

# Social Anxiety Among Depressed And Non Depressed People

Tariq Rashid, Ayesha Saddiqua, Saadia Naureen

---

## ABSTRACT

**Objective:** The study was designed to assess and compare the social anxiety among depressed and non depressed people and to explore the split up of participants as per gender. **Study Design:** Comparative Study. **Duration and Place of Study:** The study was conducted from February 2010 to April 2010 in Outdoor of psychiatry department DHQ Hospital Faisalabad and Bahauddin Zakariya University Multan. **Patients and Method:** This comparative study was carried out as per inclusion and exclusion criteria. Mild to moderate patients of depression were included in the study and patients who had depression with psychotic features were excluded from the study as per purposive sampling technique. For non depressed people, students were included in the study whereas working people were excluded as per convenient sampling technique. Sample ( $N=90$ ) was comprised of 45 patients of depression and 45 non depressed people as control group. Sample of patients with depression (20 males & 25 females) were drawn from Department of Psychiatry and Behavioral Sciences, Divisional Headquarter Hospital, Faisalabad through purposive sampling technique. Sample of control group (20 males & 25 females) was drawn from Bahauddin Zakariya University, Multan through Convenient Sampling Technique. To diagnose the patients with social anxiety and depression, the diagnostic criteria of DSM IV TR and Liebowitz Social Anxiety Scale were employed while demographic variable such as gender was recorded on a demographic sheet. Independent sample t-test was used to analyze and make inferences from the data collected from

sample by using SPSS version 10. **Results:** Results showed that patients of depression have higher level of social anxiety ( $M=89.00$ ,  $SD=12.79$ ) as compared to non depressed people ( $M=21.71$ ,  $SD=17.53$ ), where  $t(88)=20.803$ ,  $p=0.001$ ,  $N=90$  on the scale of social anxiety. Female patients of depression ( $M=79.85$ ,  $SD=9.16$ ) as compared to male patients of depression ( $M=96.32$ ,  $SD=10.38$ ), where  $t(43)=5.568$ ,  $p=0$ ,  $N=45$  which indicated that there is a significant difference on social anxiety scale among female patients of depression and male patients of depression. Another finding indicated that female patients of depression ( $M=96.32$ ,  $SD=10.38$ ) and non depressed females have ( $M=96.32$ ,  $SD=10.38$ ), where  $t(48)=.000$ ,  $p=0.5$ ,  $N=50$  which indicated that there is no significant difference on social anxiety scale among female patients of depression and non depressed females. Results also showed that male patients of depression ( $M=79.85$ ,  $SD=9.16$ ) and non depressed males have ( $M=8.40$ ,  $SD=8.40$ ), where  $t(38)=26.250$ ,  $p=0$ ,  $N=40$  which indicated that there is highly significant difference on social anxiety scale among male patients of depression and non depressed males. **Conclusion:** Depressed people have higher level of social anxiety comparatively non depressed people and as per gender, female patients of depression have higher level of social anxiety comparatively male patients of depression as told by this study and other studies as well, so depressed people and their families should educate about their illness and their treatment and increase contacts to build up confidence in a better way. **Key Words:** Depression, Social anxiety.

---

## INTRODUCTION

Social anxiety is anxiety (emotional discomfort, fear, apprehension, or worry) about social situations, interactions with others, and being evaluated or

scrutinized by other people<sup>1</sup>. It occurs early in childhood as a normal part of the development of social functioning, but may persist (perhaps

---

unnoticed) until adolescence or may surface in adulthood<sup>2</sup>. People vary in how often they experience social anxiety and in which kinds of situations. Overcoming social anxiety can be relatively easy just a matter of time passing for many and yet can be very difficult for some. The reasons are unknown, it can be related to shyness or other emotional or temperamental factors, but its exact nature is still the subject of research and theory<sup>3</sup>. There is a high degree of co-morbidity with other psychiatric disorders. Social phobia often occurs alongside low self-esteem and clinical depression, due to lack of personal relationships and long periods of isolation from avoiding social situations. The most common complementary psychiatric condition is unipolar depression. In a sample of 14,263 people, of the 2.4 percent of persons diagnosed with social phobia, 16.6 percent also met the criteria for clinical depression<sup>4</sup>. In one study of social anxiety disorder among patients who developed co morbid panic disorder, or depression, social anxiety disorder preceded the onset of panic disorder and depression in 61 percent, and 90 percent of patients, respectively. Avoidant personality disorder is also highly correlated with social phobia, because of its close relationship and overlapping symptoms with other illnesses, treating social phobics may help understand underlying connection in other psychiatric disorders<sup>5</sup>. Depression is a state of low mood and aversion to activity. The Diagnostic and Statistical Manual of Mental Disorders defines a depressed person as experiencing feelings of sadness, helplessness and hopelessness. In traditional colloquy, feeling "depressed" is often synonymous with feeling "sad", but both clinical depression and non-clinical depression can also refer to a conglomeration of more than one feeling<sup>6</sup>. There is research indicating that social anxiety disorder is often correlated with bipolar depression<sup>7</sup>. Some researchers believe they share an underlying cyclothymic-anxious-sensitive disposition<sup>8</sup>. In addition, studies show that more socially phobic patients treated with anti-depressant medication develop hypomania than non-phobic controls. This can be seen as the medication creating a new problem, and also has this adverse effect in a proportion of those without social phobia<sup>8</sup>. The presence of depression increases the risk of social anxiety<sup>9</sup>. The frequency of social anxiety among

