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Social confidence and social anxiety: Differences in cognitive processing

Nicholas C. Rinehart

The University of Montana

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SOCIAL CONFIDENCE AND SOCIAL ANXIETY:
DIFFERENCES IN COGNITIVE PROCESSING

by

Nicholas C. Rinehart

M.S., North Dakota State University, 1997
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presented in partial fulfillment of the requirements
for the degree of
Doctorate of Philosophy

The University of Montana

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Approved by:

Chairperson

Dean, Graduate School

Date
Positive psychology emphasizes the focus on strengths in the human psychological condition (Seligman & Csikszentmihalyi, 2000). Stemming from the concept of positive psychology, social confidence is hypothesized to be on the opposite end of a hypothetical continuum of Social Anxiety Disorder (from McNeil, 2001). Social confidence is hypothesized to be comprised of the following: (a) absence of social anxiety; (b) ability to act assertively; (c) sense of self-efficacy regarding one's social interactions; and (d) tendency toward a more positive appraisal of social interactions. The present study is an investigation of the differences in social confidence and social anxiety in terms of cognitive processing. It is hypothesized that individuals who meet criteria for social confidence will respond to interpersonal situations more assertively and cognitively appraise interpersonal situations more adaptively than individuals who are socially anxious.

Five hundred undergraduate students completed self-report measures of anxiety, depression, social anxiety, fear of negative evaluation, assertiveness, self-efficacy, and cognitive appraisal. Forty-nine participants (26 women, 23 men) met criteria for the “Non-Socially Anxious” Group (NSAG; socially confident); 20 participants (16 women, 4 men) were classified as belonging to the “Socially Anxious” Group (SAG). Hypothesis testing was completed with the use of Assertive Scenario Forms (ASF), a self-report assertiveness, self-efficacy, and cognitive appraisal measure. On the ASF, participants responded to written, hypothetical interpersonal interactions; the scenarios included the presentation of Negative (NEG), Neutral (NEU), or Positive (POS) feedback.

The NSAG was significantly more likely to endorse assertiveness and to describe their actions to be confident and effective (indication of self-efficacy), in comparison to the SAG. The NSAG also utilized a more positive cognitive appraisal (statistically significant) after receiving NEU and NEG interpersonal feedback, in relation to the SAG. Similarly, for the NSAG, level of self-efficacy to engage in effective interpersonal behavior remained unchanged after receiving NEU and NEG feedback. Overall, participants who met criteria for social confidence (NSAG) demonstrated more adaptive cognitive appraisal across a wide variety of interpersonal scenarios in comparison to individuals classified as socially anxious. Findings from the present study illuminate further the behavioral tendencies, appraisals styles, and action orientation consistent with social confidence.
ACKNOWLEDGEMENTS

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SOCIAL CONFIDENCE AND SOCIAL ANXIETY: DIFFERENCES IN COGNITIVE PROCESSING

Throughout the recent era of psychology, researchers have focused primarily on pathology from a disease model of human functioning (Seligman & Csikszentmihalyi, 2000). The goal of researchers has been to arrive at a more thorough understanding of mental illness in order to improve the treatment and prevention of psychological disorders. Within the anxiety disorders, greater attention has been recently allocated to Social Anxiety Disorder. Individuals may be classified as belonging to a socially anxious population. However, an emerging consensus is that the experience of social anxiety may vary on a dimensional continuum (i.e., from normal functioning to pathology; McNeil, 2001). From this viewpoint, individuals may be categorized as a hypothetical dimensional opposite of Social Anxiety Disorder.

In recent years researchers have begun to recognize the importance of focusing on strengths in the human psychological condition as opposed to weaknesses (Seligman & Csikszentmihalyi, 2000). This general focus on strengths may be referred to as positive psychology. The aim of positive psychology is “to begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities (Seligman & Csikszentmihalyi, 2000, pg. 5)” Thus, stemming from the concept of positive psychology, this opposite end of a hypothetical spectrum from pathology (Social Anxiety Disorder) to adaptiveness may be referred to as social confidence.
As the understanding of Social Anxiety Disorder has expanded, the conceptualization of social confidence has not kept pace. From a positive psychology perspective, an understanding of social confidence may complement our present conceptualization of Social Anxiety Disorder. The goal of this paper is to achieve a better understanding of the positive qualities associated with social confidence, as distinguished from social anxiety. Additionally, such a comprehension of social confidence may help further refine the psychological treatment and understanding of social anxiety. By further understanding what is in effect “adaptive/functional” for most individuals, we can better judge what goals need to be met in therapy. With a better understanding of dimensions that are opposite of social anxiety, we can formulate a better treatment plan for individuals who are socially anxious. This can help clarify desired improvements in functioning on specific cognitive and behavioral domains for socially anxious individuals (unique to each client).

