

The Extent to which Psychological Loneliness and Social Withdrawal Predict Social Phobia Disorder among a Sample of Hearing-Impaired Adolescents

Mohammad Al-Bawaleez*

Department of Psychology, Balqa' Applied University, As-Salt, Jordan

Abstract

This study aimed at identifying the level of social phobia, psychological loneliness and social withdrawal as well as identifying the extent to which psychological loneliness and social withdrawal predict social phobia disorder among a sample of hearing-impaired adolescents. The study sample consisted of (142) hearing-impaired adolescents who were chosen using the convenience sample. In order to achieve the study objectives, the researcher developed three scales; the scale of social phobia, the scale of psychological loneliness, and the scale of social withdrawal.

The results showed that the level of social phobia, psychological loneliness and social withdrawal was medium. The results revealed that predictive model for the independent variable (the predicting: psychological loneliness and the predicted variable: social phobia) was statistically significant at ($\alpha \leq 0.05$), accounting for (54%) of total variance in the predictive model related to the predicted variable (social phobia). The results revealed that predictive model for the independent variable (the predicting: social withdrawal and the predicted variable: social phobia) was statistically significant at ($\alpha \leq 0.05$), accounting for (10%) of total variance in the predictive model related to the predicted variable (social phobia). The results revealed that predictive model for the independent variables (the predicting: psychological loneliness and social withdrawal) was statistically significant at ($\alpha \leq 0.05$), accounting for (64%) of total variance in the predictive model related to the predicted variable (social phobia).

Keywords: Psychological loneliness • Social withdrawal • Social phobia • Adolescents • Hearing impairment

Introduction

Interest in the individuals with special needs (including hearing-impaired individuals) has become one of the most prominent and attracting domains recently either at the research level or the educational level. Since all individuals depend on their senses in dealing with the environment in which they live, the hearing-impaired individuals will experience several psychological and behavioral problems that should be addressed in order to be treated and overcome.

The hearing-impaired individual is procedurally defined as the individual who suffers from hearing loss that ranges in degree between (35-69) decibels, where he uses hearing aids to communicate with others, within the age category of (12-17) years old. The studies conducted on the topic of the prevalence of hearing impairment revealed that about (5%) of the children in the elementary school suffer from hearing impairment, and that about (0.07%) of children in the same stage suffer from deafness [1,2].

Hearing impairment causes a delay in the individual's social development, where it limits the individual's participation and interaction with others and impedes his integration with the society. This would negatively affect the individual's social adjustment due to the lack of the necessary social skills required for living within the society.

The hearing-impaired individual has certain linguistic, cognitive, somatic, social and emotional characteristics that his interaction with his friends and others would have a direct effect on the various developmental domains, relating to his linguistic development, Intellectual abilities, kinetic development as well as social-emotional development [3].

The causes of social phobia

The erroneous way of family upbringing, especially in the communities dominated by conservation and authoritative parenting as well as the

suppressing environment that prevents the individual from expressing his opinion are considered as main causes for social phobia, where the individual frequently observes the way he acts and moves to avoid criticism. There are several symptoms for social phobia that affect living a healthy lifestyle. The individual with social phobia is introverted, bored, anxious, depressed, obsessive and afraid of interacting with people, especially the groups containing more than two individuals, in addition to suffering from underweight. Other symptoms of those suffering from social phobia include:

- The skeptical view towards people
- Looking sharply at other people
- Limited communication with the individuals in the surrounding community, even in the urgent and necessary cases
- Fear of expressing self
- Conflict behaviors; for example, he loves and hates at the same time
- Weak memory and underweight body

Psychological loneliness

Psychological loneliness is defined as emotional reactions related to the feeling of isolation and the lack of friends in the life of the lonely individual. It is a completely disturbing experience, especially when things are related to the individual's social relationships, which are so few and has a lower quality than required [4].

Social withdrawal

Defining the behavior of social withdrawal: It is a type of behavior that is usually characterized by the individual's estrangement from others and refusing to do the daily life activities. It is accompanied by anxiety, stress, depression and disappointment as well as getting away from the normal social life path, lack of cooperation and escaping from the reality in which he lives.

