



Beyond bashful: Examining links between social anxiety and young children's socio-emotional and school adjustment



Laura L. Ooi^{a,*}, Gabriella Nocita^b, Robert J. Coplan^a, Jingjing Zhu^c, Linda Rose-Krasnor^d

^a Carleton University, 1125 Colonel By Drive, K1S 5B6, Ottawa, Canada

^b University of Toronto/OISE, 252 Bloor St. W, M5S 1V6, Toronto, Canada

^c Shanghai Normal University, 100 Guilin Road, Xuhui District, 200234, Shanghai, China

^d Brock University, 500 Glenridge Ave., L2S 3A1, St. Catharines, Canada

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ABSTRACT

Socially anxious children experience discomfort in social situations and fear being negatively evaluated by others. The goal of the current study was to examine the predictors and correlates of heightened social anxiety in a community sample of young children. Participants were $N = 268$ children in preschool, kindergarten, and grade 1 classes ($M_{\text{age}} = 68.06$ mos, $SD = 11.30$). Mothers rated their own personality, as well as children's temperamental characteristics and social anxiety. Mothers and teachers provided assessments of children's adjustment in and outside of school (e.g., social adjustment, peer experiences, academic performance). Overall, results indicated that symptoms of social anxiety were positively associated with social and school maladjustment. The current study provides preliminary evidence that symptoms of social anxiety in early childhood are present, identifiable, and problematic. Findings are discussed in terms of the implications for young socially anxious children's early adjustment, as well as potential targets for early prevention/intervention.

1. Introduction

Social anxiety disorder (SAD) is one of the most frequently occurring mental health problems during childhood and adolescence (Beesdo, Knappe, & Pine, 2009). To date, research on social anxiety has primarily focused on clinical samples (e.g., Baker and Hudson, 2014; Eley et al., 2008). More recently, there has been an increasing interest in heightened, yet subclinical, symptoms of social anxiety, particularly among preadolescent and adolescent samples (e.g., Lewis-Morrarty et al., 2012). Youth with heightened symptoms of social anxiety experience socio-emotional maladjustment both in and outside of school (La Greca and Stone, 1993; Weeks, Coplan, & Kingsbury, 2009), and may go on to develop more serious internalizing disorders (Goodwin, Fergusson, & Horwood, 2004). However, much less is known about the correlates of social anxiety in early childhood (Bernstein, Bernat, Davis, & Layne, 2008). Notwithstanding, early identification and intervention of anxiety symptoms may be instrumental in effecting long-term change (Luby, 2013; Rapee et al., 2005). As such, the goals of the current study were to: (1) assess the validity of a previously developed parent-report measure of social anxiety in young children; and (2) investigate the social, emotional, and academic correlates of social anxiety in a community sample of young children.

1.1. Overview of social anxiety in childhood

Social fears are common and, in many cases, normative among young children; however, these fears can be severe in some and reflect more serious problems (Muris, Merckelbach, Mayer, & Prins, 2000). Clinical SAD (previously referred to as *social phobia*) is characterized by an intense and persistent fear of one or more social situations in which a person is exposed to unfamiliar people or possible scrutiny by others (American Psychiatric Association, 2013). Feelings of distress in social situations are often accompanied by adverse physiological arousal (e.g., heart palpitations), headaches, stomach aches, nausea, sweating, panic attacks, and frequent crying (Beidel, Turner, & Morris, 2000; La Greca and Stone, 1993). Elevated symptoms of social anxiety have also been identified in nonclinical samples of children and appear to be associated with negative adjustment outcomes, including the subsequent development of SAD (Goodwin et al., 2004; Weeks et al., 2009). As such, developmental and clinical researchers have begun to turn their attention towards understanding the etiology and implications of elevated symptoms of social anxiety in childhood (e.g., Broeren, Muris, Diamantopoulou, & Baker, 2013; Gazelle and Rubin, 2010; Weeks et al., 2009).

