33.7%
Behave to minimise attention during the event	27.5%
Sit with friends / selected colleagues	10.4%
Make contact 121 or online	3.3%
Coping strategies	64.5% (136)
Prepare / practice	35.1%
Participate and tolerate	15.6%
Use presentation strategies	10.4%
Get help	2.4%
Constructive self-talk / reflection	1.0%

Table 7b: Examples of how learning experiences were managed

Avoidance
<i>'If I have to do a presentation I just won't turn up. At all'.</i>
<i>'In seminars, I will not attend when I know there will be tasks which involve my being asked to speak in front of the class. This is detrimental to my learning, but I feel the seminar groups are far too big for me to feel comfortable'.</i>
Safety behaviours
<i>'Sit well out of the way. Avoid eye contact with seminar leader'.</i>
<i>'Yes sometimes I tend to sit where I can't be seen. And when it comes to group work or presentations I tend to go with the people who are good and confident enough to speak out loud'.</i>
Coping strategies
<i>'Although I feel nervous about participating in seminars and tutorials, I have learnt that if I have something to say then I should say it'.</i>
<i>'I spend more time preparing for seminars or other forums where I have to make myself noticed'.</i>
<i>'Take a more active part. Work in a group I am confident in. Prep more'.</i>

I try to get over those feelings so whenever I can I push myself to talk. It's difficult but for me there's no other cure'.

'I try to be calm and sometimes I write in a diary after a particularly stressing session just to get it out and maybe try to learn why I feel like this so I can try something different next time'.

The figures and free-text responses in Tables 7a and 7b indicate that many participants do not avoid anxiety-provoking situations but remain uncomfortably within them, and that many participants employ both safety and coping behaviours. The following account captures something of the inner struggle:

'I have an inner conflict between concentrating on the activity and concentrating on the way in which I am perceived when I'm taking part in it. This is very difficult to ignore and I find it significantly reduces my ability to take part in the activity to the best of my ability. It is not that I think that I am incapable, it is just that the pressure of having other people observing what I'm doing really affects me. I will often blush very badly and sometimes, because I know that this will happen, it happens even before the activity begins. It is always worse when I am talking to someone who I know is very important. I sometimes find myself unable to express adequately what I actually mean because I am thinking so hard about how I am saying it and what they are thinking about me. The only way I know to combat this is to try to focus very hard on what I am saying and to be very enthusiastic about it. I have to try to appear to not be bothered if, for instance, I am turning very red!'

The postgraduate experience

Postgraduate students constituted just over one tenth of all survey participants. Three-quarters were female and the group were predominantly aged over 21 with one quarter aged over 31. Fewer postgraduates than undergraduates (30.3% to 40.9%) reported that anxiety had a considerable or very considerable impact on their life as a student. More postgraduates than undergraduates (66.7% to 53.6%) reported a reduction in their anxieties over the last year.

The social anxiety profile of their learning experiences in comparison with all participants is shown in Appendix 8. The comparison shows that fewer postgraduates experienced frequent anxiety than undergraduates across most learning settings, and that more postgraduates than undergraduates never experienced anxiety across most learning settings. In particular,

the incidence of anxiety about presentations, seminars and work was reduced by up to 50%, although concerns about group project work remained the same. Comments from postgraduates suggest that while learning settings were still experienced as difficult and anxiety-provoking, for some their approach was becoming more tolerant and pragmatic:

'Try and avoid presentations, but if unavoidable, I spend a lot of time preparing for them.'

'I don't avoid doing presentations, as I want to improve and feel that this can only be improved with practice.'

'In latest course from day one have made an effort to get to know people socially so that in lectures I feel more comfortable.'

'Force myself to get on with the task in hand'

What participants would like from the university

Just over half of participants (n=162) gave views on what improvements they would like to see or on what they thought possible. These are summarised in Table 8 and an expanded view given in Appendix 9.

Table 8: Views on what improvements or facilities the university might offer

Category	%age of total responses	No. of responses (n=223)	Female per category	Male per category
For consideration by academic staff	25.6%	57	46 (80.7%)	11 (19.3%)
Help with personal development	21.1%	47	34 (72.3%)	13 (27.7%)
From Student services	11.7%	26	18 (69.2%)	8 (30.8%)
Other	41.6%	93	64 (68.8%)	29 (31.2%)

162 respondents: Female 117 (72.2%), Male 45 (27.8%)

The proposals and comments in each category approximate the gender ratio of the sample. For the first and largest single category, relating to the behaviour of academic staff, female respondents are a disproportionate majority and it is clear from their comments that this is an area of strong emotion. The following examples express female student needs for staff to

appreciate student difficulties, to avoid singling out students, to be aware of how their personal style affects students, and to adjust their management of group settings:

'I feel tutors need to be more aware that students have different learning styles and value that not all students feel confident to contribute verbally in seminars.'
'I think the lecturers should be more aware of how nervous a lot of students get. They just seem to think because they do it every day that it's easy.'

'A quiet student does not necessarily mean a less intelligent student than those who talk all the time or easily talk to teachers - but what could be done is that some teachers could avoid pointing their fingers on students, calling out their names and embarrassing them in front of all class...'
'Lecturers not to push questions in seminars on to individual students but to offer them out to students to answer or guide the seminar as a whole to debate not to single out individuals.'

'Often lecturers can be arrogant and unhelpful when people are clearly finding the situation difficult and trying their best. Lecturers are here to help but I have found many of mine to be arrogant, unhelpful and only wanting to listen to themselves.'
'It would be a good solution if teachers would realise how there personality affects students' performance..... The new tutor's positive attitude helped me to achieve my potential.'

