Shyness in Arab Countries: Is it a physiological or Pathological Phenomena?

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Abstract:

To differentiates between physiological and pathological shyness. Finding their prevalence in a community sample in two different Arab country and lastly, comparing shyness and related psychiatric symptoms as avoidant personality symptoms and social phobia symptoms in the two countries. We examined a community sample of two groups, each consisted of 76 college student from Egypt and Saudi Arabia. All Participants assessed using Shyness scale (Al-Driny 1980), Fear of negative evaluation scale, an Arabic version of Social phobia Scale (Raulin & Wee, 1994), (Desoky., 2004) and Diagnostic Check list of Personality disorders (Rashad, 2000) for Avoidant personality. Further assessment for subjects with high score in the personality check list using Arabic version of Structured clinical interview for diagnosis of Personality disorder (SCID) (Mphtah,1994). Results: 9.8% of the Egyptian sample had pathological shyness with mean score of 61.5.+/-9.2 while it was 18.4 % in the Saudi sample with mean score of 62.2+/-12.3. At the same time high score in social phobia scale and presence of avoidant personality disorder highly associated with pathological shyness. There were no significant differences between both group regarding mean score of different scales. Though a number of cases of avoidant personality disorder and high score in social phobia were higher in Saudi group. Although in some culture shyness is a physiological phenomenon, which is socially accepted and expected, but there is another type of shyness, which is a pathological phenomenon that mostly related to avoidant personality and social phobia symptoms whether it represent the same or different psychopathology. The answer needs a lot of researches.

Introduction:

Chronic shyness has been defined as a fear of negative evaluation accompanied by emotional distress or inhibition which interferes significantly with the participation of desired activities and with the undertaking of personal and professional goals **(Henderson, 1994)**. At the same time shyness has long been described as a character trait, an attitude, or a state of inhibition **(Lewinsky, 1941).** Another way of classification of shyness in two domains, fearful shy individuals versus self-conscious shy individuals. In the former group, fear of novelty and autonomic reactivity was hypothesized to be the major component. In the latter group, excessive awareness of public aspects of one's self was the central element **(Buss, 1985).** The definition of shyness also encompasses several of the central components found in social phobia, including fear of negative evaluation, interference with functioning, and negative cognitions. Comparing shyness, social phobia and avoidant personality disorders has been somewhat difficult due in part to the fact that shyness, a trait term, is part of common language as well as a psychological construct from personality theory research, rather than a formal DSM **(APA, 1987; APA, 1994)** category, like social phobia and avoidant personality

disorder which is derived from researches with clinical samples **(Lorant et al., 1999). Henderson, 2004** found that, shyness occurred in 49% of the population, becoming disabling in 13% or more. Clinical observation suggests that individuals seeking treatment for shyness are in significantly greater distress than the general population, showing greater depression, generalized anxiety, social avoidance, interpersonal sensitivity. Recently the increased pervasiveness of both shyness and social phobia in the general population should be a source of concern, some suggest that shyness and social phobia are the same and should be treated as a medical condition with medication such as Paraoxitin, may be different from each other only in degree **(Carducci, 2000; Schrof & Schultz, 1999).** In Arab culture shyness is acceptable phenomena even some times may be expected. Are we in need for a shyness clinic with psycho-social intervention programs as that present in some western countries? A question needs an answer. As overlap between shyness, social phobia and avoidant personality disorder are quite common. So we tested the hypothesis that, There are two type of shyness physiological that is not accompanied by psychiatric symptoms and doesn't cause disability or need treatment and pathological shyness that associated with psychiatric symptoms and disorders as social phobia and avoidant personality. So our objectives are:

1. Differentiates between physiological and pathological shyness and finding their prevalence in a non clinical sample.
2. Finding the relation between pathological shyness, social phobia symptoms and avoidant personality disorder.
3. Compare shyness and related symptoms in two different Arab countries.

Subjects and method

We examined a non clinical community sample of two groups; each consisted of 100 volunteers although upon data analysis only 76 of each group were suitable for analysis, as there were many dropouts, as some did not answer the whole questionnaire. First, one consisted of 76 Egyptian volunteers, selected from 5th year of faculty of medicine together with 2nd year of faculty of literature. The second group consisted of 76 Saudi volunteers; all were college students selected from 3rd grade of faculty of scientific health. Both male and female with age range 18-23 years. All of them accepted to join in the study after full information about the study.

