

EXAMINING HETEROSOCIAL AND SOCIAL ANXIETY IN PAKISTANI
AMERICAN AND EUROPEAN AMERICAN WOMEN:
A COMPARATIVE ANALYSIS

by

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ABSTRACT

This present study will examine the psychopathology of Pakistani American females through the context of cultural means. Research in the past has shown that Asian Americans report higher levels of distress as well as higher levels of anxiety relative to their European American counterparts. Thus, social anxiety may manifest itself differently among Asian Americans because of the cultural and ethnic variations in psychopathology. This study will aim to examine cultural differences in social anxiety because it may help explain the etiology of social as well as heterosocial anxiety and facilitate in forming better diagnostic assessments, scales and treatments for non-mainstream cultural groups such as Pakistanis and potentially other South Asian groups living in the United States. Additionally, Pakistani women have limited interactions with the opposite sex because of the religious and cultural background that emphasizes modesty and arranged marriage. Medical research suggests that Muslim women of Asian backgrounds, have requested female health care service providers rather than male providers. Given the cultural and sociological influences that impact psychopathology, it was hypothesized that Pakistani American women will report more heterosocial anxiety than European American women and that their heterosocial anxiety will be related to parental influence on mate choice and American acculturation.

Results indicated that European women reported higher levels of heterosocial and social anxiety in comparison to Pakistani women. This may have occurred due to the Pakistani women in this sample not being truly representative of the Pakistani population as they were all young, college students. Also, a lower level of heterosocial anxiety was found to be negatively correlated with assimilation to U.S culture, which may have attributed to less heterosocial

anxiety was found to be negatively correlated with assimilation to U.S culture, which may have attributed to less heterosocial anxiety in Pakistani women.

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Background

The literature examining Pakistani Americans and social anxiety is limited. However, a considerable amount of research in the past has shown that Asian Americans report higher levels of distress as well as higher levels of anxiety relative to their European American counterparts (Mak, Law, & Teng, 2011; Norasakkunkit & Kalick, 2002; Okazaki, 1997; Uba, 1994). Self-report measures such as coding diary entries, and scales such as the Social Phobia and Anxiety Inventory (SPAI; Turner, Beidel, Dancu, & Stanley, 1989) have been utilized to assess the differences in social anxiety between the two groups (Lee, Okazaki, & Yoo, 2006). However, Asian Americans and European Americans have not found to differ in the frequency of the events that evoke social anxiety, but Asian Americans have reported more intense negative emotions in their social interactions (Lee et al., 2006). Significant differences in social anxiety between the two ethnic groups have been linked to fear of social evaluation that may be heightened for Asian Americans who are less autonomous than those who are more self-governing and do not rely on others' approval for their actions. Those who are more interdependent may be more sensitive to social cues and thus, more vulnerable to experiencing social anxiety (Dinnel, Kleinknecht, & Matsumi; 2002; Mak et al., 2011; Norasakkunkit & Kalick, 2002; Okazaki, 1997).

Okazaki, Liu, Longworth and Minn (2002) examined more closely the differences in expressions of social anxiety between Asian and White Americans. Employing a social performance task with an opposite-sex confederate, the researchers asked participants to report their level of social anxiety before and after the task. Behavioral coding was also used to

examine any microlevel behavior such as fidgeting, gaze avoidance, prolonged silences, appropriateness of behavior, and overall anxiety. It was found that Asian Americans reported significantly higher levels of social anxiety; however, they did not exhibit greater behavioral symptoms than European participants possibly because of the concern for honor and “losing face” which are highly valued within Asian cultures (Hofmann, Asnaani, & Hinton, 2010). It has also been suggested that embarrassment is more prevalent in collectivist societies such as Asian societies. Collectivist cultures produce more external pressure to conform to societal rules on individuals. In contrast to more individualistic cultures, emotional pressure comes internally in the form of guilt or excessive responsibility. Thus, social anxiety may manifest itself differently among many Asian Americans because of the cultural and ethnic variations in psychopathology. Social anxiety is culture-specific and the higher levels of self-reported social anxiety is related to social norms and standards (Hofmann et al., 2010). These social norms include an acceptance and a more favorable perception of those Asian Americans who are socially reticent and withdrawn. On the other hand, outgoing and attention-seeking Asian Americans are viewed poorly in the eyes of others (Schreier et al., 2010).

Sociocultural factors such as various social norms influence psychopathology (Dutton & Tsai, 2007). Studying cultural differences in social anxiety is important because research may explain the etiology of social phobia and facilitate in forming better diagnostic assessments, scales and treatments for non-mainstream cultural groups such as Pakistanis, potentially other South Asian groups, and even Muslims living in the United States. However, treatment and diagnosis of social phobia is arguably constrained by the Western conceptualization of the

disorder. Social phobia is defined in terms of social norms that reflect an internal focus of control and are primarily individualistic in nature. As a result, they may not easily transfer to individuals of diverse ethnicities. Consequently, diagnostic criteria and treatment of the disorder may need to be revised to account for the diverse social values across cultures (Dinnel et al., 2002; Hong & Woody, 2007).

