



# Interpersonal sensitivity and dysfunctional cognitions in social anxiety and depression<sup>☆</sup>

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## ABSTRACT

This exploratory study assessed interpersonal sensitivity and dysfunctional cognitions in patients with social phobia and depression. Thirty patients with social phobia/depression were compared with community sample of 30 participants on measures of interpersonal sensitivity and dependency. The clinical sample also responded to measures of dysfunctional cognitions, anxiety and depression. Test retest reliability for the IPSM was established.

Results indicated higher interpersonal sensitivity and dependency in clinical sample and positive correlations between interpersonal sensitivity, dependency and dysfunctional attitudes. Anxiety was associated with both interpersonal measures. The paper discusses implications of interpersonal sensitivity for psychological interventions and cultural differences.

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## 1. Introduction

Social phobia (SP) is characterized by distress about social situations, fear of potential rejection, scrutiny, and embarrassment, in social or performance situations (Kashdan and Wenzel, 2005). Cognitive models state that symptoms are activated through perceived social-evaluative situations (Clark and Wells, 1995; Rapee and Heimberg, 1997).

Interpersonal sensitivity is a widely studied interpersonal variable and regarded as a persistent personality characteristic, typical of 'depression prone personality'. Social phobia and depression share characteristics of high negative affect, autonomic arousal (Brown et al., 1998a), cognitive behavioural, and interpersonal features (Beuke et al., 2003; Brown et al., 1998b; Kashdan and Wenzel, 2005). Interpersonal sensitivity is characterized by excessive preoccupation and sensitivity to interpersonal relationships, 'social feedback', others' behaviour, and mood, perceived or actual situations of criticism/rejection and avoidance (Boyce and Parker, 1989; Boyce et al., 1993). The Interpersonal Sensitivity Measure (IPSM) assesses this trait predisposition (Boyce and Parker, 1989). Cognitive distortions in depression concern interpersonal relationships and increased sensitivity (Boyce and Mason, 1996).

Recent efforts to understand interpersonal sensitivity suggest its extension to social anxiety (Harb et al., 2002). Interpersonal rejection sensitivity and avoidance, biases to socially relevant cues are critical features of social anxiety (Clark, 2001; Rapee and Heimberg, 1997; Leibowitz et al., 1985; Turk et al., 2001).

Associations between interpersonal sensitivity and dysfunctional assumptions have not been systematically studied in social phobia. However, they have significant treatment implications. The present study is a preliminary effort in examining interpersonal sensitivity. The aims of this study were to explore interpersonal sensitivity in patients with social anxiety and depression.

Descriptive statistics, Student's *t*-test, and correlation coefficient were used to analyze the data obtained.

## 2. Methods

### 2.1. Sample and study design

The study comprised of two groups and was cross-sectional with a case-control design. A clinical sample ( $n = 30$ , age mean = 28.70, S.D.  $\pm 6.89$ ) of patients with a diagnosis of social phobia with or without anxious avoidant personality and depression (Dysthymia, mild depression, moderate depression and recurrent depressive disorder) as per ICD 10 criteria (F40.1 & F60.6 F34.1, F32.0, F32.1, F33) was selected from psychiatric services of NIMHANS, Bangalore, India.

Patients with history of other anxiety disorders, psychosis, bipolar disorder, current psychoactive substance dependence, and those who had received psychotherapy in the last 1 year were

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excluded. A community sample ( $n = 30$ , mean = 27.83, S.D.  $\pm 8.56$ ), was selected through the snowballing technique and screened on the General Health Questionnaire (GHQ; Goldberg, 1972; Goldberg and Williams, 1988). Participants scoring above the cut off were excluded. They responded to Interpersonal Sensitivity Measure & Interpersonal Dependency Inventory (IDI).

Informed consent for participation was obtained from participants. All measures were individually administered and the order of administration was kept constant.

## 2.2. Measures

*Interpersonal Sensitivity Measure* (Boyce and Parker, 1989) is a 36-item self-report measure with five subscales that tap sensitivity to interpersonal interactions, wish to make others happy, separation anxiety, lack of assertiveness and having a unlikable sense of a core self. Adequate test retest reliability for 4 weeks was found in this sample ( $r = 0.67$ ).

*Interpersonal Dependency Inventory* (Hirschfeld et al., 1977) is a 48-item Likert type scale with three subscales, assertion of autonomy, emotional reliance on others, and lack of social self-confidence. The IDI has adequate psychometric properties both in western and in Indian populations (Birtchnell, 1991; Snigdha, 2001; Urmila, 2000).

*Dysfunctional Attitude Scale* (DAS; Weissman and Beck, 1978) was used to measure dysfunctional cognitions and it delineates faulty cognitions in the Indian setting as well (Nalini et al., 1996).

*Beck Depression Inventory* (BDI; Beck et al., 1961) and the *Beck's Anxiety Inventory* (BAI; Beck et al., 1988) were used to measure anxiety and depression, in the clinical population.

## 3. Results and discussion

The two groups were comparable in age, years of education and socioeconomic strata. The sample was representative of a young adult, urban population, working professionals, typical of the clinical presentation seen in the setting of the study. The clinical sample had a larger number of males (76.6%) and single (73.3%) than the community sample. Seventy three percent of the participants received a diagnosis of Social Phobia (Table 1). Duration of illness ranged from two years to adolescence.

