

# Experience of Mamata Students about Social Isolation in Childhood and its Impact in Present

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**Abstract:** Few investigations have examined directly the psychosocial functioning of many students. In the present study we examined the status of individual behavioral responses and tried to reach the individuals childhood experiences as well as the impact of those experiences on present social life.

This study even elicited once experience with their peers and behavioural aspects that could lead us to an undermined situation which certainly have irreparable impact.

The study investigated experience of loneliness in childhood among 200 students of Mamata college, Khammam in 2019. Among which 60 are male and 140 are female.

Consistent with these results, once responses to self-perception profile indicated that they experienced themselves as less socially competent in general, as well as less competent across several specific domains of functioning.

**Keywords:** social isolation, childhood

## 1. Introduction

The present investigation examined the stability and the concurrent and predictive correlates of different forms of social withdrawal in childhood. It has been suggested that those individuals who had an experience of being low in peer status might be at risk for social, cognitive and social cognitive problem [1].

There is a good deal of consensus concerning the benefits of early peer relations. Peers also serve as effective models and reinforces of socially appropriate behavior. Depending on one's view on the etiology of emotional disorders, one may infer that poor peer relations are a manifestation of underlying emotional disturbance, that they lead to disorder if left untreated [1].

Few investigations have examined directly the psychosocial functioning of any particular individual and their roots to the childhood experiences, these investigations enlightened the impact of past during the present [2].

Much of the current research interest in the application of social skills training to samples of children is tied to upcoming adult behavior along with the assumption that this is potentially powerful approach to preventive intervention and the risk for various forms of disorder.

There have been a number of longitudinal studies in which

solid evidence for the continuity of aggressive behavior has been documented (Coie and Dodge- 1983, Lefkowitz, Eron, Walter and Husemann-1977, Olweus-1979) since balant physical aggression is a form of delinquency, these continuity data are themselves evidence of risk for future antisocial disorder.[3]

The evidence for social withdrawal as a significant predictor of future disorder is not nearly so clear cut. While the preceding studies to provide a basis for hypothesising a development linkage between earlier social isolation and withdrawal and subsequent schizophrenic disorder [4].

Several factors have conspired against the adequacy of the data used to access the risk status of social withdrawal. For example, four of the studies that have followed socially withdrawn children forward to adolescence or adulthood [Janes, Hussenbrock, Myers and Penniman-1979: Michael, Morris and Soroker-1957: Morris, Soroker and Burruss-1954: Robins-1966] have provided no support for a predictive relation but the two [Janes and Hussenbrock -1978: John, Mednick and Schulsinger -1982] have provided support for such a relation in girls only [1].

In the present study we examined the status of individual behavioral responses and tried to reach the individuals childhood experiences as well as the impact of those experiences on present social life. This study even elicited once experience with their peers and behavioural aspects that could lead us to an undermined situation which certainly have an impeccable effect to the subject.

## 2. Methodology

A cross-sectional survey was designed among 200 students of Mamata educational institution, Khammam, Telangana from 5-may-2019 to 10-may-2019.

A structured, self-administered questionnaire was used for data collection. The questionnaire was explained and informed consent were taken prior to the study from study subjects

Total number of students present during the survey conducted were 200 students which includes both male and

female of ages between 21 to 25 years.

Permission was taken from the head of the department of public health dentistry.

All the interns of Mamata educational institution were present during the day of survey and not willing to participate were excluded.

*Demographic questionnaire:*

The background questionnaire included questions on a range of demographic variables such as age, gender and course of study.

A 15-item questionnaire measuring attitudes towards present behaviour of individuals towards their peers depending upon childhood experiences.

The questionnaire under the title different aspects of loneliness in childhood elicits the connection between the unpleasant childhood experiences to the present behaviour.

Statistical analysis was done by using spss 25 data was analysed using descriptive statistics. Chisquare test was done to know the association among categorical variables.

	Frequency	Percentage	Valid percentage	Cumulative percentage
Male	60	30.0	30.0	30.0
Female	140	70.0	70.0	100.0
Total	200	100.0	100.0	

**3. Results**

Demographic collected include interns 200(100%) out of which 60 are males (30%) and 140 are females (70%). Mean age group of study group is 22.52 and standard deviation is 1.435.

66% participants in study thinks that loneliness in childhood had an impact on their ongoing social life, 34% suggested that they were neither much affected nor experienced social isolation.