patients with depression tends to be high. In the community of USA, 17% - 37% of persons with social anxiety have major depression during their lifetime<sup>10</sup>. In clinical sample, this association is even stronger, with 60% - 70% of patients with social anxiety disorder being affected by depression<sup>11</sup>. Social anxiety disorder seems to be associated not only with major depressive disorder but also with other mood disorders, including dysthymia and bipolar disorder<sup>12</sup>. Patients with an early onset of social anxiety disorder (before age 15) are more likely to develop depression<sup>13</sup>. Bassiony (2005) investigated social anxiety disorder and depression in Saudi Arabia. The purpose of this study was to estimate the prevalence of depression in patients with social anxiety disorder (SAD) and to assess the relationship between the severity of Social Anxiety Disorder symptoms and depression. The study indicated that patients with severe Social Anxiety Disorder were four times more likely to have depression than the patients with mild or moderate Social Anxiety Disorder even after controlling for confounding socio-demographic and clinical factors. Depression is common among patients with Social Anxiety Disorder, particularly the severe subtype<sup>14</sup>.

## **METHODS**

This comparative study was carried out as per inclusion and exclusion criteria. Mild to moderate patients of depression were included in the study and patients who had depression with psychotic features were excluded from the study. For non depressed people, students were included in the study whereas working people were excluded as per convenient. Sample (N=90) was comprised of 45 patients of depression and 45 non depressed people as control group. Patients with depression (20 males & 25 females) were drawn from Department of Psychiatry and Behavioral Sciences, Divisional Headquarter Hospital, Faisalabad through purposive sampling technique. Control group (20 males & 25 females) was drawn from Bahauddin Zakariya University, Multan through Convenient Sampling Technique. The test booklet comprised of three instruments including, informed Consent Form, Demographic Sheet and Liebowitz Social Anxiety Scale.

Liebowitz Social Anxiety Scale<sup>15</sup> is a clinical administered instrument used to measure the severity of social anxiety disorder in terms of both the fear and avoidance of performance-type and interactional situations<sup>16</sup>. To diagnose the patients with social anxiety and depression, the diagnostic criteria of DSM IV TR and Liebowitz Social Anxiety Scale were employed while demographic variable such as gender was recorded on demographic sheet. The required information was obtained by ratter-assessment as the depressed people were not educated enough. The team of ratters was trained to help the illiterate patients to fill in the Performa and scrutinize the patients for social anxiety and depression as per DSM-IV TR criteria. When all the data had been collected, raw results were tabulated along with demographic information obtained from the participants. Independent sample *t*-test was used to analyze and make inferences from the data collected from sample by using SPSS version 10.

## RESULTS

Results have shown that social anxiety among patients of depression ( $M=89.00$ ,  $SD=12.79$ ) and non depressed people have ( $M=21.71$ ,  $SD=17.53$ ), where  $t(88) = 20.803$ ,  $p=0.001$ ,  $N=90$  which indicated that there is highly significant difference on social anxiety scale among patients of depression and non depressed people (See Table 1). Female patients of depression ( $M=79.85$ ,  $SD=9.16$ ) and male patients of depression have ( $M=96.32$ ,  $SD=10.38$ ), where  $t(43) = 5.568$ ,  $p=0$ ,  $N=45$  which indicated that there is a significant difference on social anxiety scale among female patients of depression and male patients of depression (See Table 2). Female patients of depression ( $M=96.32$ ,  $SD=10.38$ ) and non depressed females have ( $M=96.32$ ,  $SD=10.38$ ), where  $t(48) = .000$ ,  $p=0.5$ ,  $N=50$  which indicated that there is no significant difference on social anxiety scale among female patients of depression and non depressed females (See Table 3). Male patients of depression ( $M=79.85$ ,  $SD=9.16$ ) and non depressed males have ( $M=8.40$ ,  $SD=8.40$ ), where  $t(38) = 26.250$ ,  $p=0$ ,  $N=40$  which indicated that there is highly significant difference on social anxiety scale among male

patients of depression and non depressed males (See Table 4).