Tools:

1. Shyness scale which is a 36 statements Arabic scale each statement had 3 options for answers(each has specific score) and the total score achieved via algebraic sum of the whole 36 answers, the scale was constructed and validated in Arab countries with high internal consistency and reliability **(Al-Driny 1980)**
2. An Arabic version of Fear of Negative Evaluation scale, 30 statements scale, with yes or no answers with high validity and reliability in Arab countries **(Watson & friend, 1996) (Desoky, 2004).**
3. An Arabic version of Social phobia Scale **(Raulin & Wee 1994) (Desoky., 2004)** 36 items scale with yes or no answers and the total score achieved via algebraic sum of the whole 36 answers, the scale is constructed and valid in Arab countries**,** too.

4. Diagnostic Checklist of Personality disorders **(Rashad, 2000)** for Avoidant personality.
5. Arabic version of structured clinical interview for diagnosis of Personality disorder (SCID) **(Mphtah, 1994)** for further assessment of subjects with high score in the personality check list.
6. Written informed consent.

Study proper:

This is a cross-sectional observational study performed in the period from the September 2005 to Mai 2006. Every Participant received a file folder containing an informed consent statement and a copy of the following scales, shyness scale **(Al-Driny 1980),** An Arabic version of Fear Of Negative Evaluation scale **(Desoky., 2004),** an Arabic version of Social phobia Scale **(Desoky., 2004)** and Diagnostic Checklist of Personality disorders **(Rashad, 2000)** for Avoidant personality. Further assessment for subjects with high score in the personality check list using Arabic version of Structured clinical interview for diagnosis of Personality disorder (SCID) **(Mphtah, 1994).**

Statistical methods

The results analyzed using SPSS Version 10 Statistical program.

The following statistical procedures used in this work.

1. Logistic t test used for comparison between two mean groups.
2. Ranked Sperman Correlation Test to study the association between each two variables among each group.
3. Wilcoxon Rank sum test for comparison of qualitative values
4. Chi squared test to compare 2 proportions.

Results:

Regarding socio-demographic data there was no significant difference between Egyptian sample and Saudi sample regarding age, as age range 18-23 years with mean age of Egyptian as 20.1+/-1.4 and of Saudi as 19.7+/-1.5. In the same time no significant difference between both groups regarding sex as 51% of Egyptian sample were male versus 44.7% of Saudi sample. On the other hand 49% of Egyptian sample were female versus 55.3% of the Saudi sample.

Table (1): Physiological and pathological shyness in both groups:

Shyness	**Egyptian group**		**Saudi group**		**Total**		**significance**
	No	%	No	%	No	%	
Physiological	69	90.2%	62	81.6%	131	85%	.182
Pathological	7	9.8%	14	18.4%	21	15%	

- No statistical significance difference between both groups regarding prevalence of both type of shyness.

Table (2): Correlation between shyness and other scales in both groups:

	Age		Social phobia scale		Fear of negative evaluation scale	
	r	P	r	P	r	P
Egyptian	-.223	.115	.581	.000	.462	.001***
Saudi	-.043	.711	.787	.000	.400	.000***
Whole sample	-.104	.243	.710	.000	.430	.000***

There were very highly significant direct correlation between Shyness, Social phobia scale and fear of negative evaluation scale in both groups.

Table (3): Relation between shyness and Avoidant personality symptoms and disorder in both groups:

	Avoidant personality symptoms	Avoidant personality disorder
	P	P
Egyptian	.062	.023*
Saudi	.000***	.000***
Whole sample	.032*	.012*

- There was significant relation between shyness and avoidant personality disorder in Egyptian group.
- There were very highly significant relation between shyness and avoidant personality symptoms and disorder in Saudi group.
- There were significant relation between shyness and avoidant personality symptoms in whole sample

Table (4) Risk factors for pathological shyness: (regression analysis)

	t	Significance
Fear of negative evaluation	.173	.863
Social phobia	5.052	.000***
Avoidant Personality symptoms	1.394	.166
Avoidant Personality disorder	6.992	.000***

- High score on social phobia scale and presence of avoidant personality disorder considered as risk factors for pathological shyness.

Table (5): Comparison between Egyptian and Saudi regarding all scale:

	Shyness	**Social phobia**	**Fear of negative evaluation**
	M+/-SD	**M+/-SD**	**M+/-SD**
Egyptian	61.5+/-9.2	11.1+/-7.7	14.7+/-4.2
Saudi	62.2+/-12.3	8.7+/-7.5	15.3+/-4.2
Significance	.677	.081	.467

- There were no significant differences between both groups regarding mean scores .

