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Isolated in the Crowd: Social Anxiety and Paranoia among University Students in Karachi-Pakistan

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Abstract

Current study investigates the relationship between social anxiety and paranoia among university students on Karachi-Pakistan. To know the predictive relationship between the said variables, a stratified convenient sample of 400 adult participants (200 male, 200 female) aged between 18 to 25 years was asked to complete scales of paranoia (FPSU, Kamrani & Ali, 2011) and social anxiety (SAS, Khalique et al., 2003). Statistical analysis, that included Pearson product moment correlation and regression analysis, revealed that the results were consistent with the hypothesis. Simple linear regression analysis reveals that paranoia is a significant predictor of social anxiety. If the paranoia is higher in an individual, their social anxiety will subsequently be higher and vice versa.

Keywords: Paranoia, Social Anxiety, Students

Introduction

Paranoia is "a pervasive and unwarranted mistrust of others," (Bernstein, Useda, & Siever, 1995, p.45). It is a term that is usually associated with psychotic or nearly psychotic populations but it exists in subclinical forms in individuals that are usually considered normal or functioning in the society. The experience of paranoia for the sufferer is devastating as they are always in a state of alertness of the motives of others. This unnecessary effort and continues struggle to live a life safe from the hazards created by others exhausts the sufferer and keeps them away from many opportunities in life due to the fear of others and their motives (Freeman & Loe, 2023).

The anxiety of social life and the anxiety of society is called social anxiety. Human beings cannot live in isolation as humanity survives as a collective institution. So social anxiety is also a very handicapping situation. This term social anxiety is also perceived in a clinical psychological sense perhaps due to the presence of avoidance personality disorder or social phobias in the diagnostic and statistical manuals of psychological disorders. Study indicates that social anxiety is a feature of people who are low in assertiveness (Laurance, 1970). Researches indicate that social anxiety leads people to become self-conscious, fearful and self-monitoring (Beck, Emery, & Greenberg, 1985; Buss, 2014) and they are more sensitive to feel shame (Harder, 1995). Some of these features (i.e. self-consciousness and self-monitoring etc.) are also present in paranoia.

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Social anxiety is a socially handicapping phenomenon. Theoretical link between these two important variables (i.e. social anxiety and paranoia) has been studied but empirical work is limited.

Some studies indicate that paranoia creates higher levels of overt self-esteem to mask low underlying feelings of self-worth (Bentall, Kinderman, & Kaney, 1994; Meissner, 1981). Underling feelings of low self-worth are also manifested in the forms of social anxiety.

A study conducted by Freeman et al (2008) indicates that persecutory ideation and social anxiety share many of the similar foretelling factors. Non-clinical paranoia could be a sort of anxiety.

This study attempts to investigate the predictive relationship between them in the university students of Karachi-Pakistan. It is hypothesised that there would be a positive predictive relationship between social anxiety and paranoia.

Literature Review

"Paranoia" is one of the words which are usually perceived related to the clinical psychology. The word's meaning in Greek is "out of the mind" or simple madness. In the beginning of the nineteenth century paranoia truly emerged as a contemporary clinical construct (Dowbiggin, 2000). It is conceptualized as "A pervasive and unwarranted mistrust of others," (Bernstein, Useda, & Siever, 1995, p.45). The term was a diagnosis in the diagnostic and statistical manuals of mental disorders until the publication of DSM III (1980). Afterwards the term was excluded from the manuals. Paranoia, when seen as a diagnosis of a mental disorder, is an extreme condition that fulfils the criteria of psychological disorders (i.e. disturbance in occupational functioning, personal distress, deviation from norms etc.) but less severe forms of this behaviour and thinking style may exist in people who are considered normal. For the understating of the dimensionally less severe forms of this behaviour and thinking pattern sub clinical paranoia is used (i.e. see Fenigstein & Vanable, 1992; Kamrani & Ali, 2011, Kamrani, Kamrani, & Kamrani, 2020, Fasakhodi, 2025).