**Table-1**  
**Mean, Standard deviation and t-values of score on social anxiety among patients of depression and non depressed people (N=90)**

		N	M	SD	t	df	p
Social	Depressed	45	89.00	12.79			
Anxiety	Non Depressed	45	21.71	17.53	20.803	88	0.001*

\* $p < 0.01$

The results given in the table no.1 suggest that social anxiety among patients of depression ( $M=89.00$ ,  $SD=12.79$ ) and non depressed people have ( $M=21.71$ ,  $SD=17.53$ ), where  $t(88) = 20.803$ ,  $p=0.001$ ,  $N=90$  which indicated that there is highly significant difference on social anxiety scale among patients of depression and non depressed people.

**Table-2**  
**Mean, Standard deviation and t-values of score on social anxiety among female patients of depression and male patients of depression (N=45)**

		General	N	M	SD	t	df	p
Social	Male		20	79.85	9.16	5.568	43	0.003*
Anxiety	Female		25	96.32	10.38			

\* $p < 0.01$

The results given in the table no.2 suggest that female patients of depression ( $M=79.85$ ,  $SD=9.16$ ) and male patients of depression have ( $M=96.32$ ,  $SD=10.38$ ), where  $t(43) = 5.568$ ,  $p=0$ ,  $N=45$  which indicated that there is a significant difference on social anxiety scale among female patients of depression and male patients of depression.

**Table-3**  
**Mean, Standard deviation and t-values of score on social anxiety among female patients of depression and non depressed females (N=50)**

		N	M	SD	t	df	p
Social	Depressed Female	25	96.32	10.38			
Anxiety	Non Depressed Female	25	96.32	10.38	.000	48	0.05

$p = ns$

The results given in the table no.3 suggest that female patients of depression ( $M=96.32$ ,  $SD=10.38$ ) and non depressed females have ( $M=96.32$ ,  $SD=10.38$ ), where  $t(48) = .000$ ,  $p=0.5$ ,  $N=50$  which indicated that there is no significant difference on social anxiety scale among female patients of depression and non depressed females.

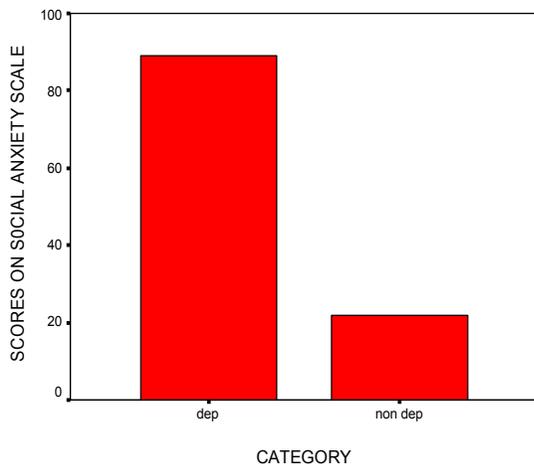
**Table-4**  
**Mean, Standard deviation and t-values of score on social anxiety among male patients of depression and non depressed males (N=40)**

		N	M	SD	t	df	p
Social	Depressed Male	20	79.85	9.16			
Anxiety	Non Depressed Male	20	8.40	8.02	26.250	38	0.001*

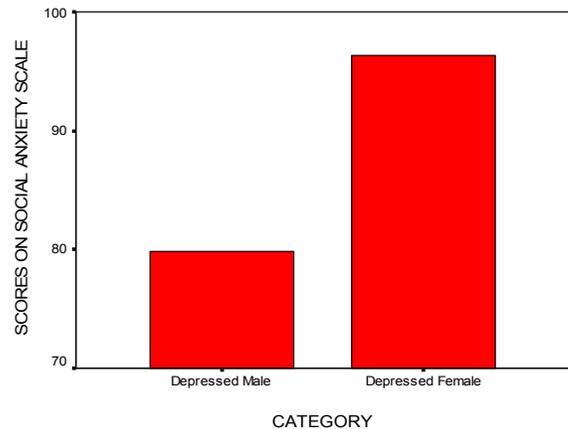
$p < 0.01$

The results given in the table no.4 suggest that male patients of depression ( $M=79.85$ ,  $SD=9.16$ ) and non depressed males have ( $M= 8.40$ ,  $SD=8.40$ ), where  $t(38) = 26.250$ ,  $p=0$ ,  $N=40$  which indicated that there is highly significant difference on social anxiety scale among male patients of depression and non depressed males.

