

Perceived Parental Attitudes and Hopelessness in Predicting Social Anxiety Symptoms of Turkish Male and Female Adolescents

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ABSTRACT: Social anxiety is the most common anxiety disorder and it affects individuals' life very profoundly. Recent findings have suggested that both parental attitudes and hopelessness are potential vulnerability and maintenance factors for the development of social anxiety symptoms. Therefore, the aims of the current study were to examine whether social anxiety, perceived parental attitudes and hopelessness differ in male and female adolescents in order to identify predictors of social anxiety in Turkish adolescents. Hence, the Liebowitz Social Anxiety Scale, the short form of EgnaMinnenBeträffandeUppfostran Scale (short-EMBU), and Hopelessness Scale were administered to 756 adolescents. Consistent with other findings, we could show that females experienced more social anxiety, perceived more emotional warmth and more overprotection from mother and mother than males. The results of a regression analysis for the whole sample revealed that being female, greater the number of sibling, older grades, low mother education, perceived rejection from mother and hopelessness are significant predictors of social anxiety. Finally, social anxiety was predicted by different variables for females, (class level, mother education, mother rejection, hopelessness) and males (number of sibling, hopelessness). Therefore, clinicians should consider these differences in their interventions.

KEYWORDS -Adolescents, Gender Differences, Hopelessness, Parental Attitudes, Social Anxiety.

I. INTRODUCTION

Social anxiety is the most common anxiety disorder which has a chronic course in late adolescence and adulthood. Followed by major depression, alcohol abuse, and specific phobia it is ranked as being the fourth, among all psychiatric disorders. Lifetime prevalence of social anxiety disorder (SAD) is 12.1 % (Kessler, Berglund, Demler, Jin, Merikangas & Walters, 2005). Kessler et al. (2005) also investigated the age onset of SAD and found that the median age onset was 13 years which is quite early when compared to mood disorders. Also, symptoms of social phobia were found to increase in mid-adolescence (Ranta, Kaltiala-Heino, Koivisto, Tuomisto, Pelkonen, & Marttunen, 2007). Adolescence seemed to be an important developmental period for examining the correlates of SAD.

Social anxiety has many adverse consequences for the life of adolescent. It is associated with low academic achievement (Brook, & Willoughby, 2015), risky-decision making (Richards, Patel, Daniele-Zegarelli, MacPherson, Lejuez, & Ernst, 2015) and susceptibility to peer pressure (Blöte, Miers, & Westenberg, 2016). It has been reported that the adolescence is a very difficult time for a socially anxious individual (Gren-Landell, Tillfors, Furmark, Bohlin, Andersson & Svedin, 2009). It affects the type of courses taken at school, performance in school, and enjoyment in the school environment. It has negative impacts on not only current life of adolescent but also their future life. Anxiety with adolescence-onset has many psychosocial outcomes at older ages (Essau, Lewinsohn, Olaya, & Seeley, 2014). More specifically, it is associated with unemployment, maladjustment, poor coping skills, chronic stress and higher number of events at the age of 30.

There are gender differences in SAD. Female adolescents were found to experience significantly higher anxiety than males in a range of anxiety disorder including social anxiety, simple phobias and agoraphobia (Lewinsohn, Gotlib, Lewinsohn, Seeley & Allen, 1998). Also, females had significantly higher scores than males on the fear, avoidance and physiological dimensions of social anxiety (Ranta, Kaltiala-Heino, Koivisto, Tuomisto, Pelkonen, & Marttunen, 2007).

Multiple factors are responsible for the etiology of social anxiety, genetic factors (family history of SAD, panic disorder or major depression), temperament (behavioural inhibition in novel situations), parental influences (parental attitudes such as low warmth, overprotection, rejection), conditioning events (traumatic or vicarious conditioning), and cognitive influences (distorted perceptions and cognitions) (Ollendick & Hirshfeld-Becker, 2002). They either exacerbate or maintain social anxiety.