	N	Minimum	Maximum	Mean	Std. Deviation
Age	200	18	26	22.52	1.435
Valid N	200				

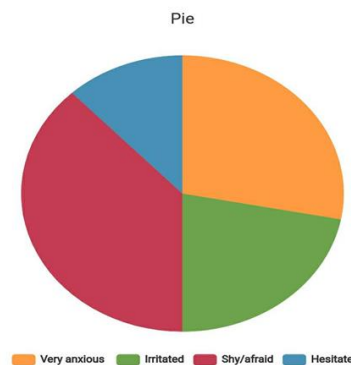
For the question what was the best thing about your childhood. Majority of the students (40%) answered time with friends that could never return while (32%) answered being carefree about anything. Hence, statistical significance was observed (p-0.000) Majority of females (47) answered being carefree about anything while majority of boys (37) answered time with friends that could never return.

	Frequency	Percentage	Valid percentage	Cumulative percentage
Being carefree about anything	64	32.0	32.0	32.0
Got everything that was asked	28	14.0	14.0	46.0
Free hearted	28	14.0	14.0	60.0
Time with friends that never returns	80	40.0	40.0	100.0
Total	200	100.0	100.0	

*Chi-square Tests*

	Value	df	Asymptomatic significance (2-sided)
Pearson Chi-square	23.399	3	.000

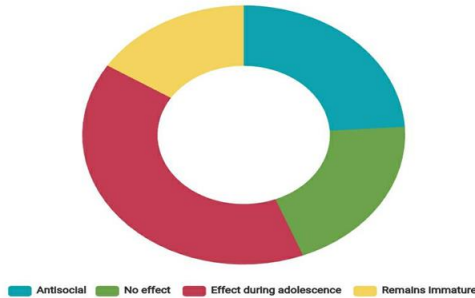
For the question, do you remember any of your childhood friend who used to act weird when with family, Majority of the students (38%) answered shy/afraid of mom/dad while (28%) answered very anxious in presence of parents and the rest (22%) opted as felt irritated, Hence statistical was observed (p-0.005) Majority of the females (44) answered shy/afraid and even majority of the boys (32) answered the same.



	Frequency	Percentage	Valid percentage	Cumulative percentage
Very anxious in presence of parents	56	28.0	28.0	28.0
Irritated with family	44	22.0	22.0	50.0
Shy/afraid of mom or dad	76	38.0	38.0	88.0
Would hesitate to invite	24	12.0	12.0	100.0
Total	200	100.0	100.0	

For the question, according to you what impact could loneliness have on child. Majority of the students (40%) answered effect is reflected during adolescence, while (24%) answered child becomes antisocial and the rest (20%) and (16%) answered no effect and remains immature respectively.

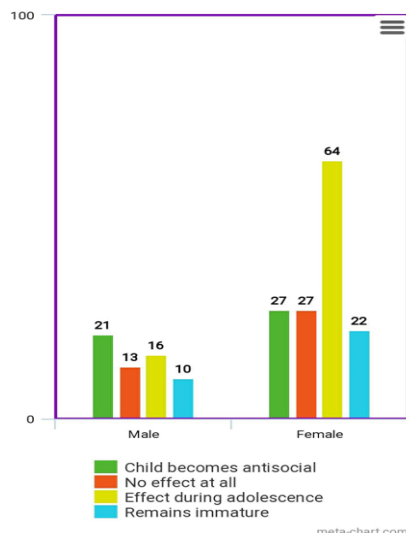
Hence statistical was observed ( $p=0.041$ ). Majority of the females (64) answered effect during adolescence and majority of males (21) answered becomes antisocial.



	Frequency	Percentage	Valid percentage	Cumulative percentage
Child becomes antisocial	48	24.0	24.0	24.0
Has no effect	40	20.0	20.0	44.0
Effect is reflected during adolescence	80	40.0	40.0	84.0
Child remains immature	32	16.0	16.0	100.0
Total	200	100.0	100.0	

		Child becomes antisocial	No effect at all	Effect is In adolescence	Child remains immature	Total
Gender	Male	21	13	16	10	60
	Female	27	27	64	22	140
Total		48	40	80	32	200

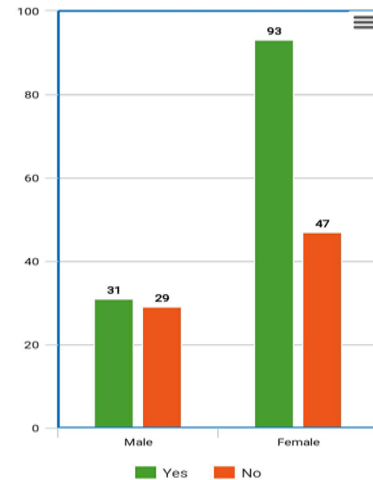
Bar diagram representing responses of male and female students to the question what impact could loneliness have on child.



