

# Are There Positive Aspects of Adolescent's Social Phobia?

## Examining Relations Between Social Phobia and Adolescents' Prosocial Behavior



Syeda Faryal Mahmood, Cassidy Knoerzer, Cassandra Mick, David Valentiner, & Nina S. Mounts

Northern Illinois University  
Department of Psychology

Northern Illinois University

### Introduction

- Social phobia associated with lower levels of prosocial behaviors (Alden & Taylor, 2004). Association appears to be moderated by adolescents' self-regulation (Hassan et al. 2021).
- Past research relied heavily on self-report for the assessment of social phobia, raising concern about the method variance.
- Differences between mothers' and adolescents' reports of adolescents' social phobia contain important unique information (Valentiner & Mounts, 2017).
- The autonomy-individuation view sees parent-child informant discrepancies as normative development. The stress-conflict view regards informant discrepancies as pathological.
- The current study examines the associations of prosocial goals and behavior with both mothers' reports of adolescents' social phobia (MRASP) and adolescents' reports of adolescents' social phobia (ARASP), using multiple informants.

### Hypotheses

- The sum of MRASP and ARASP will uniquely predict the outcome variables (i.e., Help Feel Better Goal, Express Caring Goal, Problem-Solving Goal, Respect Privacy Goal, Avoid the Problem Goal, Blame Friend Goal, and Prosocial Behavior).
- The difference between ARASP and MRASP will uniquely predict the outcome variables. Consistent with an autonomy-individuation view, this association is hypothesized to be positive. Consistent with a stress-conflict view, this association is hypothesized to be negative.
- MRASP will uniquely predict the outcome variables.
- ARASP will uniquely predict the outcome variables.

### Method

#### Participants

64 mother-adolescent dyads ( $M_{age} = 12.38$ ,  $SD = 0.98$ ; age 11-14 years)

**Gender:** 64.1% girls, 35.9% boys

**Ethnicity:** African-American (31.3%); Asian American (3.1%); Latino (12.5%); White (53.1%)

**Income:** 9.4% < \$20,000, 31.3% \$20,000 - \$50,000, 40.6% \$50,001 - \$100,000, 18.8% > \$100,000

**Family Structure:** Both parents (59.4%); Single parent (25.0%); Stepfamilies (14.1%); Other (1.5%)

#### Procedure

Dyads completed questionnaire measures during a laboratory visit for a larger investigation.

#### Measures

##### Social Phobia-Spence Child Anxiety Scale – Parent Report (Spence, 1998)

- 6-item social phobia subscale assessed mothers' reports of adolescents' anxiety related to being in social settings;  $\alpha = .74$

##### Social Phobia-Spence Child Anxiety Scale – Adolescent Report (Spence, 1998)

- 6-item social phobia subscale assessed adolescents' report of adolescent's anxiety related to being in social settings;  $\alpha = .72$

##### Help-Giving Goals Towards Friends (Rose & Asher, 2004)

Help-giving goals were assessed using 6 hypothetical situations where a friend faced difficulties. Adolescents reported their preference for six goals for each situation:

**Help feel better**-6 items;  $\alpha = .92$

**Express caring**-6 items;  $\alpha = .93$

**Problem-solving**-6 items;  $\alpha = .79$

**Respect friend's privacy**-6 items;  $\alpha = .91$

**Avoid the problem**-6 items;  $\alpha = .85$

**Blame friend**-6 items;  $\alpha = .91$

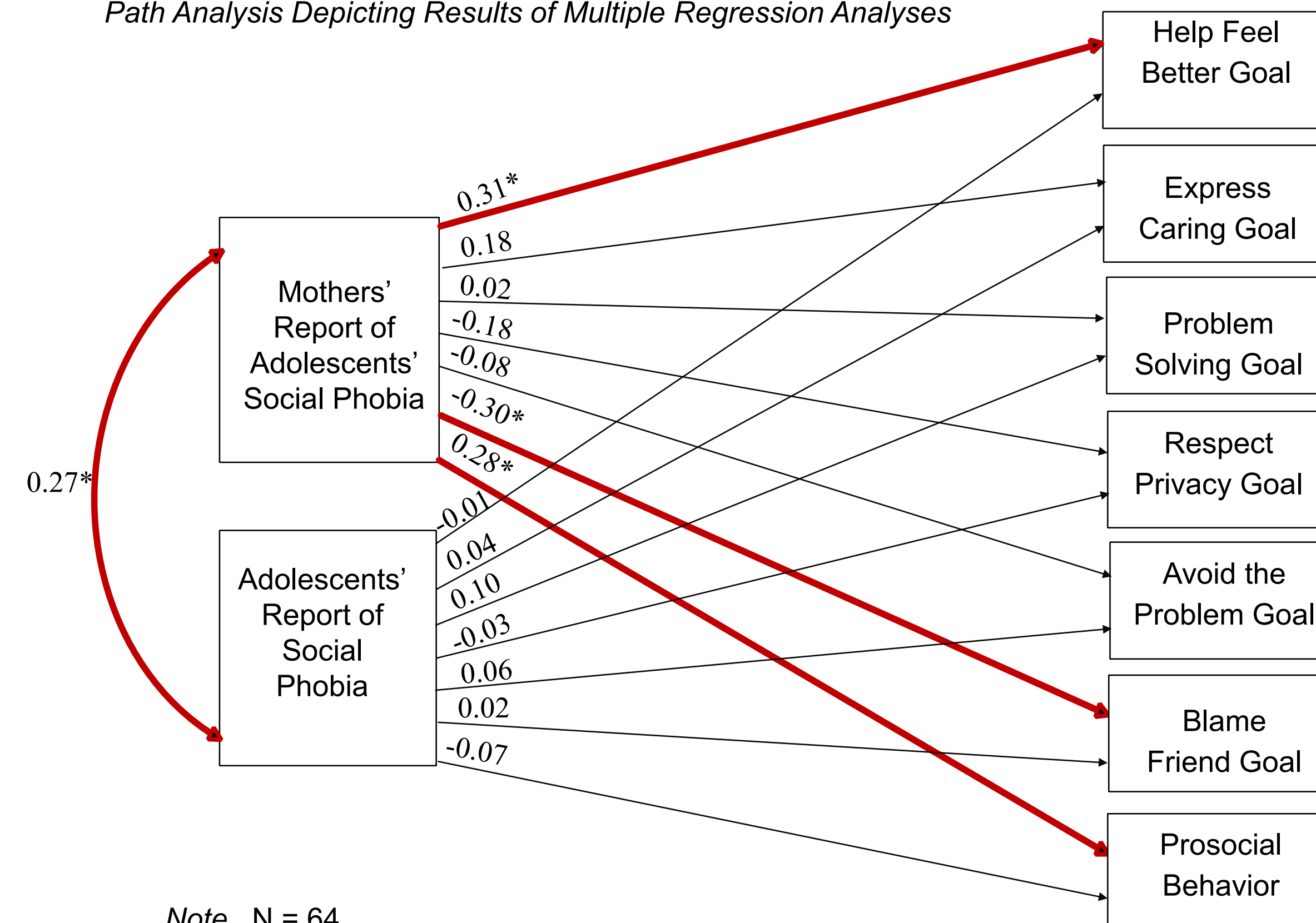
##### Prosocial behavior (Padilla-Walker et al., 2013)

- 18-item scale assessed adolescents' prosocial behavior toward friends and strangers;  $\alpha = .90$

### Results

Figure 1

Path Analysis Depicting Results of Multiple Regression Analyses



Note.  $N = 64$   
Measurement Residuals and Correlations among Measurement Residuals not shown.  
\* $p < .05$ .

Table 1  
Descriptive Statistics and Correlations

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10
1. MRASP	64	0.89	0.49	-									
2. ARASP	64	1.17	0.61	.27**	-								
3. Age	64	12.38	0.98	.21	.30*	-							
4. Sex	64	0.64	0.48	.14	.20	.05	-						
5. Help Feel Better Goal	63	4.41	0.81	.34**	.12	.06	.34**	-					
6. Express Caring Goal	63	4.29	0.89	.25	.17	.15	.42***	.75***	-				
7. Problem Solving Goal	63	3.94	0.84	.08	.16	.10	.24	.50***	.34**	-			
8. Respect Privacy Goal	63	2.58	1.12	-.21	-.11	-.21	.03	-.19	-.19	.17	-		
9. Avoid the Problem Goal	63	2.49	0.97	-.06	.06	.15	.06	-.02	-.02	.19	.77***	-	
10. Blame Friend Goal	63	2.16	1.16	-.29*	-.04	.04	-.10	-.16	-.05	.29*	.63***	.60***	-
11. Prosocial Behavior	64	3.83	0.66	-.32**	.12	.15	.42***	-.05	.58***	.41***	-.21	-.01	-.18

Note. Child sex was coded with 0 = Male and 1 = Female.  
 $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .



### Results

- Adolescent age was significantly correlated with ARASP
- Girls reported higher levels of the Help Feel Better Goal, Express Caring Goal, and Prosocial Behavior
- MRASP and ARASP were significantly correlated
- Higher levels of MRASP were related to lower levels of Blame Friend Goal
- Higher levels of MRASP were related to higher levels of Help Feel Better Goal and Prosocial Behavior
- ARASP was not correlated with any of the outcome variables.
- The first hypothesis was supported for Help Feel Better Goal, but not for any other outcome variables.
- The second hypothesis was not supported for any of the outcome variables.
- The third hypothesis was supported for Help Feel Better Goal, Blame Friend Goal, and Prosocial Behavior.
- The fourth hypothesis was not supported for any of the outcome variables.
- When controlling for all the other Spence Child Social Anxiety scales, higher levels of MRASP were still related to higher levels of adolescents' Help Feel Better Goals and higher levels of Prosocial Behavior, and marginally related to lower Blame Friend Goals.

### Discussion

- MRASP predicted three of the seven outcome variables (see Results).
- ARASP did not predict any of the outcome variables.
- These associations appeared to be specific to MRASP and could not be explained by mothers' reports of other adolescent anxiety symptoms.
- The results of the linear regressions were more interpretable than the results of regressions using the sum and difference method.
- There has been an increasing recognition that parental reports contain important unique information (Mounts & Valentiner, 2021). Mothers' reports may capture more of the observable, behavioral manifestations of social phobia, while adolescents' self-reports may be more influenced by their subjective experiences or interpretations. Moreover, the level of insight or awareness about adolescents' social phobia may vary between adolescents and their mothers, leading to different reports and predictive abilities.

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