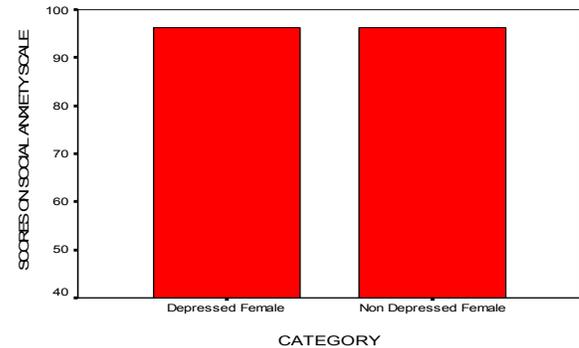
**Figure-1**  
**Social Anxiety among patients of depression and non depressed people**



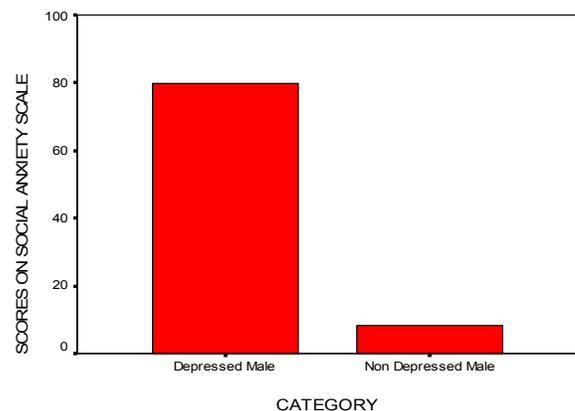
**Figure-2**  
**Gender distribution of social anxiety in patients of depression**



**Figure-3**  
**Social Anxiety among female patients of depression and non depressed females**



**Figure-4**  
**Social anxiety among male patients of depression and non depressed males**



---

## DISCUSSION

This research was conducted to compare the social anxiety among patients of depression and non depressed people. Comparisons were done with reference to gender and non depressed people. Statistical analyses were carried out in order to test the hypotheses of the study. Overall results of recent study indicated that social anxiety is high among patients of depression ( $M=89.00$ ,  $SD=12.79$ ) as compared to non depressed people ( $M=21.71$ ,  $SD=17.53$ ) where  $t(88) = 20.803$ ,  $p=0.001$ ,  $N=90$ . The presence of depression increases the risk of social anxiety<sup>17</sup>. The frequency of social anxiety among patients with depression tends to be high. In the community of USA, 17% - 37% of persons with social anxiety have major depression during their lifetime<sup>10</sup>. Finding regarding social anxiety among female patients of depression indicated that female patients of depression have high level of social anxiety ( $M=79.85$ ,  $SD=9.16$ ) as compared to male patients of depression ( $M=96.32$ ,  $SD=10.38$ ), where  $t(43) = 5.568$ ,  $p=0$ ,  $N=45$ . There are more women than men (the approximate ratio of 1.5:1) with social anxiety disorder in the community<sup>10</sup>. Another finding of the present study indicated that male patients of depression have high level of social anxiety ( $M=79.85$ ,  $SD=9.16$ ) as compare to non depressed males ( $M= 8.40$ ,  $SD=8.40$ ), where  $t(38) =26.250$ ,  $p=0$ ,  $N=40$ . In a sample of patients with social anxiety disorder, however the number of women and men tend to be same, and sometimes there are even more men than women in clinical settings with depression and social anxiety<sup>18</sup>. People with social anxiety may have lower education, feel frustrated about their professional achievements be unemployed and financially dependent, rely on social support and be in the lower socioeconomic group<sup>10</sup>. Another finding did not support the hypothesis that female patients with depression have high level of social anxiety ( $M=96.32$ ,  $SD=10.38$ ) as compared to non depressed females ( $M=96.32$ ,  $SD=10.38$ ), where  $t(48) =.000$ ,  $p=0.5$ ,  $N=50$ . There may be several reasons for non significant of social anxiety among female patients with depression and non depressed females. As females may not have more exposure to meet people. Sometimes they may have to interact with others for job purpose, study purpose or in some cases for support their family, they feel shy and embarrassment. Females are

A.P.M.C Vol: 5 No.1 January-June 2011

particularly distress when they have to perform their job under observation by other people. They feel fear of entering a room or hall in which people are already seated, attending a lecture or other public performance in an educational setting. They considered that they will suddenly become the center of attention and being judged with disapproval or with some negative way, females typically say that the stare of so many eyes at the same time is deeply disturbing. In some cases females are bounded with some restricted rules by structure of their family. They may have fear concerned about any situation in which they are expected to communicate with others. This thing may exaggerate social anxiety among females.

