



# Stereotype confirmation concern and fear of negative evaluation among African Americans and Caucasians with Social Anxiety Disorder

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## ABSTRACT

Fear of negative evaluation is a central component of social anxiety. The current study examines the relation between fear of negative evaluation and fears of confirming stereotypes about social groups to which one belongs among people diagnosed with social anxiety disorder. Participants ( $N = 94$ ) with a primary diagnosis of social anxiety disorder who self-identified as either African American ( $n = 41$ ) or Caucasian ( $n = 53$ ) completed standardized self-report measures of stereotype confirmation concerns and fear of negative evaluation. Results from hierarchical logistical regression showed that stereotype confirmation concerns predicted fear of negative evaluation for both racial groups, with greater concern predicting greater fear. This association was moderated by race,  $B = -.24$ ,  $t = -2.67$ ,  $p < .01$ , such that stereotype confirmation concerns had a stronger association with fear of negative evaluation for Caucasians ( $b = .38$ ,  $p < .01$ ) than for African Americans ( $b = .14$ ,  $p < .05$ ). This study is the first to directly examine the relation between stereotypes and fear of negative evaluation within a socially anxious sample. Although we cannot identify the specific social group to which each participant's stereotype confirmation concerns apply, this study provides quantitative evidence that the social context within which socially anxious individuals view themselves impacts their fear of negative evaluation and highlights the need for further research in this area.

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## 1. Introduction

The fear of others' critical judgments in social situations is a core feature of social anxiety disorder (Stopa & Clark, 1993). Models of social anxiety propose that when social situations are encountered, individuals with social anxiety perceive others as critical, hold a negatively distorted view of themselves, estimate that negative evaluation from others is likely, and exhibit behavioral avoidance (Heimberg, Brozovich, & Rapee, 2010; Rapee & Heimberg, 1997). Judgment about the social groups to which individuals belong (e.g., groups based on age, gender, race, etc.) may be relevant to individuals' fears of negative evaluation, although this has yet to be tested empirically. The proposed study examines fear of confirming stereotypes as one way in which fears based on social group membership may influence individuals' fear of negative evaluation.

Stereotype confirmation concern is a "chronic experience of uncertainty and apprehension about appearing to confirm as self-characteristic a stereotype about one's group" (Contrada, Ashmore, Gary, Coups, Egeth, Sewell, Ewell, Goyal, & Chasse, 2001, p. 1778). It emerged from the robust literature on stereotype threat – a reduction in task performance when a stereotype about an individual's social group is made salient (Steele, 1997). Stereotype threat has been associated with greater physiological arousal (Blascovich, Spencer, Quinn, & Steele, 2001) and more negative thoughts about one's performance (Cadinu, Maas, Rosabianca, & Kiesner, 2005). Whereas stereotype threat is an acute effect activated by situational cues, stereotype confirmation concern is conceptualized to be relatively enduring. The stereotype confirmation concern scale (SCCS) was developed to test this construct. Research using the SCCS has focused on racial groups, although the measure itself does not reference a particular social group (e.g., concerns about confirming stereotypes related to age, gender, race, etc.). Contrada et al. (2001) found that although stereotype confirmation concern was highest among Blacks (relative to Asians, Latinos, and Whites), stereotype confirmation concern was positively correlated with stress and mood for all groups. All research using this measure has been conducted with non-clinical populations. There is little research that

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examines the effects of stereotypes, or worries about confirming them, among those who experience anxiety psychopathology.

One notable exception is [Hunter and Schmidt's \(2010\)](#) socio-cultural model of anxiety psychopathology for Black adults, which specifically accounts for contextual factors, such as stereotypes, that may influence the expression of anxiety disorders. They suggest that for Blacks with social anxiety, fears related to minority status may include fears of being embarrassed or humiliated because of their racial status. Case studies of social anxiety treatment for Blacks support this assertion. [Fink, Turner, and Beidel \(1996\)](#) described the treatment of a Black female physician with social anxiety who experienced great distress in social environments at work, where almost all of her colleagues were white men. Initial exposures were ineffective until the racial composition of her perceived audience and her race-related worries were addressed, at which time treatment became more effective. Similarly, [Johnson \(2006\)](#) presented a case study of a Black female student with social anxiety who felt pressure to perform perfectly in order to counter negative stereotypes about the intelligence of her racial group.

Race, however, is not the only dimension upon which people are stereotyped and it is possible that stereotypes – and fears of confirming them – may be relevant for social anxiety among racial minority and majority groups. [Rapee and Heimberg's \(1997\)](#) model of social anxiety is suggestive of the ways in which stereotype confirmation concerns could impact social anxiety. An individual with social anxiety who believes that others' endorse negative stereotypes about her social group, may incorporate stereotypical images within her self-view as seen by others. She may estimate that the likelihood of negative evaluation is high based, in part, on negative stereotypes and fear of acting in a way that will confirm those negative stereotypes. Thus, stereotype confirmation concern could contribute to fear of negative evaluation among those with social anxiety disorder.

