



Social anxiety and depressive symptoms mediate instrumentality and maladaptive interpersonal styles



Nicholas P. Hutchins*, Lisa Raith

University of the Sunshine Coast, 90 Sippy Downs Dr, Sippy Downs, QLD 4556, Australia

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ABSTRACT

This study sought to examine the relationships between stereotypically masculine (instrumentality) and feminine (expressiveness) personality traits, social anxiety and depressive symptoms, and three interpersonal styles of relating: destructive overdependence (DO), dysfunctional detachment (DD), and healthy dependence (HD). Based on theories of social anxiety and recent research on social anxiety and close relationships, it is argued that individuals with higher levels of social anxiety would display greater detachment and overdependence in their interpersonal relationships. Students at an Australian university ($n = 524$) completed a battery of online self-report measures. The findings suggest that low levels of instrumentality are related to social anxiety and depressive symptoms, which both mediate the relationship between instrumentality and the two maladaptive interpersonal styles of relating: DO and DD.

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1. Introduction

Social anxiety disorder (SAD) is defined as persistent and excessive fear of social situations where the individual feels they may be embarrassed or judged (American Psychiatric Association [APA], 2013). These situations immediately provoke an anxious response and are usually avoided altogether or endured with great distress (APA, 2013). Avoidance is a safety behavior, which immediately and significantly reduces the anxiety and, therefore, helps to maintain the disorder (Rapee & Heimberg, 1997). While avoidance and other related maladaptive strategies (e.g., limited eye contact, low self-disclosure) used by individuals with SAD in situations with nonclose others (e.g., strangers, authority figures) are well examined, only a few studies have examined the impact of social anxiety on close relationships (e.g., friends, family; Alden & Taylor, 2004; Davila & Beck, 2002).

Recent research suggests that individuals with high levels of social anxiety display overdependent behaviour, such as constant reliance on close others for emotional support and reassurance (Darcy, Davila, & Beck, 2005; Davila & Beck, 2002; Grant, Beck, Farrow, & Davila, 2007). Davila and Beck (2002) have suggested that because individuals with SAD often have only a few close

relationships, they may behave in this way to maintain and protect those relationships (Davila & Beck, 2002). However, rather than safeguard these relationships, this behavior leads to interpersonal stress (Davila & Beck, 2002) and is likely responsible for some of the negative consequences (Wittchen, Fuetsch, Sonntag, Müller, & Liebowitz, 2000) and lower quality of life (Barrera & Norton, 2009) that individuals with SAD experience.

1.1. Overdependence and detachment

Bornstein, Geiselman, Eisenhart, and Languirand (2002) created the Relationship Profile Test (RPT) to measure the interpersonal styles destructive overdependence (DO), dysfunctional detachment (DD), and healthy dependence (HD). HD is characterised by an adaptive interpersonal style that balances the need for approval with autonomy (Bornstein et al., 2004). Detachment, characterised in part by interpersonal avoidance, is one maladaptive strategy related to social anxiety (Marteinsdottir, Furmark, Tillfors, Fredrikson, & Ekselius, 2001). Overdependence is another maladaptive style specifically related to close relationships of socially anxious individuals (Davila & Beck, 2002; Grant et al., 2007). Some researchers have suggested that individuals may display both maladaptive styles of relating depending on the social context (Bornstein et al., 2003; Darcy et al., 2005). Therefore, it is possible that theories of social anxiety can incorporate each maladaptive strategy: detachment (or avoidance) to protect from negative

* Corresponding author. Address: 12A Wren Cr., Buderim, QLD 4556, Australia. Tel.: +61 0466 363 263.

E-mail address: nhutchi1@usc.edu.au (N.P. Hutchins).

evaluation, and overdependence to maintain and protect close relationships.

1.2. Theories of social anxiety

Major theories of social anxiety implicate early socialisation as an important antecedent (Alden & Taylor, 2004; Schlenker & Leary, 1982; Trower & Gilbert, 1989). Specifically, most theories frame social anxiety as resulting from a view of oneself as inadequate or incompetent, which stems from a combination of genetic factors and early learning experiences (Alden & Taylor, 2004; Roberts, Hart, Coroiu, & Heimberg, 2011; Schlenker & Leary, 1982; Trower & Gilbert, 1989). Bornstein (2011) posits this same process is responsible for the development of dependency. However, no research has been conducted to examine the possible mediating role of social anxiety between low-self efficacy and overdependence. One measure of an individual's perceived sense of competence and adequacy is the stereotypically masculine trait, instrumentality. Instrumentality is positively associated with social self-efficacy (Hermann & Betz, 2006), or one's perception of their ability to perform competently in social situations. Instrumentality, and the stereotypically feminine trait of expressiveness, related to one's compassion for others (Roberts et al., 2011), are measured by the Personal Attributes Questionnaire (PAQ; Spence, Helmreich, & Stapp, 1975). Instrumentality is negatively associated with social anxiety, while expressiveness is unrelated to anxiety (Ginsburg & Silverman, 2000; Moscovitch, Hofmann, & Litz, 2005; Roberts et al., 2011). Furthermore, previous findings suggest that instrumentality is positively associated with HD and negatively associated with DO (Bornstein et al., 2004) and while Bornstein et al. (2004) found a nonsignificant relationship between instrumentality and detachment, we suggest that the mediating role of social anxiety may have suppressed a negative effect.