Heterosocial Anxiety as a Construct

Heterosocial anxiety is characterized as a more specific form of social anxiety and is defined as anxiety that “arises from any real, anticipated, or imagined social interaction with a member of the opposite sex” (Leary & Dobbins, 1983, p. 1348). Heterosocial anxiety is a relatively new construct and requires more research inquiry because of its linkage to other dysfunctional tendencies (Davis & Oathout, 1992). For example, social skill deficits such as timing, placement, or distribution of responses differ in heterosocially anxious individuals from non-heterosocially anxious individuals (Peterson, Fischetti, Curran, & Arland, 1981). Moreover, counseling centers established at academic institutions have more students requesting assistance in overcoming heterosocial anxiety than requesting guidance for vocation and career goals (Martinson & Zerface, 1970). It appears that, heterosocial anxiety is a common concern with which many individuals struggle.

Arranged Marriages in the Pakistani Culture

Pakistani American women traditionally come from relatively rigid religious backgrounds where the mate selection process is usually in the form of an arranged marriage

(Zaidi & Shuraydi, 2002). In fact, most of the marriages in Pakistan, India, Bangladesh, and Sri Lanka are arranged (Kurian, 1991). A love marriage is not viewed favorably because, by definition, a love marriage takes place before marriage, which violates Islamic faith associated with chastity and family honor (Dion & Dion, 1996). Furthermore, although Pakistani parents living in the West for a longer period of time tend to be more willing to permit their children to select their mates, they still expected to be able to influence the process. For example, an arranged marriage can take form as a “joint-venture” whereby both parents and children take an active role in selecting a partner for marriage. Moreover, the arranged marriage can take place through a “chaperoned interaction” whereby the man or woman takes a sibling or parent to chaperone a date. This date will allow the two individuals to meet without any cultural transgression and assist in deciding whether they are compatible (Zaidi & Shuraydi, 2002).

Notwithstanding recent literature suggesting that opinions on arranged marriages have shifted to accommodate Western ideals, arranged marriages still remain popular in the minds of Pakistani families (Zaidi & Shuraydi, 2002). The cultural norm to maintain a system of arranged marriages in Pakistani society may be a contributing factor in heterosocial anxiety. This is primarily because most Pakistani American women are reared in a religious environment that emphasizes modesty. Interactions with the opposite sex are limited because many families believe that there should be no mixing of the sexes unless the interactions are supervised (Hodge, 2002). Also, Islamic values strongly prohibit any interactions with members of the opposite sex to prevent the risk of illicit relationships forming (Dhami & Sheikh, 2000). Thus, Pakistani American women may not only be inexperienced in interacting with the opposite sex, but may

also feel obligated to stay reserved and less responsive in their interactions. This sense of obligation may provoke guilt and give rise to anxiety during their opposite sex encounters.

Opposite-Sex Encounters in Medical Procedures

Research suggests that health care practices are encountering difficulties when interacting with religious minorities. In particular, Muslim women from South Asian, Arab and African backgrounds, have requested health care services that do not violate their Islamic code of ethics (Padela, Gunter & Killawi, 2011; Padela & Pozo, 2010; Simpson & Carter, 2008). There is a lack of understanding among practitioners about cultural and religious boundaries of Muslim women. For example, a Muslim female may only seek health care services if there is a female physician available and if there is not one available, she may postpone or avoid health care services altogether. This request for gender-concordant care is common amongst Muslim females because it is based upon Islamic conceptions of modesty (Padela, Gunter, & Killawi, 2011).

Also, testimonies of Muslim women reveal that are many incidences where they feel anxious when in seclusion with a male physician. In fact, they have requested for chaperones during these secluded meetings, preferably another patient of the same gender who could hear and see what occurs during the patient-physician encounter (Padela & Pozo, 2010). However, most anxiety is reported during internal examinations such as physicals, pap smears, and other gynecological procedures.

Current Study

Although, there are approximately 363,000 Pakistani Americans living in the United States, the Pakistani American population is an underrepresented population in Cross-Cultural Psychology (U.S Census Bureau, 2010). Studying ethnic and cultural differences of Pakistani people may provide gain a better understanding of this minority group as well as other populations of Middle Eastern background because of their shared Islamic values that permeate so many dimensions of life for so many people (Pew Forum, 2009).

Past research indicates that Asian Americans have reported higher levels of social anxiety than European Americans because of cultural factors such as self-construal variables. Furthermore, health care reports and literature regarding religious minorities such as South Asian Muslims, suggests that women of South Asian and Middle Eastern background may be predisposed to heterosocial anxiety. Given, the cultural and sociological influences that impact psychopathology, it is hypothesized that Pakistani American women will report more heterosocial anxiety than European American women. The current study differs from previous studies because not only did I specifically examine the Pakistani American population rather than the general Asian population, but I also investigated any differences in social as well as heterosocial anxiety between Pakistani and European American women.

I used an analysis of variance to examine if differences between the two groups exist, and to test if attitude towards arranged marriage and acculturation correlated with heterosocial and social anxiety. Specially, I utilized self-report measures to assess any differences while controlling for overall anxiety and demographics such as parent's highest level of education and socioeconomic status.

Method

Participants. 235 college students enrolled at a United States college were recruited through Sona-Systems from psychology courses or campus organizations such as Pakistani Student Association. Those participating through Sona received course credit and were recruited through a Sona study, called “Relationships Among Young Adult Women.” There were a total of 179 European participants with their mean age being 20.12 years and standard deviation of 1.92. There were a total of 56 Pakistani participants with their mean age being 20.52 and standard deviation of 1.83. Female participants of all race and ethnicity were able to participate in the study, but only Pakistani and European females were considered.

