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The Role of Self Esteem in Developing Social Anxiety

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Abstract. Nowadays, anxiety is a growing phenomenon because people come across more and more stressful situations. Therefore, among its different forms of manifestation, there is social anxiety. This type of anxiety generally starts in adolescence, when personality is still shaping up and when teenagers are more and more interested in getting confirmation from others. When he is analyzed by others, a teenager fears failure and being ashamed when things are not the way they should, he fears being judged by others for possible small mistakes and, thus, anxiety appears. In other words, persons with low self-confidence and lacking confidence in their abilities have low self-esteem and can easily develop a form of anxiety. As we have already mentioned, social anxiety is caused by the fear of being criticized by others, by the fear of being improperly evaluated, by the feeling of being ashamed, of being in the presence of unknown persons, etc. All these social contexts are backgrounds for individuals' unexplainable restlessness that can lead to physical symptoms such as excessive perspiration, trembling, palpitations, blushing etc. Self-esteem is very important here as it is very important how the subject sees himself or herself in the social situation. Thus, if a person feels unable to deal with situations considered difficult and if there is lack of confidence in her/his own abilities, meaning he/she has low self-esteem, it is highly possible that this behaviour lead to the debut of social anxiety. Therapy sessions help reduce and even eliminate this disturbance. There are certain techniques consisting of facing the problems up to the moment where the subject begins feeling comfortable with normal life aspects which used to be considered anxiety episodes.

Key words: role, self-esteem, development, anxiety

1. Social anxiety

1.1. Definition of anxiety

According to Larousse definition, anxiety is an “emotional state characterized by feeling unsecured, troubled and confused. There are several schools trying to explain the source of anxiety according to their points of view.” Larousse also states that „for teaching theoreticians, this state is a conditioned fear reaction, an acquired tendency. For psycho analytics, on the other hand, anxiety can be explained by libido frustrations and interdictions ordered by the Superego; anxiety would be the warning signal showed to Ego — the conscious personality — which, thus, can react by adopting proper measures or defensive mechanisms.” (Larousse, 1998, p. 32)

Another psychology dictionary defines anxiety as “a general emotion brought about by anticipating an unclear dangerous situation, hard to predict and to control. It turns into fear in front of a clear threat. Anxiety comes along with physiological and hormonal changes typical of high activating states and is often associated with self-defence – retreat and avoiding behaviour” (Roland Doron, Françoise Parot, 1994, p. 60).

Another author sees anxiety as an “unpleasant feeling of fear, concern or horror.” It is a “clear feeling of nervousness and restlessness and it is often difficult to understand its causes, to describe it and it is a real challenge to ignore it.” (Bret A. Moore, 2016, p. 13)

1.2. Impact of social anxiety on children of different ages

Social anxiety affects children too. Therefore they begin crying much more than usually, they avoid interactions with other children or adults, they are afraid of participating to social activities with other and even of going to school. They tend to feel sick and complain about stomach aches. Even when they take part in group activities, they usually end up crying so their parents get angry and even furious. And yet, despite these extreme behaviours, the children are unable to say what upsets or makes them feel worried about.

During their middle childhood, children become more and more aware of themselves and they might think things will go wrong when other kids are around. They might begin worrying about the way others see them or think negatively about them. Though they go on feeling or behaving like when they were little, they start telling what makes them upset.

Teenagers and young adults are, usually, self-centred and might start having negative thoughts about themselves. They might even avoid visual contact and speak in a soft voice. For young people, things are getting difficult when it comes to school as they stop attending all classes and they will avoid getting involved in group activities or orally presented projects. They will have lower motivation and they could end up using drugs or alcohol in order to cope with the situation. Regarding a possible work place, they may find it difficult to go to an interview to get it or they may find it difficult to relate to work peers due to the exaggerated social fear of failure. Unfortunately, not all the children and young people are able to recognize that these anxious reactions could be ungrounded, given the normality of situations. Thus, parents cannot encourage their children to adopt different approaches and face their own fears.

Most part of children or young people who suffer of social anxiety are overlooked by parents or teachers, trying to remain invisible. Yet, they are noticed when they begin missing classes or have bad marks.

2. Self Esteem

2.1. Definitions

„Self-esteem is the self’s second dimension, generally considered its assessing and affective feature, or a wide representation of self, including, on one hand, cognitive, behavioural aspects and, on the other hand, assessing and affecting elements” (Filaret Sintion, 2007, p. 311)

Hayes (2000) thinks that self-esteem refers to the self-respect of a person who highly values, approves, appreciates, praises or likes oneself.

Rosenberg is the author of the most referred to definition of self-esteem in psychology (1965), saying that it represents one’s positive or negative attitude towards oneself; other definitions consider self-esteem as a general self-valuing attitude.

It is presumed that self-esteem is a personal constant life time feature. It is a very popular concept in psychology and it is, therefore, related to others concepts or areas of interests in psychology regarding: personality psychology – ex. **shyness**, behavioural psychology – ex. Task performance, cognitive psychology – ex. attributive tendencies, clinical psychology – ex. **Anxiety** and depression.

Bednar, Wells and Peterson (1989) show that self-esteem reflects the way an individual perceives and values oneself psychologically; self esteem is a long time emotional feeling of self-value based on precise self-perceptions.

