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# Self-perceived competence and prospective changes in symptoms of depression and social anxiety<sup>☆</sup>

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### ABSTRACT

The primary aim of the current study was to replicate and extend previous findings by examining the relation of self-perceived competence with symptoms of depression and social anxiety in older adolescents. Focusing first on cross-sectional relations, we found that older adolescents' depressive symptoms were similarly related to levels of perceived scholastic competence and social acceptance, whereas social anxiety was significantly more strongly related to perceived social acceptance. Next, examining symptom changes over a six-month follow-up, we found that perceived social acceptance and scholastic competence both independently predicted prospective changes in adolescents' depressive symptoms, whereas perceived social acceptance, but not scholastic competence, predicted prospective changes in social anxiety. Although we also examined vulnerability-stress models of symptom change with negative academic and social events, none of these analyses was significant.

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According to Cole's (1990, 1991) competency-based model of depression, low self-perceived social acceptance and scholastic competence contribute to the development of depressive symptoms. Self-perceived social acceptance and scholastic competence refer to two domains of self-evaluative thoughts regarding one's own level of social acceptance and academic abilities, respectively (e.g., Cole et al., 2001; Harter, 1999). Given that Cole's model was developed specifically for youth, support

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for the model is primarily derived from samples of children and young adolescents (e.g., Cole & Turner, 1993; Seroczynski, Cole, & Maxwell, 1997; Tram & Cole, 2000). One unanswered question from this line of research, however, is whether low self-perceived competence also contributes risk to depression in late adolescence. Despite evidence suggesting the significance of self-perceived competence across different developmental stages (Harter, 1999), few studies have examined the role of self-perceived competence in relation to depression in older adolescents (but see also, Uhrlass & Gibb, 2007).

Another question is whether, in older adolescents, the link between self-perceived competence and depression is best conceived within a vulnerability–stress framework. Specifically, although research with children has focused on the main effects of self-perceived competence on depressive symptom changes, Cole hypothesized that, as children age into adulthood, domains of low self-perceived competence should not only have a main effect on depressive symptom changes, but also moderate the link between negative events and depressive symptoms (e.g., Cole & Turner, 1993; Seroczynski et al., 1997; Tram & Cole, 2000). That is, consistent with cognitive models of depression developed specifically for adults (e.g., Abramson, Metalsky, & Alloy, 1989; Clark, Beck, & Alford, 1999), Cole and his colleagues hypothesized that adults with low self-perceived competence should be more likely to develop symptoms of depression following the occurrence of negative events than should adults with high self-perceived competence.

According to Beck's event congruency hypothesis (Beck, 1983, 1987; Clark et al., 1999), negative events specific to the domain of cognitive vulnerability should be more likely to contribute to the development of depressive symptoms than events in domains that are not vulnerability-specific. For example, individuals exhibiting negative cognitions regarding achievement, but positive cognitions regarding interpersonal relations, should be more likely to develop depression following negative achievement-related events than negative interpersonal events. Studies focused on events and cognitions in the achievement/academic domain and the social/interpersonal domain have yielded some support for Beck's vulnerability-event congruency hypothesis (e.g., Cole, 1990; Hammen & Goodman-Brown, 1990; Hammen, Marks, Mayol, & deMayo, 1985; Robins, Hayes, Block, & Kramer, 1995). Examining this hypothesis in relation to domains of self-perceived competence, Uhrlass and Gibb (2007) found that self-perceived scholastic competence moderated the cross-sectional relation between negative academic events and young adults' depressive symptoms. In contrast, no support was found for the hypothesis that self-perceived social acceptance would moderate the link between negative social events and depressive symptoms. Given the cross-sectional design of the study, however, conclusions regarding Cole's developmental model remain tentative. In the current study, we sought to build upon the previous cross-sectional findings by integrating Beck's event congruency hypothesis into a longitudinal test of Cole's theory in older adolescents.

A final question regarding Cole's (1990, 1991) model is the extent to which domains of self-perceived competence contribute risk specifically for depression versus other forms of psychopathology, such as social anxiety. Although a number of studies have supported the relation between low perceived social acceptance and social anxiety (e.g. Chansky & Kendall, 1997; Teachman & Allen, 2007), we are aware of only one study that has examined the relative specificity of various domains of perceived competence to symptoms of social anxiety versus depression. In that study, adolescents' levels of perceived social acceptance were cross-sectionally related to their symptoms of both depression and social anxiety (Smári, Pétursdóttir, & Þorsteinsdóttir, 2001). In contrast, levels of perceived scholastic competence were significantly related to symptoms of depression but not social anxiety. This suggests that depression may be characterized by deficits across more than one domain of perceived competence, whereas social anxiety might be characterized by specific deficits in perceived social acceptance. However, because Smári et al.'s study was cross-sectional, it remains unclear whether low perceived social acceptance is purely a correlate of social anxiety or whether it may be a risk factor and actually contribute to prospective changes in levels of social anxiety. In the current study, therefore, we examined the specificity of perceived social acceptance and scholastic competence to symptoms of depression versus social anxiety, both cross-sectionally and prospectively.

The primary aim of the current study was to replicate and extend previous findings by examining the relation of self-perceived competence with symptoms of depression and social anxiety in older

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