1.3. Aims and hypotheses

This will be the first study to examine the relationship between healthy forms of dependence and social anxiety. We hypothesise that social anxiety and healthy dependence will be negatively correlated. The study will also examine the relationships of instrumentality and the interpersonal styles of DO and DD as mediated by social anxiety. Depressive symptoms were included as an additional mediator due to the comorbidity found between social anxiety and depressive disorders (Beesdo et al., 2007) and its similar association to instrumentality, detachment, and dependence (Hermann & Betz, 2006; Schulte, Mongrain, & Flora, 2008). We hypothesise that there will be a significant indirect effect of instrumentality on DD through social anxiety and depressive symptoms and that there will be a significant indirect effect of instrumentality on DO through social anxiety and depressive symptoms.

2. Method

2.1. Participants

Participants included 524 (411 female) students from the University of the Sunshine Coast. There were no significant differences ($p < .05$) between survey completers and noncompleters ($n = 76$) on demographic variables. The majority of participants were female (78.4%) and approximately a third (32.2%) of participants were over the age of 36. Additionally, 83.6% of participants identified as European-Australian and approximately half of the participants (51.1%) indicated that they were in a relationship.

2.2. Measures

2.2.1. Relationship Profile Test (RPT; Bornstein et al., 2002)

The RPT contains three subscales to assess an individual's level of destructive overdependence, dysfunctional detachment, and healthy dependence (Bornstein et al., 2002). Each subscale is a 10-item self-report questionnaire with responses given on a 5-point Likert-type scale ranging from 1 (*not at all true of me*) to 5 (*very much true of me*). Higher scores indicate higher levels of the construct in question. The RPT has shown adequate internal consistency, adequate test-retest reliability, and good convergent and discriminant validity (Bornstein et al., 2002, 2003, 2004; Haggerty, Blake, & Siefert, 2010). This sample showed good internal consistency for destructive overdependence ($\alpha = .87$), dysfunctional detachment ($\alpha = .84$), and healthy dependence ($\alpha = .83$).

2.2.2. Liebowitz Social Anxiety Scale – self report (LSAS-SR; Heimberg et al., 1999)

The LSAS-SR is a 24-item self-report measure of social anxiety. Respondents are asked to rate their fear or anxiety of and how often they avoid, or think they would avoid, the situation presented for each item. Responses are given on a 4-point Likert-type scale from 0 (*none*) to 3 (*severe*) for fear or anxiety and 0 (*never*) to 3 (*usually*) for avoidance. Scores are summed to produce a score ranging between 0 and 144, with higher scores indicating higher levels of social anxiety. The LSAS-SR is widely used and has good convergent and divergent validity, excellent internal consistency, and good test-retest reliability (Baker, Heinrichs, Kim, & Hofmann, 2002). In this study the LSAS-SR demonstrated excellent internal consistency ($\alpha = .96$).

2.2.3. Personal Attributes Questionnaire (PAQ; Spence et al., 1975)

The PAQ measures the personality traits of instrumentality and expressiveness. The third subscale of androgyny was not used in this study. Each subscale includes 8-items, each item is a trait description with responses made on a 5-point Likert-type scale from "not at all" (e.g., *not at all independent*) to "very much" like the trait (e.g., *very independent*). After reverse coding for one item, the scores are totaled for a score ranging between 8 and 40 with higher scores indicating higher levels of the personality trait in question. The PAQ has adequate internal consistency (alphas ranging between .62 and .84 for both instrumentality and expressiveness; Hill, Fekken, & Bond, 2000). The internal consistency for instrumentality ($\alpha = .74$) and expressiveness ($\alpha = .79$) in this sample was also adequate.

2.2.4. Centre for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977)

The CES-D is a widely used 20-item self-report measure for depressive symptomology (Radloff, 1977). Participants rank the amount they have experienced a given feeling or behaviour in the previous week. It uses a 4-point Likert-type scale from 1 (rarely or none of the time; less than 1 day) to 4 (most or all of the time; 5–7 days). After reverse coding four of the items, scores are totaled with higher scores indicating more depressive symptoms. The CES-D is effective at discriminating between different levels of depression in university samples (Santor, Zuroff, Ramsay, Cervantes, & Palacios, 1995) and has good psychometric properties (Radloff, 1977). The CES-D demonstrated good internal consistency for this study ($\alpha = .93$).

2.3. Procedure

Ethical approval was received from the University of the Sunshine Coast Ethics Committee (S/14/488) and informed consent was obtained from all participants. Students 18 years and over at

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