



The Yin and Yang of support from significant others: Influence of general social support and partner support of avoidance in the context of treatment for social anxiety disorder



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ABSTRACT

Support from social networks is generally considered to protect against mental disorder but in some circumstances support for negative behaviours (such as avoidance) may be counterproductive. Given the critical interplay between social anxiety disorder and social interactions, it is surprising that the relationship of support from significant others to this disorder has received so little attention. The current study evaluated the reciprocal relationships between perceived social support and perceived partner support for avoidance behaviours (avoidance support) among a sample of 131 participants with social anxiety disorder who were assessed three times within the context of a treatment outcome study. A new measure of partner support for avoidance behaviours was developed, called the Avoidance Support Measure, and showed adequate internal consistency and construct validity. Correlations at baseline showed significant negative relationships between perceived social support and social anxiety and significant positive relationships between avoidance support and social anxiety. Path analysis showed that perceived social support at Times 1 and 2 negatively predicted future social anxiety at Times 2 and 3. On the other hand, only a single predictive relationship involving avoidance support was significant and showed that social anxiety at Time 1 positively predicted avoidance support at Time 2. These early results point to the different ways that support from significant others might relate to social anxiety and suggest that further work in this area may be fruitful.

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A wealth of empirical research has demonstrated the value of good quality social support in moderating the emotional impact of negative life events and promoting wellbeing (Cohen, 2004; Schradle & Dougher, 1985). Theoretical distinction is made between actual (enacted, observable) support and perceived support (Schradle & Dougher, 1985). While both forms of social support have demonstrated positive effects, the effects of perceived support have typically shown more consistent relationships with wellbeing and distress (Torgrud et al., 2004). Benefits from social support are demonstrated largely regardless of the source of support, however, the marital relationship has been most extensively studied and has shown some of the most consistent health influences (Berkman, 1984; Coyne & Downey, 1991). The ways in which social support may influence mental health are still unclear but may include

enhancing coping strategies, increasing self esteem, providing practical advice, and providing a sense of control (Berkman, 1984; Schradle & Dougher, 1985; Zimet, Dahlem, Zimet, & Farley, 1988).

Social anxiety disorder is associated with a wide range of impairments in social relationships. Compared to the general community, socially anxious people are less likely to be married, have fewer friendships, have smaller social networks, and are more likely to be socially isolated (Alden & Taylor, 2004; Hudson & Rapee, 2009; Teo, Lerrigo, & Rogers, 2013). Even within social relationships, several studies have reported that socially anxious individuals, especially women, are less disclosing, less intimate, and are less satisfied with their relationships (Cuming & Rapee, 2010; Porter & Chambless, 2014; Sparrovohn & Rapee, 2009). Given these characteristic styles of relating to others, it is likely that socially anxious individuals will experience poorer social support than average.

Several studies have examined the relationship between social support and social anxiety although few have surveyed clinical populations. In support of the hypothesis, several studies

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with nonclinical populations have shown negative correlations between social anxiety and various aspects of social support among both adults and youth (Caldwell & Reinhart, 1988; Cuming & Rapee, 2010; Festa & Ginsburg, 2011; Haemmerlie, Montgomery, & Melchers, 1988; Margolin, 2006; Porter & Chambless, 2014). Interestingly, one study showed that socially anxious women also sought less support from their partners despite the fact that lower support was associated with reduced relationship satisfaction (Porter & Chambless, 2014). In contrast, an observation of interactions between high and low socially anxious women and their partners while the woman had to prepare a speech failed to indicate any difference in between the two groups in either the woman's behaviour or the partner's behaviour (Beck, Davila, Farrow, & Grant, 2006). Evaluation of social support among clinical populations has been far less extensive. Two analyses from the Epidemiological Catchment Area (ECA) databases in which a diagnosis of social anxiety disorder was based on three broad questions, indicated lower perceived social support reported by those with the diagnosis than the rest of the population (Davidson, Hughes, George, & Blazer, 1993; Hybels, Blazer, & Kaplan, 2000). In fact in the later study, people with social anxiety disorder were more likely to report impaired social support than people with agoraphobia or specific phobia (Hybels et al., 2000). Only one study has examined levels of social support in a well-diagnosed clinical population (Torgrud et al., 2004). Patients (N = 132) presenting for treatment of their social anxiety disorder, were diagnosed with the Structured Clinical Interview for DSM-IV (SCID: First, Spitzer, & Gibbon, 1996) and compared with 46 nonclinical participants using two self-report measures of social support, the Social Support Questionnaire (Sarason, Levine, Basham, & Sarason, 1983) and the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). Mean scores on both measures and their subscales were significantly lower among socially anxious participants than non-clinical controls.

