

2005

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Published in *Cognitive Behaviour Therapy* 34:4 (2005), pp. 201–206; doi: 10.1080/16506070510008470
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Submitted April 15, 2004; accepted January 31, 2005; published online February 18, 2007.

Gender Differences in Social Support for Socially Anxious Individuals

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Abstract

Given that social anxiety disorder is a common, chronic, debilitating disorder and socially anxious women appear to have different experiences related to social development and social support than men, it is essential that the gender differences in social anxiety and social support be understood. The present study examined perceived social support quantity and satisfaction in 23 women and 28 men seeking treatment for social anxiety disorder. Contrary to expectations, men and women did not differ on measures of social support. However, younger, unmarried women reported having smaller social support networks and less satisfaction with their social support networks than older, married women. Analyses of socially anxious men did not reveal such a pattern. The current study provides preliminary evidence that younger, single women have social support networks that are less satisfying than the social support networks of older, married women. Inclusion of social support modules within a cognitive behavioral treatment approach for social anxiety disorder may be warranted, particularly for young, unmarried women.

Keywords: social anxiety, gender, social support

Social anxiety disorder (formerly called social phobia), which is characterized by persistent fear of negative evaluation in social situations (American Psychiatric Association, 1994), is the third most common psychiatric disorder, with a lifetime prevalence of 13.3% (Kessler et al., 1994). Previous work indicates that social anxiety disorder is slightly more common in women than men (e.g., Kessler et al., 1994; Wittchen, Stein, & Kessler, 1999), and socially

anxious women report greater levels of social anxiety (Turk et al., 1998) and register greater physiological responses to socially threatening situations (Grossman, Wilhelm, Kawachi, & Sparrow, 2001) than men. However, men are more likely to seek treatment for social anxiety symptoms than women (e.g., American Psychiatric Association, 1994; Weinstock, 1999). Given that social anxiety is a common, debilitating disorder and women appear to have different experiences related to psychopathology and treatment than men (e.g., Gamma & Angst, 2001) it is essential that the gender differences in social anxiety are understood.

Since individuals with social anxiety often avoid social interaction (Rapee, 1995), social support may be especially relevant for individuals with social anxiety disorder. Individuals with social anxiety disorder report lower levels of social support satisfaction compared with individuals with panic disorder or normal controls (Kraus et al., 2001). According to Sarason, Pierce, Shearin, Sarason, Waltz, and Poppe (1991), individuals who perceive themselves as having adequate social support view themselves as having a number of favorable attributes. However, low perceived social support has been linked to feelings of anxiety, personal inadequacy, and social rejection. Research indicates that those who report poorer social support also report higher levels of psychopathology (Fondacaro & Heller, 1983; Pierce, Frone, Russell, Cooper, & Mudar, 2000).

The impact of social anxiety on social support may vary by gender. Social anxiety may be more likely to impact the development of close interpersonal relationships in adolescent girls than in adolescent boys (Schwartz, Snidman, & Kagan, 1999; LaGreca & Lopez, 1998). Anxious women appear to have more distress and psychopathology symptoms than men when interpersonal relationships are troubled (Horowitz, Rosenberg, Baer, Ureño, & Villañes, 1988; Shear, Feske, & Greeno, 2000). The current study examined gender and social support in treatment-seeking individuals diagnosed with social anxiety disorder. Given evidence that social functioning in socially anxious women may be compromised more so than in men, it was expected that women would report lower satisfaction with social support than men.

Methods

Participants

Twenty-three women (45.1%) and 28 men (54.9%) diagnosed with social anxiety disorder were recruited for participation in a social anxiety treatment study at the University of Nebraska–Lincoln Anxiety Disorders Clinic. The majority of the participants (98.0%) were Caucasian. The mean age was 35.71 (SD = 11.01) years (range = 19–64 years), with no age differences across gender, $F(1, 49) < 0.001$, $p = 0.99$.

Respondents who appeared to meet the inclusion/exclusion criteria (described below) during brief telephone interviews were administered the Anxiety Disorders Interview Schedule for DSM-IV (ADIS-IV; Brown, DiNardo, & Barlow, 1994). The ADIS-IV includes a Clinician's Severity Rating (CSR; Hope, Laguna, Heimberg, & Barlow, 1997) based on severity of anxiety and its degree of interference in functioning for each diagnosis. Diagnostic interviewers (advanced doctoral students and a licensed psychologist) met rigorous standards for reliability with a trained ADIS-IV interviewer. Participants were included if they had a primary diagnosis of social anxiety disorder with a CSR greater than or equal

to 4 on the 0–8 scale and did not require immediate attention (i.e., imminent suicidal intent or current psychotic symptoms). Participants with co-morbid diagnoses were invited to participate as long as the social anxiety disorder was the primary diagnosis (defined as the highest CSR), as the study was intended to examine individuals with social anxiety symptoms as the primary problem in need of treatment. Participants who met the inclusion criteria received cognitive behavioral treatment at no cost or a reduced fee.