'I would like to see tutors and seminar leaders try to include people who are sitting quietly especially when 2 or 3 people are seeming to hog the discussion.'
'...to be given lots of encouragement is also good. Once I realised that my opinions and answers were valid, I was more willing to offer the occasional answer and eventually gained confidence and it got easier to speak.'

One-third of participant responses conveyed a clear desire for forms of practical help from student services, the university at large or external sources. Suggestions included induction

and other events to help people to get to know each other, workshops on social anxiety, presentation skills training, support groups, individual counselling and email support:

'I am sure it would be greatly appreciated if there was a special class for first year students where they could be taught some psychological tips how not to be shy and frustrated, avoid stress, aggressive people, arrogant behaviour.. and it would perhaps help them learn to speak up in the class'... 'Perhaps workshops or groups where students can practice their presentation skills, or 'speaking up' skills'... 'A support group where similar students could exchange experiences and practice social interaction in an academic context'... 'Practice practice practice..'

The remaining 40% of responses provided a range of views on the options and prospects for personal change, with or without external help. The following examples were selected to reflect that diversity and to convey the respondents' awareness of the issues involved.

'Meetings with personal tutors and discussing things with counsellors may help confidence but it takes some of that confidence to do these things'... 'Once we do ask for help it would be nice to feel reassured, what goes through my mind is that it is stupid - but at the same time I can't help but feel that way'... 'As much as people complain about induction days, I've found the ones where activities in small groups that then switch around help students get to know each other and feel less nervous in the seminars as a result.'

Some participants wished for help or structural changes that minimised their exposure:

'I would personally like to see more provision for anonymous advice and help, identifying myself to the university as having problems is in my mind like admitting failure'..... 'Perhaps the university might think to start people in small presentation groups, then work up'..... 'More access to digitised journals rather than having to go to the library would help'..... 'Don't make us do presentations. That's it.'

And some students were pessimistic about help at all, though not necessarily about positive change:

'Fuck all'

'I don't know'

'I don't think I can be helped, and just need to develop the skills for myself - my fear is so irrational'

'I didn't really know that there could be much help for it, so more awareness of student counselling and how it might help?'

'...shyness and embarrassment is something a student needs to tackle themselves.....with maturity becomes confidence. Since University started mine has increased dramatically.'

DISCUSSION

Over 500 students responded to the initial Mini-SPIN link that screened for significant levels of social anxiety and over 300 of those completed the main survey. Comparison of the age distribution of participants with university records, where available, encourages the view that the survey accessed a group of students in late adolescence / early adulthood whom studies show are most likely to suffer from social anxiety. The balance of female to male participants (63% to 36%) reflects the wider literature excepting the higher proportion of females found by Wittchen and Lepine (1998).

It is perhaps a measure of the personal impact of social anxiety that, without external incentive, several hundred students were willing to take the time to complete a twenty question survey including several open questions about their personal experiences. From the number, content and style of their comments the impression created in the researcher was that participants wanted to be heard. They conveyed a clear picture of social anxieties related to studying at university, participants being much more likely to be anxious in situations involving interaction with other people such as in seminars and project work. Anxiety was further heightened where there was an expectation of performance together with actual or perceived evaluation by others, as in group presentations.

The findings were consistent with models of social anxiety described previously. Participants were concerned about their interpersonal performance and whether it met desired standards; they anticipated situations through the lens of prior beliefs about their own ability and about the reactions of peers and tutors; they were ashamed of their performance and of their anxiety about it. For some participants this public self-consciousness was associated with a private awareness, expressed through the survey, of the beliefs and assumptions that underlay their social anxiety.

Comparisons with Plymouth

The Plymouth survey on which the current survey was based engaged a larger sample of the student population but presented a similar sample structure with regard to age and year of study. In both surveys, over 80% of students reported frequent anxiety related to presentations, over 40% in seminars and, although not all learning situations were common to both surveys, the profile of other student anxieties is broadly similar. The student wellbeing profiles from the two surveys are remarkably similar with regard to the proportions of UWE / Plymouth students reporting stress (52/55%), panic (21/24%), depression (23/24%), anger (17/16%) and thoughts of self-harm (4/7%). There is a similar though less

close correspondence with regard to relationship issues. Students at both universities preferred to seek help, by a large margin, from friends and family with only a minority seeking help from tutors and the counselling service. Overall, these figures strongly suggest that the experience of social anxiety is common to students studying at the Universities of Plymouth and UWE Bristol.

For the qualitative analysis of data the Plymouth categories were applicable, with little outlying data, to the participant reports of their experience in learning situations. Participants reported feelings of anxiety and embarrassment; somatic symptoms; being the centre of attention; fear of ridicule; cognitive and behavioural impairment; a tendency to avoidance. These categories are congruent with the diagnostic criteria for Social Anxiety Disorder described previously (p. 8) and might suggest that a large number of students are suffering from a clinical disorder. It is relevant to consider that a diagnostic category is a summary of human experience based on research evidence and expert clinical opinion; used in a clinical setting it may be a guide to intervention but it does not describe personality nor predict all individual behaviour (see APA 2002 for a discussion). Within the context of higher education, it is proposed that diagnostic congruence together with the applicability of the Plymouth categories supports the presence and impact of student social anxiety in learning situations.

Impact on the student experience

Although the survey did not provide objective data on how students' learning and experience were affected, participants reported on a number of behaviours that they employed in response to their social anxiety. They chose modules that didn't require presentations, avoided seminars and group work where performance was evaluated, and adopted strategies in lectures and seminars to avoid interaction. These are consistent with the 'safety behaviours' identified by Salkovskis (1991, above). Participants' experiences of actual and anticipated learning situations ranged from uncomfortable to very distressing and it is reasonable to infer that both the range and the quality of learning was constrained if not diminished.

