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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.

Keywords

Social anxiety; Social phobia; Sex differences; Age differences; Cross-cultural differences; SAQ-A30

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, Iurrtia, 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 ($SD = 10.13$). 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).

2.3. Procedure

Data for this study were obtained from two previous research studies (Caballo, Salazar, et al., 2012; Caballo, Arias, et al., 2013), where the SAQ-A30 and the LSAS-SR were administered jointly to clinical and community populations. General data on the differences in social anxiety between the men and women in the samples used were included in the two former publications. However, all the results presented here are new, and no data have been published on the whole clinical and community samples included in this study. A previous attempt by our study group that searched for sex differences (Caballo et al., 2008) focused mainly on individual items and used a very preliminary version of the SAQ-A30 composed of different items and subscales than the current and final version.

3. Results

3.1. Sex differences in social anxiety in the community sample

Differences in social anxiety were found between men and women in terms of the whole sample. Table 2 shows these differences: women scored significantly higher than men on all the measures. Given the large sample used in this study, we calculated Cohen's d in order to verify the magnitude of these differences. These differences were small ($d > 0.20$ and < 0.50) for the subscales of the SAQ-A30 and the overall score, except for the subscales of "Interaction with strangers" and "Assertive expression of annoyance", which was associated with a very small effect size ($d < 0.20$). Regarding the scores on the LSAS-SR, once again the differences were small. Table 2 shows the differences between men and women in the SAQ-A 30 and LSAS-SR in the total sample.

3.2. Differences in social anxiety by age groups in the community sample

The entire sample was divided into 5 age groups for both men and women: (1) Under 18: high-school students, (2) Between 18 and 24: university students or young adults entering the labor market, (3) Between 25 and 30: young salary-earners, (4) Between 31 and 49: individuals in consolidated and stable jobs, and (5) Over 50: individuals in the latter stages of their working life or retired. The number of subjects was as follows: Group 1: 1586 women and 1410 men, Group 2: 10,477 women and 6973 men, Group 3: 2328 women and 2089 men, Group 4: 2426 women and 2259 men, and Group 5: 765 women and 709 men. Women scored significantly higher than men on all the SAQ-A30 subscales $\times$ age groups, except for the subscale "Interaction with strangers" on the 31–49 age group, for which the differences were not significant. However, the magnitude (Cohen's d) of these differences was very small on all the age groups for the subscales "Interaction with strangers" and "Assertive expression of annoyance" (Table 3).

Regarding the LSAS-SR, women scored significantly higher than men on both subscales and on the total score in all the age groups, except for the LSAS-Avoidance on the 50+ age group. However, the magnitude of these differences was very small (Cohen's $d < 0.20$) on all the age groups for the subscale LSAS-SR Avoidance and on most age groups for the total LSAS score. (Table 3).

3.3. Differences in social anxiety by country

We calculated the differences between men and women in each country. In general, the results were very similar to those obtained for the whole sample and the sample by age groups. Women scored higher than men on all the social anxiety subscales and in all the countries, although these differences were not always statistically significant.

Table 4 shows the magnitude of these differences by country and subscale. For the subscale “Interaction with the opposite sex”, the differences between men and women were small (d between 0.20 and 0.50) for 10 countries, and medium (d between 0.50 and 0.80) for 8 countries. The magnitude of the differences for the subscale “Criticism and embarrassment” was small for 13 countries and very small ($d < 0.20$) for 5 countries. The magnitude for the subscale “Interaction with strangers” was very small for 14 countries, small for 3 countries and moderate for 1 country.

Regarding the subscale “Speaking in public/Talking to people in authority” the differences were small for 17 countries and very small for 1 country, and for the subscale “Assertive expression of annoyance” the magnitude was very small for 10 countries and small for 8 countries. Regarding the total score on the SAQ-A30, the magnitude was small for 13 countries, moderate for 3 countries, and very small for 2 countries.

Regarding the LSAS-Anxiety subscale, the magnitude was small for 14 countries and very small for 4 countries, and the magnitude for the LSAS-Avoidance subscale was very small for 13 countries and small for 5 countries. Finally, the magnitude of the differences for the LSAS-SR total score was small for 12 countries and very small for 6 countries (Table 4).