According to Shapiro (1956, p.54), "It would be a mistake to assume that paranoid conditions are inwardly psychotic or near psychotic". Paranoia is not something alien to people who are not diagnosed with any psychological disorder. For instance, a study indicates that 6% sample of older adults of a large-scale study in Sweden had persecutory ideation (Forsell & Henderson, 1998). There is growing evidence that paranoid thinking based on general social anxieties for instance fear of refusal (Freeman *et al.*2005*a*, *b*).

Social anxiety disorder (SAD), historically referred to as social phobia, is a complex psychological condition driven by an intense fear of negative evaluation, scrutiny, or rejection by others. While ordinary shyness is a benign personality trait, clinical social anxiety causes severe distress and significantly impairs a person's social, academic, and professional life (American Psychological Association, 2018).

Individuals suffering from social anxiety experience severe cognitive distortions. They maintain a harsh internal monologue and process social situations with an intense inward focus. This makes them hyper-aware of their own speech, body language, and physical anxiety markers (such as blushing or trembling). They assume that others are evaluating them with strict judgment. The

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psychological dread triggers a powerful physical fight-or-flight response. During social interactions or performances, the autonomic nervous system goes into overdrive. This causes sweating, palpitations, muscle tension, dizziness, and gastrointestinal distress. This physical discomfort often forms a feedback loop, reinforcing the person's fear of looking noticeably anxious in public. To manage this intense distress, individuals rely heavily on avoidance strategies. They avoid networking events, job interviews, or basic casual conversations. If they cannot avoid a situation, they use "safety behaviors" to hide. These include avoiding eye contact, sitting near exits, or over-rehearsing phrases before speaking. While these behaviors provide temporary relief, they ultimately worsen the disorder over time (American Psychological Association, 2018; Mursaleen, Kamrani, and Zia, 2024).

Methodology

Current study utilized a quantitative route. A cross-sectional survey type design was used to gain understanding of the predictive relationship of paranoia and social anxiety.

Sample

For this study a convenient, stratified sample of 400 university students (200 male, 200 female) aged between 18 to 25 years was taken. The entire sample was comprised student population.

Measures

(1) Fenigstein Paranoia Scale Urdu (FPSU, Kamrani & Ali, 2011)

The tool is a measure of sub clinical paranoia originally developed by Fiengistin and Vanable (1992) and translated, adapted and standardized on Pakistani student population by Kamrani and Ali (2011). It is 5 point rating scale. Original and adaptation studies report high reliability and validity (Fiengistin & Vanable, 1992; Kamrani & Ali, 2011)

(2) Social Anxiety Scale (SAS, Khalique et al., 2003)

The tool is a measure of social anxiety. Has 10 items and rated on 5 points. The scale was originally developed in English language. For this research it was translated into Urdu through forward translation. Original study reports strong reliability and validity (Khalique et al., 2003)

Procedure

Students were approached in the educational institutions. After consent the research measures were administered. The subjects were given the questionnaires and asked to answer the statements according to a five point scale, as to whether the statements were applicable to them.

Statistical Analysis:

Simple linear regression was calculated to test the hypothesis.

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Ethical consideration

As the study used questionaries that contained non-threatening questions there was less risk of discomfort for the clients. The participants were told that the information they will provide will be sued for research purpose and their names and other information will remain confidential and they have the right to leave this research at any point if time if they feel uncomfortable.

Results

Table 1: Correlation between Paranoia and Social Anxiety (N=400)

	1.	2.	M	SD
1. Paranoia	--		58.600	15.627
2. Social Anxiety	.541*	--	20.690	10.203

* Correlation is significant at the 0.05 level (2-tailed).

It indicates that there is a strong positive correlation between Paranoia and Social Anxietys.

Table 2 Regression coefficient of Paranoia and Social Anxiety

		Model	
Variables	B	B	SE
Constant	42.0		1.7
Social Anxiety	.352	.541*	.029
R^2	.300		

Note. N=400. The impact of paranoia on social anxiety was examined. Independent variable was paranoia and dependent variable was social anxiety. β value of .541 indicates moderate level of correlation and 29% of variance in social anxiety is due to paranoia that is a significant predictor of social anxiety. Higher score on paranoia indicates higher degree of social anxiety *p<.01.