Being a student in higher education is considered to be stressful (Robotham 2006) and recent research shows that the elevated levels of (general) anxiety at entry diminish but do not return to pre-entry levels (Cooke, Bewick et al. 2006). There is now a substantial literature on the relationship between anxiety and the building blocks of learning such as attention, memory and reasoning (see, for example, the Journal of Behaviour Research and Therapy and the Journal of Anxiety Disorders).

Two studies of how people interpret and process information about their social environment are of interest here.

Wenzel and Holt (2003) found that giving a talk to peers - a threatening condition for most participants in our survey - facilitated performance on a subsequent memory task amongst those participants who were not socially anxious, but inhibited memory performance amongst those who were. Although the former reflects common wisdom - 'a little anxiety is good for you' - if the latter finding was replicated with university students it would be clear evidence of how social-evaluative threats can impair cognition. Secondly, Fox, Russo et al. (2001) suggested that not only does the presence of a threat (such as being judged by your seminar group) distract attention from other target activities (such as sharing in a discussion), but also that the emotional content of the threat continues to hold the person's attention away from those activities. For the socially anxious student, the fear of observation and evaluation in learning settings is maintained and takes precedence over academic engagement.

As the dominant anxiety about university learning, the persistence and intensity of presentation anxiety might be considered with reference to the development of post-traumatic stress (see Cozolino 2002). In this model, a traumatic event or series of trauma (such as an explosion or physical attacks) cause the mid-brain regions concerned with the perception of threat to become hyper-sensitive to that class of events. This hyper-sensitivity inhibits adjustment to trauma and its processing into memory by higher cortical structures. Participant descriptions of their presentation anxiety, its overwhelming emotions, somatic symptoms and panicky fears, suggest a similar sensitivity. The post-traumatic stress model posits that this would have been acquired in family or school life where social performance was accompanied by an aversive - perhaps excessively critical or rejecting - response, a constant threat to self-esteem. Later at university, each presentation event or its anticipation re-stimulates such previous aversive experience; sufferers may know that their reactions are irrational but cannot control their occurrence or persistence.

The free-text reports from participants conveyed the distress and academic disturbance caused by social anxiety. The impact of social anxiety on life as a student was clearly significant (and presumably more unpleasant) for a substantial proportion of participants though not for the majority. Neither physical ill-health nor dyslexia featured strongly while the experience of general anxiety and other emotions was variable; one would expect participants in any sample to experience some anxiety, panic, depression or anger over the period of a year. It is understandable that anxiety and panic were more prevalent in this

context, while it may be of interest to counsellors and researchers that anger and depression were not reported at all by large minorities of socially anxious participants.

Persistence and change

Compared to the total university population, social anxiety was reported by a smaller proportion of students under 21 but by a higher proportion of students over 21. Factors which may account for this are the gradual decoupling from pre-university support systems such as family and friends, the increased challenge of tertiary level learning situations, and an increased willingness to report anxieties in surveys if not to seek help for them. Growing awareness that there is a problem and the attendant demoralisation (Frank and Frank 1993) at being unable to solve it may also contribute to reported anxiety increasing with age.

In most undergraduate programmes where assessments count towards degree grade only after year one it is understandable that anxieties rise in year two and where assessment may also include performance or presentation. Academic material becomes more challenging, students see value in peer and tutor support and class interaction increases amongst those students who are socially confident. Andersen (2006) describes how the general presentation of MA students as confident and socially adept concealed their substantial anxieties in learning situations. Participants here used strategies such as avoidance, concealment or module swapping in the knowledge that they are not fully engaging with learning processes. A further obstacle is that adolescents and adults with social anxiety have been shown to judge their competence poorly (Smari et al. 2001; Austin 2004) and in contrast to the more positive evaluations of observers (Strahan and Conger 1998). So for some students the challenge of social engagement in learning situations is a threat which persists regardless of actual academic achievement.

There is then an increasing tension around learning settings which arises from conflict between the student's growing need to engage with the programme and colleagues and fears of exposure and embarrassment; such approach-avoidance conflicts in social anxiety have been reported by several researchers (Lloyd 2006 *ibid*; Crozier 2002 *ibid*; Todd, Kashdan et al. 2008). The conflict may also account for students' persistence with their programmes at - by their accounts - the level of grim endurance; one might think that while acute social anxiety would encourage withdrawal (and indeed may be a hidden reason for doing so), the academic and financial incentives for many students are strong enough for them to carry on.

This study suggests that for some students that endurance does result in amelioration of anxieties without intervention. For many, the shame associated with their anxieties and perceived failures make it harder, the longer it is unexpressed, to raise their concerns with tutors and support staff. This perspective on social anxiety will be of interest to student counsellors and to those who plan academic support; understanding the internal dynamic of social anxiety may help university staff to engage both the fears and the motivations of the socially anxious student.

As with the general population, aspects of student social anxiety are persistent. Although more than half of the participants reported some, usually slight, improvement in their social anxiety over the previous year, this reflected a mixed picture. In undergraduate learning settings requiring lower levels of interaction and performance, anxieties tended to reduce over the years, but tended to increase in settings where interaction and performance was required. Presentations were a frequent cause of anxiety for most participants throughout their time at university and regardless of age or gender. For postgraduate students, although a minority in the sample, there is clear evidence of reduced anxiety in several settings compared to undergraduate levels of anxiety and notably regarding presentation anxiety. Whether persistent anxiety in learning situations is a barrier to postgraduate study for some graduates is a question for further enquiry.