Table (6) Comparison of both groups regarding pathological cases

	Social phobia		**Avoidant personality symptoms**		**Avoidant personality disorder**	
	low	**High**	**Low**	**High**	**No**	**Yes**
Egyptian	86.1%	13.9%	74.5%	25.5%	94.1%	5.9%
Saudi	81.6%	18.4%	57.9%	42.1%	88.2%	11.8%
Sign	.467		.055		.260	

-No statistical significance difference regarding prevalence of pathological cases in both groups.

Table (7): Gender differences regarding different scales:

	Shyness		**Social phobia**		**Fear of negative evaluation**	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Mean score	58.8	64.7	8.1	11	15.3	14.9
Z	-2.806		-1.767		-.506	
P	.005***		.077		.613	

There was very highly significant gender difference regarding mean score of shyness as it was more among females.

Discussion:

The prevalence of pathological shyness in the whole sample is 15% versus 85% physiological shyness. Although no statistical significant difference between both groups, regarding proportion of physiological and pathological shyness but number of cases with pathological shyness are higher in Saudi than Egyptian sample as there are 18.4% versus 9.8% respectively. In an older study by **Zimbardo et al. 1974,** they conducted a large- scale survey first with open-ended questions, then a self-report checklist which was administered to more than thousand people in the United States and many other countries, 40% reported being chronically shy; another 40% indicated that they had considered themselves as shy previously but no longer, 15% more as being shy in some situations, and only about 5% believed they were never shy. Since that time, the percentage of individuals reporting shyness has increased to nearly 50% (48.7% +/- 2) **(Carducci & Zimbardo, 1995).** Although they didn't differentiate physiological from pathological shyness may be as his sample taken from shyness clinic that is to say, mostly it indicate pathological type of shyness. In certain culture, shyness may be higher due to many cultural and religious factors that encourage development of physiological shyness. Another issue we searched for in our study is the relation between both type of shyness and other psychiatric symptoms related to shyness as, social phobia, fear of negative evaluation, Avoidant personality symptoms and disorder. Although there were very highly significant correlation between shyness, social phobia and fear of negative evaluation together with significant relation between shyness and avoidant personality symptoms and disorder but for pathological shyness only social phobia and avoidant personality disorder considered as risk factors or highly related to pathological shyness. Similar result found by **Bernardo et al., 2001,** who examine the relation between shyness, social phobia and social anxiety disorder in a non-clinical sample. Participants in the study completed the Cheek-Buss Shyness Scale (CBSS), Social Phobia Inventory (SPIN) and Liebowitz Social Anxiety Scale (LSAS). Internal correlational analyses (all p's < .05) indicated that the SPIN total score correlated with 18 of the 20 items of the CBSS. Of the 20 items of the CBSS, 17 correlated significantly with the fear/anxiety subscales of the LSAS while 13 correlated significantly with the LSAS avoidance subscale. On the other hand in this study comparing both group regarding all scales revealed no statistical significant differences regarding mean score while prevalence of pathological cases of avoidant personality disorder and high score of social phobia symptoms are higher at Saudi sample but they do not reach significance may be due to small sample size. However prevalence of social phobia differed from study to study and from culture to culture for example the National Comorbidity Survey of over 8,000 American correspondents in 1994 revealed a 12-month and lifetime prevalence rates of 7.9% and 13.3%. In another study carried on 2004, based on data from the 2002 Canadian Community Health Survey (CCHS), about 750,000 Canadians aged 15 or older, or about 3% of the population, reported that they had had symptoms of the disorder in the past year **(CCSF, 2002),** while in the same study, life time prevalence was 8%. As we see there are