**Table 1**  
Socio demographic description of the sample.

Category	Clinical sample ( $n = 30$ )		Community control ( $n = 30$ )	
Age				
Mean	28.70		27.83	
S.D.	6.89		8.56	
Category	Clinical sample ( $n = 30$ )		Community control ( $n = 30$ )	
	$n$	%	$n$	%
Sex				
Male	23	76.6	12	40
Female	7	23.33	18	60
Education				
0–12	2	6.66	2	6.66
12 & above	28	93.33	28	93.33
Occupation				
Student	7	23.33	16	20
House wife	1	3.33	1	3.33
Professionals	9	30	4	13.33
Non-professionals	13	43.33	9	30
Marital status				
Single	22	73.3	17	56.66
Married	8	26.7	13	43.33

**Table 2**

Comparison of scores of the two groups on the IPSM and IDI.

Subscales	Clinical ( $n = 30$ )		Community control ( $n = 30$ )		t-Values
	Mean	S.D.	Mean	S.D.	
Interpersonal sensitivity					
Interpersonal awareness	20.73	3.67	18.26	4.28	<b>2.39*</b>
Need for approval	<b>25.06</b>	<b>3.53</b>	<b>25.13</b>	<b>3.19</b>	<b>0.07</b>
Separation anxiety	22.20	4.44	19.40	3.56	<b>2.69*</b>
Timidity	23.40	4.11	22.03	4.53	1.22
Fragile inner self	12.50	2.96	10.00	3.01	<b>3.23*</b>
IPSM total	<b>103.90</b>	12.34	94.83	15.13	<b>2.54*</b>
Interpersonal Dependency Inventory					
Emotional reliance on others	48.63	10.28	41.33	7.62	3.12*
Lack of social self-confidence	39.56	7.04	36.10	6.46	1.98
Assertion of autonomy	32.16	6.14	31.00	4.27	0.85
IDI total	<b>120.36</b>	<b>16.96</b>	<b>108.43</b>	<b>15.34</b>	<b>2.85*</b>

\*  $p < 0.05$ .

The clinical group scored significantly higher on IPSM ( $t = 2.54$ ;  $p < 0.05$ ) and IDI ( $t = 2.85$ ;  $p < 0.05$ ). They reported higher scores on subscales of interpersonal awareness ( $t = 2.39$ ;  $p < 0.05$ ), fragile inner self ( $t = 3.23$ ;  $p < 0.05$ ) separation anxiety ( $t = 2.69$ ;  $p < 0.05$ ) and emotional reliance on others ( $t = 3.12$ ;  $p < 0.05$ ) (Table 2).

Findings indicate that interpersonal sensitivity may be important in individuals with social anxiety. Until recently interpersonal sensitivity (Harb et al., 2002), has been examined in the context of affective disorders. Differences between the two groups on interpersonal awareness, self worth, separation anxiety, interpersonal dependency and emotional reliance on others suggest predominantly interpersonal concerns.

A significant finding was the absence of differences on lack of social self-confidence, assertion of autonomy and need for approval. Assertion of autonomy indicates preference for being alone and needs further study in social phobia. Studies on Asian populations indicate that community samples negatively endorse dysfunctional attitudes related to autonomous attitude on DAS (Duggal, 2005) and that in sociotropic cultures participants may not agree with the autonomous (Sahin and Sahin, 1992). Studies from Japan do not report differences on need for approval (Sakado et al., 1999). Equivocal findings suggest that certain interpersonal assumptions may not be universally applicable and needs further study. These findings indicate the need for further study of interpersonal variables in different cultural contexts.

Cognitive behavioural models of social phobia emphasize vigilance to social cues and perception of self as seen by others (Clark and Wells, 1995). The IPSM is also reported to have a high correlation with fear of negative evaluation scale (Watson and Friend, 1969). The findings of this study suggest that interpersonal sensitivity is higher in patients with psychological distress.

Significant positive correlations between total scores on IPSM and DAS ( $r = 0.65$ ;  $p \leq 0.01$ ) in the clinical sample emerged, indicating that greater dysfunctional cognitions was positively associated with higher levels of interpersonal sensitivity. The total DAS score was 163.26 (S.D.  $\pm 38.81$ ) and were higher than previous Indian studies (Duggal, 2005).

There were moderate correlations between total scores on DAS and the subscales interpersonal awareness ( $r = 0.50$ ;  $p \leq 0.01$ ) separation anxiety ( $r = 0.56$ ;  $p \leq 0.01$ ) and fragile inner self ( $r = 0.48$ ;  $p \leq 0.01$ ). Total scores on DAS were positively correlated with total scores on IDI ( $r = 0.46$ ;  $p \leq 0.01$ ) and subscale of emotional reliance on others ( $r = 0.57$ ;  $p \leq 0.01$ ) and lack of social self-confidence ( $r = 0.55$ ;  $p \leq 0.01$ ). Previous research indicates that both DAS and IPSM measure cognitive styles as predisposition

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