*Corresponding Author: Mohammad Al-Bawaleez, Department of Psychology, Balqa' Applied University, As-Salt, Jordan; E-mail: Dr.bawaleez@bau.edu.jo

Copyright: © 2022 Al-Bawaleez M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 09-Mar-2022, Manuscript No. CSRP-22-57556; **Editor assigned:** 11-Mar-2022, PreQC No. CSRP-22-57556 (PQ); **Reviewed:** 30-Mar-2022, QC No. CSRP-22-57556; **Revised:** 04-Apr-2022, Manuscript No. CSRP-22-57556 (R); **Published:** 11-Apr-2022, DOI:10.3371/CSRP.AM.041122

Social withdrawal among hearing-impaired adolescents is procedurally defined as the hearing-impaired individuals' disposition towards avoiding social interaction with able-bodied individuals who cannot understand what they are saying; he has feelings of failing to participate properly in social situations [5].

The manifestations of social withdrawal: These manifestations are represented by isolation, occupied thought, avoiding the initiative of talking to others or performing a shared performance with them. It also encompasses the feeling of lack of comfort in interacting with them. This behavior is often accompanied by unhappiness, and suffering to the extent of depression. It could also include other behaviors, such as anxiety, laziness, fear of dealing with others, fear of punishment, lack of self-awareness, the feeling of inferiority, the ease of being directed by others, fear of adults, the preferences of routine activities as well as not responding to changes [6].

The causes of social withdrawal: The behavior of social withdrawal is considered as one of the manifestations of maladjustment among children. It is a common behavioral pattern that could result from several factors, including:

- A deficit in the central nervous system or a disorder in the function of hormones in the human body.
- A lack of social skills as well as the child's ignorance of the basic rules for making relationships with others and not being exposed to social relationships.
- The negative early social interaction experiences with siblings and friends.
- Not respecting the child and ignoring him by others, in addition to being exposed to harm and pain.
- The parents' rejection of their children, either intentionally or unintentionally.
- The prevalent customs and traditions in the individuals' environment, in addition to family lifestyle, particularly the dual treatment.
- Shyness, which is considered as the most common causes of social withdrawal.
- The existence of a certain disability that causes the behaviour of isolation and introversion. For example, the hearing-impaired children tend to withdraw from others to get away from life activities, where they are only interested in observation and they are usually distracted, due to the frequent failure experiences and the frustration situations to which they are exposed.

The hearing-impaired individuals who suffer from a clear deficit in their linguistic abilities and a difficulty in communicating with others live in isolation from the able-bodied individuals who cannot understand them. Therefore, they tend to be isolated from others, due to their frequent exposure to frustration situations and feelings of embarrassment. This, in turn, urges them to make social relationships with other individuals in the same category at the expense of their social relationships with the able-bodied people [7].

The individuals suffering from social withdrawal can be diagnosed as illustrated by Hafith using the following instruments:

- **The psychometric scales:** these include the peers' estimation of the social behavior and the social position of the individual.
- **Natural notice:** it is the most common. This method enjoys face validity, where it includes noticing the patterns through which the disabled individual interacts during the natural situations directly. It also allows for frequent measuring of behavior as well as investigating the pre- and post-stimulation related to the behavior. This, indeed, has a vital importance in analyzing the behavior.
- **Teachers' estimation:** this method includes employing the behavioral evaluation lists performed by teachers, including a number of social behavioral patterns, where teachers are asked to evaluate the extent to which they demonstrate these behaviors.

A study that revealed the methods of controlling the behavior of social withdrawal as follows:

- **Shaping the behavior:** (shaping the appropriate behavior for the child with his peers).
- **Modelling:** this helps the socially-withdrawing child to notice a model that is interacting socially with his peers in a good way and to imitate the desired social behavior and promote it in various ways.
- **Indoctrination and concealment:** Indoctrination is a procedure which entails using the distinctive stimulations in order to increase the possibility of performing the desired social behavior independently.