Of course demonstrating associations between social support and social anxiety does not indicate the direction of this relationship. Social anxiety may lead to lower support by reducing social networks and hence opportunities for support, by avoiding or averting offers of support due to fear of negative evaluation, or by acting in ways that lead others to offer less support. Along similar lines, the negative cognitive biases characterising social anxiety disorder (Heinrichs & Hofmann, 2001) may lead to a lowered perception of available social support, even if such support exists. On the other hand, poor social support may lead to increased or at least maintained social anxiety through the mechanisms outlined earlier such as a lowered sense of control, reduced coping, or a reduction in self esteem (Zimet et al., 1988). Of course the most likely prediction regarding the relationship between social support and social anxiety is a reciprocal one. That is, high levels of social anxiety may elicit poor quality social support, which in turn may increase social anxiousness (Calsyn, Winter, & Burger, 2005).

To date, only one longitudinal study has examined reciprocity between social anxiety and social support. Undergraduate students (N = 403) completed measures of social anxiety and both perceived and enacted social support at two time points, separated by approximately three months (Calsyn et al., 2005). Structural equation modelling showed no significant predictive effects from Time 1 variables to Time 2 variables (aside from the stabilities of each construct over time). However, cross-sectionally, significant associations were shown between social anxiety and both perceived and enacted support. Therefore, at present, although several studies point to an association between social anxiety and social support, there is no evidence indicating the direction of

influence and few studies have examined clinical populations.

While general, perceived social support has been associated positively with mental health and negatively with mental disorders, some literature has indicated a potential for a negative influence from support by significant others. In one of the early studies noted above showing a negative relationship between support from friends and social anxiety, a positive relationship was demonstrated between social anxiety and family support (Caldwell & Reinhart, 1988). Within the childhood anxiety literature, a number of theoretical models have suggested that excessive protection from parents (a form of apparent support) may actually exert a negative influence by helping to maintain avoidance behaviour (Hudson & Rapee, 2004; Rubin, Coplan, & Bowker, 2009). Empirically, a large literature has supported a positive association between parental overprotection and anxiety among offspring, and this relationship is especially strong when assessed via offspring reports of perceived protection (McLeod, Wood, & Weisz, 2007; Rapee, 1997). Theoretically, a reciprocal relationship has been suggested whereby anxious behaviours in offspring elicit increased protection and control from parents, which in turn reinforce avoidance. Although these relationships have not been typically applied to adult models of anxiety, a closely related construct, referred to as family accommodation has been discussed in relation to anxiety among both youth and adults. Family accommodation refers to ways in which members of a family change their behaviour in response to an individual's avoidance behaviours and in this way support the avoidance. The original conceptualisation of accommodation was developed in the context of obsessive compulsive disorder (OCD) (Calvocoressi et al., 1999; Shafran, Ralph, & Tallis, 1995) and hence the vast majority of empirical research has focused on this disorder. A number of studies have now demonstrated positive associations between OCD symptoms or impairment from symptoms and accommodation (Storch, Larson, et al., 2010). Perhaps more importantly, longitudinal studies have shown that family accommodation is a negative predictor of treatment response (Storch, Bjorgvinsson, et al., 2010) and treatments for OCD that include a direct focus on family accommodation lead to significantly larger effects than family treatments that do not address accommodation (Thompson-Hollands, Edson, Tompson, & Comer, 2014). Although the majority of research on accommodation has focussed on behaviours provided by general family members, at least one recent study has shown that accommodating behaviours from romantic partners were positively related to OCD symptoms and negatively related to treatment response (Boeding et al., 2013). Thus, as pointed out by Berkman (1984), not all social networks or affiliations are necessarily supportive.

Despite the fact that social anxiety disorder is inherently an interpersonal disorder, there has been very little research evaluating the nature and influence of behaviours and support from significant others on social anxiety over time. Therefore, the current study examined both perceptions of general social support and specific support relating to avoidance behaviours (referred to as avoidance support from herein) among adult patients with social anxiety disorder, both cross-sectionally and longitudinally. Based on the previously described literature, it was expected that social anxiety would be positively associated with perceived avoidance support and negatively associated with perceived social support. Further, bidirectional relationships were predicted over time whereby both avoidance support and social support were expected to predict future social anxiety and be predicted by previous social anxiety. For clinical relevance, we also examined whether the two support constructs would change over the course of treatment.

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