



Social phobia and perceived friendship quality

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ABSTRACT

Although it is clear that people with social phobia have interpersonal impairment, evidence that social phobia (as opposed to other mental disorders) affects friendship in particular is lacking. Two large epidemiological datasets were used to test whether diagnosis of social phobia is related to perceived friendship quality above and beyond perceived family relationship quality, diagnosis of other mental disorders, and a variety of demographic variables. After Bonferroni correction, social phobia was the only diagnosis related to perceived friendship quality above and beyond other factors, such that people with social phobia reported more impaired friendship quality. Social phobia's effect was similar in magnitude to demographic characteristics in both samples. The current study demonstrates that social phobia is specifically related to perceived friendship quality, suggesting that this aspect of social phobia's effects is worthy of further study.

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1. Introduction

Social phobia, a relatively common mental disorder (affecting about 12% of the population across the lifetime: Kessler, Berglund, Demler, Jin, Merikangas & Walters, 2005), is associated with interpersonal impairment (e.g., Ruscio et al., 2007). It is less clear how social phobia impacts specific types of relationships. Relevant studies in adults have focused primarily on strangers (e.g., Creed & Funder, 1998; Hope, Sigler, Penn, & Meier, 1998; Kashdan & Wenzel, 2005; Meleshko & Alden, 1993) and romantic partners (e.g., Davila & Beck, 2002; Wenzel, 2002), with little data addressing the *friendships* of adults with problematic social anxiety. Treatment is largely consistent with the focus of available research, with cognitive behavioral therapy (CBT) treatments for social phobia making no special reference to friendships (e.g., Clark et al., 2006; Heimberg & Becker, 2002).

Evidence that friendship deserves a special focus in the understanding of social phobia and its treatment is equivocal. Some evidence suggests that social phobia has a negative impact on friendships, according to measures of quality of life (Schneier

et al., 1994) and perceived social support (Torgrud et al., 2004).¹ Yet these data are limited, as the studies did not test for a specific effect for social phobia. Instead, in both studies tendencies toward other mental disorders, perhaps most plausibly depression, might account for much of the observed impairment. Alternatively, neither study ruled out the possibility that interpersonal impairment in *general* was correlated with social phobia; friendships in particular might suffer no burden beyond a general impairment affecting all interpersonal relationships. Both of these alternative explanations need to be eliminated before researchers would have a compelling rationale for studying (and treating) friendship impairment among people with social phobia.

The above concerns are compounded by the fact that the only study to test for a specific link did not find one. Whisman, Sheldon, and Goering (2000) analyzed 4933 participants in the Ontario National Survey Mental Health Supplement (ONS-MHS) and examined satisfaction in marital, family, and friendship relationships in relation to nine disorders, including social phobia. Social phobia did not show a specific link with friendship satisfaction. Taken at face value, these results are most consistent with the argument that if social phobia is associated with interpersonal impairment, this impairment is generalized and may not even be due to social phobia so much as characteristics shared with other mental disorders. This explanation is lent support by the fact that the only available test suggests that CBT, without a special focus on friendships, nevertheless improves quality of life in regard to a factor that includes friendships as an element (Eng, Coles, Heimberg, & Safren, 2001). However, both Whisman et al.'s and Eng et al.'s studies should be examined in more detail before conclusions are drawn.

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¹ It should be noted that quality of life and perceived social support in regard to friends, along with other measures alluded to in this introduction, are clearly not completely isomorphic constructs. The assumption here is that all of these constructs share some variance with the more global construct of perceived friendship quality (and its impairment). This assumption is borne out, to the extent possible in this study, in the confirmatory factor results presented in this study. As noted in the discussion, however, thorough investigation of more specific constructs should also be considered.

Inherent weaknesses in the dataset (the ONS-MHS) limit interpretation of Whisman et al.'s (2000) study. The authors found that social phobia was related to having no close friends. Whisman et al. did not include information about participants who had no close friends in their primary analyses because doing so would confound social isolation with relationship satisfaction. In addition, the friendship quality item used was a single, five response option question regarding close friends. Many participants might have friends and yet have no close friends; these participants would have been eliminated from the analyses. Thus, this study cannot address friendship in general; nor (as the authors note) is the use of a single item to measure friendship quality ideal. Similarly, Eng et al. (2001) did not assess friendship separately (i.e., friendship was included in a broader factor), and the measure they used contains only two questions that specifically refer to friendship.² Further, Eng et al. note that although participants in their study had improved quality of life at the end of treatment, this improvement still left these participants with lower quality of life than that reported in the literature for people with other mental disorders who have received treatment. It thus appears quite plausible that participants with social phobia might continue to experience impairment of their friendships after completing standard treatments. These studies therefore do not rule out the possibility that social phobia might have a specific, clinically relevant impact on friendship quality.

