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Does social support buffer social anxiety? A study among young adults from Mizoram

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Abstract
Social anxiety disorder (SAD) is characterized by excessive fear in social situations where individuals may be evaluated by others. This study examines gender differences in social anxiety within the collectivist Mizo society and the potential role of social support in mitigating its effects. A sample of 231 young Mizo adults (Males = 88, Females = 183) participated, with data collected using the Brief Fear of Negative Evaluation scale (BFNE-R) to assess social anxiety, and modified versions of the Perceived Social Support scales (PSS-FA and PSS-FR) to measure social support from family and friends. The study hypothesized that Mizo females would report higher levels of social anxiety than males and that social support would buffer the impact of social anxiety on well-being. The results supported both hypotheses, showing that Mizo females exhibited significantly higher social anxiety compared to males. Additionally, social support, particularly from friends, was found to reduce the adverse effects of social anxiety on individuals' functioning and well-being. The findings suggest that gender differences in social anxiety are prevalent in the Mizo society, with social support serving as a protective factor. These results emphasize the importance of fostering supportive environments, particularly for females, to alleviate the burden of social anxiety. Future research could explore the development of targeted interventions to enhance social support networks for those affected by SAD.

Keywords: Social anxiety, social support, gender differences, family, friends, Mizo youths

Introduction
As per the DSM-5, social anxiety disorder (SAD, previously called social phobia) is a form of anxiety disorder distinguished by significant apprehension or nervousness about one or more social circumstances in which an individual may be observed by others (APA, 2013). It is the third most common type of disorder after major depressive disorder and alcohol dependency (Kessler *et al*., 2015) [13]. Generally, women, regardless of age, are more likely to experience anxiety disorders including social anxiety disorder (McClean *et al*., 2011) [14]. In a study conducted by Honnekeri *et al*. (2017) [5], the prevalence of social anxiety disorder (SAD) among Indian undergraduate students was 7.8 % with specific SAD being higher among females than males. Similarly, Wittchen *et al*. (1999) [12] and Gren-Landell *et al*. (2009) [4] also found that SAD was higher among females than males. Literature explaining the reasons for this gender difference are complex and multifaceted. Some researchers have suggested that socialization experiences, such as gender stereotypes and social expectations, may shape individuals' social anxiety (Bahrami & Yousufi). Others have suggested that biological and hormonal factors may contribute to the gender difference (Patriquin & Mathew, 2017) [8].

Cohen & Wills (1985) [3] proposed that social support in the forms of emotional support, companionship, and instrumental aid may have a buffering effect on the influence of stressful situations. That is, social support may be said to be a mental asset as it is associated with well-being and health, either directly or as a buffer against stressful situations (Turner, 1981) [10].

Family and friends constitute a social support system that could buffer the symptoms of SAD. Having someone to talk to provides us with opportunities to share individual concerns as there is a sense of freedom or relaxation after talking it out and may help in our understanding of the self. Piccirillo *et al*. (2021) [9] found that friends of participants with SAD and comorbid depression engaged in fewer positive helper behaviors than the friends of participants who did not have SAD or comorbid depression and that receipt of positive support behaviors from friends may differ as a function of SAD and comorbid depression.

Wang *et al.* (2015) [11] also found strong correlations between family functioning, social support, and quality of life.

The current study seeks to examine gender differences in social anxiety within a collectivist Mizo society, with a particular focus on the role of social support as a potential mitigating factor. Thus, the hypotheses of the study are:

Hypothesis 1: Mizo females will exhibit higher levels of social anxiety compared to Mizo males.

Hypothesis 2: Social support will buffer the effects of social anxiety, reducing its impact on individuals' well-being and functioning.

Sample

The study initially recruited 400 young Mizo adults (aged 19-35 years) using convenience sampling. However, after data cleaning to address incomplete responses, the final sample size was reduced to 231 individuals (Males = 88, Females = 183).

Design

The study is a between-subjects design using cross sectional data, and also features correlational and hierarchical regression analyses.

Tools Used

1. **Brief Fear of Negative Evaluation scale (BFNE-R; Leary, 1983)** [7]**:** The BFNE-R includes 12 statements about social situations where individuals may feel evaluated, rated on a 5-point Likert scale (0 = not at all characteristic of me; 4 = extremely characteristic of me). A score of 38 or higher indicates clinical levels of social anxiety (Carleton *et al*., 2011). The scale demonstrated excellent reliability, with a Cronbach's alpha of .94.
2. **Perceived Social Support-Family and Perceived Social Support-Friends subscales (PSS-FA & PSS-FR; Glozah & Pevalin, 2016)** [15]**:** Modified 10-item

versions of the original PSS-FA and PSS-FR subscales were used to assess perceived support from family and friends. Responses range from 1 (strongly disagree) to 5 (strongly agree), with maximum scores of 50 on each scale. Higher scores indicate greater perceived social support. The reliability of the PSS-FA and PSS-FR subscales was excellent, with Cronbach's alpha values of .92 and .93, respectively.