3.4. Differences between male and female participants with a social anxiety diagnosis

We calculated the differences between male and female patients diagnosed with social anxiety disorder. The pattern of the differences was again similar to that of the community subjects (see Table 5). The magnitude of the differences for patients was small for the same 3 subscales with differences between men and women in the community sample (“Criticism and embarrassment”, “Interactions with the opposite sex”, and “Speaking in public/Talking to people in authority”) and the total SAQ-A30 score. Again, the magnitude of the differences in the subscale “Assertive expression of annoyance” was very small and there were no statistically significant differences between male and female patients in the subscale “Interactions with strangers” and the LSAS-SR total and its subscales.

4. Discussion

The existing literature reports confusing and inconsistent results about sex differences in social anxiety. Whereas some authors have found clear differences in social anxiety for community individuals (e.g., Hirai, Vernon, Clum, and Skidmore, 2011), others have not (e.g., Iancu et al., 2006). Similar results have been recorded for social anxiety patients, with some studies reporting significant differences between men and women (e. g., Turk et al., 1998), while others do not (e. g., Baños et al., 2007; Stewart & Mandrusiak, 2007).

In order to shed light on the issue of sex differences in social anxiety, we recruited a large sample of community and clinical participants from 18 countries and administered two reliable and valid self-report measures of social anxiety –the culturally-sensitive SAQ-A30 and the established and widely used LSAS-SR. Our results suggest that there are indeed differences between men and women in social anxiety. Although these differences are relatively small, they are likely to have important clinical implications because they are moderated by clinical status. When using the LSAS-SR with community individuals, we observed that only the LSAS-SR Anxiety subscale, and not the LSAS-Avoidance subscale, showed sex differences in general and in most of the countries. However, among patients diagnosed with social anxiety disorder, we observed no differences between men and women. This is consistent with other studies (e. g., Baños et al., 2007; Stewart & Mandrusiak, 2007), suggesting that there are no reliable sex differences in social anxiety among clinical samples.

The SAQ-A30 provided additional results. As was true for the LSAS-SR, we observed very weak sex differences for the community and clinical samples in the subscales “Interactions with strangers” and “Assertive expression of annoyance”. In fact, no significant sex differences were found in the subscale “Interactions with strangers” in the clinical sample. Almost half of the items in the LSAS-SR can be subsumed under the SAQ-A30 subscale “Interaction with strangers” (11 out of 24 items). This might explain why some studies who used the LSAS have not found sex-related differences in clinical samples. However, considering that the other 13 items in the LSAS-SR measure other aspects of social anxiety, differences between men and women might be expected, even if only with a small magnitude. In contrast to the LSAS-SR, the five subscales of the SAQ-A30 provide additional details about the particular aspects of social anxiety experienced by men and women. Most of the self-report measures of social anxiety disorder/social anxiety only yield a single overall score. This might obscure possible sex-related differences.

Sex differences were apparent in the subscales “Interactions with the opposite sex”, “Criticism and embarrassment”, and “Speaking in public/Talking to people in authority” in clinical and community individuals, in most of the age groups and in most of the countries included in this research. LSAS-SR Anxiety reflects gender-related differences in the community sample (including most of the countries), but not in the clinical sample. Previous studies have found sex differences in certain social situations among clinical (Turk et al., 1998) and community samples (Caballo et al., 2008; Wittchen et al., 1999). Our research findings may be more generalizable and stable, given that we have used subscales (or dimensions of social anxiety) instead of individual situations. It may even be the case that differences in these three former subscales are rooted in childhood, as recent research has found with children aged 9 to 15 from most of the countries included in this study (Caballo, Salazar, Arias, et al., 2013). Girls and boys may be educated with different gender roles right from the start, at least in some of the situations (subscales) included here. Women in some societies seem to play a more passive role in their relationships with men, which is associated with a female role in Latin American society, and it could explain the higher anxiety women express when asked about a more active role in their relationships with men (e.g., “Asking someone attractive of the opposite sex for a date”). It is also probable that the social behavior of Latin American women is more strictly controlled by parents and society