Concealment: it is the gradual elimination of Indoctrination, so that the withdrawing child can perform the required social behavior independently.

- **Positive rewarding:** it refers to adding certain stimulation directly after doing the required response which would, in turn, lead to more possibility for the occurrence of the behavior in the future in similar situations.
- **Organizing the environmental circumstances:** it refers to the pre-coordination of stimulations and events in the social environment in order to increase the possibility of interaction.

The previous studies

A. The studies of social phobia: Ali [1] conducted a study aimed at investigating the level of social phobia among the students of the faculty of excellence in Hawler Medical University in Erbil. The study used the descriptive approach. The study sample was chosen intentionally and consisted of (296) students. The researcher used the social phobia scale that consisted of (17) items. The results were analysed using the methods of descriptive statistics represented by frequencies, percentages, chi square test and difference coefficient. The results revealed that the age of the sample individuals ranged between (17-22) years old, with middle economic status and live in the rural areas. The results showed that over 50% of the faculty students suffer from social phobia. The results revealed that there is a statistically significant relationship between the academic stage and the level of social phobia. The results revealed that there are statistically significant differences in the mean scores for the study sample individuals attributed to the variable of gender in favour of the female students [8,9].

A study aimed at identifying the social phobia disorder and the risk of depression (a prospective longitudinal study on a sample of young and adolescents). The study sample consisted of (25478) young and adolescents within the age category (14-24) years old. The results revealed that there is a correlation relationship between social phobia and depression. The results also revealed that social phobia disorder during adolescence is an important indicator of subsequent depressive disorders.

Merikangas [5] conducted a longitudinal study for (15) years. The study sample consisted of (591) individuals whose age ranged between (18-19) years old in Zurich, Switzerland, where the sample individuals were followed up until the age of (35) years old. The results revealed that (6%) of the sample individuals satisfied the diagnostic criteria of social anxiety. The results revealed that social anxiety is more dominant among the females compared to males.

B. Psychological loneliness studies: A study which aimed at identifying the impact of parental treatment and the relationship with peers on the feeling of psychological loneliness among the deaf children in the Egyptian schools. The study sample consisted of (415) deaf children who attend the fourth, fifth, sixth and seventh grades. The results revealed that the deaf children experience high levels of psychological loneliness compared to the able-bodied children. The results revealed that there are no differences in the feelings of loneliness among the deaf children attributed to the variable of gender.

A study which addressed psychological loneliness among school students. The study sample consisted of (200) male and female students from the sixth and eighth grades in Vienna. The results revealed that about (15%) of the students suffer from psychological loneliness. The results also revealed that not accepting friends, their limited number and the lack of

family support represented major causes for psychological loneliness.

A study which aimed at identifying the relationship between psychological loneliness and self-concept among children in Gaza governorate. The study sample consisted of (400) male and female students in the sixth grade. The study results showed that (16%) of the study sample individuals suffer from psychological loneliness. The results revealed that there is a statistically significant negative relationship between psychological loneliness and self-concept among the students. The results showed that there are statistically significant differences in psychological loneliness attributed to gender in favor of males.

C. Social withdrawal studies: A study which aimed at investigating the problem of social withdrawal among the hearing-impaired individuals and its relationship with some variables. In order to achieve the study objectives, a scale of social withdrawal was developed. The study sample consisted of a sample of hearing-impaired individuals in the rehabilitation centres in the city of Damascus. The results revealed that the value of correlation coefficient between social withdrawal and the methods of wrong treatment by parents equals (0.58); which means that the severity of withdrawal increases with the wrong parental treatment. The results showed that the value of correlation coefficient between social withdrawal and the degree of hearing impairment was (-0.72), which means that withdrawal increases as the degree of hearing impairment increases.

A study entitled "psychological adjustment and its relationship with personal traits among the deaf children in Gaza strip. The study aimed at identifying the level of psychological adjustment and its relationship with personal traits among the deaf children in Gaza governorate. In order to achieve the study objectives, the researcher developed the questionnaire of psychological adjustment and personality traits. The study sample consisted of (324) parents of the deaf children as well as (138) teachers to whom the questionnaire was applied. The results revealed that there are no statistically significant differences in psychological adjustment, introversion and aggression attributed to the variable of partial or total disability.