Social confidence may be defined along both behavioral and cognitive dimensions. Behaviorally, social confidence pertains to how well an individual is able to perform in all social interactions (e.g., utilizing appropriate social skills). This is related to the ability of an individual to behave assertively. However, before moving to a discussion of assertive behavior, it should be noted that behavior associated with assertiveness is not equated with social confidence. Rather, assertive behavior may be thought of as a subset of social confidence. Although, while only a subset of social confidence, assertive behavior may provide a point at which a conceptualization of social confidence can begin.
Assertive behavior may be defined as "all socially acceptable expressions of personal rights and feelings," (Wolpe & Lazarus, 1966). The ability to act assertively may be a result of social confidence. However, although possibly a major component, the behavioral dimension of assertiveness does not appear to adequately represent the concept of social confidence. For example, individuals who lack social confidence (e.g., individuals who are socially anxious) may behave assertively in certain situations. Consider the socially anxious person who is able to perform an assertive act such as pointing out to a cashier that she or he was overcharged. In this case, although the individual may lack social confidence, the resultant behavior is clearly "assertive." Accordingly, a more thorough understanding of social confidence can be gained by an exploration of cognitive factors.

With respect to the cognitive dimension, social confidence may be defined as the ability of an individual to utilize an adaptive thinking style with respect to performance and outcome in interpersonal interactions. An adaptive thinking style may include both the absence of maladaptive cognitions (e.g., a reduction of fear of negative evaluation, Heimberg, Becker, Goldfinger, & Vermilyea, 1985; Watson & Friend, 1969) and the presence of adaptive cognitions (e.g., the presence of confidence, Lorr, Youniss, & Stefic, 1991). For example, socially confident individuals may think more optimistically with respect to performance in social situations than individuals who lack social confidence (see Lorr, Youniss, & Stefic, 1991). Similarly, socially confident individuals may also think less pessimistically with respect to social performance than individuals who lack social confidence (see Heimberg et al., 1985). Accordingly, individuals who
are socially confident may not be hindered by negative, maladaptive self-statements associated with failure in social situations. To illustrate, consider the demonstrated improvements in subjective fear and irrational beliefs in social phobics after successful treatment (Biran, Augusto, & Wilson, 1981; Clark & Agras, 1991; Emmelkamp, Mersch, Vissis, & van der Helm, 1985; Heimberg, Dodge, Hope, Kennedy, Zollo, & Becker, 1990). Thus, a continuous pattern of the utilization of adaptive cognitions will likely foster the growth of continued confidence in interpersonal interactions.

With the growth of continued confidence in interpersonal interactions, socially confident individuals may believe that they can perform well in potentially challenging situations. This is related to the concept of self-efficacy, or how much an individual believes he or she can control challenging environmental demands by means of taking adaptive action (Bandura, 1977a, 1977b; Schwarzer, 1992). The establishment of self-efficacy with respect to social performance may be a component of social confidence. Socially confident individuals are likely to have developed a strong sense of self-efficacy with respect to how well they think they can perform in social situations (e.g., asking someone out on a date, giving a speech, talking to persons of authority). Therefore, another important component of social confidence, one that is closely related to the ability of an individual to be assertive, is the level of an individual’s self-efficacy with respect to performance in interpersonal interactions.

In the previous section it was noted that self-efficacy may be a result of social confidence. However, the reverse may be true in that social confidence may be a result of self-efficacy. A continuous pattern of behavioral attempts at assertiveness that is
perceived as successful may in fact lead to a specific pattern of cognitive processing that is associated with self-efficacy. In this pattern, greater self-efficacy may lead to social confidence. Thus, this relationship between how a person behaves, how a person interprets the behavior, how this interpretation influences cognitive processing styles, how cognitive styles influence self-efficacy, and how self-efficacy influences future behavior can be represented by a feedback loop (i.e., a reciprocating "upward spiral"). The more self-efficacy an individual develops with respect to performance in social interactions, the greater the level of social confidence. Therefore, individuals who are socially confident may have a remarkably different cognitive processing style than socially anxious individuals, who may be more likely to lack the cognitive styles associated with social confidence (i.e., have maladaptive thinking styles).