Another definition of self esteem is offered by Branden (1998) who says that it is a inclination towards knowing yourself, being capable to face the basic life challenges and deserving to be happy.

Coopersmith (1990, apud Corsini, 1994, pp. 369) defines self-esteem as being the “attitude towards self-image kept throughout the entire life. It is a positive or negative attitude and shows how capable, important, meritorious and successful a person thinks about oneself”.

Hence, we can say that self-esteem is the way we see ourselves, how much we accept ourselves, meaning how capable we are to accept success or failure, “the effort one makes, how painful this could be, if one becomes more capable after living different life experiences”. (Filaret Sîntion, 2007, p. 315)

Self-esteem consists of cognitive, affective and behaviour elements:

a) Cognitive elements – you know things about yourself, you think about your person consciously and you are aware about the difference between the ideal me (the person you want to be) and the perceived me (the person you actually are)

b) Affective elements – feelings and emotions you have when you think about the difference between the ideal me and the perceived one.

c) Behaviour elements – they are noticed in behavioural manifestations such as assertiveness, decisiveness, flexibility and respects towards others.

2.2. Building self esteem

Self-esteem represents an important feature of self-consciousness and, that’s why, both of them appear and develop at the same time. Generally, this process takes place approximately at the age of 8, when children are building a physical overall image about their person, an image that can be evaluated.

Yet, some authors, such as Lelord and Andre (1999) think that this process starts before the age of 8, even though it is very hard to assess them scientifically. They noticed that the parents’ frequent smiling and caring faces have a major part in building up the future self-esteem. At the same time, childhood successes stimulate a lot self-esteem.

Once the preschool years are over, society is the one which will set the conditions for love and acceptance, and if these feelings of love and acceptance are profound enough, the child will cope easily with future rejections.

Higgins (1983) says that school attending children are more prone to thorough social comparisons. Most children are capable of making a precise classification of their colleagues in different categories such as: beauty, popularity, school performances, etc., and they even place themselves in these categories.

“The five most important areas in building self-esteem of children and teenagers are: physical appearance, sport skills, gang popularity, behavioural conformism and school success.” (Filaret Sîntion, 2007, p. 334)

When self-esteem is beginning to show up, what is really important is, besides the child’s self-judgement, the opinion on his or her skills expressed by important persons to him or her. It is thought that there are four sources for the child’s self-esteem and these are the parents, the teachers, colleagues and close friends. When these four work together, they allow the self-esteem

consolidate. Yet, “if one is deficient, others can stand in for it; so the child will feel able to sort things out easier, in case of a misunderstanding with a teacher, if there is appreciation from behalf of his parents or friends.” (Filaret Sîntion, 2007, p. 334)

When examining the developing factors, Bednar, Wells and Peterson (1989) suggest that children have intensified competing and self-esteem feelings when they enjoy an optimum mixture of acceptance, affection, control and reasonable limits and high expectations from behalf of their parents.

Lamborn (1991) says that, similarly, it is likely that teachers create positive feelings when they provide children with such combination made up of acceptance, intentional and realistic limits and expectations regarding behaviour and effort.

It is believed that the level of self-esteem predicts the value of strategies to be adopted when facing the school difficulties (Bariaud and Bourcet, 1998). Higher self-esteem shall be associated with adjusted behaviour: interest in being approved by others, confidence in the future, recovering capacities or coping actively with the reality. Lower self-esteem will be related to less productive attitudes, and things can be worse, leading to fatalism, problem avoidance, negative anticipations etc. (apud Lelord, Andre, 1999)

Those with higher self-esteem find school systems very helpful, while others, on the contrary, see their self-esteem getting worse. In case of non-competitive systems, things happen the other way around.

„Having healthy relationships with others is a sheer necessity for human development. Living in a socially expanding environment, it is very important that teenagers learn to develop their relationships as efficiently as possible.” (Filaret Sîntion, p. 336)

3. Research methodology

3.1.Objectives

One objective of the research is to identify if there is a correlation between the variable called self-esteem and the variable named social anxiety in order to see if the persons suffering from social anxiety have lower self-esteem.

The second objective is to identify the existence of important differences regarding social anxiety in men and women.

Another objective is to observe if there are significant differences between one’s social anxiety and self-esteem.

At the same time, we are going to identify the existence of relevant differences concerning the self-esteem and the age of participants.

The last objective is about identifying the existence of relevant differences regarding social anxiety and the age of participants.

3.2. Hypothesis

1. It is presumed that there is a correlation between self-esteem and social anxiety.
2. It is presumed that there are important differences regarding social anxiety in men and women.
3. It is presumed that there are important differences regarding a person’s social anxiety and self-esteem.
4. It is presumed that there are important differences regarding self-esteem and the age of the participants.

5. It is presumed that there are relevant differences regarding social anxiety and the age of participants.

3.3. Research instruments

- Social Anxiety Questionnaire – it is our own questionnaire regarding social anxiety, made up of 20 questions, according to observable behaviour attributes in case of this disturbance.
- Rosenberg Scale – for measuring one’s self esteem

3.4. Participants

This research was done on a sample of 106 random participants (n=106). There were 65 women and 41 men, of ages between 16 and 53 years. The researchers used 11th and 12th grade high school pupils, 1st, 2nd or 3rd year college students and also employees from different working areas, taking into account that there had been no sample criterion. Most of the subjects were 20 – 21 year college students studying different majors.