Thus a model of reducing social anxiety across all learning settings, through undergraduate and perhaps to postgraduate study, does not entirely fit the data. Students arrive with varying baseline anxieties about academic study and university life; following Strahan (2003), different stages of study - in and out of the university - stimulate or allay specific anxieties. Students vary in the safety or coping strategies that they bring with them and in the level of sensitive support, from peers and staff, which they are fortunate to encounter. Undoubtedly positive change does occur for many students but the evidence here and from previous research is that without intervention it is a slow and painful process which is far from complete when socially anxious students leave university.

Coping and help-seeking

It is arguable that, for the majority of students who did not respond to the survey, social anxieties are temporary responses to the social-evaluative challenges of the university environment. These are adaptive in calling attention to learning and skills which have yet to be acquired, and may be a transient, diminishing concern through successive academic and social episodes at university. The socially anxious participants in this study reported using various strategies that may or may not be a permanent response to certain learning and

social situations. Thwaites (2005) suggests that these strategies (coping strategies or safety behaviours) should be evaluated in the light of their meaning to the individual student as they may be part of a developmental process, however dysfunctional they appear in the short-term. This is compatible with the views of Stewart and Mandrusiak (2007) who found no significant difference in levels of self-reported social anxiety between counselling clients and other students. They point out the dangers of social anxiety being identified with pathology rather than maturation, and the concern that pharmaceutical companies have a vested interest in this perspective has been aired in recent media discussions (Wild 2008). But for the student fearing an imminent presentation, the dynamics of social anxiety may mean that it is easier for both doctor and patient to opt for tablets that lower adrenaline levels ('beta blockers') and thus reduce symptoms of anxiety such as shaking and elevated heart rate.

Participants reporting positive change in their social anxiety attributed this to contact with the university community, although for a minority that contact generated anxiety and/or confirmed a belief that they are socially limited. The majority reporting positive change cited factors such as getting to know people, the benefits of practice and experience, revising beliefs and getting older. For younger students, and perhaps for older students revisiting an earlier stage of development, social anxiety may be a natural accompaniment to identity formation and consistent with a psychosocial model of human development as proposed by Erikson (1968). In this model, it is the attunement of significant others (parents, teachers, partners, employers, community) to the developmental needs of the individual that promotes maturation.

Following from this, Vriends, Becker et al. (2007) showed that rates of recovery from social anxiety were relatively high in community settings. Positive predictors included employment, positive mental health and reduced stress; negative predictors included psychiatric illness, anxiety sensitivity and internal psychological problems. Drawing an analogy with the university as a community, it is likely that universities may both help and hinder the resolution of social anxieties depending on the quality of interaction that engages student psychology with institutional ethos, procedures and resources. The understanding of social anxieties so far suggests that a measure of both generic and individualised support will be appropriate.

Participants responded to their anxieties with a range of remedies and support. Around half used alcohol or other substances, although it is difficult to appraise this figure within the current perception of high levels of alcohol and drug use by students and where research has shown, for example, that over 50% of student samples drink unsafe amounts of alcohol

(e.g. Webb, Ashton et al. 1996; Underwood and Fox 2000; see Polymerou 2007 for a discussion). However, a recent study by Ham Bonin and Hope (2007), while recognising that the relationship is 'complex' (e.g. social anxious students might *not* drink because they fear behaving in ways that attract attention) and that there was no positive correlation between social anxiety and alcohol use, found that highly social anxious students are more likely to drink to help them cope with negative feelings in general.

Friends and then family are seen as the main sources of personal support with academic and professional support being mentioned by no more than a sixth of participants. The shame of being exposed as socially anxious to strangers, however well-meaning, may well drive a preference for trusted friends and relations. Only 12% of participants reported that they had used the university counselling service (although twice that number if also reporting depression). This is in accord with other studies suggesting that only 10% to 15% of people with a social anxiety problem will seek help (Coles, Turk et al. 2004; Clark 2006). For university students in general, low emotional competence (Ciarrochi and Deane 2001) and discomfort with emotions (Komiya et al. 2000) have been indicated as factors which may inhibit them from seeking professional or personal help; it is understandable that social anxiety and shame may be particularly hard to admit by otherwise healthy and competent students.

One-tenth of the sample sought no help at all, with accounts suggesting a sense of helplessness and disbelief in the possibility of change. Such beliefs are often associated with depression (Seligman 1975) although the analysis was not able to show whether these accounts came from the one-quarter of participants reporting concurrent depression. So there is a convincing case against getting help: one, you believe you can't change; two, to get help you have to interact with people, but to interact with people you risk being exposed and ridiculed. Overall, the low proportion of those making use of the counselling service and the high proportion seeking no help beyond friends and family - if at all - support the view that social anxiety is a hidden disability within the HE student population.

What students want

Participants made a range of proposals for the university to consider that referred to staff behaviour, practical help, support and structural change. These were broadly consistent with the findings of Elliot, Black et al. (2007) in identifying lack of understanding and criticism as unhelpful, and in the importance of interpersonal support and opportunities to develop skills in managing situations. There appeared to be a continuum of expectations about help: from requests that staff behaviour or university procedures are modified, through the benefits

of external training and support, faith in autonomous self-help or maturation, to the position that change is impossible or unknown. The extent to which these views reflect actual experience, personal style or stages in personal development is unclear; some positions would probably be familiar to therapists, parents and teachers in their respective spheres.

Participants could be acutely aware of the challenges of accessing or using support even if it was available, their responses reflecting the features of social anxiety described earlier in the survey. It is clear that, whatever decisions are made about further support for the population of students represented by the survey findings, the process of connecting socially anxious students with that support will require equal consideration.