than in the men's case, tolerating fewer mistakes and explaining their higher anxiety score on the subscales "Criticism and embarrassment" (e.g., "Making a mistake in front of other people") and "Speaking in public/Talking to people in authority" (e.g., "Having to speak in class, at work, or in a meeting.") However, there seems to be a more balanced approach between males and females in the subscales "Interactions with strangers" (e.g., "Talking to people I don't know at a party or a meeting" and "Assertive expression of annoyance" (e.g., "Telling someone that their behavior bothers me and asking them to stop".)

Finally, based on our present findings, different cut-off points should be established for men and women regarding self-report measures of social anxiety disorder/social anxiety, with an assessment of more subscales than simply "Interaction with strangers" and "Assertive expression of annoyance" (given the lack of differences between men and women in these two kinds of situations). Although the literature in the field does not usually do so, our recent research has established different cut-off points for men and women in the overall SAQ-A30 and 3 of its 5 subscales (Caballo, Salazar, et al., 2012; Caballo, Arias, et al., 2013). This would more accurately reflect the real state of social anxiety for men and women, providing much more useful clinical information that would be beneficial for screening patients with this disorder and planning more effective psychological treatment.

Certain limitations of the current study should be taken into account when interpreting the results. Although the LSAS-SR has been demonstrated to be a valid screen for social anxiety disorder (Rytwinski et al., 2009), this study has only measured social anxiety by self-report measures. A structured interview would be a more reliable and accurate measure, even if more difficult to administer. A second limitation was that our sample was exclusively from Latin America, Portugal, and Spain. Addition of other different cultures and countries could add more information about sex differences on social anxiety. Finally, the community sample size of some countries was small and in that way the results for these countries could not be so reliable. Despite these limitations, our study has important implications for self-report assessments of social anxiety in men and women.

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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)

Table 2
Differences in social anxiety between men and women for the whole sample of community participants.

Scales and subscales	Women (N = 17,719) M (SD)	Men (N = 13,477) M (SD)	t-value	p	d
<i>SAQ-A30</i>					
Interactions with the opposite sex	17.70 (5.47)	15.29 (5.34)	38.91	.000000	0.45
Criticism and embarrassment	18.58 (4.93)	17.20 (4.83)	24.62	.000000	0.28
Interactions with strangers	13.64 (4.86)	13.20 (4.64)	8.04	.000000	0.09
Speaking in public/Talking to people in authority	16.81 (5.52)	14.82 (4.96)	32.80	.000000	0.38
Assertive expression of annoyance	16.00 (4.90)	15.23(4.65)	14.10	.000000	0.16
Total	82.73 (20.12)	75.72 (19.09)	31.00	.000000	0.36
<i>LSAS-SR</i>					
Anxiety	24.16 (11.93)	20.88 (11.57)	24.10	.000000	0.28
Avoidance	21.87 (11.65)	20.58 (11.52)	9.63	.000000	0.11
Total	46.04 (22.09)	41.50 (21.33)	18.01	.000000	0.21

Note: SAQ-A30 = Social Anxiety Questionnaire for Adults; LSAS-SR = Liebowitz Social Anxiety Scale-Self Report.

Table 3
Differences (Cohen's *d*) between community men and women in different age groups.

Scales and subscales	Age groups				
	16–17	18–24	25–30	31–49	50 and +
<i>SAQ-A30</i>					
Interactions with the opposite sex	0.46	0.43	0.40	0.45	0.55
Criticism and embarrassment	0.36	0.28	0.27	0.24	0.19
Interactions with strangers	0.12	0.10	0.06	0.03	0.12
Speaking in public/Talking to people in authority	0.28	0.40	0.33	0.35	0.33
Assertive expression of annoyance	0.21	0.16	0.14	0.18	0.15
Total	0.39	0.36	0.31	0.33	0.35
<i>LSAS-SR</i>					
Anxiety	0.31	0.29	0.23	0.25	0.23
Avoidance	0.09	0.11	0.11	0.09	0.10
Total	0.22	0.21	0.18	0.18	0.18

Note: Size effect (Cohen's *d*): <0.20 trivial; >0.20 and <0.50, small; >0.50 and <0.80, medium; >0.80, large.