The study problem

The study idea was introduced based on the constant monitoring for the behaviours of the students attending the school of deaf and hearing-impaired students belonging to the sacred lands institution in the city of Salt. This category is characterized by depression and introversion, difficulty in participation with others, lack of desire to participate in the different social activities as well as the desire of isolation and avoidance of social relationships. Accordingly, the researcher concluded that those hearing-impaired adolescents refuse to participate with their able-bodied peers in the different life situations and social activities, in addition to feeling of powerlessness due to their hearing impairment. This case results in social maladjustment.

The results of the previous studies revealed that there is a low degree of social acceptance among the hearing-impaired individuals and that the hearing-impaired individuals have lower perception of social acceptance than their able-bodied peers. The result showed that the hearing-impaired individuals are less socially accepted compared to their deaf peers. The study problem aimed to answer the following two questions:

1. What is the level of social phobia, psychological loneliness and social withdrawal among the individuals of the study sample individuals?
2. What is the level of variance accounted for by psychological loneliness and the behaviour of social withdrawal regarding the level of social phobia among the individuals of the study sample?

The study importance

The importance of this study stems from the importance of the topic that it addressed, represented by social phobia. This topic attracted the attention of many researchers recently. The study importance also lies in the importance of the population addressed in the study, the hearing-impaired individuals. The most important characteristics of those individuals are represented by feeling of powerlessness and inability to do tasks due to their disability, in addition to suffering from low social maturity, which is evident in

their behaviors of avoiding the establishment of social relationships, a case that was reflected in the low level of perceived social acceptance and social maladjustment. The study importance can be explained at the theoretical and applied levels as follows:

First theoretical importance: The study theoretical importance lies in being as one of the first studies, as far as the researcher knows, that addressed the topic of social phobia as well as investigating its impact on the hearing-impaired individuals. This study provides the existing literature with the theoretical knowledge about social phobia based on important variables. The study instrument and the results derived based on its data provides a basis for conducting further studies in this domain in the future.

Second practical importance: The practical importance of the current study is represented by the benefits that are taken from the study results by those specialized in the special education by identifying the reality of the prevalence of social phobia among the hearing-impaired adolescents. The study has the potential of providing them with the programs that would enhance the positive attitudes among them. The study results are also expected to focus the attention of the interested individuals and researchers on providing services that correspond with the reality of the study results.

The study limits and limitations

The results of the current study are limited to the extent of validity and reliability of the study instruments, while the limits of the study are represented by:

- **Spatial limits:** the study was limited to the hearing-impaired adolescents who attend the institution of sacred lands in the city of Salt.
- **The temporal limits:** the study instruments were applied in the first semester of the academic year (2019-2020).
- The study sample was limited to number of (142) hearing-impaired adolescents. Therefore, the results can be only generalized to the study population and the similar communities.
- The study results are restricted by the conditions of application and analysis.

Materials and Methods

In order to achieve the study objectives, the researcher used the correlational approach and the predictive approach due to its compatibility to the study nature.

The study sample individuals

The study sample consisted of all the hearing-impaired students with a total of (142) adolescent student.

The study instrument

The scales of the behaviour of social withdrawal among the hearing-impaired adolescents: The scales consisted of (45) items that were distributed to three main dimensions; cognitive dimension, emotional dimension, and behavioural dimension.

The validity of arbitrators (face validity)

The researcher introduced the scale of social withdrawal for the hearing-impaired adolescents, that consisted of (45) items to a group of faculty members in the domain of psychology, psychological counselling and psychological specialists.

The arbitrators were asked to review the items and judge them, in terms of their clarity and suitability, where they exclude the inappropriate items and modify certain corrections related to paraphrasing or add new items in a manner that serves the appropriateness of the scales and advocate their compatibility. In the light of the arbitrators' opinions, the researcher adopted an agreement percentage of (80%) or more to keep the item in the scale. Accordingly, four items were deleted, and six items were modified in terms of paraphrasing. The final version of the scale consisted of (41) distributed to three dimensions.