Limitations of the study

A web-based survey has many advantages (for a discussion see Kraut, Olson et. al. 2003) but may not ensure a true sample of the population of interest. In this study the screening tool was used to access a relatively homogeneous group of students in terms of their vulnerability to social anxiety, but still relied on the self-selection of willing participants. The extent to which the sample obtained was representative of the university population would have been improved by collecting data on participants' ethnicity, school of study and home/international status.

For each learning situation provoking high anxiety, a proportion of participants reported no or low anxiety, while there was a similar range of responses to questions about emotions, well-being and social relationships. It may be that the wording of the survey advertisements invited participants whose anxieties were primarily social rather than - or as well as - performance-related. A more detailed cross-tabulation of results would have clarified this and perhaps indicated whether there are distinct profiles across the dimensions of performance anxiety in learning situations, general social anxiety and emotional well-being. This information would also be relevant to the assessment and timing of student support.

The free-text responses were analysed using the categories determined from the Plymouth data analysis except where additional questions had been used. A particular weakness in the analysis of the qualitative data was that it was conducted by one person only, the researcher. Although the categorisation of responses was confined to overt content, that process required subjective judgments which would have benefited from confirmation or challenge by at least one other colleague, particularly for responses to the non-Plymouth questions lacking prior categories. This would have helped to ensure that the analysis met

core criteria for good qualitative research of being transparent and systematic as recommended by Meyrick (2006).

After the survey data was obtained, decisions were taken about the scope of the analysis and its validation; these were to some extent influenced by time factors and the availability of colleagues. One further option would have been, for a sample of individual cases, to explore links between quantitative data and qualitative reports (e.g. participants scoring high on frequency of depression with those reporting pessimism about help or change) in order to develop the profiling of student social anxieties and related factors. Overall, it would have helped in appraising the validity of the findings to have offered these to a sample of participants for their consideration and comment.

Emerging features of student social anxiety

Allowing for these limitations, the survey and analysis give a clear picture of the experience and impact of social anxiety in a university population and perhaps, to the extent that universities are representative, the general population. Prominent features of that picture, justifying further reflection, include the following:

- The socially anxious student struggles with particular internal dynamics. In learning situations there is a tension between what they want to do and what they believe they are able to do; and the desire for full academic engagement is set against the fears of criticism, ridicule or rejection that may result. Student participants varied in their self-awareness of these conflicts and it is likely that students and staff would benefit from a greater appreciation of them and of their impact on engagement with learning
- There is both commonality and diversity in student experiences of social anxiety, how it is managed and what help is expected from the university. This reflects the relative complexity of social anxiety reported in previous research and invites debate about how this might be addressed by student support processes.
- Students with social anxiety are ambivalent about seeking help: they would like remedial support but fear the initial exposure of their anxiety - and perhaps later more general emotional disclosure - that it requires. Ambivalence is common in people considering therapy for most personal concerns (Prochaska and Velicer 1997) but appears to be more pronounced among the socially anxious, arguably because of the powerful dynamic around exposure, shame and criticism/rejection.

- Although specific social anxieties are persistent, there is evidence of change and improvement over time, perhaps because of the growth-promoting qualities of the university environment. This humanistic and developmental perspective contrasts with the clinical/diagnostic view of social anxiety and may sit more comfortably - and optimistically - with an educational ethos. The data suggests that both perspectives have operational value: lecturers may encourage the student group to practice presentations relentlessly and to accept a degree of initial discomfort, while supporting the highly anxious student in arranging less challenging exposure and specialist support.

 - For the individual student, the university community may have a benign and/or an aversive impact on social anxiety and vulnerability. Considered with the varieties of anxious experience, above, there is probably a case for an appraisal of individual social anxiety, at or before they start university, in order to balance educational support and challenge.
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CONCLUSIONS AND RECOMMENDATIONS

This study drew on the experiences of 300 university students who reported social anxiety in a range of common learning situations. Participants were self-selected using an initial screening tool and were asked to complete a web-based questionnaire based on an earlier survey conducted at the University of Plymouth. Descriptive statistics were prepared and, with exceptions, qualitative data was content analysed using prior categories. The findings were consistent with previous research and models of social anxiety, and were congruent with the outcomes of the Plymouth survey. The responses of the UWE student participants illuminated social anxiety as a hidden disability, a substantial block of personal discomfort and likely academic disadvantage within the university population that for many students persisted throughout their university career.

Social anxiety in learning situations was shown to be a significant element of the student experience, comprising an interaction of feelings, thoughts, physiology, avoidance and coping strategies. The emphasis on concealment together with the potential for maturational change meant that it was overlooked or discounted, even by the student. Participants were often painfully aware that their experience was irrational, socially inhibiting and a hindrance to engagement; there were strong indications that it affected the scope and quality of learning.

Social anxieties are sometimes complex with internal, psychosocial and developmental dynamics; participants described conflicting processes whereby social and performance aspirations were undermined by autonomic responses and a fear of evaluation. They responded to their anxieties with strategies ranging from the pragmatic to the nihilistic and, while many coped and even benefited from challenging situations, there was a sizeable minority for whom the student experience was a continuing struggle with anxiety and its impact. Participants did not experience an intentional and organised approach to their concerns while at university and this was exacerbated by their own unwillingness to seek professional help or social support.

Following reflection on the meaning and validity of the survey findings, the following recommendations are made with regard to future research, teaching and learning, and student support.