4. Results analysis and interpretation

Hypothesis 1. It is presumed that there is a correlation between self-esteem and social anxiety – To verify the hypothesis we used the self-esteem questionnaire and the social anxiety questionnaire.

Table 1. – Correlation Table

	Score for social anxiety	Score for self esteem
Pearson Correlation	1	-.572**
Score for social anxiety Sig. (2-tailed)		.000
N	106	106
Pearson Correlation	-.572**	1
Score for self esteem Sig. (2-tailed)	.000	
N	106	106

According to Table 1 of correlation between social anxiety and self-esteem and the chart below (cluster diagram), researchers obtained a statistical significance $p=0.00$, therefore hypothesis 1 was confirmed. There is a negative correlation between them, $r = -0.572$, so that a lower self-esteem leads to a higher level of social anxiety.

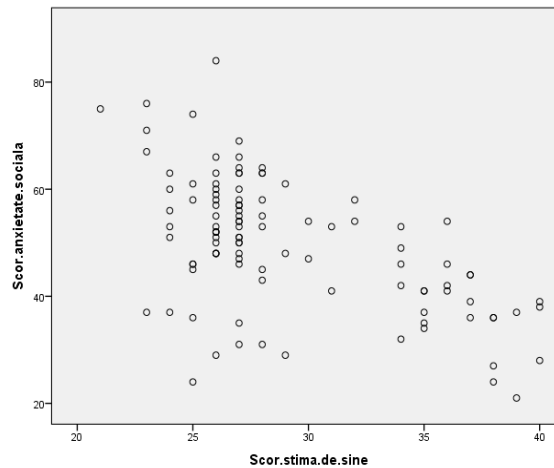


Fig. 1 – Cluster diagram

These results (Fig.1) are based on the idea that individuals who tend to undervalue themselves, who have less self-confidence, who feel inferior to others, with poor self-esteem are prone to manifesting social phobia symptoms. And for these reasons, they want to avoid social situations that could enhance their beliefs due to lack of confidence their own forces.

This hypothesis emerged from the idea that lower self-esteem can be correlated higher social anxiety. And this is due to the fact that when somebody incorrectly or unrealistic values himself or herself and has inferiority feelings and insufficient self-respect, has the tendency to manifest accordingly in the society, feeling ashamed in everyday life and repeatedly avoiding contact in every social situation.

One first relevant study regarding this hypothesis was carried out by Viktoria Ritter, Christine Ertel, Katja Beil, Melanie C. Steffens, Ulrich Stangier (2013) using a sample of 40 participants with social anxiety disturbance and another 35 as control group. Participants were assigned to give a 5 minute speech in front of a camera, choosing one theme of a list of three. The results showed that patients suffering from social phobia had significant implicit low self-esteem compared to those in the control group, and, also, they showed an explicit low self-esteem. De Jong (2002) observed a rather low self-esteem (for instance, less positivism) in female students very anxious socially, compared to the least socially anxious. Glashower et al. (2013) observed that adults diagnosed with social anxiety disturbance had low self-esteem compared to the normal ones.

Also, De Jong et al. (2012) identified, as an analogy to those already mentioned, for young people, an association between implicit low self-esteem and the symptoms of social anxiety in girls with severe social anxiety and explicit low self-esteem. These confirm the cognitive models of social anxiety disturbance (Hoffman, 2007; Clark and Wells, 1995; Rapee and Heimberg, 1997) suggesting that both implicit and explicit self-esteem are involved in maintaining social anxiety.

Another representative study in this area was done by Klaske A. Glashouwer, Maartje S. Vroling, Peter J. de Jong, Wolf-Gero Lange, Jos de Keijser (2013). The study used a 45 participant sample suffering from social anxiety disturbance, a 45 participant control group and 24 persons with panic disturbance. This was also an opportunity to underline that patients with implicit low self-esteem showed manifestations of social phobia, compared to those of the control group. It appears that dysfunctional presumptions regarding social performance become beliefs about the possible negative consequences of the social behaviour. (for instance: If they see I am anxious, they

will believe I am a failure.) This statement is based on studies which showed that persons with high level of social phobia are mostly dominated by negative self-assessing thoughts (for instance, Beidel, Turner, & Dancu, 1985; Cacioppo, Glass, & Merluzzi, 1979; Dodge, Hope, Heimberg, & Becker, 1988) and also low self-esteem in social contexts (for instance, Bouvard et al., 1999; Tanner, Stopa, & De Houwer, 2006) compared to those less anxious socially.