Measures

Demographics. Questions regarding race, ethnicity, parent’s highest level of education, household income, religious affiliation, relationship status were asked. Moreover, participants were asked how many relationships they have had in the past five years. If the participant had been in a relationship before, they were be asked how long that relationship lasted. However if they have been in multiple relationships in the past five years, they were asked about the duration of their longest relationship. If they were currently in a relationship, they were asked about its duration. Moreover, participants were asked if they were born in the U.S. If they were not born in the U.S, they were asked how long they have been living in the U.S. Generation status was also asked.

Acculturation. The Stephenson Multigroup Acculturation Scale (Stephenson, 2000) is a 32-item questionnaire that assessed the degree of immersion in a particular culture through domains of language, interaction, media, and food. Items are responded to using four-point Likert typeformat so that 1=True, 2=Partly True, 3=Partly False and 4=False. The SMAS yields two scores: ethnic group identification (EGIS) and the dominant group identification (DGIS). Each subscale score is determined by computing the mean item responses. Lower scores on the EGIS indicate greater acculturation. Exploratory factor analyses were conducted, revealing a two-factor solution that works effectively: Ethnic Society Immersion (ESI) and Dominant Society Immersion (DSI). A Cronbach's alpha of .94 for ESI and .75 for DSI was reported (Stephenson, 2000). The instrument has been validated for a college student sample (Stephenson, 2000).

Social Anxiety. The Social Phobia and Anxiety Inventory (SPAI; Turner, Beidel, Dancu, & Stanley, 1989) is a 45-item questionnaire that measures affective and somatic responses to social fear (e.g., "I feel anxious when in a large gathering with strangers," "I experience [heart palpitations] prior to entering a social situation"). Items are responded to using 6-point Likert type format, ranging from "never" to "always." The measure's internal consistency estimate for a college student sample has been .96 (Turner et al., 1989). The SPAI contains two subscales: one for an Agoraphobia index and one for a Social Phobia index. A Difference score is determined by subtracting the Agoraphobia index score from the Social Phobia index score. Higher Difference scores indicate greater probability of Social Phobia. The SPAI has been validated for adolescents, Hispanic adolescents, and non-clinical samples (Clark, Turner, Beidel, & Donovan,

1994; Olivares, Garcia-Lopez, Hidalgo, Turner, & Beidel, 1999; Osman, Barrios, Haupt, & King, 1996).

Anxiety. The State Trait Anxiety Inventory (STAI Form Y; Spielberg, Gorsuch, & Lushene, 1970; Spielberger, 1983) consists of two 20-item self-report questionnaires that assess and differentiate between ‘state’ and ‘trait’ anxiety. ‘State’ anxiety is defined as the temporary condition of anxiety, whereas ‘trait’ anxiety is considered to be more persistent and long-term. Items from the STAI State scale are responded to using a 4-point Likert type format ranging from “not at all” to “very much so.” It includes statements about how one feels *right now* or *at this moment* (e.g., “I feel calm,” “I feel upset”). The STAI Trait scale includes statements about how one feels *generally* (e.g., “I feel pleasant,” “I feel like crying”). Barnes, Harp, and Jung (2002) have reported validation and reliability across 816 research studies utilizing the STAI (Form X and Form Y). A Cronbach’s alpha of .89 has been reported for studies that utilized Form X or an unspecified form and an alpha of .92 for those that used Form Y, indicating internal consistency for the scale.

Attitude towards Arranged Marriage. The Parental Influence on Mate Choice scale (PIM; Buunk, Park & Duncan, 2010) is a 10-item questionnaire. Items on the PIM are based on a 5-point Likert format (1 = I disagree completely, 2 = I disagree partially, 3 = I neither agree nor disagree, 4 = I agree partially, 5 = I agree completely). The scale includes items that reflect parental control (e.g., “It is the duty of the parents to find the right partner for their children”) and individual choice (e.g., “Children have the right to select their own partner without interference by their parents”) in selecting a spouse. Items regarding individual choice are

reverse coded. The PIM has been validated across various college student samples from Iraq, Netherlands, Canada, and East Asia, revealing a strong association between collectivist cultural norms and the attitude towards arranged marriage (Buunk, Park & Duncan, 2010).

Heterosocial Anxiety. The Social Phobia and Anxiety Inventory (SPAI; Turner, Beidel, Dancu, & Stanley, 1989) was utilized to assess differences in heterosocial anxiety between the two groups. Particularly, 17 items on the SPAI that relate to heterosocial encounters (e.g., “I feel anxious when in a small gathering with opposite sex,” “I feel anxious when stating an opinion to opposite sex”) were examined separately from the overall Difference Score. As previously mentioned, the SPAI is based on a 6-point Likert format so in order to calculate the heterosocial anxiety index, all the responses regarding heterosocial encounters were summed for a total score.

Procedure. Participants completed all questionnaires online and the measures were presented to them in a randomized order to control for possible order effects. Directions were in written form. After their completion, they were given a written debriefing on the purpose of the study and were given Sona credit for their participation if they signed up for the study through Sona.