The reliability of the scale

In order to verify the reliability of the scale, the researcher used (Pearson) by using test-retest with the exploratory sample, that consisted of (30) hearing-impaired adolescents after (15) days, in addition to using. The following table shows the reliability coefficient in Tables 1 and 2.

The following table shows the dimensions of the final image for the scales of social withdrawal among a sample of hearing-impaired adolescents, and the item numbers for each dimension. The method of scoring scales:

The scales are scored as follows: Always (5 scores), often (4 scores), neutral (3 scores), sometimes (2 scores), never (1 score).

- (1-2.33) low level
- (2.34-3.57) medium level
- (3.68-5) high level

The way of scoring these scales apply to the way used in the other scales of the study. The scale of social phobia among the hearing-impaired adolescents. The researcher developed these scales in order to use it as an n objective instrument in diagnosing social phobia as well as using it in the researches of psychology. The researcher developed the scale based on the rules of previous tests and scales relating to the diagnosis of social phobia.

The validity of arbitrators (face validity): The researcher introduced the scale of social phobia for the hearing-impaired adolescents, that consisted of (41) items to a group of faculty members in the domain of psychology, psychological counselling and psychological specialists. The arbitrators were asked to review the items and judge them, in terms of their clarity and suitability, where they exclude the inappropriate items and modify certain corrections related to paraphrasing or add new items in a manner that serves the appropriateness of the scales and advocate their compatibility. In the light of the arbitrators' opinions, the researcher adopted an agreement percentage of (80%) or more to keep the item in the scale. Accordingly, one item was deleted, which is item (4) stating "I do not like verbal tests", and five items were modified in terms of paraphrasing.

The reliability of the social phobia scale: In order to verify the reliability of the social phobia scale, the researcher used the following methods:

Split-half: The research researcher calculated the correlation coefficient between the scores of the individual items (20) items, and the scores of the dual items (20) items. After applying the test to the exploratory sample (30) hearing-impaired students, the value of Pearson correlation coefficient between the two halves was (0.89), and after the modification, the value of correlation coefficient became (0.92), which is a statistically accepted value. The following table shows the results in Table 3.

The previous table showed that the scales have a high degree of reliability.

Cronbach alpha: The researcher calculated the reliability of the social phobia scale using (Cronbach alpha), after applying the test to the exploratory sample those consisted of (30) hearing-impaired adolescent students. The value of alpha was (0.903). This value reveals that the scales have a high degree of reliability.

The scales of psychological loneliness: The researcher used the scales of psychological loneliness of Russell, which consisted of two dimensions; the dimension of social-psychological loneliness, and the dimension of emotional-psychological loneliness. It consisted of (20) items.

The validity of arbitrators (face validity): The researcher introduced the scale of psychological loneliness for the hearing-impaired adolescents, that consisted of (20) items to a group of faculty members in the domain of psychology, psychological counselling and psychological specialists. The arbitrators were asked to review the items and judge them, in terms of their clarity and suitability, where they exclude the inappropriate items

and modify certain corrections related to paraphrasing or add new items in a manner that serves the appropriateness of the scale and advocate its compatibility. In the light of the arbitrators' opinions, the researcher adopted an agreement percentage of (80%) or more to keep the item in the scale. Accordingly, (3) items were modified in terms of paraphrasing.

The reliability of the psychological loneliness scale: In order to verify the reliability of the psychological loneliness, it was applied to sample those consisted of (30) hearing-impaired students. The following table shows the results in Table 4.

The statistical processing: In order to answer the first question, the means and standard deviations for the scores of the study sample individuals on the study scales were calculated.

In order to answer the second question, Pearson correlation coefficient was calculated for the scores of the study sample individuals on the three scales, and the Stepwise method was also used.