This paper is an analysis of the functional differences between social confidence and social anxiety in relation to cognitive processing. Because assertiveness may be a significant component of social confidence, an initial operationalization of social confidence may be gained by an exploration of the cognitive components of assertiveness. However, because assertiveness is a broad theoretical construct, an analysis of the cognitive domain of assertiveness could not be explored without a sufficient understanding of the behavioral dimensions of assertiveness. Therefore, these dimensions of assertiveness will be discussed first in order to introduce the cognitive domain of assertiveness. Also, this is followed by an exploration of social anxiety and how cognitive processes may be different between socially anxious and socially confident individuals. In addition, the present study is an investigation of the differences
in cognitive processing between individuals who are socially confident and individuals who are socially anxious.

**Dimensions of Assertiveness**

In order to conceptualize social confidence, it will be useful to first explore the concept of assertiveness. Assertiveness may be thought of as a broad theoretical construct. It is perhaps best initially understood by asking: What constitutes assertive behavior? However, other important considerations include the context and cognitions associated with assertive behavior. With regard to context, the same individual who is competent in behaving assertively in one situation may show great difficulty in another. In relation to cognitions, specific thinking patterns may be associated with assertive behavior. Subsequently, a more in depth understanding of assertiveness may be accomplished by addressing questions such as: When do individuals act assertively? and what are the cognitive components of assertiveness?¹

**Assertiveness: What is Assertive Behavior?**

The ability of an individual to act assertively is likely a component of social confidence (i.e., assertive behavior is likely a result of social confidence). Therefore, in order to identify the construct of social confidence, it will be useful to understand what may constitute assertive behavior. This section outlines the evolution of the current conceptualization of assertive behavior. Although not exhaustive, this section does

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¹In addition, researchers have postulated the consequences of assertive behavior. For example, Malarchick (1976) provides a review of the potential consequences of assertive behavior from various theorists: (1) assertive behavior will reduce one's general level of anxiety, allow for more meaningful relationships, self-respect, and social adaptability; and (2) assertive behaviors facilitate more psychological life space (more room for permission to "do" things rather than being confined because of concerned with an arbitrary range of "rights" and "wrongs.").
include coverage of relevant work from various theorists exploring the concept of assertiveness.

**Behavioral Components of Assertiveness: Relevant Research**

Initial theoretical background influencing assertiveness can be traced back to the work of Ivan Pavlov, who postulated that there are two aspects of the nervous system: (1) inherited, and (2) conditioned (Fensterheim & Baer, 1975). Inherited characteristics can be changed through life experience and Pavlov hypothesized that a person needs an active relationship with his or her environment. Changes in the environment demand corresponding changes in the nervous system (adaptation). Pavlov postulated the term “conditioned reflex” as the ability to learn to adapt to one’s environment. Conditioned reflexes or responses operate through the processes of “excitation” and “inhibition” (i.e., the brain process has either a heightened activity which facilitates the formation of new conditioned responses, or has a dampening process which decreases brain activity and the ability to formulate new conditioned responses).

The concepts of “excitation” and “inhibition” were utilized by Salter (1961) in his formulation of treatment for psychiatric disorders. Salter (1961) explains that individuals who are more “excitatory” than “inhibitory” are more likely to be relaxed, to act without thinking too much, and to be spontaneous with respect to the expression of emotion. A pattern develops in which desired behaviors are performed (e.g., such as speaking in front of a group; excitatory) because the experience of anxiety (“inhibitory” process) does not lead to avoidance. Thus, he hypothesized that people are “action-oriented and emotionally free” when excitatory processes dominate inhibitory processes.
Wolpe (1958, 1969) refers to the word assertive as “the outward expression of practically all feelings other than anxiety.” He hypothesized that individuals who act unassertive in interpersonal situations have maladaptive anxiety responses that prevent them from saying or doing what would normally be considered to be reasonable. For the facilitation of assertiveness, Wolpe suggests the establishment of “excitatory” dominance over “inhibitory” processes by restricting the anxiety that blocks the “excitatory” process. “Excitatory” refers to the notion that some desired behavior is performed. For example, individuals who are socially anxious may avoid speaking in front of a group because of anxiety (inhibitory processes), even though they have the behavioral skills to complete the task. However, by practicing techniques to reduce anxiety, such as utilizing relaxed breathing techniques, socially anxious individuals may be more likely to attempt a difficult task such as speaking in front of a group (excitatory dominance).

The further refinement of the definition of assertiveness continued with Wolpe and Lazarus (1966) who defined assertive behavior as “all socially acceptable expressions of personal rights and feelings.” They offer the following examples of assertive behavior: (1) polite refusal of an unreasonable request; (2) genuine expression of appreciation, praise, or respect; and (3) exclamation of happiness, irritation, admiration, or disgust. They view a lack of assertiveness in terms of interpersonal anxiety and correlated functional inadequacy, or a deficit in the ability to genuinely express basic feelings/emotions. Functional inadequacy may be related to the experience of anxiety interfering with the implementation of interpersonal skills, however, it may also be related to a deficit in social skills. Wolpe and Lazarus’s view of assertiveness is
the basis for most subsequent concepts of assertiveness. However, as described later, the concept of assertiveness has broadened over the years to include other types of behavior.