Thomas S. Hiller, Melanie C. Steffens, Viktoria Ritter, Ulrich Stangier (2017) did a study on 45 participants diagnosed with social anxiety disturbance and other 46 participants as control group. Similar to the first one, the study involved a speech performance. Yet, part of them were not asked to “give a speech”. So, the first group had to choose a theme based on which they had to deliver a discourse in front of three psychologist judges, being under record the whole time. The other group had to simply think about one of the themes on the list, and afterwards all of them filled in the requirements. It seems that negative opinions about oneself together with the fear of being undervalued by others are the main aspects of the social anxiety disturbance (American Psychiatric Association, 2013). According to Clark and Wells (1995) pessimistic self-evaluations are kept in the memory as conditioned or unconditioned self-impressions. They automatically become active in social contexts, leading to misinterpretations and causing intense anxiety.

The final conclusions of another study (Iulian Iancu, Ehud Bodner, Itzhak Z. Ben-Zion, 2015) show that it is very important to envisage increasing self-esteem and decreasing self-criticisms in subjects suffering from social phobia disturbance. Cox et al. (2002) say that self-criticism is associated mostly with the symptoms of social anxiety. A self-efficiency increase may lead to self-esteem increase and, thus, we may have better outcomes in treating this disturbance. So the study proved that self-esteem, self-criticism self-dependency and efficiency are closely related to social anxiety disturbance and the relationships between them should be subjected to a more thorough study in the future.

Hypothesis 2. It is presumed that there are important differences regarding self-esteem and the age of the participants

Table 2 –T test for independent samples

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Scor.anxietate.sociala	Equal variances assumed	,142	,707	3,487	104	,001	8,155	2,339	3,517	12,793
	Equal variances not assumed			3,566	91,391	,001	8,155	2,287	3,613	12,697

After T test (Table 2) applied to independent samples to identify whether there are important differences regarding social anxiety in men and women, this table shows that we have a statistic significance $p=0,001$, therefore our hypothesis confirmed as there are important differences in this matter regarding the gender.

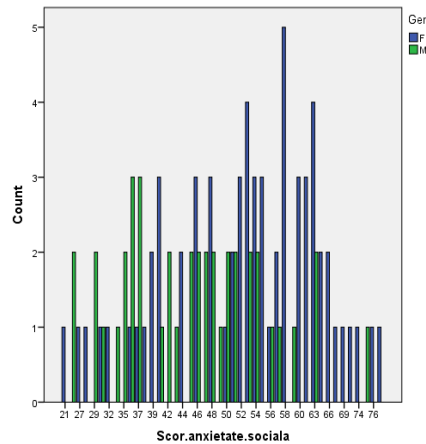


Fig. 2 – Diagram – difference between men and women

This chart proves once again that the biggest scores for the anxiety questionnaire have been obtained by female participants; on the contrary, male participants generally obtained smaller scores.

One of the reason women had bigger scores than men might be that, usually, they are more emotional than men. Women are emotionally more developed and, most of the times, in some cases, they are more vulnerable than men, who feel more detached and relaxed. Women focus more on what others think about them and frequently want to present themselves in a favourable light, in order to be appreciated by others. Men, on the other hand, are not very interested in the others' opinion about as they often have higher self-confidence being more decisive.

We issued this hypothesis thinking that social anxiety disturbance is more often observed in women rather than in men. Believed to be emotionally more developed than men, seldom feeling more sensible and vulnerable in social situations, we will present some of the relevant supporting studies for this hypothesis.

Klaske A. Glashouwer, Maartje S. Vroling, Peter J. de Jong, Wolf-Gero Lange, Jos de Keijser (2013) did a study about the effects of low self-esteem on social anxiety. Yet, the same study revealed the ideas that it is possible to make a comparison regarding social anxiety in men and women. Other two studies, associated to this one in this direction (de Jong, 2002; Tanner et al., (2006) proved that female students with high level of social anxiety had also low level of self-esteem. Further studies showed that girls, with low self-esteem, often experienced more symptoms of social phobias, compared to boys (de Jong, Sportel, de Hullu, & Nauta, 2012). Moreover, according to some authors (de Jong, Pasman, Kindt, & van den Hout, 2001), it seems that females, generally, are more likely to experience powerful negative associations regarding social requirements by comparison with less anxious participants.

Most of the studies, focused on this thesis, are based more on female gender. There can be differences regarding gender in the relationship between dysfunctional automatic associations and the social anxiety symptoms. Recent studies proved that females tend to build their judgements on intuition and intuitive impressions. (for instance, Pacini & Epstein, 1999). This might mean that women, compared to men, tend to rely more on their automatic associations as a behaviour guideline and on their beliefs on themselves (cf. Pelham et al., 2005). As a result, automatic association could have a more powerful predictive validity in women rather than in men, and for

this, there is a study carried out by a group of teenagers. (de Jong et al., 2012). The study used young subjects leading to the conclusion that there is a correlation between low implicit self-esteem and social anxiety symptoms in case of very socially anxious girls with explicit low self-esteem.

Another study done by Asher M, Aderka IM (according to <https://www.ncbi.nlm.nih.gov/pubmed/29667715#> , accessed on 05.05.2018, at 23:10h) envisaged identifying some differences between men and women regarding social anxiety. It was a 12 month study where the participants were examined from different point of view. Its main results concluded that women tend to manifest more frequently social anxiety disturbance in comparison with men, and they often experience a more severe disturbance, from the clinical point of view. It concluded with the idea that women are more likely to develop social phobia.

Hypothesis 3. It is presumed that there are important differences regarding a person’s social anxiety and self-esteem.