For the question, has it ever occurred to you that people who

abuse drugs and alcohol are subjected to loneliness. Majority of the students (62%) answered yes. While the rest (38%) answered as no. Hence statistical was observed ( $p=0.049$ ). Majority of the females (93) answered yes and even majority of the males (31) answered yes.

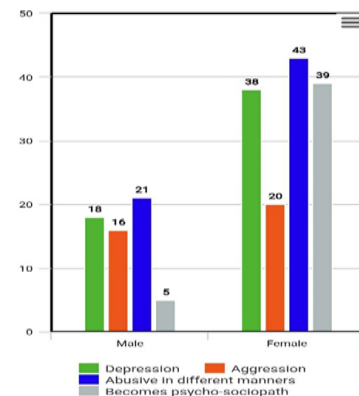
	Frequency	Percentage	Valid percentage	Cumulative percentage
Yes	124	62.0	62.0	62.0
No	76	38.0	38.0	38.0
Total	200	100.0	100.0	100.0



*Chi-square tests*

	Value	df	Asymptomatic significance (2-sided)
Pearson Chi-square	3.885	1	0.049
Continuity correction	3.283	1	0.070

For the question, what do you think a child who is socially isolated could come up with. Majority of the students (32%) answered abusive in different manners. Whereas (28%) answered it would lead to depression. Hence statistical observed was ( $p=0.011$ ). Majority of the females (43) preferred the child could become abusive and even most of the males (21) supported the answer.



		Depression	Aggression	Abusive	Psycho-sociopath	Total
Gender	Male	18	16	21	5	60
	Female	38	20	43	39	148
Total		56	36	64	44	200

#### 4. Discussion

In an effort to discover the optimal content of such programs, psychologists have examined the concurrent correlates of socio-metric status. However, until now it has not been clear whether socio-metric status in early childhood is either a stable phenomenon or whether it is predictive of dysfunctional behaviours.

In the present study, we suggested that students in their childhood probably had witnessed social withdrawal in various ways and that those different forms of withdrawal reflect and predict varying forms of psychological difficulty.

When the students opted for the question what impact could loneliness have on child as a definite impact during adolescence, it readily suggested that they were definitely in one way or the other a subject or passive spectators to the situation. Which definitely ruled out that loneliness or social isolation were surely a part of their childhood and which are resulting in their present social life.

And even for the question what would a child who was subjected to loneliness would come up with, the survey clearly showed that majority had a perspective that the child would become abusive in different manners, which merely states the impact of loneliness on child could be probably predictive in a destructive manner rather than any other way.

When most of students for the question what occurs to you when you witness an alcohol or drug addictive person answered as that person might have been subjected to social isolation depicts the mere possibility of every single one who answered in this manner would somehow, somewhere would have acted in the same manner if their situations were even tougher or no one was there beside to handle them to go through it.

These data support our original contention that passive withdrawal is a reflection or behavioural symptom of internalizing difficulties in childhood. Moreover, despite earlier suggestions that social withdrawal is unrelated to unpopularity

rejection, the relations observed and peer-assessed passive withdrawal and both peer acceptance and peer rejection increased in magnitude with age. Thus, passive, quiescent isolation appears to become a more silent, deviant, and disliked behaviour with increasing age.

Clearly the questionnaire elicited various probable ways child would face isolation from and society which were rather never been appreciated and this survey surely made the subjects to think, respond and even predict. This certainly served the purpose of the survey.

#### 5. Conclusion

Social isolation appears to be a rather complex phenomenon composed of several components with differing psychological meaning and utilities. We have distinguished between passive isolation, which may be determined by and reflective of fearfulness, insecurity and anxiety, and active isolation, which may reflect immaturity and disposition towards childhood. Active isolation, however, appears to have limited prognostic value. This information suggests that practitioners attempting to design intervention programs for children who are identified as withdrawn and socially isolated must distinguish between being isolated from the peer group because of fearfulness and anxiety and being isolated because of other difficulties.

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