Research

- It would be helpful to establish objective indices of the impact of social anxiety on the student experience. These should include both academic performance within-subject, and general academic and social engagement.
- Longitudinal, cohort studies would provide data on developmental processes in student social anxiety through university, and on what aspects of university community and provision are perceived as helpful.
- Further exploration of the meaning and function of strategies used by students could suggest how and when they move from avoidant to constructive coping, and what role external factors may play in this shift.
- It would be useful to develop and trial a method of profiling learning-related social anxiety, probably by self-appraisal. The outcomes would give individual students a concrete basis to discuss their concerns and could offer links to support pathways.
- Research on help-seeking processes and barriers could be compiled to suggest trial interventions in facilitating engagement with socially anxious students.

Teaching and learning

- University committees concerned with teaching and learning could discuss a strategic approach to the prevalence and impact of student social anxiety. Consideration might be given to student views on support provision and assessment procedures, and to whether social anxiety should be addressed earlier in the education system, perhaps in Years 12 and 13.
- Current systems such as Induction, Blackboard and the Graduate Development Programme could be used to raise awareness of anxieties affecting learning and to offer pathways to developmental support.
- GDP groups, seminars and tutorials, suitably led, offer opportunities for the supportive exploration of social anxieties, skills practice and supportive guidance.
- Staff development planning could include sessions on understanding social anxiety and its interpersonal dynamics. Academic staff could consider methods for preparing students for group discussion and presentations, and for providing graded practice.

Student support

- Student services might consider hosting an online self-appraisal for social anxiety, as outlined above, including pathways to information, professional and peer support.
- Professional development for student services staff could include information about the dynamics of social anxiety, discussion of its impact on help-seeking and helping relationships, and implications for practice.
- Student services could consider the value of providing opportunities for students to develop and practice academic skills in safe settings.
- Student counsellors might consider using the Mini-Spin test, as in this study, to help them identify social anxiety in their initial meetings with student clients.
- Student counsellors might wish to review the - largely positive - evidence base for psychological approaches to social anxiety and to consider the optimal use of those with their student clients.

Although presented separately, these recommendations are often inter-related and the whole is intended to encourage an integrated approach to social anxiety and learning. Overall, it is suggested that the findings and recommendations in this report of research will be useful to Higher Education and related institutions; it is hoped that they will encourage further enquiry, reflection and intervention with regard to student social anxieties.

Reflections from the researcher

I re-engaged with the completion of this report after a three-month absence from the university and hope that I have minimised any discontinuities in the narrative arising from that gap in concentration. I am conscious of being a psychologist and practitioner writing for an audience who may be neither; of the challenge in describing psychological processes for an educational domain and the risk of being found obscure or superficial by one party or another.

I have a particular concern that my analysis and summary of the qualitative data may be judged to lack credibility and in that sense I am in the exposed position described by many of the participants. And like them, my rational side says that the overall study and report is 'good enough' and could not have been executed any other way at the time.

I can be affected by social anxiety in formal and performance situations, though less than previously. Reading participant reports provoked a general sympathy and also an irritation with individuals for their passivity. I recalled that my own social anxieties began to resolve when irritation with myself drove me to challenges which helped to build skills and confidence. Although not explored in this study, it is likely that from the position of confidence - that core belief in one's value and abilities - performance situations are perceived as less of a threat, becoming difficult but manageable.

So a touch of counter-transference as my therapist colleagues would say, although fortunately a safe and ethical distance from the recipients. They might add that anger and anxiety are often opposite sides of the same coin, underpinned by the same neurophysiology and reflecting alternative styles of responding to personal threat. Given the (reported) lack of anger in a proportion of participants, I am left wondering if there is a pathway to working with social anxiety that derives from this observation.

Lastly, my experiences and that of the participants - we who invested so much time in anticipatory anxiety, avoidant strategies, self-criticism and the like - is that social anxiety is very wasteful of personal energy. I note that one of the staff training courses offered by the university on managing presentations is led by an actor whose premise is that the tension that is accumulated in preparing for a presentation, if managed correctly, can then be used to energise both the presentation and the audience.

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APPENDICES

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APPENDIX 1

Survey questionnaire (pre-insertion in Surveymonkey template)

SURVEY OF SOCIAL ANXIETY AMONGST UWE STUDENTS

This is a survey of the impact of social anxiety on student well-being, and on learning activities such as seminars and presentations. It should take you 5 to 10 minutes to complete. Your participation is valued as the results will guide the planning of support and development activities for students at UWE and other universities.

Confidentiality and consent

Please consider whether you are willing for us to use information provided by you for the purposes of this research project only. Note that:

- i. You are not required to identify yourself;
- ii. Your survey responses will not be publicised in the research report;
- iii. Anonymous comments from some respondents may be used to illustrate general themes.
- iv. Survey data will be kept for three years and then destroyed.

I consent to use of the information provided by me under the terms described above.

Yes / No

THE SURVEY

The survey is in 4 short sections.

PART 1: ABOUT YOU

1. I am: Male / Female

2. I am aged:

16-20

21-30

31-40

41-50

51-60

61 or over

3. I am enrolled on the following type of programme at UWE:

Certificate
Diploma
Foundation studies
Foundation degree
BSc or BA
Postgraduate studies
Other (please specify):

4. (If on a first degree programme) I am a:

1st year undergraduate
2nd year undergraduate
3rd year undergraduate
4th year undergraduate
Other (please specify):

5. I am studying at (indicate one or more):

Frenchay Campus
St Matthias Campus
Bower Ashton Campus
Hartpury College
Other (please specify):

PART 2: YOUR LEARNING EXPERIENCES

6. Please indicate to what extent to which you feel embarrassed, anxious or inhibited during the following:

Seminars	Frequently Occasionally Never
Presentations	Frequently Occasionally Never
Practical sessions	Frequently Occasionally Never
Lectures	Frequently Occasionally Never

Group project work	Frequently Occasionally Never
Using shared IT facilities	Frequently Occasionally Never
Using the library	Frequently Occasionally Never
Work experience/placement	Frequently Occasionally Never
Other (please specify):	

7. Please describe how taking part in these activities affects you personally:

(For example, do you feel anxious or embarrassed, or find it difficult to talk?)

