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Comprehensive Psychiatry 47 (2006) 399–405

Comprehensive PSYCHIATRY

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Social phobia symptoms: prevalence, sociodemographic correlates, and overlap with specific phobia symptoms

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Abstract

Background: Social phobia (SP) is a highly prevalent disorder in Western countries, but is rather rare in Eastern societies. Prevalence rates range from 0.5% in Eastern samples up to 16% in Western studies. Its prevalence in Israel, an Asian state characterized by Western culture, has not yet been studied. The present study aimed to assess the prevalence of SP symptoms in a nonclinical sample of Israeli adolescents, to characterize sociodemographic correlates of SP symptoms and to evaluate comorbidity with specific phobia symptoms.

Methods: Participants included 850 young soldiers from the Israel Defense Forces. Measures included the Liebowitz Social Anxiety Scale (LSAS; self-report version), a questionnaire on specific fears and phobias, and a sociodemographic questionnaire. Clinical and demographic correlates of SP were also examined.

Results: Probable SP (LSAS ≥ 80) was present in 4.5% of the sample. Overall, SP symptoms were reported by a great percentage of the subjects, as displayed by the rather high mean LSAS scores (29; SD = 23.79) in this nonclinical sample. The following variables were accompanied by higher LSAS scores according to our regression model: inability to perform command activities, receiving psychotropic medication before army service, having less than two friends, shy family members, and treatment during military service. Subjects with probable SP had a rate of comorbidity with specific phobia symptoms of 44%.

Conclusions: Our findings corroborate those from other studies in Western countries, both regarding the high prevalence of SP symptoms and its demographic and clinical correlates, as well as regarding the high overlap rate with specific phobia symptoms.

1. Introduction

Social phobia (SP) is a chronic anxiety disorder characterized by fear of embarrassment in a social context, with secondary attempts of avoidance. Social phobia is characterized by significant disability and chronicity. It may lead to a restriction in one's lifestyle, significantly impact important life decisions, and often prevents one from making the most of available opportunities [1]. Individuals with SP are more likely to develop disabilities in the areas of school, work, and social life, with particular problems initiating relationships with the opposite sex. Furthermore, over time, increased disability and a reduced quality of life, as well as increasing rates of comorbidity with secondary mental disorders (ie, depression, substance abuse), can be expected [2-6].

Early studies of SP in Western societies reported an estimated prevalence of 1% to 4% [7,8]. More recent studies, which have used more sophisticated tools, even reported rates of 10% to 13% [9-11]. The prevalence of SP in Eastern societies, although less studied, has been reported to be much lower, namely, 0.4% in a rural Taiwanese village [12]. The significantly higher rate of SP in the Basle Epidemiological Study (16% [13]) as compared with the Southeast Asia surveys (0.4%-0.6%) is truly intriguing [12,14]. It remains unclear whether the difference between prevalence rates found in Western and Eastern studies is an accurate reflection of the situation or is due to different

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0010-440X/$ – see front matter © 2006 Elsevier Inc. All rights reserved.
doi:10.1016/j.comppsych.2006.01.008

constructs and mental representations of this condition in Asia [1]. Although SP states do exist in Eastern societies (ie, *taijin kyofusho*) [15], it is possible that Eastern emphasis on social cohesion and interaction affects the clinical characteristics of anxiety. That is, anxiety among Eastern individuals is characterized not by individual performance per se, but rather by the disruption of social harmony.

Given Israel's unique social and cultural diversity, as a function of its immigrant community from both Western and Eastern countries, it stands to reason that the study of the prevalence of SP symptoms in an Israeli sample of young adults is likely to shed new light onto this disorder and its potential risk factors. To our knowledge, there has yet to be published a study examining the rate of SP in Israel, despite the fact that several studies have addressed the epidemiology of mental disorders in Israel. Levav et al [16] examined the prevalence of mental disorders in a 10-year cohort of young Israeli adults and reported a point prevalence of phobic disorders (including SP) of 2.8%, less frequent than in American, Canadian, and Australian samples. Specific data on SP rates were not provided.

