

## To Assess Anxiety and Phobia in Female College Going Students for Resuming College after Covid-19 Confinement: A Pilot Study

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### Abstract

The pandemic is causing people to feel anxious, distressed, or worried due to fear of contracting the virus, isolation and quarantine measures, and fear of a long-term impact of the global disruption.

**Aim/Objective:** The aim of this study is assess fear/anxiety and avoidance in female hostel students for resuming college after COVID-19 confinement.

**Methods:** The study included 30 college going female hostel students between ages 20-25 years. Participants was assessed for level of anxiety and phobia on 24 items Liebowitz Social Anxiety Scale. Analysis of data was done using independent sample test.

**Results:** Mean and standard deviation for fear/anxiety, avoidance and total scores were (31.9 ± 6.38), (32.3 ± 7.86) and (64.2 ± 10.35) respectively. Fear/Anxiety and Total Scores reflects *P Value* ≤ 0.05 which is highly significant.

**Conclusions:** It was found Total of 30 subjects were taken out of which 70% were moderate, 13% were marked and 17% were severe anxiety/phobia. After 2.5 years of confinement, data revealed that maximum level were falling in moderate social anxiety followed by marked, whereas severe social anxiety were the least scorers. So it is aforesaid that above levels are falling in clinically significant ranges. Being Occupational Therapist, they all require treatment approach in form of counselling, creating and joining the group dynamics physically. Relaxation technology, deep breathing exercise, visual imagery can be helpful in the above.

**Keywords:** Liebowitz Social Anxiety Scale, fear/avoidance, anxiety/phobia, confinement

### Introduction

Situations commonly feared by children and adolescents include interactions with peers,

answering questions in class, public speaking, initiating conversations, attending parties or school, speaking to authority figures, and performing in front of others.<sup>1</sup> Fear of social or performance situations in

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which the person is exposed to unfamiliar people or to possible scrutiny is the hallmark of social phobia.<sup>2</sup> Frequent hygiene and preventive practices (such as, wearing mask, sanitizing hands, maintaining social distance, etc) are new challenges for students for resuming their activities in educational and social context that may lead to anxiety. The pandemic is causing people to feel anxious, distressed, or worried due to fear of contracting the virus, isolation and quarantine measures, and fear of a long-term impact of the global disruption.<sup>3</sup> Besides it has a burden due to deviation to offline schooling modes through online platforms like Whatsapp, Google meet or zoom web applications with minimized internet facility in remote areas, failure to manage or assist the children education from home, diminished health status of the family members with sudden pandemic attacks, and house arrest due to complete or partial lockdowns.<sup>4</sup> While anxiety is a physiological behavioural response induced by a threat to wellbeing. It is often associated with functional impairment in social and occupational domains and in daily activities.<sup>5</sup> These changes and new measures of COVID-19 concern access to almost all activities of daily living, accessing resources, mobility, communication, social isolation, displacement, work, education with consequences on and changes in the way they use and access occupations.<sup>6</sup> Liebowitz social anxiety scale is a comprehensive scale that measures both fear and avoidance of the types of situations which students may commonly experience.<sup>7</sup> Henwood A9 did a study and found that Reduced-overall-interaction (digital and in person) was found to predict faster avoidance relative to approach of sad faces. The results suggest that automatic approach-avoidance tendencies may function to counterbalance the negative impacts of reduced social interaction, with important implications for understanding public resilience during time of crisis, and beyond. This thought process encouraged us to do the study on "To assess anxiety and phobia in female college going students for resuming college after COVID-19 confinement". Occupational therapy scope of practice for addressing depressive and anxiety symptoms in the physical disability in In Patient Rehabilitation setting primarily includes cognitive and behavioural strategies.<sup>8</sup> Occupational therapists are experts in ADLs and IADLs task analysis and they use

modifications, adjustments and special approaches and techniques.<sup>6</sup> The objective of the study is "To assess anxiety and phobia in female hostel students for resuming college after COVID-19 confinement". When the subjects were exposed to their friends' circle after 2.5 years of COVID-19 confinement at home that leads to variation in group dynamics (such as social interaction, gestural communication, expressive language) that will affect daily living activities (such as eating in public). The symptoms related to anxiety can be emotional (irritability, nervousness, restlessness), cognitive or behavioural (trouble in making decision and memory problems) and physical problems (shortness of breath, fatigue, sleeplessness and high blood pressure). These affects psychic of the subjects and leads to fear/anxiety and avoidance when subjects will be in real life situation, that felt in need to do the study.

## Methods

The pilot study included 30 college going female hostel students between ages 20-25 years, after the confinement of 2.5 years post covid. The sample was selected conveniently, and the research design was observational study. The study was explained to the participants and consent forms were taken from each participant who were interested in the study. Subjects addressed their level of fear/anxiety and avoidance on 24 items self-report "Liebowitz Social Anxiety Scale" which evaluated symptoms experienced in past week while resuming college after COVID- confinement. The data was prepared on excel sheet and was analysed using SPSS software. "Independent sample test" was used for evaluating the significant levels.

## Results

### 1. Basic Characteristics:

30 female hostel Students participated in the study. Liebowitz Social Anxiety Scale was given to each participant for the assessment.

### 2. To assess anxiety and phobia in female hostel students for resuming college after COVID-19 confinement:

The study was focused on mainly two variables (1) Fear/Anxiety and (2) Avoidance

on different parameters. The mean and standard deviation were analysed for both the variables as reflected in Table 1.

