

Social Anxiety in Chinese- and European-Heritage Students: The Effect of Assessment Format and Judgments of Impairment

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We examined whether social anxiety resulted in different levels of perceived impairment in first- and second-generation students of Chinese heritage ($n=65$ and 47) compared to their European-heritage counterparts ($n=60$). We also used a modified version of the Anxiety Disorders Interview Schedule (ADIS-IV) to determine whether the 3 groups responded differently to the social demands inherent in interview-based assessment compared to questionnaires. First-generation Chinese participants reported significantly greater social anxiety and impairment than the European heritage group in response to both interviews and questionnaires. The results argue against the notion that social anxiety is perceived to cause less impairment in Chinese North Americans or that interview-based assessment has a differential effect on the Chinese- and European-heritage groups.

SOCIAL ANXIETY IS PERVASIVE, with a majority of people expressing discomfort in at least one type of social situation (Stein, Walker & Forde, 1994). For some individuals, social anxiety crosses a clinical threshold of distress and impairment, thereby

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warranting a diagnosis of social anxiety disorder.¹ Contemporary research indicates that there are differences in reports of social anxiety and social anxiety disorder across cultures, and in particular, between Asian and North American populations (Okazaki, 2000; Wittchen & Fehm, 2001; see also Ingram, Ramel, Chavira & Scher, 2001, for a review). There are also notable differences in the values that underlie social behavior in Asian and North American cultures. Whereas North American societies encourage individualism and independence, Asian cultures adhere to more collectivistic values that foster a sense of interdependence with others (e.g., Markus & Kitayama, 1991). Relatively little research has examined the way in which such values and other cultural differences may affect the assessment of social anxiety and social anxiety disorder. The influx of Asian immigrants to North America points to a need to understand the expression of psychopathology in this group, as well as the effects of cultural identity on their psychological functioning (Le, 2004; Ryder, Alden & Paulhus, 2000). Accordingly, our goal in this study was to examine factors that may influence the assessment of social anxiety in first- and second-generation North Americans of Chinese heritage.

Social Anxiety in Asian and North American Populations

Studies that have compared Asian and North American samples with respect to social anxiety and related constructs generally show differences in

¹ The term “social anxiety” corresponds to the entire spectrum of social discomfort, whereas “social anxiety disorder” is a specific diagnostic category and refers to social anxiety with distress or impairment.

symptom reporting between these groups. Asian heritage samples have been shown to score higher than their European-heritage counterparts on self-report questionnaires measuring social anxiety (Okazaki, 1997, 2000; Sue, Ino & Sue, 1983), shyness (Paulhus, Duncan & Yik, 2002; Zimbardo, 1977), introversion (McCrae, Costa & Yik, 1996; Stevens, Kwan & Graybill, 1993), embarrassability (Singelis, Bond, Sharkey & Lai, 1999; Singelis & Sharkey, 1995), and nonassertiveness (Sue et al., 1983; Zane, Sue, Hu & Kwon, 1991). The same pattern emerges whether European-heritage populations are compared to Asians residing in Asian countries or to people of Asian heritage residing in North America.

Differences between Asian and North American populations have also been found for reports of social anxiety disorder. In contrast to questionnaire findings, however, epidemiological studies report lower prevalence rates in Asian compared to European and North American countries. Studies conducted in Asian countries have reported lifetime prevalence rates of approximately 0.5% (Hwu, Yeh & Chang, 1989; Lee, Kwak, Rhee, Kim, Han, Choi et al., 1987), whereas data from the National Comorbidity Survey Replication study indicate a North American lifetime estimate of 12.1% (Kessler, Berglund, Demler, Jin, Merikangas & Walters, 2005; see also Wittchen & Fehm, 2001). The lower prevalence estimates reported in Asian studies are not simply a function of their use of *DSM-III* criteria, which tends to produce lower rates of social anxiety disorder than later versions of the *DSM* (Lang & Stein, 2001). Asian rates are also lower than the rates found in North American and European studies that used *DSM-III* criteria (Somers, Goldner, Waraich & Hsu, 2006).

In Asian countries, there is a discrepancy between the results of questionnaire and epidemiological research, with questionnaire studies indicating that Asians report higher levels of social anxiety and epidemiological studies indicating that they have lower rates of social anxiety disorder compared to their Euro-North American counterparts. No research of which we are aware has examined the source of that discrepancy. The research literature points to several possible explanations. First, epidemiological findings are based on diagnostic criteria for social anxiety disorder, which require the presence of functional impairment in addition to the symptoms of social anxiety assessed in questionnaires. It is conceivable that people could experience social anxiety, yet, if the social-cultural environment was accepting, not feel significantly impaired. Second, the epidemiological studies cited above all assessed social anxiety disorder through

interviews, whereas questionnaire studies assess social anxiety with paper-and-pencil measures. Interviews, which involve direct interpersonal contact, place different social demands on respondents than questionnaires, and the impact of those demands may differ between cultures. Finally, epidemiological studies use community samples, whereas questionnaire studies have typically been conducted with university samples.

To our knowledge, no research has addressed whether the same discrepancy is found within North American Asian populations. Indeed, there is a dearth of information about social anxiety and social anxiety disorder in Asians in North America, although they are one of the more rapidly expanding immigrant groups (Statistics Canada, 2003; U.S. Census Bureau, 2006), and social anxiety disorder is among the more prevalent psychological disorders (Kessler et al., 2005). The literature reviewed above suggests that it is important to determine whether cultural factors affect reports of social anxiety. That information will help to establish whether our current assessment and treatment strategies require modification to increase their relevance to Asians living in North America.

Culture and Social Anxiety-Related Impairment

The research described above raises the question of whether culture-related values and socialization practices affect the extent to which social anxiety impairs life functioning in Asian North Americans. Whereas North American children are socialized to be independent and assertive, Asian cultures emphasize interdependence with significant others and the importance of maintaining social harmony (Chen, 2000; Markus & Kitayama, 1991). Since shy and inhibited behaviors are unlikely to disrupt group harmony and functioning, they may be less likely to be regarded as maladaptive in collectivistic cultures, and, in fact, may be positively valued and encouraged (Chen, 2000; Heinrichs, Rapee, Alden, Bögels, Hofmann, Oh, & Sakano, Y., 2006). Consistent with those ideas, Chen, Rubin & Sun (1992) found that whereas shy-anxious children in Canada experience social difficulties in the form of peer rejection and negative self-perceptions, shy-anxious children in China are well accepted by peers and rated by teachers as competent.

In a similar vein, some writers have suggested that the individual's actual *experience* of social anxiety may be affected by culture-related socialization practices (e.g., Dong, Yang & Ollendick, 1994; Higgins, 2004). Due to the importance of interpersonal harmony, Asians may be socialized to be more acutely attuned to social cues and more

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