Data Analysis

SPSS V.22 was used to analyse the data After ensuring that the data met the assumptions for the use of parametric tests and that there was homogeneity of variances, independent t-tests, Pearson's product moment method and hierarchical regression analyses were used to assess the study's objectives.

Results

The mean scores and independent t-test statistics are given in Table 1. The results indicated significant gender differences in negative evaluation and perceived peer support, but not in perceived family support. Females reported higher scores on the Negative Evaluation scale (M = 37.94, SD = 10.72) compared to males (M = 34.35, SD = 12.07), with a statistically significant difference, t(229) = -2.35, p = .020, and a small to moderate effect size (Cohen's d = -0.32). This suggests that females experience greater fear of negative evaluation than males.

In contrast, males reported significantly higher perceived peer support (M = 35.01, SD = 8.55) compared to females (M = 31.55, SD = 9.19), t(229) = 2.85, p=.005, with a small to moderate effect size (Cohen's d = 0.39). This finding implies that males perceive greater social support from their peers than females.

For perceived family support, no significant gender differences were found. Males (M = 35.06, SD = 9.11) and females (M = 33.28, SD = 9.89) reported similar levels, t(229) = 1.37, p=.173, with a negligible effect size (Cohen's d = 0.19). This suggests that perceived family support is relatively comparable across genders.

Table 1: Results of the Independent t-test

Variable	Gender	Mean	SD	t-value	p-value	Cohen's d
Negative Evaluation	Male	34.35	12.07	-2.35	0.02	-0.32
	Female	37.94	10.72			
Perceived Peers' Support	Male	35.01	8.55	2.85	0.005	0.39
	Female	31.55	9.19			
Perceived Family's Support	Male	35.06	9.11	1.37	0.173	0.19
	Female	33.28	9.89			

Note: Cohen's d values indicate the effect size, with positive values suggesting females scored higher and negative values suggesting males scored higher.

Significant negative correlations were found between Social Anxiety and Perceived Support from Friends (r = - 0.29; *p*<.01), and between Social Anxiety and Perceived Support from Family (r = - 0.38, *p*<.01), whereas the correlation between Perceived Friends' Support and Perceived Family's Support was found to be significantly positive (r = 0.53,

p<.01). These findings indicate that higher social anxiety is linked to lower perceived support from family and friends, and that perceived support from friends and family mutually influence each other, i.e., individuals who feel supported by their friends also tend to feel supported by their families.

Table 2: Relationship (Pearson's Correlation Coefficients) Between the Variables

Variables	Negative Evaluation	Perceived Peers' Support	Perceived Family's Support
Negative Evaluation	1	-.29**	-.38**
Perceived Peers' Support		1	.53**
Perceived Family's Support			1

**Correlation is significant at the 0.01 level (2-tailed).

Hierarchical regression analysis (Table 3) revealed that perceived social support from friends had a significant predictive effect ($\Delta R2 = .079$, $p<.001$) on social anxiety. When perceived social support from family was included in the model, forming a comprehensive measure of social support using the Perceived Social Support from Family and Friends scale, it was observed that the overall social support significantly predicted social anxiety ($\Delta R2 = .145$, $p<.001$). Cohen (1992) classified this as a medium coefficient of determination, implying a moderate effect size.

Table 3: Results of the Hierarchical Linear Regression Analysis Predicting Social Anxiety (Negative Evaluation) from Perceived Peers' Support and Perceived Family's Support

Model	Predictors	B	Std. Error	Beta	t	p
1	(Constant)	48.387	2.697	-	17.942	< .001
	Perceived Peers' Support	-0.359	0.079	-0.288	-4.545	< .001
2	(Constant)	54.083	2.914	-	18.56	< .001
	Perceived Peers' Support	-0.153	0.09	-0.123	-1.706	0.09
	Perceived Family's Support	-0.367	0.085	-0.311	-4.319	< .001

R = -0.29, ΔR^2 = 0.079, F = 20.66, $p<.001$ for Model 1
R = -0.38, ΔR^2 = 0.145, F = 20.45, $p<.001$ for Model 2

Discussion

Gender differences were evident from the study, with women reporting a greater fear of negative evaluation and men perceiving higher peer support. These differences suggest that social roles and expectations in Mizo society may influence how men and women engage with their social environments. Women's higher sensitivity to social judgment could stem from cultural norms that place emphasis on maintaining harmony and avoiding conflict. Meanwhile, men's stronger sense of peer support may reflect a cultural dynamic where male friendships are often activity-based, fostering camaraderie and mutual reinforcement.