Israeli society is characterized by specific demographic, security, and cultural aspects, some of which may affect social interactions and possibly the rate of SP [17-21]. As a part of an international research study, Harell et al [18] reported in a large Israeli sample of adolescents (age 11-17; N = 8394) that approximately a quarter of subjects reported feeling socially rejected (remain alone, do not participate in social activities, encounter difficulties in groups). In addition, one fifth of the respondents reported a subjective feeling of loneliness very often, more among boys. Subjective feelings of loneliness were more frequent in the older age group (age >15). Relative to European youth, Israeli adolescents displayed low problems of social rejection, whereas the rate of lonely students was among the highest. Social rejection and loneliness were prevalent among young immigrants to Israel (especially those with poor economic status), as compared with Israeli-born pupils. Thus, although positive social interactions exist among Israeli youth, a relatively large group (new immigrants, low socioeconomic class) experiences loneliness.

Another issue that might impact the prevalence of SP in Israel is the unstable political environment including terrorist attacks and threats of war [19]. In a study of 676 Israeli children, Ginter et al [17] reported two types of anxiety, one worrying about what will happen and the other related to "social problems" and speculated that the potential attack from others coupled with the strong group identity and sense of group cohesiveness found in Israel may contribute to a form of social concern or anxiety [17]. Doubts about being able to meet the group's expectations could result in a concern about fear of rejection or ostracism for not being able to fulfill one's obligation [17,21,22]. In fact, the strong group cohesiveness common to this environment may make children fear rejection more than in other cultures.

As reports on the prevalence of SP vary widely between countries, epidemiological research in Israel, a multicultural society, may provide important data. The high prevalence of SP in Western samples concurrent with the high rate of loneliness in the young population in Israel [18] have given impetus to study the epidemiology of SP in Israel and, in particular, in the Israel Defense Forces. This sample of young adults was chosen due to the fact that SP often begins during childhood or adolescence and, if left untreated, may be masked and complicated by subsequent disorders [1].

The study's objectives were as follows: (1) to assess the rate of SP symptoms in an Israeli sample of youngsters; (2) to characterize the sociodemographic characteristics (sex, place of birth, education, and relationships) of those with social anxiety symptoms; (3) to examine possible risk factors for the development of SP; (4) to examine whether SP scores differ as a function of military profession (medics vs mechanics). Given that medics are required by the inherent characteristics of their profession to interact with others, we hypothesized that SP symptoms would be more frequent in the mechanics group; and finally (5) to assess overlap between specific phobic symptoms and SP symptoms.

2. Methods

2.1. Sample

Participants included 900 new soldiers, recruited during their secondary course, at the Military Medicine School (n = 450) or at the Mechanics School (n = 450). The school for military medicine teaches courses for medics and nurses, whereas the school for mechanics teaches mechanics and electricians. Of the initial sample, 23 soldiers with inadequate knowledge of Hebrew or with severe reading/comprehension or organic difficulties were excluded from the study. Another 27 subjects refused to participate. Thus, 850 subjects participated in our study.

2.2. Procedure

After approval by the Military Ethics Committee, the study was described to the participants by a mental health officer. The mental health officer gave instructions and clarifications when required. After signing informed consent, the soldiers filled out the questionnaires in groups of 30 soldiers, anonymously, and in the following order.

The Liebowitz Social Anxiety Scale (LSAS; [23]) is a 24-item clinician-rated scale designed to measure both social interaction and performance-related anxiety. It assesses the degree of fear and avoidance on a Likert scale of 0 (no fear/avoidance) to 3 (high fear/avoidance) in 24 different social situations. Patients with mild SP usually score 30 to 40 points, whereas those with moderate/severe SP score around 50 to 80 points. The LSAS is highly cited as a measure of treatment efficacy [24-26]. It is also cited in prevalence studies, usually with complementary tools, such as the CIDI or the SCID. However, it has been also reported