It is known that parental attitudes are suggested a possible cause for psychopathological tendencies in adulthood (Finzi-Dottan & Karu, 2006; Rapee, 2012). Parental attitudes have three dimensions which are emotional warmth, overprotection and rejection from parents (Arrindell, Kwee, Methorst, van der Ende, Pol, & Moritz, 1989). Emotional warmth is the physical and mental availability of parents in conjunction with physical and verbal acceptance for the child. Overprotection consists of isolation from social environment or prevention of child's autonomy. Rejection is neglecting the needs of the child or not accepting physical and emotional being of the child. Arrindell et al., (1989) showed that parental attitudes are significantly associated with psychiatric disorders. Lack of emotional warmth, rejective and overprotective parental attitudes are related to depression, anxiety and other disorders (e.g., social phobia, agoraphobia, OCD etc.), and drug addiction (Arrindell, et al., 1989; Bögels, van Oosten, Muris, & Smulders, 2001; Parker, Tupling & Brown, 1979).

Research indicated that parental attitudes (Bandelow, Torrente, Wedekind, Brooks, Hajak & Rüther, 2004, Inderbitzen, Walters & Bukowski, 1997) have important role in SAD. The studies revealed that parental rejection (Lieb et al., 2000), overprotection (Bögels et al., 2001) and warmth from parents (Whaley, Pinto & Sigman, 1999) were associated with social anxiety. People with social anxiety described their parents as less caring (lack of emotional warmth), being rejective and/or overprotective in several studies (Arrindell, et al., 1989; Lieb et al., 2000; Lindhout et al., 2006; Rapee, 1997; Whaley et al., 1999). Similarly as hypothesized by Clark and Wells (1995) socially anxious people tend to overestimate how negatively other people evaluate their performances. Parental over control has also been associated with higher social anxiety such that higher levels of control diminish acquisition of new skills due to adolescents' less opportunity for being in new situations. Limited experience in social situations results in behavioural deficits like being less friendly, warm, and outgoing. Having fewer social skills may lead to lower social competence and higher social anxiety. Taken together, these studies whose results are mentioned above revealed that parental attitudes are salient factors for adolescents' social anxiety.

Negative thoughts and expectations have also important roles in SAD (Hofmann, 2007). According to cognitive model of social phobia (Clark and Wells, 1995), socially anxious people have some assumptions about themselves and the social world, which make them perceive a danger in such situations. This perception, in turn, triggers anxiety. Cognitive factors, especially overestimation of threat, underestimation of social competence, selective attention to one's own arousal, the sign of negative evaluation and negative self-talk are maintenance factor in SAD (Ollendick & Hirshfeld-Becker, 2002). Beidel, Tuner & Dancu (1985) pointed out that social phobic individuals have more negative cognitions and less positive coping statements. There is also a negative association between social anxiety and positive emotions (Kashdan, 2007). Kashdan reported negative experiences motivate the organism to withdraw from potentially painful stimuli and lead to loss of social group resources. Positive experiences motivate the organism to pursue pleasurable opportunities and lead to reach resources and acquire social skills. Hopelessness is a negative expectation about future and it may stimulate the aversive/avoidance system. Therefore, hopelessness increases the sensitivity to threat and motivates withdrawal from potentially painful stimuli (Kashdan, 2007). Thus, adolescents withdraw from social interactions due to their potential pain, and withdrawal from social interaction may contribute to development and maintenance of social anxiety. Social anxiety was associated with 1.4 times greater risk of having hopelessness (Olsson, Guardino, Struening, Schneier, Hellman & Klein, 2000).

The role of perceived parental attitudes and hopelessness are still controversial in social anxiety levels of adolescents. No previous studies have addressed their predictive role of social anxiety in adolescence in Turkey, non-western developing countries. The main purposes of this study were to examine (1) whether social anxiety level, perceived parental attitudes and hopelessness level of adolescents differentiate according to gender (2) predictive values of perceived parental attitudes and hopelessness on social anxiety levels of adolescents and (3) whether the predictive values of perceived parental attitudes and hopelessness on social anxiety levels differs between female and male adolescents in high school.

