Social Avoidance and Distress among Adults: A Comparative Analysis

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Abstract

Social avoidance and distress are important psychological markers that have a substantial impact on people's psychological health and interpersonal functioning. With a focus on gender-based differences, the current study examined young adults' patterns of social avoidance and distress. A sample of 60 people (30 males and 30 females) aged between 18 and 25 years was selected using convenience sampling procedures. Data collection was carried out using the standardized 28-item Social Avoidance and Distress Scale (SADS) delivered via digital surveys. The results showed that, in comparison to their male counterparts (M = 12.60, SD = 148.20), female participants had a marginally higher mean score (M = 13.80, SD = 162.98). Nevertheless, this difference was not statistically significant at the 0.05 level, according to independent samples t-test analysis (t = 0.3608, p > 0.05). The null hypothesis, which implies that social avoidance and discomfort appear similarly in early adulthood for both genders, was thus accepted. The study emphasizes how crucial it is to create focused cognitive-behavioral therapies and social support networks in order to reduce social anxiety and improve young adults' community integration.

***Keywords**: Social Avoidance, Social Distress, Anxiety, Gender Dynamics, Young Adults*

1 Introduction

Important psychological concepts like social avoidance and distress can have a detrimental impact on a person's everyday functioning, interpersonal connections, and general well-being. The inclination to steer clear of social situations or interactions in order to avoid uncomfortable or anxious sensations is known as social avoidance. The emotional unease, anxiety, and tension felt prior to or during social contacts, on the other hand, are referred to as

social distress. These experiences are widely seen in people without a psychiatric diagnosis, impacting their personal, academic, and professional lives, even though they are frequently linked to disorders like Social Anxiety Disorder and Avoidant Personality Disorder.

Early adulthood, which is normally between the ages of 18 and 25, is a developmental stage characterized by significant life changes, such as pursuing further education, developing a career, and forming intimate social bonds. People must adjust to growing social expectations and responsibilities as a result of these changes. People may react by retreating from social engagements when they feel threatened by social events or are afraid of being poorly judged. Over time, this avoidance can hinder personal development, erode self-esteem, exacerbate mental pain, and lead to social isolation. In order to understand how young adults deal with social issues and to design successful psychological interventions and mental health support techniques, it is crucial to examine social avoidance and distress during early adulthood.

2 Review of Literature

Studies consistently demonstrate that social distress and avoidance produce an ongoing cycle that sustains social anxiety over time. The cognitive paradigm put out by Clark and Wells (1995) states that people who experience high levels of social anxiety typically have poor self-perceptions and perceive neutral or unclear social settings as threatening or rejecting. They shun social situations out of fear of being poorly judged. While avoidance momentarily lessens anxiety, it keeps people from having positive social encounters that could confront their anxieties, which reinforces avoidance and anxiety.

According to research on gender differences, men and women experience and display social anxiety in different ways. According to studies, women are more likely than men to receive a diagnosis of social anxiety disorder, and symptoms frequently appear in adolescence (Carter et al., 2010; Hofmann et al., 2002). This could be linked to hormonal effects on emotional regulation, heightened concern for interpersonal relationships, and increased sensitivity to social appraisal (Epperson et al., 2015; Kuehner, 2017). On the other hand, because traditional masculine values promote emotional control and independence, men tend to underreport symptoms (Mahalik et al., 2003).Rapee & Heimberg (1997) and Rapee et al. (2000) claim that people may suppress their emotional distress or express it through withdrawal or performance-related anxiety, which could delay seeking assistance and negatively affect their personal and professional growth.

3 Method

3.1 Objectives

1. To determine whether young adults exhibit social avoidance and distress and how severe it is.
2. To methodically assess possible gender variations in social anxiety and avoidance.
3. To provide therapeutic suggestions and useful coping strategies to improve adult social functioning.

3.2 Hypotheses

H1: There is no significant difference in the level of social avoidance and distress between male and female adults.