The study procedures: The theoretical literature and previous studies were reviewed, the study scales were developed and their validity and reliability were verified, then the three scales were applied to the study sample individuals after explaining the way of completing data. The researcher assured that the students completed the required data accurately and confirmed that all the data will be confidential and will only be used for the purposes of scientific research. (120) questionnaires were distributed to the study sample individuals and were all returned. After reviewing the questionnaires, data were analysed using (SPSS), and the study results were found.

Results and Discussion

First, the results relating to the first question stating "what is the level of social phobia, psychological loneliness and social withdrawal among the study sample individuals?

In order to answer this question, means and standard deviations were calculated for the responses of the study sample individuals on the three scales. The following table shows the results in Table 5.

The previous table shows that the level of social phobia was medium, where the average mean for the responses of the study sample individuals on the scale of social phobia was (2.84) with a medium degree.

The results showed that the level of psychological loneliness was medium, where the average mean for the responses of the study sample individuals was (2.46) and a medium degree. The results showed that the level of social withdrawal was medium, where the average mean for the responses of the study sample individuals was (2.84) and a medium degree.

The researcher attributed this finding to the case that the social development of the hearing-impaired individual is affected due to not understanding the speech of others as well as the inability of others to understand what he is saying since his speech is not understandable.

Second, the results pertaining the second question, stating "What is the level of variance accounted for by psychological loneliness and the behaviour of social withdrawal regarding the level of social phobia among the individuals of the study sample? In order to answer this question, the values of linear correlation coefficients were calculated for the predicting variables, and the predicted variable, as illustrated in the Table 6.

The previous table showed that there is a statistically significant correlation relationship at ($\alpha \leq 0.05$) between psychological loneliness, social withdrawal and social phobia, where all the correlation coefficients were statistically significant at ($\alpha \leq 0.05$). In order to detect the predictive power of the predicted and predicting variables, multiple linear regression analysis was used by inserting the predicting variables to the regression formula by using (Stepwise) (Table 7).

Table 1. Reliability of the scale.

Method	Test-retest	Cronbach alpha
Reliability coefficient	0.69	0.71

Table 2. Dimensions of the final image.

Dimensions	Items of each dimension	Number of items		Total
		Positive	negative	
Cognitive	1-4-9-12-15-18-21-24-27-30-33-36-39	8	5	13
Emotional	2-5-7-10-13-16-19-22-25-28-31-34-37-40	9	5	14
Behavioral	3-6-8-11-14-17-20-23-26-29-32-35-38-41	7	7	14

Table 3. The results of coefficient reliability of the scales of social phobia using split-half.

Statistical indicators	Correlation coefficient (R)		Freedom degree	Tabulated R	Sig level
	Pre-modification	Post-modification			
Individual items	0.89	0.92	38	0.37	0.01
Dual items					

Table 4. The reliability of the psychological loneliness scale.

Variable	Method	Correlation coefficient
Psychological loneliness	Cronbach alpha	0.85
	Split-half	0.79

Table 5. The means and standard deviations for the responses of the study sample individuals on the three scales.

Dimension	Mean	SD	Level
Social phobia	2.84	0.75	Medium
Psychological loneliness	2.64	0.71	Medium
Social withdrawal	2.84	0.52	Medium

Table 6. The inter-correlational coefficients for the predicted and predicting variables for the total sample.

Dimension		
Psychological loneliness	Correlation coefficient	*0.73
	Statistical significance	0.00
Social withdrawal	Correlation coefficient	*0.64
	Statistical significance	0.00

Note: *statistically significant at ($\alpha \leq 0.05$)

Table 7. Hypotheses for the predicted variable and multiple regression coefficients.

Predicted Social phobia	Sub-model	R	R ²	Modified R ²	Standard error	Change statistics			
						Calculated f	Numerator freedom degree	denominator freedom degree	Sig. level
Social phobia	1a	0.7	0.5	0.54	0.5	416.04	1	140	0
	2b	0.8	0.6	0.64	0.54	311.41	2	139	0

Note: a) predicting (regression constant); psychological loneliness b) predicting (regression constant); psychological loneliness, social withdrawal

