

GENDER PATTERNS OF SOCIAL ANXIETY: A CROSS-SECTIONAL STUDY AMONG ALBANIAN UNIVERSITY STUDENTS

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Abstract

Background: Social anxiety symptoms among youth are quite common, as reported by cross-country research. Studies have shown clear gender-related patterns in terms of higher prevalence or severity for women as compared to men. Nonetheless the re-conceptualization of social interactions due to the Covid-19 pandemic has raised several concerns on the changing patterns or dynamics of mental disorders, including social anxiety.

Aim: The present study aimed to assess gender differences in social anxiety and its components among Albanian university students.

Method: The study sample comprised university students, 110 men and 189 women, aged 18-39 years old, Mage= 23 years old, SD=4.67. The study used Liebowitz (1987) Social Anxiety Scale, translated into Albanian. Results: Overall scores indicated that 78.3 per cent of the sample was classified with probable or highly probable social anxiety. Chi2 tests revealed no significant gender differences in social anxiety symptoms as men and women were equally likely to report symptoms ($p=.48$). Independent t-tests also revealed no significant gender differences in terms of the specific performance or social interaction components of social anxiety, $p>.05$.

Conclusions: Data indicated high prevalence of social anxiety symptoms, but no gender differences. Findings have practical implications and suggest directions for future research on social anxiety among young adults in Albania.

Keywords: gender, social anxiety, Albanian students

1. Introduction

Youth mental health has been massively affected by the Covid-19 pandemic, as evident in most prevalence studies worldwide, mainly focusing on anxiety and depression. Research studies have reported increases up to 25% in the prevalence of anxiety disorders worldwide (e.g., Santomauro et al. 2021). Moreover, an increasing prevalence has been also reported for subclinical symptoms of anxiety disorders and findings have been replicated across countries (e.g., Hawes, 2022). Across the broad spectrum of anxiety disorders, social anxiety represents the one most closely related to social norms; indeed, there have been suggestions that the re-conceptualization of social norms due to Covid-19 pandemic (e.g., social isolation, social distancing, wearing of masks etc.) might have been a major contributor the increasing prevalence of social anxiety worldwide (see Kindred & Bates, 2023; Saint & Moscovitch, 2021).

Social anxiety disorder is classified as an anxiety disorder related specifically to social situations such as social interaction or performance (American Psychiatric Association, 2013). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5R, 2013) specifies that the fear or discomfort related to the actual or anticipated social situations is disproportional to the actual threat and includes an evaluation component which might lead to avoidance of social situations altogether. The importance of investigating this social-specific anxiety disorder is obvious, considering the great impact of Covid-19 pandemic aftermath on most dimensions of social life (e.g., social distancing, social isolation). Moreover, evidence that subclinical symptoms were quite widespread among young people, even before the pandemic (e.g., Knappe et al., 2011), suggests the need to look further into this issue. In fact, studies suggest that even if symptoms are subclinical,

and the individual is not diagnosed with the disorder, the negative impact on important dimensions such as studying, working or interpersonal relationship is quite present (Bögels, 2010).

Research has reported cross-cultural and cross-country differences in the prevalence of social anxiety, as highest rates have been reported in higher income countries, and vice-versa (Brockveld et al., 2014; Spence & Rapee, 2016). Another quite consistent finding across studies is that of gender differences, i.e., girls and women seem to be more affected as compared to boys or men (e.g., Archbell & Coplan, 2022). Therefore, the female gender seems to represent an important risk factor for developing social anxiety disorder (Stein et al., 2017). Gender differences have also been reported as regards prevalence, clinical course, or severity of social anxiety disorder etc. (e.g., Asher et al., 2017; Asher & Aderka, 2018). Some authors have suggested that self-construal of interdependence, characteristic of traditional female roles might be involved; for instance, greater association with interdependent values has been associated to greater fear of negative evaluation by others and consequently higher social anxiety (Dinnel et al., 2002; Moscovitch et al., 2005).

The investigation of gender differences on social anxiety has also focused on the various facets of the phenomenon, as related to specific social situations. For instance, there is some evidence of gender differences in social anxiety related to performance situations; for instance, studies on public speaking, or work-related situations have found greater negative effects for women as compared to men (Behnke & Sawyer, 2000; Knappe et al., 2011; Turk et al., 1998). In line with these findings, women with social anxiety seem to experience the most detrimental consequences of the disorder in their probability of getting or keeping a job; conversely this aspect is not as pronounced in men with social anxiety (MacKenzie & Fowler, 2013). Authors have suggested that gender role perceptions related to performance efficiency, might be involved both in threat appraisal of situations and consecutive behavior (e.g., avoidance of the performance situation altogether) (Russell et al., 2017; Turk et al., 1998).