8. Overall, please estimate how much these issues affect your life as student:

Not at all-Slightly-Moderately-Considerably-Very Considerably

9. Compared with one year ago, have these issues changed:

- a) Got a lot worse
- b) Got slightly worse
- c) Stayed about the same
- d) Got slightly better
- e) Got a lot better

Other (Please specify):

PART 3: MANAGING YOUR LEARNING EXPERIENCES

10. Please describe how you cope with or manage these learning experiences (above):

(For example, do you sit where you are less likely to be noticed or to be asked questions?

Do you avoid classes where you might be asked questions or have to do a presentation? Do you spend extra time preparing?)

Over the last year, have you been prescribed medication for these or related issues?

Yes / No *This question was accidentally omitted from the online survey.*

11. Over the last year, have you used non-prescribed medication for these or related issues?

Yes / No

12. Over the last year, have you used alcohol for these or related issues?

Yes / No

13. Please identify the main sources of help that you have used to help with these issues:

Friends

Family

Personal tutor or lecturer

Student Counselling Service

Students' Union

Faculty Student Advisers

Chaplaincy

Nightline or other helpline

Your GP

Other NHS

Other support (please specify):

University support

14. We are interested in your views about what could be done to support students like yourself. Please indicate what improvements or facilities you think the university might offer:

PART 4: YOUR GENERAL WELLBEING

15. Some students find that studying at university or college is stressful and that their emotional health is affected. Please indicate to what extent you have experienced any of the following over the last year:

Anxiety / Stress	Frequently Occasionally Never
Panic	Frequently Occasionally Never
Depression	Frequently Occasionally Never
Anger	Frequently Occasionally Never
Thoughts of self harm or suicide	Frequently Occasionally Never

16. Some students experience relationship difficulties when studying at university or college. Please indicate to what extent any of the following have applied to you over the last year:

Difficulty forming relationships	Frequently Occasionally Never
Discomfort in social settings	Frequently Occasionally Never
Difficulty relaxing with other people	Frequently Occasionally Never
Feeling inhibited with other people	Frequently Occasionally Never
Feeling lonely	Frequently Occasionally Never

17. Are you affected by dyslexia?

Yes / No

18. Please estimate how often you have suffered from physical illness or ill-health over the last year: Frequently-Occasionally-Never

19. If there is anything else you would like to tell us, please write here:

20. Where did you see this survey advertised?

UWESU E-news or Website

E-mail

UWE Intranet

In conclusion

Please submit your survey now and thank-you for your help.

If you would like to receive information about the results of this, please contact Phil Topham:

Phil.Topham@uwe.ac.uk.

If you are affected by any of the issues raised in this survey and would like to discuss them further please contact the university's Counselling and Psychological Services on 0117 328 2558 or via e-mail on counselling@uwe.ac.uk. This is a free service available to all UWE students.

Information about these issues can also be obtained from the National Phobics Society Website, which can be accessed at: <http://www.phobics-society.org.uk>

Please inform the researcher if you have experienced any problems in using this survey programme.

This survey, with modifications, is reproduced by kind permission of Graham Russell,
Department of Applied Psychosocial Studies, University of Plymouth.

APPENDIX 2

Initial intranet advertisement

Dear Colleague,

Do you sometimes feel shy or embarrassed?

Do you sometimes avoid situations?

If you've answered yes to these questions, please consider helping with a UWE survey by clicking on this link:

<http://www.xxxxxxxxxxxxxx>

Thanks!

APPENDIX 3

Mini-SPIN screening questions

Student Social Anxiety Survey

Do you worry about having to speak in seminars or presentations and/or are you often shy and embarrassed?

Please look at the three questions below...if you answer yes to these please click the link marked 'yes' at the bottom of this page.

- Being embarrassed or looking stupid are among my worst fears
- Fear of embarrassment causes me to avoid doing things or speaking to people
- I avoid activities in which I am the centre of attention

Yes No

(Connor, Kobak et al. 2001)

APPENDIX 4

Learning experiences causing anxiety, embarrassment or inhibition (n=302)

	Never	Occasionally	Frequently
Seminars	12.8% (37)	45.3% (131)	41.9% (121)
Presentations	3.1% (9)	13.8% (40)	83.0% (240)
Practical sessions	16.9% (48)	56.0% (159)	27.1% (77)
Lectures	41.3% (119)	44.4% (128)	14.2% (41)
Group project work	15.3% (44)	53.5% (154)	31.3% (90)
Using shared IT facilities	53.8% (155)	38.5% (111)	7.6% (22)
Talking to staff	19.7% (57)	56.7% (164)	23.5% (68)
Using the library	59.9% (172)	31.7% (91)	8.4% (24)
Work experience/placement	18.9% (51)	50.7% (137)	30.4% (82)

Also mentioned:

Practical exams / vivas

IT Workshops where others have more of a foundation in IT skills. Our seminars are similar to presentations though more spontaneous

Meetings

eating around other people, spending time with people without a set activity i:e between lectures, using shared kitchen in flat

Emailing staff

going into traders and the student union

APPENDIX 5

Impact of learning experiences: further examples from free-text responses

Anticipatory anxiety:

'I grow anxious before presentations...'

'..in the past I have lost my voice before presentations due to the pressure..'