Materials

Psychopathology self-report measures

The Brief Fear of Negative Evaluation Scale (BFNE; Leary, 1983) is a 12-item self-report measure of social anxiety with a focus on concerns about social-evaluative threat that has demonstrated very good internal consistency, test-retest reliability, and validity (Leary, 1983). The Beck Depression Inventory–II (BDI-II; Beck, Steer, Ball, & Ranieri, 1996) is a 21-item self-report measure commonly used to assess cognitive and somatic symptoms of depression, with established psychometric properties (Dozois, Dobson, & Ahnberg, 1998).

Social support

To examine levels of perceived social support and satisfaction with available social support, the Social Support Questionnaire (SSQ; Sarason, Levine, Basham, & Sarason, 1983) was administered. The SSQ is a 27-item self-report questionnaire in which participants list people they can rely on in a given set of circumstances and indicate how satisfied they are with the listed social supports. The SSQ yields scores of social support quantity and perceived satisfaction. The SSQ has demonstrated excellent internal consistency, test-retest reliability, and concurrent validity (Sarason et al., 1983).

Procedures

All participants signed an informed consent form after the procedures were explained. The questionnaires for this study were included as part of a larger package to be completed at home following the ADIS-IV diagnostic interview. The packets were returned at a subsequent assessment session.

Results

Summary demographic data for men and women are presented in Table 1. There was a trend for a difference in the proportion of college completers vs. non-completers across men and women in which the proportion of college completers was higher in socially anxious women than men. There were no significant differences between men and women in CSR rating, BFNE, BDI-II, or demographic variables other than education.

Social support

Two one-way ANOVAs were conducted with gender as the independent variable and the SSQ scales as the dependent variables. As shown in Table 1, men and women did not differ in perceived total social support quantity or satisfaction. Correlational analyses revealed

that age was positively correlated with social support quantity, $r(20) = 0.50$, $p = 0.02$, and satisfaction, $r(20) = 0.60$, $p = 0.003$, for women. For men, age was negatively correlated with social support quantity, $r(25) = -0.44$, $p = 0.02$, but was uncorrelated with satisfaction, $r(25) = -0.05$, $p = 0.80$.

Table 1. Demographic variables and self-report measures for men and women

	Men ($n = 28$) n (%)	Women ($n = 23$) n (%)	
Marital status*			$\chi^2(1) = 0.35$, $p = 0.56$
Single	15 (53.6)	11 (47.8)	
Cohabiting	0 (0)	1 (4.3)	
Married	12 (42.9)	7 (30.4)	
Divorced	1 (3.6)	4 (17.4)	
Education**			$\chi^2(1) = 3.31$, $p = 0.07$
High school	5 (17.6)	2 (8.7)	
Some college	13 (46.4)	7 (30.4)	
Bachelor's degree	4 (14.3)	10 (43.5)	
Graduate/professional school	4 (14.3)	2 (8.7)	
Not reported	2 (7.1)	2 (8.7)	
Ethnicity			$\chi^2(1) = 0.84$, $p = 0.36$
Caucasian	27 (96.4)	23 (100)	
African-American	1 (3.6)	0 (0)	
Age (years)	35.71 (11.80)	35.70 (10.24)	$F(1, 49) < 0.001$, $p = 0.96$
ADIS-IV Clinician Severity Rating	5.96 (0.92)	6.04 (0.47)	$F(1, 49) = 0.14$, $p = 0.71$
Brief Fear of Negative Evaluation	50.15 (5.98)	50.29 (7.79)	$F(1, 49) = 0.004$, $p = 0.95$
Beck Depression Inventory-II	22.35 (11.24)	25.87 (12.06)	$F(1, 48) = 1.14$, $p = 0.29$
Social Support Questionnaire			
Quantity	2.74 (2.07)	2.64 (1.92)	$F(1, 47) = 0.03$, $p = 0.86$
Satisfaction	4.03 (1.09)	4.06 (1.43)	$F(1, 47) = 0.01$, $p = 0.94$

*Because of small cell sizes, χ^2 analyses compared those who are married or cohabiting with those who are single or divorced; **because of small cell sizes, χ^2 analyses compared those with at least a bachelor's degree with those with less education.