At the same time, family support emerged as a stable and equitable source of emotional strength, with no significant differences between genders. This reflects the importance of the family unit in Mizo society, where familial relationships are deeply valued and provide a reliable foundation of support. Social support, both from peers and family, was strongly associated with lower levels of social anxiety.

The study also showed that family support had a stronger influence on reducing social anxiety than peer support. This emphasizes the importance of family in emotional well-being, particularly in a society where family ties are central to daily life. Peer support, though secondary, still played a meaningful role, showing the value of friendships in fostering emotional resilience.

Conclusion

Despite some limitations in the study, such as the small sample size and the specificity of the population (Mizo youths), the findings confirm the importance of understanding how social connections shape emotional experiences in Mizo society. It also reflects the strength of familial bonds and the value of peer relationships in reducing anxiety and promoting well-being, and that there is significant potential to enhance mental health and emotional resilience within the community by addressing specific needs while building on these strong social foundations.

Disclaimer

The interpretations presented are those of the authors and do not necessarily reflect the views of affiliated institutions.

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Conflict of Interest

The authors declare no conflict of interest.

References

1. American Psychiatric Association, DSM-5 Task Force. Diagnostic and statistical manual of mental disorders: DSM-5. 5th ed. Arlington (VA): American Psychiatric Publishing; 2013. 947 p. https://doi.org/10.1176/appi.books.9780890425596

2. Bahrami F, Yousefi N. Females are more anxious than males: a metacognitive perspective. Iranian J Psychiatry Behav Sci. 2011;5(2):83-90.

3. Cohen S, Wills TA. Stress, social support, and the buffering hypothesis. Psychol Bull. 1985;98(2):310-57. https://doi.org/10.1037/0033-2909.98.2.310

4. Gren-Landell M, Tillfors M, Furmark T, Bohlin G, Andersson G, Svedin CG, *et al*. Social phobia in Swedish adolescents: prevalence and gender differences. Soc Psychiatry Psychiatr Epidemiol. 2009;44(1):1-7. https://doi.org/10.1007/s00127-008-0400-7

5. Honnekeri BS, Goel A, Umate M, Shah N, De Sousa A. Social anxiety and Internet socialization in Indian undergraduate students: an exploratory study. Asian J Psychiatry. 2017;27:115-20. https://doi.org/10.1016/j.ajp.2017.02.021

6. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE, *et al*. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62(6):593-602. https://doi.org/10.1001/archpsyc.62.6.593

7. Leary MR. A brief version of the Fear of Negative Evaluation Scale. Pers Soc Psychol Bull. 1983;9(3):371-5. https://doi.org/10.1177/0146167283093007

8. Patriquin MA, Mathew SJ. The neurobiological mechanisms of generalized anxiety disorder and chronic stress. Chronic Stress. 2017;1:1-12. https://doi.org/10.1177/2470547017703993

9. Piccirillo ML, Lim MH, Fernandez KA, Pasch LA, Rodebaugh TL. Social anxiety disorder and social support behavior in friendships. Behav Ther. 2021;52(3):720-33. https://doi.org/10.1016/j.beth.2020.09.003

10. Turner RJ. Social support as a contingency in psychological well-being. J Health Soc Behav. 1981;22(4):357-67. https://doi.org/10.2307/2136677

11. Wang Q, Peng S, Chi X. The relationship between family functioning and internalizing problems in Chinese adolescents: a moderated mediation model. Front Psychol. 2021;12:644222. https://doi.org/10.3389/fpsyg.2021.644222

12. Wittchen HU, Stein MB, Kessler RC. Social fears and social phobia in a community sample of adolescents and young adults: prevalence, risk factors and comorbidity. Psychol Med. 1999;29(2):309-23. https://doi.org/10.1017/s0033291798008174

13. Kessler RC, Sampson NA, Berglund P, Gruber MJ, Al-Hamzawi A, Andrade L, Bunting B, Demyttenaere K, Florescu S, De Girolamo G, Gureje O. Anxious and non-anxious major depressive disorder in the World Health Organization World Mental Health Surveys. Epidemiology and psychiatric sciences. 2015 Jun;24(3):210-26.

14. McClean JL, Bader DC, Bryan FO, Maltrud ME, Dennis JM, Mirin AA, Jones PW, Kim YY, Ivanova DP, Vertenstein M, Boyle JS. A prototype two-decade fully-coupled fine-resolution CCSM simulation. Ocean Modelling. 2011 Jan 1;39(1-2):10-30.

15. Bentley RJ, Pevalin D, Baker E, Mason K, Reeves A, Beer A. Housing affordability, tenure and mental health in Australia and the United Kingdom: a comparative panel analysis. Housing studies. 2016 Feb 17;31(2):208-22.