Results

Prior to comparing Pakistani and European women on heterosocial anxiety, an analysis of variance (ANOVA) was performed on the data to determine if the two groups differed on selected extra-study variables they might need to be controlled. The extra-study variables were age, social phobia, agoraphobia, and trait-anxiety. The independent variable (IV) was population sample (Pakistani vs. European women). The dependent variables (DVs) were the extra study variables. Using Wilks' Lambda, there was a significant effect associated with the study variables ($F [4, 230] = 3.34, p < .05$, partial eta squared = .06). Univariate tests indicated that, on average, European women obtained significantly higher social phobia scores ($M = 2.39, SD = 1.07$) than Pakistani women ($M = 1.89, SD = 1.07$), $F (1, 233) = 8.98, p < .01$, partial eta squared = .04. European women also obtained significantly higher agoraphobia scores ($M = 1.34, SD = .65$) than Pakistani women ($M = 1.04, SD = .58$), $F (1, 233) = 9.34, p < .01$, partial eta squared = .04.

Next, an analysis of covariance (ANCOVA) was performed to test the hypothesis that Pakistani women would report higher level of heterosocial anxiety than European women, while controlling for social phobia and agoraphobia. The IV was population sample (Pakistani vs. European women). The DV was heterosocial anxiety. The covariates were social phobia and agoraphobia. The data did not support the hypothesis. Contrary to prediction, European women, on average, reported significantly higher levels of heterosocial phobia ($M = 2.25, SD = 1.07$) than Pakistani women ($M = 2.01, SD = 1.25$), $F [1, 231] = 1.13, p < .01$, partial eta squared = .04.

Table 1 shows the means and standard deviation on these study variables as a function of population sample.

Using data from Pakistani women only, zero-order correlations were performed to test the hypothesis that the heterosocial anxiety as reported by Pakistani women would be associated with less acculturation to American culture and stronger parental influence on marriage. Correlations between heterosocial anxiety and the following three additional study variables were conducted: dominant group immersion (i.e., acculturation toward the dominant U.S. culture), ethnic group immersion (i.e., enculturation toward Pakistani culture), and parental influence on marriage. The data partially supported the hypothesis. A significant correlation was observed between heterosocial anxiety and acculturation. The more Pakistani women were acculturated toward the U.S. culture, the less heterosocial anxiety they reported ($r = -.34, p = .05$). The remaining correlations were statistically insignificant. Table 2 shows the correlations between heterosocial anxiety and dominant group immersion, ethnic group immersion, and parental influence on marriage.

Discussion

It was hypothesized that Pakistani American women would report more heterosocial anxiety than European American women when controlling for the following covariates: social phobia, overall anxiety (measured by trait anxiety score), and age. However, results indicated that the opposite was shown to be true. European women were found to report significantly more heterosocial anxiety, as well as social phobia, than Pakistani women. This is surprising given past literature has indicated that Asian Americans consistently report more social anxiety than European Americans (Dinnel, Kleinknecht, & Matsumi; 2002; Mak et al., 2011; Norasakkunkit & Kalick, 2002; Okazaki, 1997). Past literature examining arranged marriages in Pakistani culture also signifies a likelihood of heterosocial anxiety prevalent among Pakistani women due to a cultural predisposition of limited heterosocial interactions (Hodge, 2002, Dhami & Sheikh, 2000). Nevertheless, European women may have reported higher heterosocial anxiety than Pakistani women due to the Pakistani women sampled not being truly representative of Pakistani women in general. Pakistani women in this sample were all 18-23 years of age and were students attending a United States college. This may have skewed the reported level of heterosocial anxiety as students in college tend to be more liberal, independent, and more influenced by mainstream culture. Also, given that the sample of women were all 18-23 years of age, younger Pakistani women may adhere less strongly to traditional Pakistani values. Additionally, as evidenced by the dominant group immersion scores, Pakistani women appear to be relatively

assimilated into American culture. This characteristic may account for the relative lack of heterosocial anxiety in the present sample of Pakistani women. Perhaps, Pakistani women who minimally identify with American culture, may experience heterosocial anxiety than this sample. In absolute terms, it is important to note that the Pakistani and European women group means on heterosocial phobia indicate that they both relatively infrequently experience heterosocial anxiety.

It also was hypothesized that heterosocial and social anxiety differences amongst Pakistani women would correlate with attitude towards arranged marriage and acculturation. A bivariate correlation analysis indicated that dominant group identification was negatively correlated with heterosocial phobia, yet no significant correlation between ethnic group immersion and heterosocial phobia was observed. There was also no significant correlation between heterosocial phobia and parental influence on mate choice. These bivariate correlations indicated that Pakistani women tend to be more assimilated into American culture, the less heterosocial anxiety they experience. However, whether or not Pakistani women sustained Pakistani cultural values, it had no impact on the heterosocial anxiety they experience. Specifically, a paired sample t-test revealed that the Pakistani women significantly differed on their mean level of enculturation ($M= 48.30, SD= 8.00$) and acculturation ($M= 51.77, SD= 4.73, t(42)= 2.313, p= 0.026$), but in absolute terms their level of acculturation and enculturation was relatively equivalent. Past research demonstrates that one's involvement in a society does not necessarily decrease involvement in another society (Berry, 1980; Cuellar 2000; & Stephenson, 2000). Thus, the Pakistani women in this sample were equally immersed in American culture as

Pakistani culture because the two spectrums are not dependent. This can be explained by the Two-Dimensional Acculturation Model, which validates the notion that individuals who are highly integrated into dominant culture (i.e., American culture) can still have a strong sense of ethnic identity. In this case, Pakistani women can be identified as high biculturals as they have integrated into American society while retaining their sense of ethnic identity.