Table 3. Group Statistics

	Self esteem	N	Mean	Std. Deviation	Std. Error Mean
score.social anxiety	mean	79	53,92	10,845	1,220
	high	27	37,85	7,853	1,511

After analysing the data (Table 3), it appears that social anxiety depends, to some extent, on the level of self-esteem; so, people with medium self-esteem are 79 of the total of 106 participants, resulting into a mean of 53.92 with a standard deviation of 10.845 and a mean standard error of 1.22. Participants with high self-esteem are fewer, 27, with a mean of 37.85, a standard deviation of 7.853 and a mean standard error of 1.511. Based on these data, we can notice that the higher the self-esteem the lower the social anxiety. The following studies support this idea: anyone with lower self-esteem, lacking self-confidence and tending to self-undervalue, is more likely to show symptoms of social anxiety, trying to avoid contexts of interactions with other persons.

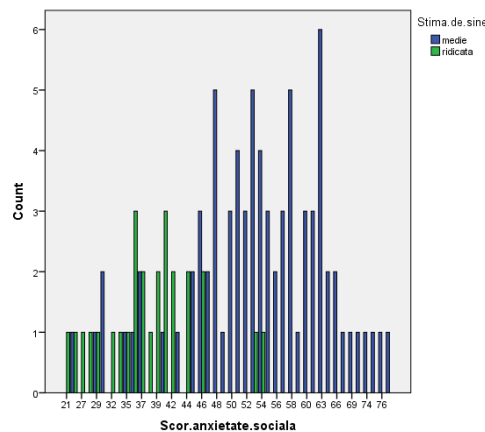


Fig. 3– Diagram social anxiety – self esteem

This diagram (Fig. 3) clearly shows that participants with high level of self-esteem obtained small scores at social anxiety, whereas those with medium level of self-esteem had big scores at social anxiety, which confirms the interdependence between the two elements.

The first relevant study for this hypothesis was done by Viktoria Ritter, Christine Ertel, Katja Beil, Melanie C. Steffens, Ulrich Stangier (2013) using a 40 participants sample with social anxiety disturbance together with other 35, the control group. Participants were asked to give a 5 minute speech in front of a camera, choosing one of the three themes from a list. The study results proved that patients with social phobia had a significant implicit low self-esteem compared to the control group, and also explicit low self-esteem. De Jong (2002) noticed a pretty low self-esteem (for instance, less positivism) is very socially anxious female students, compared to those less anxious from this point of view. Glashower et al. (2013) thinks that adults diagnosed with social anxiety disturbance showed a low level of self-esteem compared to normal adults.

Also, De Jong et al. (2012) identified an analogy to those already mentioned: in young people there is an association between implicit low self-esteem and the symptoms of social anxiety in very socially anxious girls with a low explicit self-esteem. These results confirm the cognitive models of social anxiety disturbance (Hoffman, 2007; Clark și Wells, 1995; Rapee and Heimberg, 1997) suggesting that both implicit self-esteem and the explicit one are involved in maintaining the social anxiety.

Another important study was carried out by Klaske A. Glashouwer, Maartje S. Vroling, Peter J. de Jong, Wolf-Gero Lange, Jos de Keijser (2013) on 45 participants with social anxiety disturbance; other 45 participants served as control group whereas 24 had panic disturbance. This study also confirms that patients with implicit low self-esteem, compared to control group, had social phobia. It appears that dysfunctional presumptions regarding social performance become beliefs about the possible negative consequences of the social behaviour (for instance: If they see I am anxious, they will believe I am a failure.) This statement is based on studies which showed that persons with high level of social phobia are mostly dominated by negative self-assessing thoughts (for instance, Beidel, Turner, & Dancu, 1985; Cacioppo, Glass, & Merluzzi, 1979; Dodge, Hope, Heimberg, & Becker, 1988) and also low self-esteem in social contexts (for instance, Bouvard et al., 1999; Tanner, Stopa, & De Houwer, 2006) compared to those less anxious socially.

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The final conclusions of another study (Iulian Iancu, Ehud Bodner, Itzhak Z. Ben-Zion, 2015) show that it is very important to envisage increasing self-esteem and decreasing self-criticisms in subjects suffering from social phobia disturbance. Cox et al. (2002) say that self-criticism is associated mostly with the symptoms of social anxiety. A self-efficiency increase may lead to self-esteem increase and, thus, we may have better outcomes in treating this disturbance.

So the study proved that self-esteem, self-criticism self-dependency and efficiency are closely related to social anxiety disturbance and the relationships between them should be subjected to a more thorough study in the future.

Hypothesis 4. It is presumed that there are important differences regarding self-esteem and the age of the participants.

Table 4. Statistic Indexes

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum	
					Lower Bound	Upper Bound			
Scor.stima.de.sine	16-20	17	26.59	2.938	.713	25.08	28.10	21	34
	21-29	70	27.73	3.635	.434	26.86	28.60	23	38
	30-53	19	36.47	2.736	.628	35.16	37.79	30	40
	Total	106	29.11	4.837	.470	28.18	30.04	21	40

Participants were divided into 3 age groups: the first one, made up of persons with ages between 16 and 20 years, obtained a mean of 26.59, with a standard deviation of 2.938, a mean standard error of 0.713, with self-esteem scores between 21 - 34. A medium self-esteem is placed between 17-33, therefore none of the participants had a low self-esteem.