II. METHODS

1. Participants

The sample consisted of 756 voluntary Turkish adolescents from four different high schools in the city of Bursa. Univariate or multivariate outliers were identified and were omitted from further analysis (119 cases). All analyses were carried out with the remaining 637 cases. The socio-demographic characteristics of the sample are presented in Table 1.

Variable	N (Percent)	Mean	SD	Min.–Max.
Gender				
Female	334 (52.4)	-	-	-
Male	303 (47.6)	-	-	-
Age		16.65	1.08	14-20
Grade				
9. year	93 (14.6)	-	-	-
10. year	146 (22.9)	-	-	-
11. year	260 (40.08)	-	-	-
12. year	97 (15.2)	-	-	-
Number of sibling		2.42	1.07	1-11
Family income				
High income	42 (6.6)			
Moderate income	553 (86.8.4)			
Low income	29 (4.6)			
Mother education (in years)		4.52	1.48	2-8
Father education (in years)		5.23	1.50	2-8

Table 1 Socio-demographic characteristics of the sample

Of the students, 334 (52.4 %) were female and 303 (47.6 %) were male and the mean age of participants was 16.65 years (SD = 1.08, Min. = 14, Max. = 20). Most of the adolescent reported that their families have middle-level income, the second child and had few siblings. The parental education levels were low.

2. Instruments

Data collection instruments included demographic information form and three self-report questionnaires; for social anxiety Liebowitz Social Anxiety Scale ($\alpha=.98$, Liebowitz, 1987), for hopelessness Hopelessness Scale (Beck, Weissman, Lester & Trexler, 1974), and for perceptions of their parents' rearing behaviors the short form of Egna Minnen Beträffande Uppfostran Scale (s-EMBU) (Arrindell, et al., 1999). Psychometric properties of Turkish versions of the scales are satisfactory for anxiety ($\alpha=.98$), for hopelessness ($\alpha=.85$) for three dimensions of parenting (for emotional warmth $\alpha=.79$, for overprotection $\alpha=.73$ and for rejection $\alpha=.71$) (Dirik, Yorulmaz, & Karanci, 2015; Durak, 1994; Soykan, Ozguven, & Gencoz, 2004).

3. Procedure

The instruments were arranged in a form of a booklet, starting with Socio-Demographic Information Form randomly followed by other scales. During three months period, all the instruments were administered to the participants during their class hours; participation was voluntary, and informed consent forms were signed by the subjects, ethical and official permissions from were taken from Institutional Review Board of Uludağ University. Parents were informed about the study and asked for permission for their children to participate the study.

4. Statistical Analyses

The data was analyzed by using SPSS 20. In order to examine gender differences is social anxiety, perceived parental attitudes and hopelessness, independent sample t-tests and MANOVA (Multivariate Analysis of Variance) were performed. Finally, to determine the predictors of social anxiety hierarchical multiple regression analyses were performed for all population, for females and males.

III. RESULTS

1. Gender differences in social anxiety level, perceived parental attitudes and hopelessness

Independent samples t-test was conducted to examine gender differences. The results revealed a significant gender difference [$t_{(634)} = 5.46, p < .001$]. The mean social anxiety score was significantly higher for females ($M = 22.18, SD = 11.15$) when compared to males ($M = 17.43, SD = 10.73$).