* Corresponding author

E-mail address: laura.ooi@carleton.ca (L.L. Ooi).

1.1.1. Predictors of social anxiety

Multiple child and parental characteristics have been identified as risk factors for the development of child anxiety (Rapee, 2001). To begin, certain child temperamental characteristics appear to make children more vulnerable to the concurrent and subsequent development of social anxiety (Clauss and Blackford, 2012; Weeks et al., 2009). For example, child *negative emotionality* has previously been identified as a temperamental predictor of internalizing difficulties in preschool-aged children (Muris and Ollendick, 2005; Shaw, Keenan, Vondra, Delliquadri, & Giovannelli, 1997). Extremely *shy* (or *behaviorally inhibited*) children display sensitivity and fearfulness towards novelty (Kagan, 1997) and are also at increased risk for SAD (Hirshfeld-Becker et al., 2007; Wichstrøm, Belsky, & Berg-Nielson, 2013). Although many temperamentally fearful children do not go on to develop social anxiety, there is growing consensus that behavioral inhibition (BI) and shyness in early childhood should be conceptualized as *vulnerabilities* towards the development of (social) anxiety (Rapee and Coplan, 2010). Indeed, a recent meta-analysis identified BI in children as young as 14 months old as one of the largest single risk factors for the development of social anxiety (Clauss and Blackford, 2012).

Children with parents who have anxiety disorders are also at greater risk for developing anxiety disorders (Beidel and Turner, 1997). Apart from a shared genetic makeup, the overlap between parent and child anxiety may be due to environmental factors, such as parental modeling of anxious behaviors (Bögels and Brechman-Toussaint, 2006). For instance, children may learn to engage in maladaptive coping styles (e.g., catastrophizing, avoiding) in response to difficult situations as a result of being exposed to anxious parent behaviors (Whaley, Pinto, & Sigman, 1999; Wood, McLeod, Sigman, Hwang, & Chu, 2003). In particular, parents high on *neuroticism* tend to be more anxious themselves and have also been found to engage in over-protective parenting practices that can exacerbate child anxiety among temperamentally at-risk children (Coplan, Arbeau, & Armer, 2008; Ellenbogen and Hodgins, 2004). Relatedly, exposure to *maternal stress* may also be associated with risk for later child anxiety and social inhibition (Essex, Klein, Cho, & Kalin, 2002; Östberg and Hagekull, 2013). For instance, previous studies have found that maternal daily stressors negatively influence parenting practices, which in turn contribute to children's internalizing problems and social skills deficits (Anthony, Anthony, Glanville, Waanders, & Shaffer, 2005; Assel et al., 2002). In contrast, inhibited children may benefit from having parents who are higher in *extraversion*, as they may model more adaptive and sociable behaviors (Degnan, Almas, & Fox, 2010).

1.1.2. Assessment of social anxiety in early childhood

SAD tends to follow a fairly persistent and chronic trajectory, even in early childhood (Bufferd, Dougherty, Carlson, Rose, & Klein, 2012). Until more recently, exact prevalence rates of SAD in early childhood were unclear. This was due, in part, to previous assertions that younger children do not yet have the cognitive capabilities to associate their feelings of anxiety with social contexts (Morris and Masia, 1998). Indeed, there is considerable consensus that the age of onset for social anxiety is not until adolescence, with the majority of diagnoses occurring between the ages of 10 and 19 years old (Beesdo et al., 2007).