The second group consisting of 70 participants, with ages between 21 and 29 years, obtained a mean of 27.73, a standard deviation of 3.635, a mean standard error of 0.434, ranging between minimum 23 points and maximum 38 points.

The third group with 19 participants with ages between 30 and 53, obtained a mean of 36.47, a standard deviation of 2.736, a mean standard error of 0.628, ranging between minimum 30 points and a maximum 40 points.

Based on these, we can notice how the mean of scores obtained for self-esteem scale increases at the same time as the age, and so, the hypothesis is confirmed.

Table 5– ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Score.self.esteem	Between Groups	1271.944	2	635.972	55.293	.000
	Within Groups	1184.697	103	11.502		
	Total	2456.642	105			

After applying ANOVA (Table 5), aiming at identifying the differences between groups, we can see that there is a statistic significance of $p=0.000$, which shows that there are relevant differences between the groups. Thus, as we said, self-esteem has a low level in young people, developing gradually towards adulthood.

Table 6. Anova.

Dependent Variable	(I) Categorie.varsta	(J) Categorie.varsta	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Scor.stima.de.sine	16-20	21-29	-1.140	.917	.430	-3.32	1.04
		30-53	-9.885 ^a	1.132	.000	-12.58	-7.19
	21-29	16-20	1.140	.917	.430	-1.04	3.32
		30-53	-8.745 ^a	.877	.000	-10.83	-6.66
	30-53	16-20	9.885 ^a	1.132	.000	7.19	12.58
		21-29	8.745 ^a	.877	.000	6.66	10.83

Table 6 shows that presence of significant differences between the first and the third category of age, with a statistic significance of $p=0.00$, and between the second and the third category with a statistic significance of $p=0.00$. Thus, both teenagers under 20 years, and young people of 21-29 years have a lower self-esteem than the persons aged between 30 and 53 years.

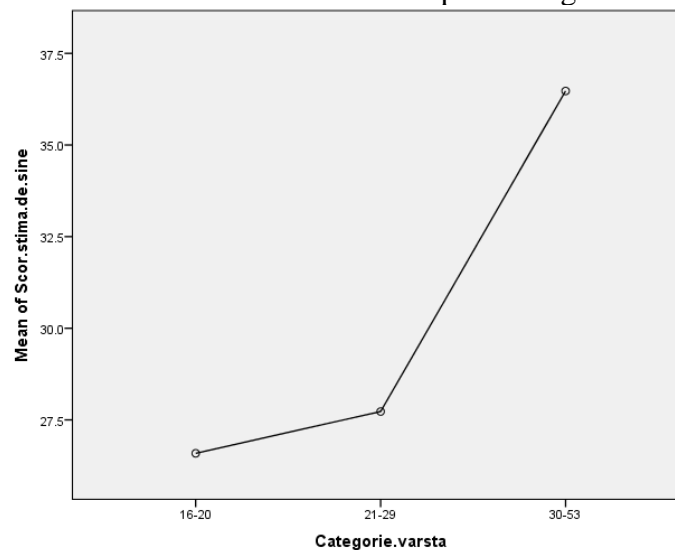


Fig 4. Self-esteem scores according to age factor

This diagram (Fig. 4) is also representative for our confirmed hypothesis. Young ages correlate with lower self-esteem level whereas older ages obtained maximum scores of self-esteem.

We produced this hypothesis taking into account the idea that age influences self-esteem development in a significant way; thus, the older we are, the better we know our personality; we appreciate our value correctly, we grow sure of ourselves and our capacities, we have more confidence in our skills and a better opinion about ourselves congruently connected to the reality; all these mean that we have a higher self-esteem level. In other words, while getting older, our self-esteem becomes a constituent of our personality reaching a healthy level ever.

The study carried out by Wiebke Bleidorn, Ruben C. Arslan, Jaap J. A. Denissen, Peter J. Rentfrow, Jochen E. Gebauer, Jeff Potter, Samuel D. Gosling (2015) focused on the relation between age, gender and self-esteem. It was a vast study which involved 985,937 persons aged between 16 and 45, originate from 48 countries, being divided afterwards into 4 age groups.

The study concluded that self-esteem enhances the same time as we grow older.

Apparently, no matter the gender, self-esteem is pretty high during childhood; it decreases during adolescence, increases gradually during adulthood and diminishes again at older ages. (Orth & Robins, 2014; Robins & Trzesniewski, 2005; Wagner, Gerstorf, Hoppmann, & Luszcz, 2013). Only a few studies could follow the entire lifetime, nonetheless many others recorded the development of self-esteem during different life stages, particularly, late teenage time and young adult (Chung et al., 2014; Erol & Orth, 2011; Hutteman, Nestler, Wagner, Egloff, & Back, 2015; Lehnart, Neyer, & Eccles, 2010; Wagner, Lüdtkke, Jonkmann, & Trautwein, 2013). These studies brought a lot of evidence in favour of this idea: gradual growth of self-esteem. They studied transition stages, from adolescence to adulthood, both in women and men. Several explanations have been provided for the process which contains gradual growth of self-esteem during lifetime and yet, we still don't have a generally accepted theoretical approach to explain these differences (Orth & Robins, 2014; Zeigler-Hill & Myers, 2012).