MANOVA was conducted to see the gender differences in perceived parental attitudes of adolescents. The result revealed that the full model was significant (Wilk's Lambda = 0.96, $F_{6,630} = 4.05, p < .001$). It was found that from "mother's emotional warmth" subscale of s-EMBU, females ($M = 18.26$) obtained significantly higher scores than males ($M = 17.37$) ($F_{6,636} = 9.32, p < .01$). From the other subscale of s-EMBU "mother's overprotection", females ($M = 20.93$) obtained significantly higher scores than males ($M = 19.79$) ($F_{6,636} = 9.90, p < .01$). From "father's emotional warmth" subscale females ($M = 17.48$) obtained significantly higher scores than males ($M = 16.87$) ($F_{6,636} = 3.80, p < .05$). From "father's overprotection", females ($M = 19.97$) obtained significantly higher scores than males ($M = 19.00$) ($F_{6,636} = 7.66, p < .01$). According to the result of the MANOVA, females obtained higher scores in four subscales (mother's and father's emotional warmth and overprotection subscales) except for rejection subscales. In other words, females perceived more emotional warmth and overprotection from mother and father than males.

Independent samples t-test was conducted with the purpose of examining gender differences in hopelessness. The results revealed that females and males did not significantly differ in terms of their hopelessness scores [$t_{(601)} = -1.03, p > .005$].

2. Predictors of social anxiety symptoms

Prior to conducting hierarchical multiple regression analyses, the relevant assumptions of this statistical analysis were tested. The assumptions of singularity, normality, linearity, multicollinearity and homoscedasticity were all satisfied. Outliers were omitted. Finally, as a result of preliminary analysis, a sample size of 634 was deemed adequate given thirteen independent variables to be included in the analyses.

The predictive value of parental attitudes and hopelessness on social anxiety levels was analysed with a hierarchical multiple regression analysis. Three separate regression analyses were conducted to identify predictors of social anxiety levels of all adolescents, female and males. In all regression analyses, age, gender (second and third regression analysis gender was not included due to gender-specific analysis), grade, the number of siblings, education level of mother, and education level of the father were entered as control variables in the first step. Other study variables (parental attitudes and hopelessness) were entered in the second step. The results are given in Table 2.

Gülendam Akgül		Page 40	
Final model: Predictors	(A) Whole sample	(B) Female	(C) Male

	β	t	β	t	β	t
Age	0.01	0.16	0.10	0.77	-0.04	-0.30
Gender	-0.21	-5.45***				
Grade	-0.17	-1.96*	-0.27	-2.02*	-0.09	-0.75
Number of siblings	0.01	2.26*	0.05	0.95	0.13	2.15**
Mothereducationlevel	-0.16	-3.03**	-0.22	-3.03**	-0.09	-1.11
Fathereducationlevel	-0.03	-.57	-0.01	-0.19	-0.05	-0.67
Motherrejection	0.15	2.39*	0.19	2.19*	0.11	1.18
Motheremotionalwarmth	-0.03	-0.39	0.02	0.21	-0.05	-0.38
Motheroverprotection	0.03	0.39	0.05	0.54	0.01	0.12
Fatherrejection	-0.04	-0.62	-0.14	-1.60	0.07	0.81
Fatheremotionalwarmth	-0.05	-0.67	-0.15	-1.35	0.01	0.09
Fatheroverprotection	0.04	0.53	-0.00	-0.05	0.07	0.71
Hopelessness	0.17	4.35***	0.16	2.88**	0.21	3.40***
<i>F change</i>	8.37		4.10		5.19	
R^2	0.22		0.20		0.18	

3. Predictors of social anxiety

Table 2. Predictors of social anxiety for whole sample, for females and for males

* $p < .05$, ** $p < .01$, *** $p < .001$

The results are presented in Table 2, Column A and showed that the first step explained 14% of the variance ($F(6, 562) = 15.02, p < .001$). Gender ($t = -5.23, p < .001$), number of siblings ($t = 2.30, p < .05$), and mother education level ($t = -3.09, p < .05$) were significant in this step. When parental attitudes and hopelessness were entered in to the regression equation (step 2), they accounted for a further 8% of the variance ($F(7, 555) = 8.37, p < .001$). Gender, grade, number of siblings, mother education level, perceived mother rejection, and hopelessness were significant predictors in the last step. Totally, all variables explained 22% of the variance in social anxiety level of whole sample ($F(13, 568) = 12.07, p < .001$). In the final model number of siblings ($t = 2.26, p < .05$), perceived mother rejection ($t = 2.39, p < .05$), and hopelessness ($t = 4.35, p < .001$) related positively and gender ($t = -5.45, p < .001$), grade ($t = -1.96, p < .05$), and mother education level ($t = -3.03, p < .01$) associated negatively with social anxiety in whole sample.

