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## Social anxiety in older adults: phenomenology, prevalence, and measurement

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### Abstract

Although phobias represent the most common anxiety disorders among the elderly, little is known about their social nature. The present study provides information about the prevalence, measurement, and phenomenology of social anxiety in older adults ( $n = 283$ ) and compares results to those of younger adults ( $n = 318$ ). Analyses revealed that social anxiety is less prevalent in old age than it is within younger cohorts and is associated with different symptomatology. The psychopathological profile of those who reach clinical levels of social anxiety is however similar, irrespective of age. Results regarding the psychometric properties of the SPAI when used for the elderly were promising, but the questionnaire appears to be difficult for some older adults to complete. Results are discussed in terms of explanations for age differences in social anxiety, initial psychometrics of the SPAI in an older adult sample, and suggestions for future research.

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Large-scale epidemiological studies, conducted in different countries, have indicated that anxiety is a significant mental health problem in the elderly (Stanley & Beck, 2000). In the Epidemiological Catchment Area (ECA) survey, the anxiety disorders were found to be more than twice as prevalent as affective disorders and four to seven times as prevalent as major depressive disorder (Regier et al., 1988; Weissman et al., 1985). Examination of prevalence data on specific anxiety disorders suggests that phobias, both specific and social in nature, represent the most common anxiety disorders among the elderly (Stanley & Beck, 2000). The ECA survey documented a prevalence rate of 4.8% for phobias compared to a rate of 0.8% for obsessive-compulsive

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disorder and 0.1% for panic disorder (Regier et al., 1988). In light of this, it is interesting that very little work has been done with respect to studying phobias in older adults and this is especially true with regard to social phobia, where there is virtually no established knowledge base.

In the past several years there has been an increasing interest in studying anxiety in older age groups and several authors have emphasized the need to learn more about the phenomenology of anxiety in older adults (Pearson, 1998; Stanley & Beck, 2000). The nature and experience of anxiety in younger and middle-aged adults is relatively well understood but it remains to be seen whether that knowledge can be transferred to older adults. In old age there appears to be a significant overlap between anxiety, medical conditions and cognitive decline (Krasucki, Howard, & Mann, 1998), and this casts doubt on the assumption that the nature of anxiety is identical in younger and older individuals. The purpose of the current study is to provide preliminary information about the prevalence, measurement, and phenomenological experience of social anxiety in older adults.

## **1. Anxiety and social anxiety in late life**

Few studies are available that have examined the nature of anxiety in old age, and most of this research does not focus on specific anxiety disorders. One of the first studies to address this issue examined the factor structure and frequency of affect in three age groups (Lawton, Kleban, & Dean, 1993). The three age groups were young individuals (18–30 years), middle-aged people (31–59) and elderly individuals (60 and older). Lawton et al. found different factor structure in these three age groups and most of the observed difference was on dimensions involving positive affect (e.g., energetic, alert, aroused) and depression. Additionally, emotion terms assessing guilt loaded more heavily for younger adults on an anxiety-guilt factor than they did for the elderly. Results also indicated that the elderly group reported less than the younger groups of almost every negative emotional state (including anxiety) but few differences were found in the experience of positive affect. Other studies have focused on specific symptoms of anxiety (e.g., worries and fears). In a study of community-dwelling older adults, Kogan, Edelstein and McKee (2000) found several fear objects or situations (e.g., fear of being a burden on others) that are not contained on current fear surveys. In a study that examined the prevalence and distribution of fears in older adults (Liddell, Locker, & Burman, 1991) by using the Fear Survey Schedule (FSS-II; Geer, 1965), some information was gathered on the nature of fears in older age. Even though results indicated a decrease in fears with advancing age, some types of fear were common among all participants (age range, 50–89). These included death of a loved one, fears of an untimely death, illness or injury to a loved one, auto accidents, being in a fight, looking foolish, failing a test, and suffocating. In a study of worry among older adults, Person and Borkovec (1995) found that the content of worries varied somewhat in different age groups. Older adults worried more about health, whereas younger adults reported more frequent worries about family and financing.

The general consensus in the literature is that the prevalence of anxiety problems in the elderly is lower, relative to younger persons (Flint, 1994). The ECA survey, for example, revealed a one-month prevalence rate of 5.5% for all of the anxiety disorders in people aged 65 and older, compared to a rate of 7.3% in younger adults (Regier et al., 1988; Weissman et al., 1985). Studies that have used symptom scales to look at anxiety on a continuum have similarly documented that

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