Helena Chui and Manfred Diehl (2016) did such study. Results concerning self-esteem variations caused by age are not conclusive. According to another study, deployed over an 18 year time period with age variations between 65 and 103, self-esteem is an important constituent with minor declines present only in older ages (Wagner et al., 2013). By contrast, another study, vaster than the previous, which lasted 16 years, involved age variations between 25 and 104, showed the relevant differences of self-esteem during adulthood. (Orth, Trzesniewski, & Robins, 2010). Self-esteem evaluation showed a reversed U-like line, registering a growth during adulthood, reaching a peak at 60, and then diminishing again. Few studies envisaged the impact of changes of self-esteem reoffering to life as resistance element against risks or challenges associated with older ages. The role of self-esteem viewed as resisting element, defined as attenuating factor against negative experiences, may change over the adulthood due to changes regarding age, challenges and resources (Wagner, Lang, Neyer, & Wagner, 2014).

In 2010, in Montreal, Canada, Ilona Jerabek (according to https://testyourself.psychtests.com/press/pr_testyourself_self_esteem_test.html, accessed on 06.05.2018, at 19:17) did a study showing surprising differences regarding self-esteem at different stages of age. It seems that persons with age between 18 - 24 and 40+ had the highest level of self-esteem together with the feeling of self-content and social acceptance. Inadequacy feeling appeared most frequently at people under 17 and between 25 and 40.

Hypothesis 5. It is presumed that there are relevant differences regarding social anxiety and the age of participants

Table 7. ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Score social anxiety	Between Groups	2968.201	2	1484.101	11.753	.000
	Within Groups	13006.742	103	126.279		
	Total	15974.943	105			

After applying ANOVA, we have a statistic significance of $p=0.00$, showing the existence of important differences between age groups regarding social anxiety. Thus, young people are more

likely to be affected by social anxiety compared to older persons who are more confident based on their life experience.

Table 8.

Dependent Variable	(I) Categorie.varsta	(J) Categorie.varsta	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Scor.anxietate.sociala	16-20	21-29	8.870 [*]	3.038	.012	1.64	16.10
		30-53	18.152 [*]	3.752	.000	9.23	27.07
	21-29	16-20	-8.870 [*]	3.038	.012	-16.10	-1.64
		30-53	9.282 [*]	2.907	.005	2.37	16.19
	30-53	16-20	-18.152 [*]	3.752	.000	-27.07	-9.23
		21-29	-9.282 [*]	2.907	.005	-16.19	-2.37

Table 8 confirms the above mentioned ideas, noticing that there are important differences between groups. Between the first and the second age group we have a statistic significance of $p=0.012$, between the first and the third one $p=0.00$ whereas between the second and the third one we got $p=0.005$. Therefore, there are relevant differences, based on age, and the biggest were those between the group of 16-20 and the group of 30-53.

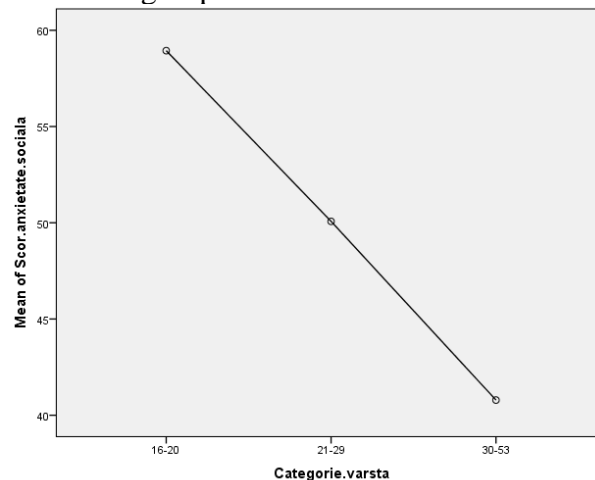


Fig 5 – Diagram – scores for social anxiety according to age

This diagram (Fig 5) gives an example for the hypothesis which presumes that there are relevant differences regarding social anxiety according to age, providing scores which decrease in case of participants with older ages.

This hypothesis starts from the idea that teenagers manifest numerous symptoms of social anxiety which could become very frequent and start affecting life quality if they are not treated appropriately. We can describe adolescence as a vulnerable age, defined by a continuous development of personality, when teenagers begin to be noticed by others around them and when they want to be seen in the best way possible. Teenagers will always be interested in being accepted by others and if this is not possible, they will easily be disappointed and feel inferior, becoming inclined to manifest symptoms of social anxiety. In other words, they will try avoiding social

contexts which might put them into an unfavourable light, avoiding interaction with unknown persons and shall try hiding the anxiety for fear of being negatively qualified by others.

As we get older, these symptoms diminish as our personality is getting shaped up and we start having more confidence in ourselves and in our skills. We value ourselves more and more realistically, so the opinion of others will have less impact on ourselves.