'I get extremely nervous and shaky before doing a presentation'

'Worry about presentations for days / weeks before...'

Fear of ridicule:

'Feel like I'm going to look an idiot'

'Especially when I'm on placements I'd rather not ask "stupid" questions because I feel it would make me look silly and unprofessional'

'Scared Stiff! Butterflies in the stomach over the fear that I will make a fool of myself!'

'Very paranoid that people are looking and laughing at me'

Somatic symptoms:

'I get very nervous and feel quite sick physically'

'I would go red in the face...'

'...I suffer from severe anxiety which increases my heart rate and causes my voice to shake uncontrollably'

'I don't feel like I'm choking, more like my lungs have stopped working'

Feeling shy, embarrassed and anxious:

'Sometimes I feel really shy and do not have courage to say something.'

'Anxious, embarrassed and stupid'

'I feel scared and very nervous'

Being the centre of attention where mistakes are amplified:

'When I have to give presentations in front of the class, I can study really hard, rehearse a million and one times, yet as soon as I stand up in front of the class I cannot remember a thing'

'Presentations are very intimidating when everyone watches you, and I worry that I'm asked a question I don't know the answer to'

‘Always concerned what other people will think of what I have to say, or there is a constant fear I will draw unwanted attention to myself’

Cognitive and behavioural impairment:

‘Feeling embarrassed in these activities generally leads to avoidance and certain work will be put away to hopefully forget about it, especially with presentations’

‘It prevents me from feeling able to contribute verbally. On placements it often means I am misunderstood as I’m not confident enough explaining what I need, or what I am trying to achieve’

‘Because I am so nervous, my words get mixed up and I can’t think of anything to say as I am so worked up with anxiety and nervous, I just clam up! Ends up making me more embarrassed as I look even more ridiculous!’

Post-event rumination:

‘I can find it hard to talk out loud in large group and then I feel sorry for myself’

‘I then get embarrassed during the situation and continue to worry afterwards that I looked stupid or said something silly’

APPENDIX 6

Effect of social anxieties on life as a student (n=289)

Not at all	Slightly	Moderately	Considerably	Very considerably
2.4% (7)	21.1% (61)	35.6% (103)	29.4% (85)	11.4% (33)

APPENDIX 7

Changes in anxiety in learning settings over the last year (n=286)

	Got a lot better	Got slightly better	Stayed about the same	Got slightly worse	Got a lot worse
All years	9.4% (27)	44.1% (126)	32.9% (94)	10.8% (31)	2.8% (8)
UG1	9.4% (8)	41.2% (35)	28.2% (24)	16.5% (14)	4.7% (4)
UG2	7.2% (5)	49.3% (34)	31.9% (22)	11.6% (8)	0.0% (0)
UG3	8.0% (7)	44.8% (39)	39.1% (34)	5.7% (5)	2.3% (2)

APPENDIX 8

Learning experiences causing anxiety, embarrassment and inhibition: Comparison of postgraduates with all participants

	Never		Occasionally		Frequently	
	ALL (n=292)	PG (n=30)	ALL	PG	ALL	PG
Using shared IT facilities	53.8%	71.4%	38.5%	14.3%	7.6%	14.3%
Using the library	59.9%	86.2%	31.7%	10.3%	8.4%	3.4%
Lectures	41.3%	51.7%	44.4%	41.4%	14.2%	6.9%
Talking to staff	19.7%	25.0%	56.7%	60.7%	23.5%	14.3%
Practical sessions	16.9%	24.1%	56.0%	51.7%	27.1%	24.1%
Work experience/placement	18.9%	24.1%	50.7%	61.5%	30.4%	15.4%
Group project work	15.3%	10.3%	53.5%	58.6%	31.3%	31.0%
Seminars	12.8%	20.7%	45.3%	51.7%	41.9%	27.6%
Presentations	3.1%	3.3%	13.8%	33.3%	83.0%	63.3%

Shadings indicate positive change for PG over ALL participants.

APPENDIX 9

Student views on what improvements or facilities the university might offer

Category	%age of total responses	No. of responses (n=223)	Female per category	Male per category
For consideration by academic staff	25.6%	57	46 (80.7%)	11 (19.3%)
Appreciate the difficulties		9		
Don't put people on the spot		10		
Personal presentation		9		
Individual tutorials		7		
Group management		9		
Managing presentations		7		
General		6		
Help with personal development	21.1%	47	34 (72.3%)	13 (27.7%)
General		20		
Presentation skills training		20		
Support groups		7		
From Student services	11.7%	26	18 (69.2%)	8 (30.8%)
Individual		12		
Group		9		
Confidential contact		5		
Other	41.6%	93	64 (68.8%)	29 (31.2%)
Can't be helped / up to me		19		
Awareness of help		19		
Smaller groups/seminars		17		
Practice		12		
Miscellaneous		11		
No presentations		8		
I don't know		7		

No. of respondents: Female 117 (72.2%), Male 45 (27.8%).

APPENDIX 10

Category validation: What improvements or facilities the university might offer

Researcher PT	Adviser DT
Role for tutors Appreciate the difficulties Don't put people on the spot Personal presentation Individual tutorials Group management Managing presentations General	Academic members of staff Personal tutor
Personal development Presentation skills training Support groups General	Confidence/assertiveness Workshops Support groups
Student services Individual Group Confidential contact	Counselling Service One-to-one help
Can't be helped / up to me	Nothing - students must manage it themselves
Awareness of help	Advertise support available
Smaller groups/seminars	Smaller seminar groups
Practice	Presentation practice
No presentations	Change assessment criteria- give alternatives to presentations
I don't know	
Miscellaneous	