To summarize, the investigation of subclinical symptoms of social anxiety among youth, as well as gender-related patterns, might provide important insights as regards understanding and addressing the issue properly. Findings would have important practical implications for interventions in educational contexts, particularly as regards preventive aspects (progressing of symptoms from subclinical to clinical).

1.1. Context of the study and study objectives: Mental health in Albania even before the Covid-19 pandemic was an important public health concern especially among youth (Albanian Institute of Statistics, 2018). Obviously the post-Covid situation has further highlighted the need to carefully consider specific categories more prevalent in the population such as anxiety disorders. Young adults, particularly university students, represent an important age group in terms of investigating symptom prevalence of anxiety disorders and particularly social anxiety. Indeed, social anxiety symptoms, even if subclinical might interfere with very important developmental goals of this stage such as career choice, employment, or intimate relationships (e.g., Van Ameringen, 2003).

The objectives of the present study included:

1. The assessment of social anxiety and performance/ social interaction components among Albanian university students
2. The assessment of gender differences in overall social anxiety scores and performance/interaction components.

2. Methodology

2.1. Participants and Procedures: Participants of the study were university students from one private university, in Tirana, Albania. The questionnaire was distributed online using the university email addresses; overall 400 addresses were randomly selected from a total of 1500 addresses (i.e., more than ¼ of the population). The accompanying text explained the aim of the study, and assured participants of the

anonymity and confidentiality of the data they provided. Also contact details of the researcher were provided in the email, in case participants wanted to follow up on the study findings. The final study sample comprised 305 university students (response rate 76%). In terms of gender composition, there were 110 men and 189 women. Six participants did not state their gender. As regards age, participants ranged between 18-39 years old, Mage = 23 years old, SD = 4.61 years.

2.2. *Measuring Instruments:* The present study used the Liebowitz Social Anxiety Scale (Liebowitz, 1987), a scale used to assess global social anxiety across 4 different facets. The scale has been broadly used across countries and cultures and has shown good psychometric properties (e.g., Rytwinski et al., 2009). The measure comprises 24 items, 11 measuring social interaction situations (fear and avoidance), and 13 performance situations (fear and avoidance). Response options were on a Likert scale from 0 (None) to 3 (Severe) for the Fear dimension and from 0 (Never) to 3 (Usually) for the Avoidance Dimension. The Liebowitz scale results in a total score, ranging from 0 to 144 points. As regards the subcategories, scores might be classified as follows:

1. from 0-30- social anxiety is unlikely,
2. 31-60 social anxiety is probable,
3. 61 to 90 it is very probable,
4. for scores higher than 90, it is considered highly probable.

Reliability of the scale was very good, Chronbach’s $\alpha = .92$, but also the four subscales had acceptable values for internal consistency ($>.75$). Participants responded on the Albanian version of the scale, which was translated, back translated, and piloted to ensure correctness of translation.

3. Results

Social anxiety scores were categorized following scale instructions (Liebowitz, 1987). Results showed that 21.7 per cent of the sample was categorized with ‘unlikely social anxiety’, 43.8 per cent of the sample with ‘probable social anxiety’, 29.3 per cent with ‘very probable social anxiety’ and 5.3 per cent with highly probable social anxiety.

Table 1. Sample classification for social anxiety

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.Unlikely social anxiety	66	21.6	21.7	21.7
	2.Probable social anxiety	133	43.6	43.8	65.5
	3.Very probable social anxiety	89	29.2	29.3	94.7
	4.Highly probable social anxiety	16	5.2	5.3	100.0
	Total	304	99.7	100.0	
Missing	System	1	.3		
Total		305	100.0		

Source: Author

Chi2 tests revealed no significant gender differences in terms of the likelihood of displaying social anxiety symptoms ($p=.48$). Thus, men and women were equally likely to be in each of the four categories (i.e., from unlikely social anxiety to highly probable social anxiety).

