



Dominance as part of self-concept mediates the intergenerational transmission of social anxiety among adolescents under residential care



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ABSTRACT

According to Rapee (1997), maternal social anxiety (SA) is directly associated with adolescent SA because maternal SA causes overprotective and controlling parental behavior. A total of 127 adolescents who were in the process of transitioning to a boarding school for at-risk youth as well as their mothers participated in the current study, 30% of the adolescents had experienced at least one depressive episode; 17.5% had been diagnosed with SA.

We analyzed an expanding model of mediation, of maternal SA and depression in which specifically, adolescent self-perception was constructed as a latent factor that was formed by self-reported dominance and self-criticism.

The results supported our hypotheses that maternal SA is not directly associated with adolescent SA. Rather, these relationships are mediated by adolescents' self-perception (i.e., dominance and self-criticism). The results call into question Rapee's theoretical arguments and support Gilbert's evolutionary theory.

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Rapee (1997) argued that maternal social anxiety (SA) directly influences the development of SA in offspring. He claimed that socially anxious mothers behave in a controlling and overprotective fashion that denies their children crucial exposure to different social situations, including conflict and stress. In turn, this lack of exposure lays the foundation for the children to develop SA. Extensive research has supported this theory. Socially anxious parents experience difficulty in tolerating their children's negative emotions and, thus, engage in anxiogenic parenting practices (Cheron, Ehrenreich, & Pincus, 2009; Tiwari et al., 2008). Furthermore, anxious mothers are more likely than non-anxious mothers to rate their own emotions negatively during a laboratory social task and to make lower estimations of the degree to which they have control over their child's responses. Anxious mothers display higher levels of anxiety and intrusiveness and generally have poorer quality relationships. It is plausible that if a mother responds to her child's expressions of fear or anxiety with her own feelings of fear, intrusiveness, and negativity, she may inhibit the child's reaction and successful exposure to social fear-inducing stimuli (a key element of cognitive-behavioral treatments for childhood anxiety; Kendall, 2011). Empirical research has supported this account (McLeod, Wood, & Weisz, 2007). Furthermore, there is experimental and longitudinal evidence that maternal anxiety plays a role in maintaining child anxiety (De Rosnay, Cooper, Tsigras, & Murray, 2006; Thirlwall & Creswell, 2010). Gallagher and Cartwright-Hatton (2009) reported that "socially anxious mothers may erroneously identify sadness in their

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children's faces and voices; induced parental anxiety was associated with a biased interpretation of ambiguous child-related scenarios and a prediction of more negative outcomes for neutral child-related events, which resulted in more child distress (p. 10)".

Maternal depression

Maternal depression has been associated with a wide range of persistent impairments in child functioning (Murray, Cooper, Wilson, & Romaniuk, 2003). The resulting interpersonal environment likely contributes to child affective and anxiety disorders. Murray and Farrington (2008) argued that "the suggested mechanism by which childhood behavioral problems develop focuses on a child's insecure attachment, which may be a sequela of maternal insensitivity to the child's needs (Lyons-Ruth, Zoll, Connell, & Grunebaum, 1986), that depressed mothers have been found to be less responsive to the behavior of their children, to communicate less effectively, to demonstrate lower synchrony with their infants, and to have fewer positive interactions with their children (Cohn, Campbell, Matias, & Hopkins, 1990)." According to Lovejoy, O'Hare, and Neuman's (2000) review, "based on symptoms of depression, various authors (Campbell, Cohn, & Meyers, 1995; Goodman & Brumley, 1990) have hypothesized that depressed parents exhibit behavioral deficits, including difficulties attending to a child's needs, responding effectively, and maintaining high levels of involvement, suggesting that depressed mothers may be emotionally unavailable and withdrawn to the extent that they may be less sensitive to child behavior; furthermore, many of the characteristics associated with depression, such as anxiety, rumination, and especially irritability, may play a role in the parenting difficulties experienced by depressed mothers. These mothers may have difficulty being emotionally available, which interferes with their ability to react appropriately to their child's needs (p. 563)". Individuals who suffer from depression experience difficulty in regulating their emotional responsiveness to others and display heightened levels of irritability and sensitivity to both negative interactions and others' approval (Gotlib, Gilboa, & Sommerfeld, 2000). All of these factors are strongly associated with a child's perceived feeling of rejection, which is considered to be a cause of SA (Downey & Coyne, 1990).

According to the above review of previous studies, a mother's anxious or depressive behavior causes her to misinterpret her child's behavior and to negatively influence the child's interpretation of social situations. In turn, the child may display an anxious reaction that is then perpetuated. Nevertheless, the root of transmission may be less direct.

The social deficits of socially anxious people and social rank theory

One of the major fears of socially anxious people is to be overpowered by others, which leads them to feel embarrassed and diminished (Johnson & Leedom, 2012). The anticipation of diminished social power seems to be particularly dreaded (Greist, 1995). Gilbert's evolutionary perspective (Irons & Gilbert, 2005) suggests that "social anxiety is strongly connected to one's perceptions of the power he and others assert in a relationship; there is ample evidence suggesting that excessive concerns about dominance, including feelings of inferiority to others, a tendency for submissive behavior, and a belief that others look down upon the individual (social put-down) are associated with high levels of social anxiety symptoms (p. 55)". This theorization has been strongly supported by prospective studies of young adolescents and adults (Aderka, Weisman, Shahar, & Gilboa-Schechtman, 2009; Gilbert, 2000a, 2000b). Social rank and the tendency to react submissively are components of a higher-order behavioral system that focuses on striving for domination in social relationships (Johnson & Leedom, 2012). Many authors have referred to social rank and the tendency to act submissively as "parts of the general rank regulation system", (Zuroff, Fournier, Patall, & Leybman, 2010), "the hierarchical domain" (Bugental, 2000), or "the power system" (Shaver, Segev, & Mikulincer, 2011). The unifying term that these authors have employed is "the dominance behavioral system" (DBS). According to Johnson and Leedom (2012, p. 2), "the DBS encompasses a series of biological, psychological, and behavioral mechanisms. These components serve the organism's goal of control over the social and material resources that are critical for survival and reproduction; the DBS motivates behavior, directs sensory processing, and ensures the efficient, rapid learning of behaviors that increase the likelihood of attaining this goal."

SA and the DBS – a developmental perspective

Irons and Gilbert (2005, p. 337) suggested that, "in unsafe environments, children are more likely to develop a defensive orientation and become focused on the power of others to harm, shame, or reject them and are therefore highly attuned to social rank and their place within such ranks". These authors further argued that "they are inclined to be especially attuned to competitive dynamics and the need to compete to earn their place. Moreover, children in unsafe environments are concerned with relative inferiority—superiority and rejection and easily enter into defensive behaviors of submissiveness, appeasement, and avoidance (p. 339)".

In safe environments, there is less activation of children's defensive emotions and behaviors and a greater likelihood of their social affiliation and cooperation. These responses can be carried over into relationships with peer groups. Eventually, the use of different social methods for relating to people impacts the overall social environment, which can reinforce these social methods. For example, anxious children who are submissive are less liked and more rejected by their peers (Gilbert, 2000a, 2000b). Thus, the environment may reject anxious children.

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