Similar to Wolpe and Lazarus, Alberti and Emmons (1970) also describe assertiveness along behavioral dimensions. Their view is that the behavior of persons who act assertively can be described as self-enhancing and expressive. Albert and Emmons (1970) also make a distinction between assertive and aggressive behavior noting that while aggressive behavior includes assertiveness, the behavior is not at the expense of another, and goals are achieved without concern for the well being of others. Also, an important distinction between aggressive and assertive behaviors is that assertive behavior may lead to the achievement of a desired goal whereas aggressiveness often does not. Aggressiveness often leads to interpersonal conflict that hinders the establishment of the goal (e.g., a person who shouts at a waiter may be ignored while a polite request may be granted).

Building on previous theoretical notions of assertiveness, Lazarus (1971) defined it as emotional freedom in standing up for one's rights. Emotional freedom refers to "the recognition and appropriate expression of each and every affective state," (Lazarus, 1971, p. 116). He indicated that in addition to being in touch with emotions, a person needs to learn to express feelings in a "mature and honest" fashion. Lazarus (1973) described his view of the main components of assertive behavior: (1) the ability to say "no"; (2) the ability to ask for favors or to make requests; (3) the ability to express positive and negative feelings; and (4) the ability to initiate, continue, and terminate general conversations. Thus, assertiveness can be thought of as a multi-faceted concept because
an individual may show strengths and weaknesses (or a combination) in each of the above four areas. Hypothetically, socially confident individuals would demonstrate competence in each of Lazarus’ (1973) components of assertive behavior.

Further refinement of the conceptualization of assertive behavior came from Eisler, Miller, and Hersen (1973). They studied the verbal and non-verbal behavior of 30 male psychiatric patients. Because of the interactional nature of the role-playing situations used (i.e., most requiring simulations of interactions with spouses), all participants were either currently married, separated, or divorced. The Behavioral Assertiveness Test was utilized; first a vignette was read to each participant:

“When I describe a situation to you over the speaker, I want you to imagine that you are really there. Miss Smith (role model) will play the part of your wife or another person that I will describe to you. After the situation is described, Miss Smith will say something to you. After she speaks to you, I want you to say what you would normally say if you were actually in the situation.” (pg. 297).

Next, hypothetical situations that require assertive responses were read to the participants, such as the following:

*Narrator:* “You’re in the middle of an exciting football game. Your wife walks in and changes the T.V. channel as she does every time you’re watching a good game.”

*Role Model Wife:* Let’s watch this movie instead; it’s supposed to be good.” (pg. 296).

Subject responses were videotaped and verbal (duration of reply, latency of response, loudness of speech, fluency of speech, compliance, overall assertiveness, affect) and non-verbal (duration of looking, smiles) components of assertive behavior were rated by independent judges. Participants who were perceived as being assertive tended to
respond to interpersonal problems quickly and in a strongly audible voice. Also, participants perceived as assertive were more likely not to give in to unreasonable demands of others (compliance) and were more likely to request that an interpersonal partner change his or her behavior. In addition, high assertive participants were significantly different than low assertive participants on assertiveness questionnaires. Furthermore, individuals who acted assertively were judged to have more lively intonation appropriate to the situation (affect) than individuals judged as non-assertive. However, duration of looking, speech fluency, and smiling were not significantly related to judgements of assertiveness. Thus, results were consistent with previous research that indicated components of assertiveness having to do with not giving in to unreasonable demands and being able to request that a person change her or his behavior. However, the authors established additional components of assertiveness having to do with latency of response, loudness of speech, and affect (intonation). Thus, Eisler, Miller, and Hersen (1973) found assertiveness to be defined by a particular set of behaviors.

Building on the operationalization of assertiveness, Spector (1973) conceptualized assertiveness as a social skill that is related to other social skills. According to Spector (1973), an assertive response may include elements from other social skill areas, such as confrontation, empathy, and persuasion. Confrontation involves standing up for one’s rights by pointing out discrepancies in the behavior of another individual. Empathy refers to the recognition and respect of the value of another individual. Persuasion involves standing up for one’s rights by defending one’s point of view. This is illustrated in the following assertive dialogue (Malarchick, 1976):
Husband: "You're selfish!"