Independent t-tests also revealed no significant gender differences in terms of the specific social anxiety components including fear/avoidance of performance or fear/avoidance of social interaction, $p>.05$. Hence men and women reported similarly regarding their Fear/Avoidance of performance and Fear/Avoidance of social interaction.

Table 2. Means and standard deviations for total social anxiety scores and the 4 subscales

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Total anxiety	Socialmen	110	50.1000	26.12916	2.49132
	women	189	50.4233	22.47340	1.63470
Fear of interaction	Socialmen	110	11.2818	7.48225	.71340
	women	189	11.3439	6.73694	.49004
Fear of Performance	ofmen	110	14.5909	8.21421	.78319
	women	189	14.7354	7.22539	.52557
Avoidance Interaction	men	110	10.7636	6.68824	.63770
	women	189	10.5820	5.76489	.41933
Avoidance Performance	men	110	13.4636	7.18392	.68496
	women	189	13.7619	6.22037	.45247

4. Discussion and Conclusions

The aim of the present study was to assess gender differences in social anxiety symptoms and its components in a sample of Albanian university students. Results showed that a large portion of the sample, 78.3% of the sample, was classified with probable to highly probable social anxiety, which is a quite concerning result. Nonetheless considering that Liebowitz test has not been standardized in Albania, these findings need to be carefully considered, as they might be an over-estimation due to cultural differences. Moreover, the study sample from only one Albanian university, certainly limits greatly generalizability of the findings for Albanian young adults. Despite these limitations, the findings of the study provide at least some indication on the important presence of social anxiety symptoms among university students, even at subclinical levels. Subclinical symptoms though need not be neglected especially considering research that shows their important long term negative impact on all dimensions of quality of life (work, study, interpersonal relationships etc. (e.g., see Bögels, 2010).

As regards gender differences, most unexpectedly none were found in the present sample. Therefore, mean scores for social anxiety and each specific dimension were very similar for both men and women. These findings are not in line with research reporting higher prevalence of social anxiety among women (e.g., Asher et al., 2017; Asher & Aderka, 2018). However, they are in line with some research on adolescents; for instance, research assessing social anxiety of adolescents in performance situations (e.g., public speaking has found no gender differences (e.g., Essau et al., 1999; Wittchen et al., 1999, 2001). Authors have explained the results in terms of the global developmental milestones of adolescence, which overshadow gender specificity (Rantaa et al., 2007). Thus, issues of identity competence and self-efficacy become very important during adolescence for both genders, consequently reflecting on similar levels of performance anxiety. A similar explanation might be provided in the present case, as young adults are facing important challenges in terms of performance in the university setting or the first job, or social relations (e.g., intimate relationships). In support of this, in a recent study reporting data from seven different countries, Jefferies &

Ungar (2020) concluded on a lack of gender differences in social anxiety. Authors have explained the findings in terms of developmental milestones and socio-cultural norms related to gender, which might have undergone changes during the last few years. Nonetheless, authors do not measure gender roles or perceptions, and therefore this explanation is just tentative. Further research is needed to investigate the possible involvement of developmental milestones or gender norms in the onset or maintenance of social anxiety symptoms.

Indeed, another explanation of the findings might be provided in terms of gender self-construal (see for discussion Dinnel et al., 2002; Moscovitch et al., 2005). In the context of this theoretical perspective, the absence of gender differences might be explained by a lack of clear distinction between construal of interdependence (women) and independence (men). Consequently interdependence-based fear of evaluation, which leads to social anxiety might be at similar levels for both genders. This explanation remains tentative, as the present study did not investigate gender specific construal, and further research is needed in this direction. Even so, considering the particularly high rate of symptoms in the present sample, these results might be interpreted as really bad news for men. In fact, gender differences were not found even in the specific dimensions, where men would be expected to do better, i.e., fear of performance. These results once more were not in line with existing research reporting greater anxiety of performance for women as compared to men (Behnke & Sawyer, 2000; Knappe et al., 2011; MacKenzie & Fowler, 2013; Turk et al., 1998). However, these results might also be due to the lack of specificity in defining performance situations; therefore, further research with more well-defined performance situations is needed to determine whether gender differences are indeed absent.

To summarize, the present study reported that social anxiety symptoms were quite prevalent in the present sample. However, no specific gender related patterns were found. Results certainly need to be considered in the context of several methodological limitations, including the sample representativeness (one Albanian university) and the measuring instrument (not standardized in Albania). Even so, findings provide several directions for future studies on social anxiety among young adults in Albania, particularly regarding gender norms or developmental milestones, which might be considered by researchers in the field. Finally, the high presence of subclinical symptoms of social anxiety within the university setting suggests the importance of interventions within the educational context itself, to reduce the probability of developing a clinical diagnosis later in life.