## CONCLUSION

Depressed people have higher level of social anxiety comparatively non depressed people and as per gender, female patients of depression have higher level of social anxiety comparatively male patients of depression as told by this study and other studies as well, so depressed people and their families should educate about their illness and their treatment and increase contacts to build up confidence in a better way. Further studies are suggested to examine the social anxiety among patients of depression before and after treatment.

## REFERENCES

1. Liebowitz, M. R. Social Anxiety Scale. Modern Problems in Pharmacopsychiatry 1987; 22: 141-173.
2. Albano, A. M., & Detweiler, M. F. The Developmental and Clinical Impact of Social Anxiety and Social Phobia in Children and Adolescents. International Journal of Clinical and Health Psychology 2001; 2: 467-476.
3. Heimberg, R. G., Liebowitz, M. R., Hope, D. A., & Schneier, F. R. Social Phobia: diagnosis, assessment and treatment. New York: Guilford Press 1995; 8:40-52.
4. Crozier, R.W. Speaking about shyness: Perspectives from social psychology. Journal of Personality and Social Psychology 2001; 64: 1072-1083.

- 
5. Lecrubier, Y., & Weiller, E. Comorbidities in social phobia. *International Clinical Psychopharmacology* 1997; 12: 17- 21.
  6. Rao, U., & Chen, L. Characteristics, correlates and outcomes of childhood and adolescent depressive disorders. *Journal of the American Academy of Child and Adolescent Psychiatry* 2010; 49: 141-151.
  7. Pini, S., Maser, I. D., & Dell, L. O. Social anxiety disorder comorbidity in patients with bipolar disorder: a clinical replication. *Journal of Anxiety Disorders*, 2006; 20: 1148-1157.
  8. Wells, A., & Clark, D. M. A Handbook of Theory, Research on Treatment. In: Paved GCL, editor. Chichester (UK): Wiley 1997; 3-26.
  9. Nelson, E. C., Grant, J. D., & Bucholz, K. K. et al. Social phobia in a population-based female adolescent twin sample: co-morbidity and associated suicide-related symptoms. *Psychological Medicine* 2000; 30: 797-804.
  10. Schneier, F. R., Johnson, J., & Hornig, C. D. Social phobia: Comorbidity and morbidity in an epidemiological sample. *Archives of General Psychiatry* 1992; 49: 282-288.
  11. Stein, M. B., & Heuser, I. J. Anxiety disorders in patients with Parkinson's disease. *American Journal of Psychiatry* 1990; 147: 217-251.
  12. Kessler, R.C., Stein, M. B., & Berglund, P. Social phobia subtypes in the National Comorbidity Survey. *American Journal of Psychiatry* 1998; 155: 613-619.
  13. Lecrubier, Y., & Weiller, E. Comorbidities in social phobia. *International Clinical Psychopharmacology* 1997; 12: 17- 21.
  14. Bassiony, M. M. Social anxiety disorder and depression in Saudi Arabia. *Wiley Inter Science* 2005; 21: 9-94.
  15. Liebowitz, M. R. Social Anxiety Scale. *Modern Problems in Pharmacopsychiatry* 1987; 22: 141-173.
  16. Starcevic, V. *Anxiety Disorders in Adults: A clinical guide*. New York: Oxford University Press 2008; 16: 317-321.
  17. Nelson, E. C., Grant, J. D., & Bucholz, K. K. et al. Social phobia in a population-based female adolescent twin sample: co-morbidity and associated suicide-related symptoms. *Psychological Medicine* 2000; 30: 797-804.
  18. Hendrie, C. A. Depression as an evolutionary adaptation: implications for the development of preclinical models. *Medical Hypotheses* 2003; 72: 342-347.

#### AUTHORS

- **Dr. Tariq Rashid**  
Assistant Professor of Psychiatry  
Punjab Medical College, Faisalabad
- **Dr. Ayesha Saddiqua**  
Clinical Psychologist  
Faisalabad International Hospital
- **Dr. Saadia Naureen**  
Clinical Psychologist  
Faisalabad International Hospital