A potential limitation in conducting the study was the issue in sampling. A larger sample of young Pakistani women living in Florida was not as accessible as European women. Thus, the sampling frame of Pakistani women consisted of women living in states other than Florida. This introduced a confound in the study as geographical differences may influence attitudes on marriage, and other sociocultural differences. Moreover, because most of the participants consisted of young Floridian women, my results cannot be generalized to the overall American population of Pakistani women.

In summation, the findings from this study suggest that although casual dating is uncommon among Pakistani women, they appear to be comfortable in the presence of men. Despite lack of heterosocial interactions, the Pakistani women in this study infrequently experience heterosocial anxiety. Also, most Pakistani Americans immigrating from Pakistani tend to be from large urban cities such as Karachi. The city culture is more distinct, progressive, and influenced by Western media in contrast to rural parts of Pakistan, which are heavily governed by religious and traditional customs. Consequently, the Pakistani women from our sample, although identify strongly with their ethnicity, they may not adhere as strongly to religious values. It may also be the case that the notion of Pakistani women experiencing anxiety

and discomfort in the presence of men is a cultural stereotype. Future studies should include older women who are not primarily from college institutions in order to determine if different findings emerge as a function of cohort. Future studies should also include a religiosity scale because Pakistani women may be well assimilated into American culture, yet hold strong Islamic values that may or may not have an impact on heterosocial anxiety.

APPENDIX A: TABLES

Table 1

Means and Standard Deviations on Study Variables as a Function of Population Sample

Variable <i>M (SD)</i>	Population Sample	
	Pakistani ^a	Non-Hispanic White ^b
Heterosocial Anxiety	2.01 (1.25)	2.25 (1.07)*
Age	20.12 (.19)	20.52 (.18)
Social Phobia	2.39 (1.07)	1.89 (1.07)
Agoraphobia	1.34 (.65)	1.04 (.58)
Trait Anxiety	2.06 (.55)	1.99 (.62)

Notes: ^a *n* = 56. ^b *n* = 179. * *p* < .05.

Table 2

Correlation Table for Exploratory Analyses with Pakistani Data^a

VARIABLES	Heterosocial Anxiety	Dominant Group Immersion	Ethnic Group Immersion	Parental Influence of Mate Choice
Heterosocial Anxiety	--	-.34*	-.03	.09
Dominant Group Immersion	-.34*	--	-.06	-.11
Ethnic Group Immersion	-.03	-.06	--	.05
Parental Influence of Mate Choice	.09	-.11	.05	--

Note: ^a $n = 56$. * $p < .05$.

APPENDIX B: SELF-REPORT MEASURES

Parental Influence on Mate Choice

Please read the following statements below and indicate as to what extent you agree.

Disagree Completely	Disagree Partially	Neither Agree Nor Disagree	Agree Partially	Agree Completely
1	2	3	4	5

- | | |
|--|-----------|
| 1. If he has good reasons for it, a father has the right to give his daughter away for marriage | 1 2 3 4 5 |
| 2. It is the duty of parents to find the right partner for their children, and it is the duty of children to accept the choice of their parents | 1 2 3 4 5 |
| 3. If they take into account the wishes of their children, parents have the right to demand that their children accept the partner they have chosen for them | 1 2 3 4 5 |
| 4. Even though children have the right to look for a partner themselves, in the end, the parents have the last say in this matter | 1 2 3 4 5 |
| 5. Children have the right to reject a partner their parents have chosen for them (R) | 1 2 3 4 5 |
| 6. If their parents have serious objections against someone their children prefer as a partner, children should break off the relationship with that person | 1 2 3 4 5 |
| 7. When selecting a partner, children should take into account the wishes of their parents | 1 2 3 4 5 |
| 8. Children should always consult their parents in their choice of a partner | 1 2 3 4 5 |
| 9. Parents have the right to say how they feel about it, but in the end, it is up to the children to select their own partner (R) | 1 2 3 4 5 |
| 10. Children have the right to select their own partner without any interference by their parents (R) | 1 2 3 4 5 |

State Anxiety Inventory

SELF-EVALUATION QUESTIONNAIRE

Developed by C. D. Spielberger, R. L. Gorsuch and R. Lushene

STAI FORM Y-1

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you feel right now, that is, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

Not At All	Somewhat	Moderately So	Very Much So
1	2	3	4

1.	I feel calm	1	2	3	4
2.	I feel secure	1	2	3	4
3.	I am tense	1	2	3	4
4.	I feel strained	1	2	3	4
5.	I feel at ease	1	2	3	4
6.	I feel upset	1	2	3	4
7.	I am presently worrying over possible misfortunes	1	2	3	4
8.	I feel satisfied	1	2	3	4
9.	I feel frightened	1	2	3	4
10.	I feel comfortable	1	2	3	4
11.	I feel self-confident	1	2	3	4
12.	I feel nervous	1	2	3	4
13.	I am jittery	1	2	3	4
14.	I feel indecisive	1	2	3	4
15.	I am relaxed	1	2	3	4
16.	I feel content	1	2	3	4
17.	I am worried	1	2	3	4
18.	I feel confused	1	2	3	4