3.3 Sample

The study's target demographic consisted of young adults in Kerala, India, navigating their scholastic and early professional lives. Convenience sampling techniques were used to choose a total sample of 60 individuals, 30 of whom were male and 30 of whom were female and between the ages of 18 and 25. Strict inclusion requirements required all chosen participants to be within the designated age range and to freely fill out the data collection forms. To preserve the integrity of the data, responses that were unclear or incomplete were eliminated.

3.4 Data and Sources of Data

A standardized questionnaire administered via Google Forms was used to collect primary data electronically. Before taking part, participants were fully told about the study's objectives, and their digital informed permission was obtained. Throughout the data administration procedure, total secrecy and anonymity were assured to reduce response bias.

3.5 Instruments Used

Data collection involved a multi-part psychometric instrument. The first section gathered essential demographic data, including name, age, gender, and profession. The second section utilized the standardized Social Avoidance and Distress Scale (SADS), originally developed by Watson and Friend. The SADS is a widely recognized 28-item self-report questionnaire that assesses individual levels of anxiety and social avoidance patterns using binary true/false answers. A specified key yields a total raw score ranging from 0 to 28, where higher scores signify greater severity of social anxiety and behavioral withdrawal.

4 Data Analysis

Software called SPSS was used to perform statistical computational analysis. The center and variability of the data for both groups were summarized using descriptive statistical measures, such as means and standard deviations. Using an independent samples t-test and a conventional alpha threshold of 0.05, inferential analysis was then performed to see whether statistically significant differences existed between male and female individuals.

5 Results and Discussion

The empirical data collected from the 60 participants were compiled and analyzed to evaluate the stated null hypothesis. Table 1 outlines the comparative descriptive statistics and the corresponding t-test parameters computed for the two groups.

Gender	N	Mean	Standard Deviation	t-value
Female	30	13.80	162.98	0.3608
Male	30	12.60	148.20	

Table 1 indicates that the mean score for social avoidance and distress was somewhat higher for female young adults (M = 13.80, SD = 162.98) than for male young adults (M = 12.60, SD = 148.20). With 58 degrees of freedom, the computed independent samples t-test result of 0.3608 was compared to the critical value. The null hypothesis (H1) was upheld since the test statistic did not surpass the necessary critical threshold at the 5% significance level. This suggests that the social avoidance and distress levels of male and female people in this sample do not differ statistically significantly.

This result implies that young adults are affected by the psychological effects of social anxiety and the ensuing use of avoidant behavior in a comparatively equal way, circumventing clear gender barriers. This is consistent with contemporary viewpoints that contend that young adults of all genders are equally impacted by universal pressures including pervasive scholastic stress, professional competition, and digital hyper-connectedness. The necessity for balanced mental health outreach is reinforced by the fact that although their internal processing mechanisms and clinical manifestations may differ due to different social conditioning (as observed in Hofmann et al., 2012), the overall amount of perceived distress remains comparable.

6 Limitations

When interpreting the study's results, a number of limitations should be taken into account. First, the results' applicability to other geographical areas or cultural contexts is limited by the very small sample size of 60 individuals, all of whom were recruited from Kerala's Thrissur district. Second, because data were only gathered once, the use of a cross-sectional research methodology restricts the capacity to determine causal linkages. Third, the study used self-report measures, which could be impacted by participants' subjective opinions and social desirability bias. Lastly, the study did not take into consideration other potentially significant environmental and socioeconomic factors that could have influenced the results, such as parental expectations and employment or professional environments.

7 Conclusions

This study investigated the differences in social avoidance and distress among young adults, revealing no statistically significant variation between male and female groups. This uniformity highlights that social anxiety represents a broad challenge for young adults across genders. The insights emphasize that educational institutions and workplaces should develop proactive mental health programs, including cognitive-behavioral therapy (CBT), stress management workshops, and inclusive peer networks. Future research using longitudinal designs and larger, more diverse samples is recommended to better understand the long-term patterns of social distress and improve support strategies.

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