Table 4

Size effect (Cohen's *d*) of the differences in social anxiety between community men and women in social anxiety in 18 countries measured by the SAQ-A30 and the LSAS-SR.

Countries	SAQ-A30 and its subscales					LSAS-SR and its subscales			
	Opposite sex	Criticism	Strangers	Speaking public	Assertive expression	Total	Anxiety	Avoidance	Total
Argentina	0.70	0.21	0.01	0.38	0.23	0.41	0.32	0.13	0.25
Bolivia	0.43	0.39	0.21	0.42	0.25	0.43	0.47	0.28	0.39
Brazil	0.41	0.22	0.06	0.32	0.16	0.31	0.27	0.11	0.21
Chile	0.28	0.17	0.07	0.25	0.03	0.17	0.16	0.00	0.09
Colombia	0.46	0.27	0.10	0.29	0.10	0.32	0.19	0.04	0.12
Costa Rica	0.52	0.18	0.07	0.44	0.15	0.37	0.11	0.08	0.11
Dominican Republic	0.49	0.06	0.59	0.11	0.26	0.13	0.19	0.06	0.13
El Salvador	0.62	0.36	0.28	0.39	0.38	0.51	0.38	0.31	0.38
Guatemala	0.30	0.19	0.00	0.30	0.25	0.28	0.46	0.16	0.34
Honduras	0.52	0.26	0.19	0.31	0.19	0.39	0.33	0.15	0.25
Mexico	0.37	0.31	0.08	0.34	0.12	0.32	0.25	0.10	0.18
Paraguay	0.72	0.32	0.18	0.46	0.22	0.47	0.45	0.26	0.39
Peru	0.44	0.31	0.10	0.33	0.12	0.34	0.28	0.09	0.20
Portugal	0.56	0.30	0.27	0.62	0.17	0.50	0.37	0.17	0.28
Puerto Rico	0.36	0.12	0.03	0.32	0.05	0.24	0.25	0.35	0.18
Spain	0.39	0.30	0.15	0.61	0.32	0.48	0.36	0.19	0.29
Uruguay	0.59	0.20	0.01	0.40	0.04	0.33	0.32	0.14	0.26
Venezuela	0.65	0.48	0.15	0.44	0.26	0.52	0.43	0.31	0.40

Note: Size effect (Cohen's *d*): <0.20 trivial; >0.20 and <0.50, small; >0.50 and <0.80, medium; >0.80, large.

Table 5

Differences in social anxiety between men and women for the sample of patients.

Scales and subscales	Women (N = 382) <i>M</i> (<i>SD</i>)	Men (N = 219) <i>M</i> (<i>SD</i>)	<i>t</i> -value	<i>p</i>	<i>d</i>
<i>SAQ-A30</i>					
Interactions with the opposite sex	24.30 (4.19)	23.12 (4.01)	3.37	.000806	0.29
Criticism and embarrassment	24.16 (3.59)	22.73 (3.76)	4.61	.000005	0.39
Interactions with strangers	20.68 (5.12)	21.02 (4.44)	0.82	.411451	–
Speaking in public/Talking to people in authority	24.01 (4.34)	22.76 (4.55)	3.33	.000909	0.28
Assertive expression of annoyance	22.34 (4.31)	21.56 (4.05)	2.18	.029211	0.19
Total	115.49 (15.21)	111.20 (14.56)	3.38	.000760	0.29
<i>LSAS-SR</i>					
Anxiety	44.54 (11.00)	43.54 (12.12)	1.03	.303010	–
Avoidance	40.10 (12.24)	39.77 (13.03)	0.30	.760113	–
Total	84.65 (21.68)	83.25 (23.11)	0.74	.461614	–

Note: SAQ-A30 = Social Anxiety Questionnaire for Adults; LSAS-SR = Liebowitz Social Anxiety Scale-Self Report.