An ideal test of whether social phobia has a unique effect on friendships would utilize a large sample that includes measurement of social phobia and comparison disorders, as well as multiple questions regarding friendships and other types of relationships. No single publicly-available dataset presents all of these elements without attendant drawbacks. For example, although the National Comorbidity Survey Replication (NCS-R) dataset contains a wealth of information, multiple questions about friendship were only asked of a subset of respondents. Although all participants who had a lifetime diagnosis of social phobia were asked a single item about close relationships, this category might excessively conflate romantic relationships and friendships. In contrast, the National Survey of American Life (NSAL; Jackson et al., 2004) included multiple questions regarding friend and family relationships to nearly all respondents, but did not include diagnostic information as far-reaching as the NCS-R.

In this study, I examine both the NSAL and NCS-R in an effort to ameliorate their individual weaknesses for the question under consideration. Relationship quality with both friends and family were assessed by multiple items, allowing the estimation of latent variables. The inclusion of family relationship items allows a test of social phobia's relationship with reports of friendship quality above and beyond any general self-reported interpersonal impairment that affects all relationships. That is, if the effects of social phobia on friendship are due merely to general interpersonal dysfunction, this dysfunction should also result in reduced perception of family relationship quality. Therefore, self-reported family relationship quality would fully account for any apparent effects of social phobia in the models tested here. The specific relationship of social phobia to perceived friendship quality, above and beyond general perceived relationship quality, was tested in structural equation modeling (SEM) models, with multiple diagnostic and demographic variables available to test the alternative hypothesis that any apparent relationship would be due to the large number of factors that tend to co-occur with social phobia. It was hypothesized that social phobia would demonstrate

a significant, specific relationship with perceived friendship quality above and beyond perceived family relationship quality, other diagnostic variables, and demographic characteristics.

2. Methods

2.1. Archival datasets

The public-release versions (March 24, 2008) of the NCS-R and NSAL were used. These data sets are available through the collaborative psychiatric epidemiological surveys website (internet: <http://www.icpsr.umich.edu/CPES/>). Full descriptions of the datasets and the items included in this study are also available from this website.

The NCS-R is the replication of the original National Comorbidity Survey, and has been described in detail elsewhere (e.g., Kessler et al., 2004; Kessler & Merikangas, 2004). In brief, the NCS-R utilized a four-stage probability sampling technique to allow the sample to represent the entire non-institutionalized population of the United States. This study focuses only on the subsample who completed at least part of both the friend and family sections of the social network questions (asked of Part 2 participants; $n = 5281$). These participants are a probability sample of the entire sample, but participants with a history of mental disorders or symptoms of mental disorders were over-sampled. Participants completed a structured interview that was administered by a trained interviewer assisted by computer. Interviews were completed between February 2001 and April 2003.

The NSAL is a similarly-designed epidemiological survey that differs from the NCS-R in several ways, as reviewed by Pennell et al. (2004). The NSAL has been described in detail elsewhere (Jackson et al., 2004). These data were used because of broader assessment of family and friendship relationship quality; this study focuses on all participants who completed at least part of both the friend and family questions ($n = 5923$). Other differences between this sample and the NCS-R include the extensive sampling of participants who identified as African Americans and Afro-Caribbeans (in the United States), as well as the less in-depth assessment of mental disorders. Interviews, again conducted by trained interviewers assisted by computer, were completed between February 2001 and April 2003.

2.2. Measures

World Mental Health Composite International Diagnostic Interview (WMH-CIDI). Both studies used the WMH-CIDI to assess mental disorders according to the criteria in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994). The development of this fully-structured lay interview has been described in detail elsewhere (Kessler & Üstün, 2004). This study focuses on social phobia, but the following disorders and symptoms are also considered as covariates in at least one of the samples: major depression, dysthymia, bipolar I disorder, bipolar II disorder, subthreshold bipolar disorder symptoms, panic attack, panic disorder, agoraphobia with and without panic disorder, generalized anxiety disorder, specific phobia, post-traumatic stress disorder, alcohol abuse and dependence, drug abuse and dependence, anorexia nervosa, bulimia nervosa, binge-eating (regardless of diagnostic status), intermittent explosive disorder, adult separation anxiety disorder, and oppositional defiant disorder.³ In the case of disorders typically of childhood (e.g., conduct disorder), participants were recorded as meeting diagnostic

² Criticism of Whisman et al.'s and Eng et al.'s studies in regard to depth of assessment of friendships must be taken in context: Compared to other studies of social phobia and its effects, examination of one or two questions regarding friendship is generally at or above average.

³ Obsessive compulsive disorder is not considered because it was not fully assessed in the NSAL and was assessed incorrectly in the NCS-R (see documentation: <http://www.icpsr.umich.edu/CPES/>).

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