



Differences in social anxiety between men and women across 18 countries



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ABSTRACT

Sex differences between men and women in social anxiety are largely unexplored. This study sought to shed some light on this topic. We administered self-report measures of social anxiety to community samples of 17,672 women and 13,440 men from 16 Latin American countries, Spain and Portugal, as well as to a clinical sample of 601 patients diagnosed with social anxiety disorder. Small but significant differences were found between men and women in the general degree of social anxiety and self-reported fears of interactions with the opposite sex, criticism and embarrassment, and speaking in public-talking to people in authority. These results point to small, but meaningful differences between men and women in social anxiety. Implications of these results for the self-report measurement of social anxiety in men and women are discussed.

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1. Introduction

Social Anxiety Disorder (SAD), or Social Phobia, is one of the most prevalent mental disorders in the world (e.g., Kessler & Üstün, 2008). Some studies report that SAD is more common in women than in men (e.g., DeWit et al., 2005; Lee, Ng, Kwok, & Tsang, 2009; Wittchen, Stein, & Kessler, 1999), whereas others do not find significant sex differences in SAD in population studies (e.g., Bourdon et al., 1988; Lee, Lee, & Kwok, 2005). In clinical samples, SAD appears to be as common in men as in women (e.g., Turk et al., 1998; Yonkers, Dyck, & Keller, 2001).

Similarly, studies examining sex differences in self-report measures of SAD/social anxiety yield inconsistent results. Some population studies report that women score significantly higher than men on self-report measures of SAD/social anxiety (e.g., Baños, Botella, Quero, & Medina, 2007; Caballo et al., 2008; Caballo, Salazar, Irurtia, Arias, & Nobre, 2013; Hirai, Vernon, Clum, & Skidmore, 2011), whereas others found that women score higher than men, albeit at a non-significant level (e.g., Stewart & Mandrusiak, 2007); finally, some other studies report that men

show (non-significant) higher scores than women (e.g., Hirai et al., 2011; Iancu et al., 2006).

Research on sex differences in clinical populations is less common and results are similarly inconsistent. Baños and colleagues (2007) found that women scored (non-significantly) higher than men, whereas Stewart and Mandrusiak (2007) reported that men showed (non-significantly) higher scores than women. Finally, Turk and colleagues (1998) observed significant sex differences, with women scoring higher than men.

Results with children and adolescents from the general population do not paint a clearer picture; some studies report significantly higher scores on social anxiety for girls than for boys (e.g., Caballo, Arias, et al., 2012), whereas other studies show significantly higher scores for boys than for girls (e.g., Cakin Memik et al., 2010), or no sex differences (e.g., Ranta et al., 2012).

Given these conflicting findings regarding sex differences in social anxiety, the objective of this study was to clarify the issue of sex differences in social anxiety.

2. Method

2.1. Participants

The first group of participants involved 31,196 community subjects from 18 countries, with a mean age in years of 25.49

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¹ Several countries (see author's note).

($SD = 10.13$). The sample contained 17,719 women with a mean age of 25.10 ($SD = 9.87$) and 13,477 men with a mean age of 26.00 ($SD = 10.43$) (47 women and 37 men in the overall sample did not include their age) (see Table 1). Participants in every country were recruited by the researchers who collaborated with the study, usually in their work place. The participants had different levels of education and types of occupations at the time of the assessment: 37.48% were university students from different majors (except Psychology), 21.42% were university Psychology students, 12.47% were workers with a university degree, 9.58% were high school students, 8.71% were workers with no university degree, 2.53% were psychologists, and 7.22% could not be included in any of the former categories (e.g., retired or unemployed). No data on occupation were available for the remaining 0.56% of participants. Table 1 shows the sex distribution in the various countries that participated in this study.

The second group of participants consisted of 601 patients meeting diagnostic criteria for social anxiety disorder (Mean age = 31.67, $SD = 11.85$; range = 16–72) from 13 countries (32.94% Spain, 19.97% Mexico, 11.15% Brazil, 10.48% Argentina, 7.99% Colombia, 6.65% Peru, 5.32% Chile, 2.33% Uruguay, 2.00% Portugal, 0.50% Venezuela, 0.33% Bolivia, 0.17% Panama, and 0.17% Puerto Rico). The sample consisted of 382 women ($M = 32.37$, $SD = 12.01$) and 219 men ($M = 30.47$, $SD = 11.49$).

For inclusion in this group, patients had to meet criteria for the primary diagnosis of social anxiety disorder according to the criteria of the DSM-IV-TR (American Psychiatric Association, 2000) or ICD-10 (World Health Organization, 1992). Each center conducted its own diagnostic assessment of individual patients based on one of these two nosological systems. These patients were included even if they had other disorders in addition to social anxiety disorder and invalid cases were removed for several reasons (e.g., incomplete data, presence of psychotic disorders, social anxiety disorder not the primary or one of the primary diagnoses). Furthermore, to be included in the study, patients needed to have a score equal to or above 60 on the Liebowitz Social Anxiety Scale-Self-Report (LSAS-SR; Liebowitz, 1987; Mennin et al., 2002). Regarding occupation, 24.62% were workers with a university degree, 20.13% were workers with no university degree, 17.97% were university students from different majors (except Psychology), 7.15% were high school students, 2.33% were university Psychology students, 0.66% were psychologists, and 23.46% could not be included in

any one of the former categories (e.g., retired or unemployed). No data on occupational status were obtained for the remaining 3.66% of participants.