Since we have confirmation of the hypothesis stating that social anxiety increases when self-esteem decreases, along the hypothesis saying that self-esteem increases gradually along with age, we can also think that social anxiety decreases at the same time we are getting older.

Sara Hashempour, Mariani Mansor, Rumaya Juhari, Zarinah Binti Arshat, Mohammed Bashir Saidu (2017) conducted a study in order to identify possible relevant differences regarding social anxiety according to gender and age in Iranian immigrant children, ranging between 9 and 12 years old. They didn't register relevant differences regarding social anxiety based on age. Studied using participants in clinical environment, focusing on the debut of social phobia, showed that this disturbance usually starts early in life, at young ages (Rapee, 1995). A few discoveries showed that, most of people with social anxiety reported its debut before age 18, having an average age ranging between 10 and 13 (Nelson et al., 2000; Rapee & Spence, 2004).

Another study conducted by Cándido J. Inglés, José A. Piqueras, José M. García-Fernández, Luis J. García-López, Beatriz Delgado and Cecilia Ruiz-Esteban (2011) concentrated on stressing out some important differences according to gender and age regarding social anxiety. The study involved participants aged 12 - 17. Again, no important difference was found based on participants' age.

The above mentioned studies don't comply with our hypothesis, and one possible reason for that is that the samples included persons with slight difference between their age ranges. Nowadays, researches use participants of very different ages.

So, relevant differences, concerning social anxiety, may be encountered between groups of teenagers and mature people.

Conclusions

Researchers intended to identify how much self-esteem influences the beginning and the development of social anxiety disturbance, whereas those with low self-esteem are more likely to manifest it also.

The hypothesis developed within the research regarding self-esteem and social anxiety were confirmed due to the obtained results. Therefore, self-esteem is strongly correlated with social phobia and often influences its beginning and evolution. A person with low level of self-esteem is most likely to manifest symptoms of social anxiety. For those with low self-esteem there will be a major tendency to develop social phobia: individuals will seldom avoid social contexts. These persons shall go out lesser and lesser for fear of being ashamed, for fear of being criticized, for fear others would see their anxiety and the features characterising their disturbance. So, it is necessary to maintain a healthy level of self-esteem if we want to prevent the beginning of social anxiety. High level of self-esteem helps persons to be more confident in every day live situations; they will be self-confident and will be able to manage everything tactfully so that things turn out to be in their favour and they will be able to value themselves according to the reality. Here we talk about a healthy level of self-esteem as a very high one is not always good. Individuals with positive features of self-esteem don't allow the presence of a high level of social anxiety.

At the same time, our intention is to identify whether there are major discrepancies regarding self-esteem and social anxiety in young persons and older persons, and also in men and women.

Again, our hypothesis where confirmed. The obtained results show that women experience more frequently than men social anxiety disturbance. They tend to emphasize more what others think about them and they always want to make the best impression, being highly appreciated by others. Men are rather indifferent to other's opinions and they often are more self-confident and more resolute and decisive.

The hypothesis concerning differences between young and adults, regarding self-esteem and social anxiety, were also confirmed. Young people often have medium level of self-esteem and a higher level of social anxiety compared to adults. It is obvious that they are more vulnerable as their personality hasn't ended shaping up and they seek for others' approval. They are looking for acceptance and appreciation. If not, they get easily depressed and wrong ideas about others' opinion about them. Thus, they may think they are rejected, they will feel ignored or they may isolate themselves. This way, negative effects will appear, affecting everyday life activities. It is very important that signs of low self-esteem be observed as soon as possible and take actions against them. Here, parents' role is essential in this moment. They are a real help in preventing the appearance of social anxiety and in developing their child's healthy self-esteem. Parents should know that teenagers need permanent support and approval and they need to be considered the most important persons in our lives, even from the day they were born. A child, who enjoys constant support and encouragement from those around him/ her, has big chances to have a healthy self-esteem. The child will comfortable with his/her person in any kind of circumstances, over passing possible difficulties and obstacles faced during lifetime. With self-safety and self-confidence, the child will be protected against the presence of social anxiety disturbance which is a very important difficulty in enjoying a peaceful and comfortable life.

Therapy is essential both in developing a healthy self-esteem and in preventing social anxiety. Therapy has many positive effects for people's everyday life. People can learn how to think highly of themselves, positively and realistically, and at the same time, they can learn how to manage difficult situations so they don't feel affected in a radical way, but learn to see the bright side of things.

Along with aging, there is a significant growth of the level of self-esteem together with a reduction of social anxiety level. Personality development and stability and a better self-knowledge are attributes of older ages. Life experience, difficult situations are factors helping individuals to maintain the self-confidence and the capacity to overcome any obstacle encountered every day.

Another important element worth mentioning in this context is family. Mature persons have far more important responsibilities than young people whose attention in directed towards finding the best place inside groups they belong to. Adults have other priorities; therefore others' opinion about them will count lesser and lesser. In conclusion, it is clear that self-esteem is an important trigger for the debut and the development of social anxiety. Yet, we still must take into account that this is only a tendency and it is not compulsory to have it present the same way for everyone. Surely, there are people for whom this correlation is not confirmed, but in this case, the sample and the instruments used by researchers seem to have been sufficiently well chosen in order to prove what had been proposed.

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