19.	I feel steady	1	2	3	4
20.	I feel pleasant	1	2	3	4

Trait Anxiety Inventory

SELF-EVALUATION QUESTIONNAIRE

STAI FORM Y-2

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you generally feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

Almost Never 1	Sometimes 2	Often 3	Almost Never 4
-------------------	----------------	------------	-------------------

21.	I feel pleasant	1	2	3	4
22.	I feel nervous and restless	1	2	3	4
23.	I feel satisfied with myself	1	2	3	4
24.	I wish I could be as happy as others seem to be	1	2	3	4
25.	I feel like a failure	1	2	3	4
26.	I feel rested	1	2	3	4
27.	I am "calm, cool, and collected"	1	2	3	4
28.	I feel that difficulties are piling up so that I cannot overcome them	1	2	3	4
29.	I worry too much over something that really doesn't matter	1	2	3	4
30.	I am happy	1	2	3	4
31.	I have disturbing thoughts	1	2	3	4
32.	I lack self-confidence	1	2	3	4
33.	I feel secure	1	2	3	4
34.	I make decisions easily	1	2	3	4
35.	I feel inadequate	1	2	3	4
36.	I am content	1	2	3	4
37.	Some unimportant thought runs through my mind and	1	2	3	4

	bothers me				
38.	I take disappointments so keenly that I can't put them out of my mind	1	2	3	4
39.	I am a steady person	1	2	3	4
40.	I get in a state of tension or turmoil as I think over my recent concerns and interests	1	2	3	4

Social Phobia and Anxiety Inventory

SPAI

Developed by S. M. Turner, C. V. Dancu, and D. C. Beidel

Below is a list of behaviors that may or may not be relevant for you. Based on your personal experience, please indicate how frequently you experience these feelings and thoughts in social situations. A social situation is defined as a gathering of two or more people. For example: A meeting; a lecture; a party; bar or restaurant; conversing with one other person or group of people, etc. FEELING ANXIOUS IS A MEASURE OF HOW TENSE, NERVOUS, OR UNCOMFORTABLE YOU ARE DURING SOCIAL ENCOUNTERS. Please use the scale listed below and circle the number which best reflects how frequently you experience these responses.

Never 0	Very Infrequent 1	Infrequent 2	Sometimes 3	Frequent 4	Very Frequent 5	Always 6
------------	-------------------------	-----------------	----------------	---------------	-----------------------	-------------

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. I feel anxious when entering social situations where there is a small group..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. I feel anxious when entering social situations where there is a large group..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. I feel anxious when I am in a social situation and I become the center of attention..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. I feel anxious when I am in a social situation and I am expected to engage in some activity..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. I feel anxious when making a speech in front of an audience..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. I feel anxious when speaking in a small informal meeting..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. I feel so anxious about attending social gatherings that I avoid these situations..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. I feel so anxious in social situations that I leave the social gathering..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. I feel anxious when in a small gathering with: | | | | | | | |
| strangers..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| authority figures..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| opposite sex..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| people in general..... | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

10. I feel anxious when in a large gathering with:									
strangers.....	0	1	2	3	4	5	6		
authority figures.....	0	1	2	3	4	5	6		
opposite sex.....	0	1	2	3	4	5	6		
people in general	0	1	2	3	4	5	6		
11. I feel anxious when in a bar or restaurant with:									
strangers.....	0	1	2	3	4	5	6		
authority figures.....	0	1	2	3	4	5	6		
opposite sex.....	0	1	2	3	4	5	6		
people in general	0	1	2	3	4	5	6		
12. I feel anxious and I do not know what to do when in a new situation with:									
strangers.....	0	1	2	3	4	5	6		
authority figures.....	0	1	2	3	4	5	6		
opposite sex.....	0	1	2	3	4	5	6		
people in general	0	1	2	3	4	5	6		
13. I feel anxious and I do not know what to do when in a situation involving confrontation with:									
strangers.....	0	1	2	3	4	5	6		
authority figures.....	0	1	2	3	4	5	6		
opposite sex.....	0	1	2	3	4	5	6		
people in general	0	1	2	3	4	5	6		
14. I feel anxious and I do not know what to do when in an embarrassing situation with:									
strangers.....	0	1	2	3	4	5	6		
authority figures.....	0	1	2	3	4	5	6		
opposite sex.....	0	1	2	3	4	5	6		
people in general	0	1	2	3	4	5	6		
15. I feel anxious when discussing intimate feelings with:									
strangers.....	0	1	2	3	4	5	6		
authority figures.....	0	1	2	3	4	5	6		
opposite sex.....	0	1	2	3	4	5	6		
people in general	0	1	2	3	4	5	6		
16. I feel anxious when stating an opinion to:									
strangers.....	0	1	2	3	4	5	6		
authority figures.....	0	1	2	3	4	5	6		
opposite sex.....	0	1	2	3	4	5	6		
people in general	0	1	2	3	4	5	6		
17. I feel anxious when talking about business with:									
strangers.....	0	1	2	3	4	5	6		
authority figures.....	0	1	2	3	4	5	6		
opposite sex.....	0	1	2	3	4	5	6		
people in general	0	1	2	3	4	5	6		
18. I feel anxious when approaching and/or initiating a conversation with:									
strangers.....	0	1	2	3	4	5	6		
authority figures.....	0	1	2	3	4	5	6		