ADIS-IV = Anxiety Disorders Interview Schedule for DSM-IV

Factorial analyses of age and social support

Due to the results related to age and social support, 2 separate 2×2 (gender \times age group) ANOVAs were conducted with the SSQ quantity and satisfaction scales as the dependent variables. The age groups (19–35 and 36–64 years) were created with a median split. For quantity of social support, there was a significant gender by age interaction, $F(1, 45) = 4.01$, $p = 0.05$, but no significant main effects for gender, $F(1, 45) = 0.03$, $p = 0.90$, or age group, $F(1, 45) = 0.02$, $p = 0.90$. Although t -tests did not reveal significant differences between the age groups on social support quantity for men, $t(25) = 1.35$, $p = 0.19$, or women, $t(20) = 1.51$, $p = 0.15$, visual inspection of cell means in Figure 1 indicate a trend for younger men and women over 35 years to have greater social support networks than men over 35 years and younger women.¹

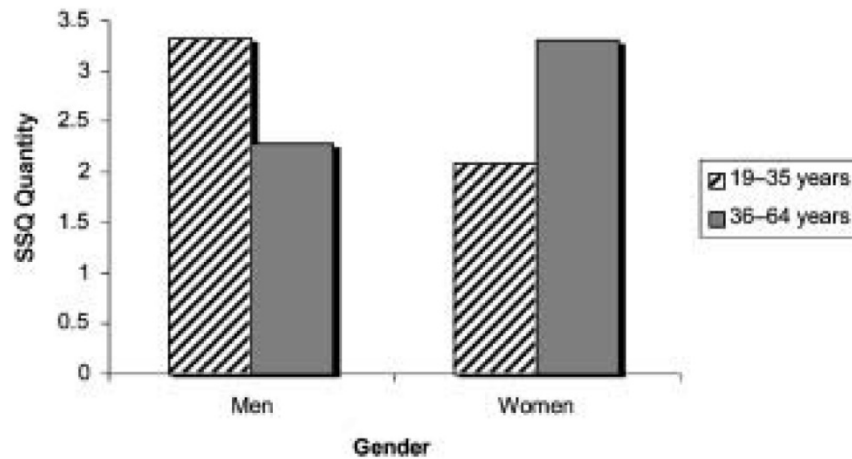


Figure 1. Social Support Questionnaire (SSQ) quantity by age and gender.

For social support satisfaction, there was a significant gender by age interaction, $F(1, 45) = 5.44, p = 0.02$, and main effect for age group, $F(1, 45) = 4.53, p = 0.04$. Participants over the age of 35 years had greater satisfaction with social support than those age 35 years and younger. There was not a significant main effect for gender, $F(1, 45) = 0.08, p = 0.78$. An examination of the simple effects reveals that the main effect may be misleading as the age group differences are present for women, $t(20) = 2.85, p = 0.01$, but not for men, $t(25) = 0.16, p = 0.87$ (Figure 2).²

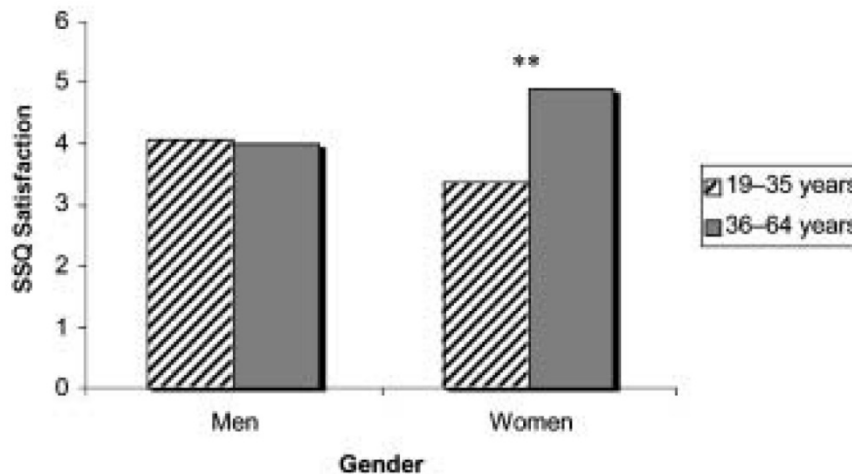


Figure 2. Social Support Questionnaire (SSQ) satisfaction by age and gender.