2.2. Measures

Social Anxiety Questionnaire for Adults (SAQ-A30; Caballo et al., 2010; Caballo, Salazar, et al., 2012; Caballo, Arias, et al., 2013). The SAQ-A30 is a 30-item questionnaire recently validated for most Latin American countries, Portugal and Spain. Each item is answered on a 5-point Likert scale to indicate the level of unease, stress or nervousness in response to each social situation: 1 = Not at all or very slight, 2 = Slight, 3 = Moderate, 4 = High, and 5 = Very high or extremely high. It has five factors (subscales): (1) Speaking in public/Talking with people in authority, (2) Interactions with the opposite sex, (3) Assertive expression of annoyance, disgust or displeasure, (4) Criticism and embarrassment, and (5) Interactions with strangers. Each subscale consists of 6 items distributed randomly throughout the questionnaire. There is a score for each subscale and an overall score for the questionnaire as a whole. The internal consistency estimates (Cronbach's α) of the SAQ-A30 total score are high (from .92 to .93), and from moderate to high for its subscales (from .75 to .92). The reliability of the questionnaire (Guttman split-half reliability) is high (from .90 to .93). The convergent validity of the SAQ-A30 has been obtained together with the LSAS-SR. The correlations between the total score on the SAQ-A30 and the LSAS-SR Anxiety subscale and LSAS-SR total score is moderate (from .56 to .70, and .55 to .66, respectively), and the correlations between factors on the SAQ-A30 and the LSAS-SR Avoidance subscale are lower (from .45 to .55).

Liebowitz Social Anxiety Scale (LSAS; Liebowitz, 1987) is a 24-item interviewer-rated instrument that assesses anxiety and avoidance of specific social situations. The LSAS has also been used as a self-report instrument (LSAS-SR) in the literature (e.g., Baker, Heinrichs, Kim, & Hofmann, 2002). Mennin et al. (2002) report a cut-off score for the LSAS-SR of between 30 and 60 for nongeneralized social anxiety disorder and of higher than 60 for generalized social anxiety disorder. The Spanish and Portuguese versions of the LSAS-SR record good internal consistency and reliability. Cronbach's α for the LSAS-SR Anxiety subscale is between .83 and .90, between .84 and .88 for the LSAS-SR Avoidance subscale, and between .90 and .95 for the LSAS-SR total (Terra et al., 2006).

Table 1
Community participants distributed by country in the study with the SAQ-A30.

Country	Women		Men		Total	
	N	M (SD)	N	M (SD)	N	M (SD)
Argentina	746	30.08 (11.59)	453	30.76 (11.88)	1,199	30.34 (11.70)
Bolivia	534	22.17 (6.29)	289	27.17 (9.61)	823	24.07 (8.04)
Brazil	1,312	26.60 (9.73)	1,110	27.17 (9.93)	2,422	26.86 (9.83)
Colombia	3,090	24.95 (9.31)	2,584	26.98 (10.26)	5,674	25.87 (9.81)
Costa Rica	132	24.64 (9.10)	125	26.05 (9.47)	257	25.32 (9.29)
Chile	507	25.72 (10.56)	545	24.76 (9.62)	1,052	25.22 (10.09)
Dominican Republic	125	30.20 (9.83)	73	34.44 (12.16)	198	31.76 (10.91)
El Salvador	334	22.56 (6.71)	265	23.06 (6.04)	599	22.78 (6.42)
Guatemala	196	22.19 (8.65)	187	23.82 (11.32)	381	22.98 (10.06)
Honduras	203	22.31 (5.08)	247	22.92 (5.83)	450	22.64 (5.51)
Mexico	3,858	25.03 (10.51)	3,225	25.06 (10.36)	7,083	25.04 (10.45)
Paraguay	300	22.24 (5.70)	297	24.48 (8.03)	597	23.35 (7.04)
Peru	1,787	22.01 (6.77)	1,277	23.36 (9.01)	3,064	22.57 (7.81)
Portugal	647	23.54 (7.75)	383	25.17 (8.80)	1,030	24.15 (8.20)
Puerto Rico	378	29.85 (12.27)	155	31.70 (12.90)	533	30.39 (12.43)
Spain	2,335	26.63 (10.85)	1,495	27.35 (11.72)	3,830	26.91 (11.21)
Uruguay	633	30.07 (12.56)	412	30.50 (13.56)	1,045	30.24 (12.96)
Venezuela	602	19.48 (3.31)	355	20.33 (4.81)	957	19.79 (3.95)
Total	17,719	25.10 (9.87)	13,477	26.00 (10.43)	31,196	25.49 (10.13)

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