opposite sex.....	0	1	2	3	4	5	6
people in general	0	1	2	3	4	5	6
19. I feel anxious when having to interact for longer than a few minutes with:							
strangers.....	0	1	2	3	4	5	6
authority figures.....	0	1	2	3	4	5	6
opposite sex.....	0	1	2	3	4	5	6
people in general	0	1	2	3	4	5	6
20. I feel anxious when drinking (any type of beverage) and/or eating in front of:							
strangers.....	0	1	2	3	4	5	6
authority figures.....	0	1	2	3	4	5	6
opposite sex.....	0	1	2	3	4	5	6
people in general	0	1	2	3	4	5	6
21. I feel anxious when writing or typing in front of:							
Strangers.....	1	2	3	4	5	6	
authority figures.....	1	2	3	4	5	6	
opposite sex.....	1	2	3	4	5	6	
people in general	1	2	3	4	5	6	
22. I feel anxious when speaking in front of:							
strangers.....	1	2	3	4	5	6	
authority figures.....	1	2	3	4	5	6	
opposite sex.....	1	2	3	4	5	6	
people in general	1	2	3	4	5	6	
23. I feel anxious when being criticized or rejected by:							
strangers.....	1	2	3	4	5	6	
authority figures.....	1	2	3	4	5	6	
opposite sex.....	1	2	3	4	5	6	
people in general	1	2	3	4	5	6	
24. I attempt to avoid social situations where there are:							
strangers.....	1	2	3	4	5	6	
authority figures.....	1	2	3	4	5	6	
opposite sex.....	1	2	3	4	5	6	
people in general	1	2	3	4	5	6	
25. I leave social situations where there are:							
strangers.....	1	2	3	4	5	6	
authority figures.....	1	2	3	4	5	6	
opposite sex.....	1	2	3	4	5	6	
people in general	1	2	3	4	5	6	
26. Before entering a social situation I think about all the things that can go wrong. The types of thoughts I experience are:							
Will I be dressed properly?.....	1	2	3	4	5	6	
I will probably make a mistake and look foolish.....	1	2	3	4	5	6	
What will I do if no one speaks to me?.....	1	2	3	4	5	6	
If there is a lag in the conversation what can I talk about?.....	1	2	3	4	5	6	

People will notice how anxious I am.....	1	2	3	4	5	6
27. I feel anxious before entering a social situation.....	1	2	3	4	5	6
28. My voice leaves me or changes when I am talking in a social situation.....	1	2	3	4	5	6
29. I am not likely to speak to people until they speak to me.....	1	2	3	4	5	6
30. I experience troublesome thoughts when I am in a social setting. For example:						
I wish I could leave and avoid the whole situation.....	1	2	3	4	5	6
If I mess up again I will really lose my confidence.....	1	2	3	4	5	6
What kind of impression am I making?.....	1	2	3	4	5	6
Whatever I say it will probably sound stupid.....	1	2	3	4	5	6
31. I experience the following prior to entering a social situation:						
sweating.....	1	2	3	4	5	6
frequent urge to urinate.....	1	2	3	4	5	6
heart palpitations.....	1	2	3	4	5	6
32. I experience the following in a social situation:						
sweating.....	1	2	3	4	5	6
blushing.....	1	2	3	4	5	6
shaking.....	1	2	3	4	5	6
frequent urge to urinate.....	1	2	3	4	5	6
heart palpitations.....	1	2	3	4	5	6
33. I feel anxious when I am home alone.....	1	2	3	4	5	6
34. I feel anxious when I am in a strange place.....	1	2	3	4	5	6
35. I feel anxious when I am on any form of public transportation (e.g., bus, train, airplane).....	1	2	3	4	5	6
36. I feel anxious when crossing streets.....	1	2	3	4	5	6
37. I feel anxious when I am in crowded public places (e.g., stores, church, movies, restaurants, etc.).....	1	2	3	4	5	6
38. Being in large open spaces makes me feel anxious.....	1	2	3	4	5	6
39. I feel anxious when I am in enclosed places (e.g., elevators, tunnels, etc.).....	1	2	3	4	5	6
40. Being in high places makes me feel anxious (e.g., tall buildings).....	1	2	3	4	5	6
41. I feel anxious when waiting in a long line.....	1	2	3	4	5	6
42. There are times when I feel like I have to hold on to things because I am afraid I will fall.....	1	2	3	4	5	6
43. When I leave home and go to various public places, I go with a family member or a friend.....	1	2	3	4	5	6
44. I feel anxious when riding in a car.....	1	2	3	4	5	6
45. There are certain places I do not go to because I may feel trapped.....	1	2	3	4	5	6

Social Phobia Subscale Score_____

Agoraphobia Subscale Score_____

SPAI Total Score_____

Stephenson Multigroup Acculturation Scale (SMAS)

Below are a number of statements that evaluate changes that occur when people interact with others of different cultures or ethnic groups. For questions that refer to "COUNTRY OF ORIGIN" or "NATIVE COUNTRY," please refer to the country from which your family originally came. For questions referring to "NATIVE LANGUAGE," please refer to the language spoken where your family originally came.