References

- [1]. Albanian Institute of Statistics INSTAT. (2018). Demographic health survey. Retrieved from <https://www.ishp.gov.al/wp-content/uploads/2021/07/adhs-2017-18-pdf.pdf>
- [2]. American Psychiatric Association. (2013) Diagnostic and statistical manual of mental disorders. American Psychiatric Association.
- [3]. Archbell, K. A., & Coplan, R. J. (2022). Too anxious to talk: Social anxiety, academic communication and students' experiences in higher education. *Journal of Emotional and Behavioral Disorders*, 30(4), 273-286. <https://doi.org/0.1177/10634266211060079>
- [4]. Asher, M., Asnaani, A., & Aderka, I. M. (2017). Gender differences in social anxiety disorder: A review. *Clinical Psychological Review*, 56, 1-12. <https://doi.org/10.1016/j.cpr.2017.05.004>.
- [5]. Asher, M., & Aderka, I. M. (2018). Gender differences in social anxiety disorder. *Journal of Clinical Psychology*, 74(10), 1730-1741. <https://doi.org/10.1002/jclp.22624>.
- [6]. Behnke, R. R., & Sawyer, C. R. (2000). Anticipatory anxiety patterns for male and female public speakers. *Communication Education*, 49 (2), 187-195. <https://doi.org/10.1080/03634520009379205>.
- [7]. Bögels, S. M., Alden, L., Beidel, D. C., Clark, L. A., Pine, D. S., Stein, M. B., & Voncken, M. (2010). Social anxiety disorder: questions and answers for the DSM-V. *Depression and Anxiety*, 27 (2), 168–189. <https://doi.org/10.1002/da.20670>