The results of thesecondregressionanalysis (forfemales) are presented in Table 2, Column B and showed that the first step explained 12% of the variance ($F(5, 299) = 8.36, p < .001$). Mother education ($t = -3.14, p < .01$) was significant in this step. When parental attitudes and hopelessness were entered in to the regression equation (step 2), they accounted for a further 8% of the variance ($F(7, 292) = 4.10, p < .001$). Grade, mother education level, perceived mother rejection, and hopelessness were significant predictors in the last step. Totally, all variables explained 20% of the variance in social anxiety level of females ($F(12, 304) = 6.13, p < .001$). In the final model perceived mother rejection ($t = 2.19, p < .05$), and hopelessness ($t = 2.88, p < .01$) related positively whereas grade ($t = -2.02, p < .05$) and mother education level ($t = -3.03, p < .01$) associated negatively with social anxiety levels of females.

The results of thethirdregressionanalysis (formales) are presented in Table 2, Column C and showed that the first step did not explain a significant portion of the variance in male's social anxiety ($F(5, 258) = 3.56, p < .01$). When perceived parental attitudes and hopelessness were entered into the regression equation (step 2), this step explained 12 % of the variance ($F(7, 251) = 5.19, p < .001$). Number of siblings and hopelessness were significant predictors in the last step. Totally, all variables explained 18% of the variance in social anxiety level of males ($F(12, 263) = 4.68, p < .001$). In the final model number of sibling ($t = 2.15, p < .05$), and hopelessness ($t = 3.98, p < .001$) related positively with social anxiety levels of males.

IV. DISCUSSION

The present study was designed to better understand the relationship between parental attitudes, hopefulness and social anxiety. The results revealed that female adolescents experienced more social anxiety, perceived more emotional warmth and more overprotection both from mother and father than males. In addition, hopelessness appeared as important variables for social anxiety in the whole sample. Finally, social anxiety was predicted by different variables for females (grade, mother education level, mother rejection and hopefulness,) and males (number of siblings and hopelessness).

The results indicated that high school students in this sample have low levels of social anxiety and hopelessness. These findings might be explained by the fact that this study was conducted in a normal sample. Furthermore, due to the voluntary nature of the participation, students with social anxiety might have preferred not to participate in the study.

As it was predicted, and in line with previous literature (Bögels, et al., 2001) females were found to experience more social anxiety than males. This is consistent with the finding that female gender was a risk factor for social anxiety (Essex, Klein, Slattery, Goldsmith, &Kalin, 2010). Both diagnoses of social phobia and lifetime frequency of social fears are more common in females. These results may be explained that females who are relatively less participant in any social activities than males due to social traditions. Therefore they couldn't develop necessary social and interaction skills.

When perceived parental attitudes of the students were examined, participants reported their mothers as being higher in terms of emotional warmth and overprotection, but lower in terms of rejection. On the other hand, participants reported their fathers as being higher on emotional warmth, moderate on overprotection, but very low on rejection dimensions. Females reported their parents (both mother and father) as being higher on emotional warmth and overprotection than male adolescents. Consistently, females perceived their mother as more emotionally warm in another study (Muris, Meesters, & van den Berg, 2003). Overprotection of girls more than boys and showing more emotional warmth to girls rather than boys are usual for Turkish parents due to the social norms in Turkish society. However, females and males were not significantly different from each other in terms of perceived parental (both mother and father) rejection dimension scores.