Discussion

In the present research relationship between paranoia and social anxiety among university students was studied. All psychopathologies bring impairment in individual's life and create hindrance towards growth; paranoia is one of them. People with paranoia perceive social world threatening rather than helpful as a result they may experience social anxiety. Results of the present study show positive predictive relationship between paranoia and social anxiety in the given sample. The results are significant and show a strong relationship (See result tables). This suggests that individual with paranoia is likely to suffer from social anxiety.

Findings of research by Martin and Penn (2011) in a nonclinical sample suggest that higher levels of paranoia were correlated with lower self-esteem, self-monitoring, evaluation apprehension, avoidance, depressed mood and social anxiety. Moreover, Study conducted by Tone, Goulding and Compton (2011) showed that social anxiety predicted multiple dimensions of paranoia.

Individuals with paranoia are likely to suffer from social anxiety because it shares same construct. Combs and Penn (2004) studied the effects of social perception on paranoia. Participants'

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behaviour during study were also noted and analysed. Participants were divided into two groups, high and low in paranoia. Participants were categorized on the basis of scores on the paranoia scale. Results indicated that, individuals that were high in paranoia had lower self-esteem and greater depression, social anxiety, self-consciousness, in contrast to person's lower paranoia. The participants who scored high on paranoia performed less as compared to participants who scored low, behavioural differences between these two groups show that participants who scored high on paranoia sat far away from the examiner and took more time to read the consent form than participants with lower level of paranoia.

Gilbert et al. (2005) studied the relationship between social anxiety and persecutory ideation. Entire sample was consisted of heterogeneous clinical individuals of 36 men and 35 women. Paranoia and social anxieties were highly correlated and both were related to social rank perceptions, power and submissive behaviour.

Social anxiety is mainly associated with individual's intense concern about other people's opinion. This concern frequently produces avoidance in social relationship. Association between paranoia and social anxiety has confirmed by many researches. Freeman et al (2005) conducted a study on students at King's College London, the University of East Anglia and University College London. Students were e-mailed the address of a website and participants were required to fill out the questionnaire online. The sample was consisted of 1202 participants. Results of the study showed that higher levels of paranoia were associated with lower social rank, submissive behaviors, emotional expression, less use of rational and detached coping, negative attitudes emotional and avoidant coping.

Paranoia and social anxiety are correlated variables and presence of these variables badly impairs individual's life. Excessive concern regarding others opinion about oneself make the person distant from others and social situation. Individual with paranoia should be dealt timely otherwise it leads to social anxiety (i.e. psychological disorders).

Shah and Kataria (2010) conducted a research on social phobia and its impact in Indian university students. Stratified sample of 380 undergraduate participants (university students) were evaluated to find out the level of social phobia. Social phobia was present in 19.5% of participants, in different degrees of severity, resulting in impairment in work, social life and family life as well as problem in quality of life. 'Acting, performing or giving a presentation in front of an audience' was the most frequently feared/avoided situation.

In the present study no gender difference was found in either, paranoia or social anxiety. This result is consistent with some other studies that indicated no significant gender difference in paranoia (Ali & Kamrani, 2011, Fasakhodi, 2025).

Conclusion

The findings of the current study establish a robust, predictive relationship between social anxiety and paranoia, offering critical empirical support to contemporary cognitive models of psychosis. This result is theoretically correct as social anxiety is a form of anxiety and paranoia also creates anxiety.

Strengths of the study

- This study is novel in the sense that it measures the relationship between paranoia and social anxiety that was not a topic of empirical research in past.
- It studies an important segment of society (i.e. students) that are the future of any society.

Limitations of the study

- Of the study could be conducted in some other major cities of Pakistan the generalizability of the study could be increased.
- Although the sample size was large, simple random sampling was not done that is the best technique for psychometric studies and increases the generalizability.

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