- [8]. Brockveld, K. C., Perini, S. J., & Rapee, R. M. (2014). Social anxiety and social anxiety disorder across cultures. In S. G. Hofmann & P. M. DiBartolo (Eds.), *Social anxiety: Clinical, developmental, and social perspectives* (pp. 141–158). Elsevier Academic Press. <https://doi.org/10.1016/B978-0-12-394427-6.00006-6>
- [9]. Dinnel, D. L., Kleinknecht, R. A., & Tanaka-Matsumi, J. (2002). A cross-cultural comparison of social phobia symptoms. *Journal of Psychopathology and Behavioral Assessment*, 24 (2), 75–84. <https://doi.org/10.1023/A:1015316223631>
- [10]. Essau, C.A., Conradt, J., & Petermann, F., (1999). Frequency and comorbidity of social phobia and social fears in adolescents. *Behaviour Research and Therapy*, 37 (9), 831–884. [https://doi.org/10.1016/s0005-7967\(98\)00179-x](https://doi.org/10.1016/s0005-7967(98)00179-x)
- [11]. Hawes, M. T., Szenczy, A. K., Klein, D. N., Hajcak, G., & Nelson, B. D. (2022). Increases in depression and anxiety symptoms in adolescents and young adults during the COVID-19 pandemic. *Psychological Medicine*, 52 (14), 3222–3230. <https://doi.org/10.1017/>
- [12]. Jefferies, P., & Ungar, M. (2020). Social anxiety in young people: A prevalence study in seven countries. *PLoS ONE*, 15(9), e0239133. <https://doi.org/10.1371/journal.pone.023913>
- [13]. Kindred, R., & Bates, G. W. (2023). The influence of Covid-19 pandemic on social anxiety: A systematic review. *International Journal of Environmental Research and Public Health*, 20(3), 2362; <https://doi.org/10.3390/ijerph20032362>
- [14]. Knappe, S., Beesdo-Baum, K., Fehm, L., Stein, M. B., Lieb, R., & Wittchen, H. U. (2011). Social fear and social phobia types among community youth: differential clinical features and vulnerability factors. *Journal of Psychiatry Research*, 45(1), 111-120. <https://doi.org/10.1016/j.jpsychires.2010.05.002>.
- [15]. Liebowitz, M. R. (1987). Social phobia. *Modern Problems of Pharmacopsychiatry*, 22, 141-173. <https://doi.org/10.1159/000414022>.
- [16]. MacKenzie, M. B., & Fowler, K. F. (2013). Social anxiety disorder in the Canadian population: exploring gender differences in sociodemographic profile. *Journal of Anxiety Disorders*, 27(4), 427-34. <https://doi.org/10.1016/j.janxdis.2013.05.006>.
- [17]. Moscovitch, D. A., Hofmann, S. G., & Litz, B. T. (2005). The impact of self-construals on social anxiety: a gender-specific interaction. *Personality and Individual Differences*, 38(3), 659-672. <https://doi.org/10.1016/j.paid.2004.05.021>
- [18]. Ranta, K., Kaltiala-Heino, R., Koivisto, A. M., Tuomisto, M. T., Pelkonen, M., & Marttunen, M. (2007). Age and gender differences in social anxiety symptoms during adolescence: the Social Phobia Inventory (SPIN) as a measure. *Psychiatry Research*, 153(3), 261-70. <https://doi.org/10.1016/j.psychres.2006.12.006>
- [19]. Russell, R. H., Gould, K. L., & Fergus, T. A. (2017). Self-construal and gender interact to cause social evaluative concerns. *Personality and Individual Differences*, 109, 51-55. <https://doi.org/10.1016/j.paid.2016.12.041>
- [20]. Rytwinski, N., Fresco, D., Heimberg R., Coles, M. E., Liebowitz, M. R., Cissell, S., Stein, M. B., & Hofmann, S. G. (2009). Screening for social anxiety disorder with the self-report version of the Liebowitz Social Anxiety Scale. *Depression & Anxiety*, 26(1), 34-38. <https://doi.org/10.1002/da.20503>
- [21]. Saint, S. A., & Moscovitch, D. A. (2021) Effects of mask-wearing on social anxiety: an exploratory review. *Anxiety, Stress and Coping*, 34(5), 487-502. <https://doi.org/10.1080/10615806.2021.1929936>
- [22]. Santomauro, D.F., Herrera, A.M., Shadid, J., Zheng, P., Ashbaugh, C., Pigott, D.M., Abbafati, C., Adolph, C., Amlag, J.O., Aravkin, A.Y., et al. (2021). Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *Lancet*, 398, 1700–1712.
- [23]. Spence, S. H., & Rapee, R. M. (2016). The etiology of social anxiety disorder: An evidence-based model. *Behaviour Research and Therapy*, 86, 50-67. <https://doi.org/10.1016/j.brat.2016.06.007>
- [24]. Stein, D.J., Lim, C.C.W., Roest, A.M., de Jonge, P., Aguilar-Gaxiola, S., Al-Hamzawi, A., Alonso, J., Benjet, C., Bromet, E. J., Bruffaerts, R., de Girolamo, G., Florescu, S., Gureje, O., Haro, J. M., Harris, M. G., He, Y., Hinkov, H., Horiguchi, I., Hu, C.,...WHO World Mental Health Survey Collaborators (2017). The cross-national epidemiology of social anxiety disorder: Data from the World Mental Health Survey Initiative. *BMC Med*, 15, 143. <https://doi.org/10.1186/s12916-017-0889-2>
- [25]. Turk, C.L., Heimberg, R. G., Orsillo, S. M., Holt, C. S., Gitow, A., Street, L. L., Franklin R. Schneier, & Liebowitz, M. R. (1998). An investigation of gender differences in social phobia, *Journal of Anxiety Disorders*, 12(3), 209-223. [https://doi.org/10.1016/S0887-6185\(98\)00010-3](https://doi.org/10.1016/S0887-6185(98)00010-3).
- [26]. Van Ameringen, M., Mancini, C., & Farvolden, P. (2003). The impact of anxiety disorders on educational achievement. *Journal of Anxiety Disorders*, 17(5), 561–571. doi: 10.1016/s0887-6185(02)00228-1
- [27]. Wittchen, H. U., & Fehm, L., (2001). Epidemiology, patterns of comorbidity, and associated disabilities of social phobia. *Psychiatric Clinics of North America*, 24(4), 617–641. doi: 10.1016/s0193-953x(05)70254-9
- [28]. Wittchen, H. U., Stein, M. B., & Kessler, R. C., (1999). Social fears and social phobia in a community sample of adolescents and young adults: prevalence, risk factors and co-morbidity. *Psychological Medicine*, 29(2), 309–323. doi: 10.1017/s0033291798008174.