marked variability in the prevalence of social phobia from one study to another according to many factors which affect results as type of sample whether community sample, hospital based as shyness clinic, another factor is the number of sample, method of assessment and diagnostic criteria of assessment and time of the study whether old or recent Lastly cultural differences also may have an effect for example estimates of social phobia in East Asia are much lower than those in the West, with estimated lifetime prevalence in Korea of 0.5% **(Lee et al., 1990)** and in Taiwan of 0.6% **(Hwu et al., 1989).** Meanwhile our study, comparing prevalence of avoidant personality symptoms and disorder in both although it does not reach statistical significance but there are obviously high prevalence in Saudi sample. However 42.1% of the Saudi sample report high symptoms of avoidant personality while only 11.8% proved to have avoidant personality disorder after doing SCID, all of them having in addition pathological shyness. In the Egyptian sample they are 25.5% and 5.9% respectively. Data from National Epidemiologic Survey on Alcohol and Related Conditions (N = 43,093) show prevalence rate of APD of 2.36% **(Sarah 2006).** In addition regarding gender difference in our study scores are higher in all scales in females, although it does not reach significance except for shyness. Similar finding by **Chapman et al., 1995** who find social phobia higher among females as male to female ratio 3 to 2 respectively, however in the study of **(Carducci & Zimbardo, 1995)** they reported different pattern of shyness in both sex as for example, the frequency of gazing behavior. Furthermore, purely demographic variables may also play a role - for example there are possibly lower rates of social anxiety disorder in Mediterranean countries and higher rates in Scandinavian countries, and it has been hypothesized that hot weather and high-density may reduce avoidance and increase interpersonal contact **(Karen 2006**). On the other pole certain culture is pseudo sociophobic culture as the Japanese culture that promotes the sense of shame, "or one's awareness and sensitivity to the shame experienced by oneself or others" **(Okano, 1994).** Whether Arab culture is pseudo-sociophobic or not need further clarification? Although within the Arab, we have culture and subculture as, in Egyptian sample the pathological type of shyness that lead to disability and associated with social phobia symptoms and /or Avoidant personality disorder are nearly similar to that found in some western countries. While in the Saudi sample it may be higher, whether these are a reliable finding and indicate a cultural promotion for development of shyness or it is a bias in the study related to small number of sample or method of assessment, these may need further studies to be decided.

Limitations of the study:

- Small number of the sample
- Type of the sample
- Assessment method as we use Questionnaires to assess most of the variables which has less reliability than structured interview although most of community based studies use them especially that measure physiological phenomena as shyness.
- The social phobia scale is not a diagnostic scale but it measure traits indicating presence of pathology although we are not examining the prevalence of social phobia in our study.

Conclusion:

Different cultures clearly have different definitions of what is normative interpersonally and socially. Cross-cultural studies on the prevalence of shyness have been done and indicate that there are differences in numbers across cultures, though the overall pattern of results indicates a universality of shyness across all cultures. What is important to remember in this regard is that a person's own definition of his/her degree of shyness may be at least somewhat dependent on the cultural background and ethnic identity **(Karen 2006).** In this study obviously there were two types of shyness physiological shyness which may be promoted in certain subculture and pathological shyness which is less prevalent, more disabling, associated with social phobia symptoms and avoidant personality symptoms and disorders.

Recommendations:

- Additional researches need to be conducted on larger group of population in different Arab countries considering culture and subculture in every country to determine more accurately the prevalence of shyness whether physiological or pathological.

- Further research to determine clinical profile and cognitive characteristic of shyness in an attempt to establish more clearly the conceptual distinction and overlap with social phobia and avoidant personality disorders using different assessment tools. ,

- Shyness clinic is new term in Arab culture that may help some culture in treatment program of social phobia and related conditions together with helping in shyness researches.

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الخجل فى البلاد العربية هل هو ظاهرة فسيولوجية أم مرضية

يتناول موضوY البحث ظاهرة الخجل فى البلاد العربية بشقيها الفسيولوجى والمرضى وقد طبق البحـث علـى عينـة عشوائية من ٧٦ طالب وطالبة مصريين وعدد مماIل من الطلبةو الطالبات السعوديين ولقد بحIنا فـى نسـبة انتشـار الخجل فى العينة وأعراض بعض الأمراض النفسية المتعلقة به مIل رهاب المجتمعات والشخصية التجنبية وقد اتضـO ان نسبة انتشار الخجل المرضى فى العينة السعودية كانت % 18.4 بينما كانت فى العينة المصرية 11.8% كذلك كانت هناك علاقة أحصائية هامة بين الخجل المرضى ورهاب المجتمعات والشخصية التجنبية فى كل من العينتين ومن نتائج البحث يتضO كيف أن فى Iقافتنا العربية على الرغم من ان الخجل ظاهرة فسيولوجية معروفة ولكن الخجـل المرضـى هو ظاهرة أخرى تحتاج للمزيد من البحث فى اسبابها وطرق التعامل معها