Marital status, age, and social support

In this sample, the majority (80.0%) of individuals in the 19-35 year age group were single, while the majority of those in the 36-64 year age group (57.7%) were married. Therefore, differences in social support presented earlier may be related to marital status. To help

answer this question, 2 separate 2×2 (gender \times marital status) ANOVAs were conducted with the SSQ quantity and satisfaction scales as the dependent variables. For the purpose of these analyses, the married group included those who were married or cohabitating, while the single group included those who were single or divorced. Results of the gender \times marital status ANOVAs were very similar to the gender \times age ANOVAs. For quantity of social support, there was a significant gender by marital status interaction, $F(1, 45) = 7.82$, $p = 0.01$, but no significant main effects for gender, $F(1, 45) = 0.22$, $p = 0.64$, or marital status group, $F(1, 45) = 1.92$, $p = 0.17$. The t -tests revealed significant differences between the marital status groups on social support quantity for women, $t(20) = 3.28$, $p = 0.004$, but not for men, $t(25) = 0.97$, $p = 0.34$. Single/divorced women had a mean of 1.80 (SD = 1.11) individuals that they could count on for social support, while the married/cohabitating women had a mean of 4.10 (SD = 2.22). Whereas, single/divorced men had a mean of 3.08 (SD = 2.34) individuals and married/cohabitating men had a mean of 2.31 (SD = 1.67) individuals.

For social support satisfaction, there was a trend toward a significant gender by marital status interaction, $F(1, 45) = 3.76$, $p = 0.06$; however, neither the main effect for gender, $F(1, 45) = 0.32$, $p = 0.57$ nor the main effect for marital status, $F(1, 45) = 2.06$, $p = 0.16$, was significant. The t -tests revealed that there were no significant differences on social support satisfaction for men who were single/divorced vs. married/cohabitating, $t(25) = 0.42$, $p = 0.68$. However, for women there was a trend toward married/cohabitating women to be more satisfied with their available social support than women who were single/divorced, $t(20) = 2.04$, $p = 0.06$.

Discussion

Social anxiety disorder is a common, disabling disorder with accumulating evidence that there are gender differences in people's experiences with social support and social functioning. Given the importance of social support in psychological well-being (e.g., Sarason et al., 1991), as well as the possibility of a greater impact on social anxiety and social support in women than men (Schwartz et al., 1999; LaGreca & Lopez, 1998), the present study examined gender differences in social support for individuals diagnosed with social anxiety disorder. Contrary to the hypothesis, socially anxious men and women did not differ in perceived social support quantity or satisfaction.

The results related to age and perceived social support provided evidence of important gender differences. Younger socially anxious women reported smaller social support networks and lower satisfaction with social support networks than older women. For men, perceived size of social support network was inversely related to age, and there appeared to be no relationship between age and social support satisfaction. It is possible that younger women sought treatment at an earlier age due to a greater social anxiety symptom severity (age and CSR rating had a significant negative correlation, $r = -0.43$), have greater impairment in social functioning, and thus have poorer social support. Some of the added social support for older women may be attributed to the greater likelihood of these women being married. In this sample, married women had larger social support networks and were more satisfied with their social support networks than single or divorced women. Perhaps the social support provided in the context of a marriage is particularly powerful for women

with social anxiety disorder. The married socially anxious woman may benefit more from the support of her spouse as well as the potential greater social network from her spouse's friends and family than married socially anxious men.

Although the findings are limited by the sample size and use of a self-report measure of social support, the current study provides preliminary evidence that younger, single women have social support networks that are less satisfying than older, married women. However, further research including comparison groups is needed to determine whether younger, single women have compromised social networks as compared with socially anxious men and the population in general. As social support has been found to be related to psychological well-being, it stands to reason that younger women could be at risk for greater social anxiety, impairment, and distress. Therefore, future research should address the relationship among social anxiety, social support, impairment, and distress as well as potential buffers between social anxiety and reduced social support satisfaction. The current findings also highlight the need to consider assessment of social support in individuals diagnosed with social anxiety disorder. Furthermore, treatment that involves increasing the size and satisfaction with social support networks may be especially important for single, young women. Developing and improving social support networks could be included as a component of cognitive behavioral approaches to treating social anxiety as a complement to role-played and in vivo exposures and relapse prevention.

Acknowledgment – Portions of this paper were presented at the annual meeting of the Anxiety Disorders Association of America in Toronto, ON, Canada, in 2003.

Notes

1. Regression analyses including age, gender, and an age \times gender interaction term as independent variables and social support quantity as the dependent variable, revealed a significant interaction effect ($R^2 = 0.22$, $F(3, 45) = 4.34$, $p = 0.01$; $\beta = 0.55$, $p = 0.001$) with a similar pattern as the 2×2 ANOVA.
2. Regression analyses including age, gender, and an age \times gender interaction term as independent variables, and social support satisfaction as the dependent variable, revealed a significant interaction effect ($R^2 = 0.22$, $F(3, 45) = 4.13$, $p = 0.01$; $\beta = 0.47$, $p = 0.006$) with a similar pattern as the 2×2 ANOVA.

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