The purpose of this study is to examine the relation between stereotype confirmation concern and fear of negative evaluation among individuals with social anxiety disorder who self-identify as either Caucasian or African American. We hypothesize that stereotype confirmation concerns will be positively associated with fear of negative evaluation and that this relation will be moderated by race, specifically that the relation between stereotype confirmation concern and fear of negative evaluation will be stronger among African Americans than among Caucasians. Differences in the average levels of stereotype confirmation concerns will also be examined between racial groups; based on prior research we hypothesize higher levels of stereotype confirmation concerns among African Americans.

## 2. Methods

### 2.1. Participants

The sample ( $N=94$ ) included people eligible to participate in a randomized controlled trial comparing Virtual Reality Exposure Therapy (VRE; [Anderson, Zimand, Hodges, & Rothbaum, 2005](#)), Exposure Group Therapy (EGT; [Hofmann, 2004](#)), and a wait-list control group (see [Anderson et al., 2013](#) for details). Participants were included if they self-identified as "African American" ( $n=41$ ) or "Caucasian" ( $n=53$ ), were literate in English, and had a primary diagnosis of social phobia with a predominant fear of public speaking as determined by the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (SCID-IV; [First, Gibbon, Spitzer, & Williams, 2002](#)). Participants were excluded if they had a history of seizure disorder, mania, schizophrenia, or other psychoses, as well as prominent

current suicidal ideation, or current alcohol or drug abuse or dependence.

Participants were 56 women and 38 men with a mean age of 38.90 ( $SD=11.14$ ; range = 19–69) and with a high level of education (87% reported at least "some" college).

### 2.2. Measures

#### 2.2.1. Stereotype confirmation concerns

The stereotype confirmation concerns scale (SCCS; [Contrada et al., 2001](#)) is an 11-item measure of participants' fears that they are confirming a stereotype. Respondents rate how frequently over the past 3 months they have been "concerned that by \_\_\_\_\_ you might appear to be confirming a stereotype." Sample behaviors include "talking in a certain way" and "the way you look (your physical performance)." The scale does not specify a particular social group or stereotype(s) to which participants should reference when responding. Items are rated on a 7-point Likert type scale of 1 (never) to 7 (always). Total scores range from 11 to 77, and higher scores represent greater concern. The SCCS demonstrates excellent internal consistency,  $\alpha = .91$  ([Contrada et al., 2001](#)). Similar results were found with this sample,  $\alpha = .92$  among African Americans and  $\alpha = .91$  among Caucasians.

#### 2.2.2. Fear of negative evaluation

The Fear of Negative Evaluation-Brief Form (BFNE; [Weeks et al., 2005](#)) is a 12-item self-report questionnaire that measures the extent to which an individual worries about social judgment. Questions are answered on a 5-point Likert type scale (1 = not at all to 5 = extremely). Total scores range from 12 to 60, and higher scores represent greater fear. Sample items are: "I am unconcerned even if I know people are forming an unfavorable impression of me," and "The opinions that important people have of me cause me little concern." The FNE-B demonstrates strong internal consistency,  $\alpha = .94$  ([Weeks et al., 2005](#)). With this sample, it also has strong internal consistency,  $\alpha = .80$  among African Americans and  $\alpha = .94$  among Caucasians.

#### 2.2.3. Social anxiety disorder diagnosis

The structured clinical interview for the diagnostic and statistical manual of mental disorders, fourth edition (SCID-I; [First et al., 2002](#)) is a semi-structured interview for assessing DSM-IV Axis I diagnoses. The SCID has excellent inter-rater reliability when used to assess SAD with an agreement of 92% and a test–retest reliability of .84 ([Crippa et al., 2008](#)).

### 2.3. Procedure

Participants' eligibility was assessed in a two-part process including a brief telephone screen and in-person assessment during which a doctoral candidate administered the SCID, and participants completed self-report measures. Four doctoral candidates in clinical psychology conducted all assessments. A clinical psychologist with extensive experience as an assessor within clinical research trained the interviewers. Training procedures included watching SCID training tapes, watching SCID interviews by a senior psychologist, and doing a mock SCID interview. The interviewers were rated by an independent assessor and also received weekly assessment supervision with the primary investigator to prevent rater drift. Interrater reliability was calculated for a random sample of ( $n=10$ ) interviews. There was 100% agreement on the primary diagnosis and one disagreement on symptom severity.

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