Circle the answer that best matches your response to each statement

False 1	Partly False 2	Partly true 3	True 4
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1.	I understand English, but I'm not fluent in English	1	2	3	4
2.	I am informed about current affairs in the United States	1	2	3	4
3.	I speak my native language with my friends and acquaintances from my country of origin	1	2	3	4
4.	I have never learned to speak the language of my native country	1	2	3	4
5.	I feel totally comfortable with (Anglo) American people	1	2	3	4
6.	I eat traditional foods from my native culture	1	2	3	4
7.	I have many (Anglo) American acquaintances	1	2	3	4
8.	I feel comfortable speaking my native language	1	2	3	4
9.	I am informed about current affairs in my native country	1	2	3	4
10.	I know how to read and write in my native language	1	2	3	4
11.	I feel at home in the United States	1	2	3	4
12.	I attend social functions with people from my native country	1	2	3	4
13.	I feel accepted by (Anglo) Americans	1	2	3	4
14.	I speak my native language at home	1	2	3	4
15.	I regularly read magazines of my ethnic group	1	2	3	4
16.	I know how to speak my native language	1	2	3	4
17.	I know how to prepare (Anglo) American foods	1	2	3	4

18.	I am familiar with the history of my native country	1	2	3	4
19.	I regularly read an American newspaper.	1	2	3	4
20.	I like to listen to music of my ethnic group	1	2	3	4
21.	I like to speak my native language	1	2	3	4
22.	I feel comfortable speaking English	1	2	3	4
23.	I speak English at home	1	2	3	4
24.	I speak my native language with my spouse or partner	1	2	3	4
25.	When I pray, I use my native language	1	2	3	4
26.	I attend social functions with (Anglo) American people	1	2	3	4
27.	I think in my native language.	1	2	3	4
28.	I stay in close contact with family members and relatives in my native country	1	2	3	4
29.	I am familiar with important people in American history	1	2	3	4
30.	I think in English	1	2	3	4
31.	I speak English with my spouse or partner	1	2	3	4
32.	I like to eat American foods	1	2	3	4

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APPENDIX C: PERMISSION TO USE SCALES

State Trait Anxiety Inventory

Sent: Saturday, April 07, 2012 9:15 AM
To: Spielberger, Charles
Subject: Permission to use STAI

Hello,

I am interested in using the State Trait Anxiety Inventory for my undergraduate honors thesis. My thesis is a cross-cultural analysis that examines heterosocial and social anxiety in the Pakistani American population. I was hoping to obtain permission to use the scale for my study.

Zehra Mirza

Dear Mr/Ms Mirza:

I was pleased to learn of your interest in using our State-Trait Anxiety Inventory (STAI) in your undergraduate honors thesis. Since you indicated that you plan to examine heterosocial and social anxiety in the Pakistani American population, I assume that you are interested in using the original English form of the STAI. I am enclosing herewith, as an attachment, the Test Form for the English STAI.

Please provide your preferred postal mailing address and I will send you information about the STAI, including scoring instructions and reprints of several articles that report research findings with this measure. If you would like to use the STAI in your Thesis, please fill out the attached Request

Form. Permission to use the STAI without charge requires your agreement to share your research findings with us when these are available.

I look forward to receiving your request for permission to use the STAI in your research which must also be signed by your faculty advisor, and sincerely hope that our anxiety measures will prove helpful in your Honors Thesis. Very best wishes.

Charles D. Spielberger, PhD, ABPP, Distinguished Research
Professor and Director,
Center for Research in Behavioral Medicine and Health
Psychology, Department of
Psychology PCD 4118G University of South Florida, 4202 East
Fowler Avenue, Tampa, FL
33620-7200. Phone (813) 974-2342; Fax (813) 974-4617; Email:
spielber@usf.edu

Social Phobia and Anxiety Inventory

Sent: Monday, March 19, 2012 1:01 PM
To: Deborah Beidel
Subject: Permission to use SPAI

Good Afternoon,

I spoke to you a few months ago about using your scale for my undergraduate honors thesis. My thesis is a cross-cultural analysis that examines heterosocial and social anxiety in the Pakistani American population. I was hoping to obtain permission to use the scale for my study.

Zehra Mirza

Sure - if you contact my research assistant Lindsay Scharfstein, she can give you a copy.

DCB

Deborah C. Beidel, Ph.D., ABPP Professor and Director, Doctoral Program in Clinical Psychology Department of Psychology University of Central Florida Telephone (407) 823-3254 Telefax (407) 823-5862 deborah.beidel@ucf.edu Website: <http://anxietyclinic.cos.ucf.edu/> Abnormal psychology textbook: <http://www.pearsonhighered.com/showcase/beidelle>

Parental Influence on Mate Choice

Hello,

I am interested in using the Parental Influence on Mate Choice scale for my undergraduate honors thesis. My thesis is a cross-cultural analysis that examines heterosocial and social anxiety in the Pakistani American population. I was hoping to obtain permission to use the scale for my study.

Zehra Mirza

The scale is published, so you can use it. Please keep me informed about your research!

Kindly,

Bram Buunk

Prof.dr.A.P.Buunk

Akademiehoogleraar Evolutionaire Sociale Psychologie KNAW

Rijksuniversiteit Groningen

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050-3636344

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