**Table 1: Mean and the standard deviation of fear/ anxiety, avoidance and total scores of Liebowitz Social Anxiety Scale.**

	Mean	Standard Deviation
Fear/Anxiety	31.9	±6.38
Avoidance	32.3	±7.86
Total	64.2	±10.35

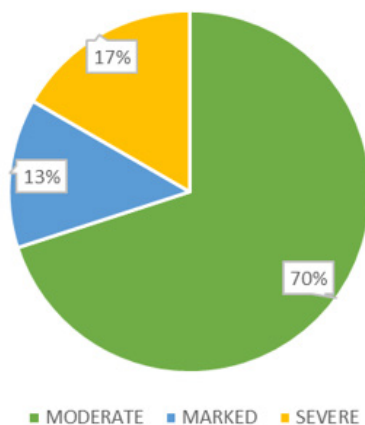
3. Data collected was analysed is represented in Table 2.

**Table 2: Participants’ range of total scores of Liebowitz Social Anxiety Scale.**

Range	Participants
Moderate	21
Marked	4
Severe	5
Total	30

4. Percentage of values as per data analysed according to Liebowitz Social Anxiety Scale is depicted in Graph 1.

Percentage for Total Scores of Liebowitz Social Anxiety Scale



**Graph 1: Participants’ percentage for total scores of Liebowitz Social Anxiety Scale.**

5. **Significance Value:**

“Independent Sample Test” was applied to

both Variables (fear/anxiety and avoidance), *F and P value* was calculated as Illustrated in Table 3.

**Table 3: Results from “Independent Sample Test”.**

	F Value	Significance
Anxiety	9.1	.005*
Avoidance	1.7	.193
Total	23.5	.000*

Fear/ Anxiety and Total Scores reflects *P Value* ≤ 0.05\* which is highly significant\*, whereas Avoidance *P Value* was. 193 which was greater than 0.05.

### Discussion

30 subjects were taken as per inclusion criteria. The self-report Liebowitz Social Anxiety Scale was given to each participant for evaluating the fear/ anxiety and avoidance levels which revealed out of 30 participants, 21 were moderate, 4 were marked, whereas 5 participants were having severe social anxiety having *p value* for total score 0.00 which is highly significant.

Henwood A<sup>9</sup> did a study and found that Reduced-overall-interaction (digital and in person) was found to predict faster avoidance relative to approach of sad faces. The results suggest that automatic approach-avoidance tendencies may function to counterbalance the negative impacts of reduced social interaction, with important implications for understanding public resilience during time of crisis, and beyond.

Mohamad H. Itani<sup>5</sup>, did a study on “Severe Social Anxiety Among Adolescents During COVID-19 Lockdown”. A total of 178 adolescents attending the private clinics of the authors were screened online for the presence of SSA, by using the self-reporting format of the Liebowitz Social Anxiety Scale for children and adolescents (LSASCA). The 18% of participants had SSA, no correlation was found between having SSA and acknowledging or fearing the COVID-19 morbidity. Factors associated with SSA included texting, using social media, and playing video games during the lockdown. Mitigating factors include high family socioeconomic status, history of socialization with friends, and the use of WhatsApp as a source of information about COVID-19 infection.

Klaudia Paula Czorniej<sup>11</sup>, studied on "Assessment of Anxiety disorders in students starting work with coronavirus patients during a pandemic in Podlaskie province, Poland". Their study involved 255 students from Poland starting work with coronavirus patients during the pandemic, using the Liebowitz Social Anxiety Scale (LSAS) and the State-Trait Anxiety Inventory (STAI). Results revealed that Fifty-one percent of subjects demonstrated symptoms of mild to severe social phobia. Level of trait anxiety among students correlated significantly with age and gender (females). The level of social anxiety in the evaluated students was significantly correlated with marital status, the self-assessment of the experienced fear, self-perceived health status, having had a coronavirus infection, fear of deterioration of one's health after starting work with coronavirus patients, and fear of contracting the disease while working with coronavirus patients, and using tranquilizers. Level of state anxiety significantly correlated with state anxiety, the self-assessment of professional preparedness for work with coronavirus patients, self-perceived health status, vaccination against coronavirus, and the assistance of a psychiatrist in the past.

Cao W<sup>10</sup>, studied "The psychological impact of the COVID-19 epidemic on college students in China" and received 7,143 responses. Results indicated that 0.9% of the respondents were experiencing severe anxiety, 2.7% moderate anxiety, and 21.3% mild anxiety. Moreover, having relatives or acquaintances infected with COVID-19 was a risk factor for increasing the anxiety of college students (OR = 3.007, 95% CI = 2.377 - 3.804). Results of correlation analysis indicated that economic effects, and effects on daily life, as well as delays in academic activities, were positively associated with anxiety symptoms ( $P < .001$ ). hence, their study suggested that the mental health of college students should be monitored during epidemics.

### Conclusion

Total of 30 subjects were taken out of which 70% were moderate, 13% were marked and 17% were severe anxiety/phobia. After 2.5 years of

confinement, data revealed that maximum level were falling in moderate social anxiety followed by marked, whereas severe social anxiety were the least scorers. So it is aforesaid that above levels are falling in clinically significant ranges. Being Occupational Therapist, they all require treatment approaches in form of counselling, creating and joining the group dynamics physically. Relaxation techniques, deep breathing exercises, and visual imagery can be helpful in the above.

**Conflict of Interest:** Nil

**Source of Funding:** Self

**Ethical Clearance:** It was observational study, in community.

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