The results of regression analysis conducted to determine predictors of social anxiety revealed that among the parental attitudes only rejection of the mother was found to be positively related to social anxiety in whole sample and females. Consistent with Bögels et al. (2001) while rejective attitudes of mother were found to be related to social anxiety, father rejection did not a significant effect on social anxiety scores. Since the mother is the main caregiver in Turkey, perceived rejective attitudes of mother prevent adolescent's developing social skills. In addition, this sample reported very low level of rejection from their father, therefore, this variable cannot be found as a significant predictor of social anxiety.

In the present study, perceived emotional warmth and overprotection from both parents were not found as significant predictors of social anxiety. Unlike the present study, overprotection and warmth were both found to be related to social anxiety in the previous literature. Low levels of emotional warmth and high level of rejection and overprotection were accompanied by high levels of psychopathological symptoms (Arrindell et al., 1989; Muris, Meesters, & van den Berg, 2003). For example, a previous study on adolescents showed that baseline reports of parent overprotection predicted anxiety (Beesdo, Pine, Lieb, & Wittchen, 2010). However, in the present study, emotional warmth and overprotection did not predict social anxiety. Arrindell et al., (1989) reported that social phobic individuals rated their both parents as having been overprotective and rejective and as lacking in emotional warmth. However, in this sample student reported high level of emotional warmth from both parents. Therefore, emotional warmth was not found significant predictors of social anxiety. The lack of significant relationship between parent's overprotective attitude and social anxiety can be result from that parental overprotection was accepted as normal in the Turkish society.

As another variable, hopelessness was found as a predictor of social anxiety in both whole sample and for female and male samples, consistent with the literature. For example, Beidel et al., (1985) found that negative

cognitions are related with SAD. Hopelessness includes disturbed perceptions and cognitions. The positive relationship between hopelessness and social anxiety can be explained as follows: Negative cognitions about future may result in perception of more threat which maintains the existing social anxiety.

Among socio-demographic variables gender (1= Female, 2= Male), and number of siblings were positively, grade and mother education level were found to be negatively related with social anxiety in whole sample. Grade and mother education level were significant predictors of social anxiety for females. In addition, number of siblings was found as significant predictor for males. That is to say, adolescents with more siblings and low educated mother were likely to experience higher social anxiety symptoms. Actually, both higher number of siblings and lower mother education were related with low socio-economic status. The disadvantageous family environment due to low socio-economic status may lead to an increase in social anxiety level of adolescents. Different from the presents study, McLaughlin, Costello, Leblanc, Sampson, and Kessler, (2012) found a relationship between lower parental education and lower risk for anxiety disorders in adolescents. The role of level of parent education needs further examination. Finally, grade was a significant predictor of social anxiety. As the grade level increases, social anxiety decreases which might mean that adolescents learn social skills as they get older.

V. CONCLUSION

Considering clinical implications, the present results suggested that perceived mother rejection and hopelessness were associated with social anxiety symptoms. Thus, the possibility of modifying the impact of perceived parental attitudes and hopelessness level of students in psychotherapy should be considered. Any intervention should also take into account gender differences in social anxiety symptoms. Moreover, these findings have important implications in interventions for parents of anxious children and parenting program. Specifically, the results emphasized the importance of three dimensions of parental behaviours in children's social anxiety and the differences in parental attitudes towards females and males. Also, parents should be informed that overprotective attitudes limit children's chance of social skills development. Finally, parents should be thought that whether male or female, all children deserve as much emotional warmth and acceptance from their parents; and need the same amount of autonomy for new experiences to overcome social anxiety.

Besides contribution to literature, this study has limitations. First, explanatory power of the produced regression models is low but still significant. Second, cross-sectional design of the study does not allow cause-effect relationships. Finally, it has been known that socially anxious people do not show any signs of anxiety unless they are exposed to environments that trigger their anxious thoughts (Clark & Wells, 1995). In order to better understand the predicting role of parental attitudes and hopelessness, it will be better to examine these relationships in emotionally "hot" contexts like anxietytriggeringsocialenvironments. Despitealltheselimitations, it is the first to examine potential role of parental attitudes and hopelessness in social anxiety of adolescents in Turkey.

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