However, this assessment may be confounded by the hesitation to formally *diagnose* young children, who are undergoing physical, cognitive, and behavioral changes at a rapid pace (Angold and Egger, 2004). The absence of developmentally age-appropriate measures and the lack of consensus on appropriate criteria for defining psychiatric disorders in early childhood have also contributed to objections towards diagnosis (Angold and Egger, 2004; Pine et al., 2002). Notwithstanding, advances in assessment methodologies have contributed to a shift towards diagnoses in younger children (Beidel and Turner, 2007). As a result, anxiety disorders in early childhood have been reported as being more prevalent than previously thought (Carter et al., 2010; Paulus, Backes, Sander, Weber, & von Gontard, 2015). For

instance, Egger and Angold (2006) reported that SAD was actually more prevalent among preschoolers (2–5-year-olds) than among older children and adults. Despite these advances, researchers continue to argue that clinical cut-off scores are arbitrary, and that social anxiety should be viewed from a dimensional approach rather than as a discrete disorder (Dell'Osso et al., 2014; Krueger, Watson, & Barlow, 2005).

In this regard, specific measures have recently been developed and validated to screen for symptoms of anxiety in early childhood, such as the *Preschool Anxiety Scale – Revised* (PAS-R; Edwards, Rapee, Kennedy, & Spence, 2010). The PAS-R is a parent-rated measure that assesses a wide range of anxiety symptoms in preschool-aged children, including social anxiety, generalized anxiety disorder, separation anxiety, and specific fears. Edwards et al. (2010) reported preliminary evidence to support the concurrent validity of the measure, including moderate to high correlations with previously established measures of emotional symptoms (Goodman, 1997), and observer ratings of child anxiety. However, further examination of the construct validity of this relatively new measure is needed. As such, one of the aims of the current study is to provide additional evidence to support the social anxiety subscale of the PAS-R as a valid parent-rated assessment of social anxiety symptoms in young children.

1.2. Concurrent correlates of social anxiety in early childhood

1.2.1. Emotional adjustment

Starting in early childhood, SAD is highly comorbid with other emotion and conduct disorders (Egger and Angold, 2006). This is particularly concerning as those with multiple psychiatric problems have the greatest level of impairment (Bruce et al., 2005). There is growing evidence to suggest that children and adolescents with elevated symptoms of social anxiety in nonclinical samples exhibit similar patterns of emotional maladjustment as found in clinical samples. For example, symptoms of social anxiety in elementary school-aged children are concurrently associated with other internalizing problems such as loneliness, lower self-worth, and depressive symptoms (e.g., Liu, Coplan, Ooi, Chen, & Li, 2015; Weeks et al., 2009), and present risk for the later development of anxiety and internalizing disorders (Beesdo et al., 2007; Gazelle & Rubin, 2010; Goodwin et al., 2004).

Although less is known about the correlates and implications of social anxiety in early childhood, elevated symptoms of *general* anxiety in kindergarten have been found to be associated with internalizing difficulties (e.g., loneliness) (Coplan, Closson, & Arbeau, 2007). Moreover, social anxiety (as measured by the PAS-R) in preschool-aged children has been positively (and strongly) correlated with emotional problems (Edwards et al., 2010). Given the prevalence of social fears during this developmental period (Egger and Angold, 2006), it is important to further explore the associations between emotional adjustment and social anxiety in early childhood.

1.2.2. Social adjustment

Early childhood is a particularly important developmental stage for studying peer relationships (Rubin, Bukowski, & Bowker, 2015). During this period, children develop and master various skills necessary for positive peer interactions and healthy social adjustment (Coplan and Arbeau, 2009). Not surprisingly, peer interactions are a primary challenge for socially anxious children, and many find interacting with peers both challenging and stressful (Kearney, 2005). For instance, socially anxious children often find it difficult to initiate and sustain conversations with others, and tend to disengage or withdraw from the peer group (Erath, Flanagan, & Bierman, 2007). Previous research has also indicated that socially anxious children and adolescents (at clinical and subclinical levels) tend to display heightened anticipation of social threat or rejection (Clark and Wells, 1995; Weeks, Coplan, & Ooi, 2016). In turn, these socio-evaluative concerns perpetuate feelings of anxiety (e.g., London, Downey, Bonica, & Paltin, 2007).

Socially anxious children are also at increased risk for peer

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