Wife: "I'm not selfish (confrontation). I show that I care for you in many ways."

"I do respect you (empathy)."

"But what you want is unreasonable (confrontation and persuasion)"

"I have a right to have my feelings considered (persuasion)."

It is notable that this view of assertiveness includes the ability of an individual to express negative feelings (e.g., confrontation), in addition to positive feelings (e.g., empathy; Davis, 1983). With a combination of advanced social skills (e.g., confrontation, empathy, and persuasion), Spector's (1973) view of assertive responses more closely approximately social confidence. Individuals who are socially confident are likely to demonstrate competence in social skills associated with confrontation, empathy, and persuasion.

Lorr and More (1980) further established the concept of assertiveness. They identified four factors of assertiveness in their investigation of questionnaire items designed to measure assertiveness using high school and college subjects. After reviewing published measures and the literature on the measurement of assertiveness, Lorr and More (1980) suggested the following five factors of assertiveness: (1) Defense of Rights and Interests: the ability to defend rights and initiate behavior in favor of needs; (2) Social Assertiveness: the ability to relate to others in social situations, to converse, and to make friends; (3) Initiatory Assertiveness: the utilization of behaviors that call for the initiative to resolve problems and to satisfy needs; (4) Independence: a willingness to resist social pressure or authority in order to express beliefs and opinions; and (5)
Directiveness: the ability to lead, direct, control, or influence others. Initially, approximately equal numbers of statements reflecting each of the five proposed factors were written by the authors (i.e., 20 items for each factor). Then, three judges independently sorted the items into five piles in order to check the match of statements with the five proposed factors. The authors reported that "since agreement was substantial (not specified), 20 items were selected for each scale, ten keyed as true and ten keyed as false," (Lorr & More, 1980, pg. 130).

The initial investigation involved the administration of 80 items (only four scales were used because the Directiveness scale was inadvertently left out) to a sample of 175 subjects (Lorr & More, 1980). Analyses revealed the presence of four dimensions. In a subsequent study, the original five proposed factor sets were revised and administered to a sample of 304 participants (166 women and 138 men). Principal component factor analysis utilizing extraction with an oblique rotation produced the following factors: (1) Directedness, (2) Social Assertiveness, (3) Defense of Rights and Interests, and (4) Independence (see above for definitions of factors). The authors concluded that each factor may represent a skill and a disposition to behave in specified ways to a specific class of stimuli. In addition, the authors point out that similar factors appeared in

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2 The notion of the underlying importance for an individual in taking charge and exerting influence relates to personality theory. For example, Ansbacher and Ansbacher (1979) present the writings and theories of Alfred Adler, who viewed the nucleus of personality as a "unitary, goal-directed, creative self that in the health state is in a positive, constructive, i.e., ethical, relationship to his fellow men." This is reflected in Adler's notion of an individual's striving for superiority to overcome underlying inferiority. Along the same grounds are factors associated with narcissism, including power, control, and manipulation (Lowen, 1983). However, assertiveness is often associated with positive and less selfish qualities than narcissism.
previous investigations of personality inventories that include measurements of assertiveness.

Schroeder, Rakos, and Moe (1983) utilized seven response classes of assertiveness in their investigation of the social perception of assertive behavior (i.e., a response rather than an initiated behavior) as a function of response class and gender. The response classes were generated from reviewing the work of experts in the field of assertiveness (e.g., Lazarus, 1973) and from the examination of the factor structure of various assertiveness inventories. The following response classes were used— the ability to (1) refuse requests, (2) express unpopular opinions, (3) admit personal shortcomings, (4) accept compliments, (5) express positive feelings, (6) make behavior change requests, and (7) initiate interactions. This further illustrates the complex nature of assertive behavior in that each of the above seven categories can be representative of "assertiveness." Socially confident individuals would likely demonstrate competence in most, if not all, of the assertive response classes from Schroeder et al., (1983).

**Behavioral Components of Assertiveness: Summary**

In summary, with these various developments in the understanding of assertive behavior, we can begin to conceptualize the hypothetical construct of social confidence. At the present time, assertive behavior can best be represented according to six general categories (see Table 1). Assertive behavior would be demonstrated by competence in any of the six categories. Most individuals are able to act assertively with respect to one or more of the behavioral categories. However, theoretically socially confident individuals would likely be competent in most if not all categories of assertive behavior.
Table 1: Behavioral Components of Assertiveness

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<th>Behavioral Component</th>
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<td>Social Skills Competence</td>
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<td>Directive Ability</td>
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<td>Empathy</td>
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<tr>
<td>Positive Feeling Expression</td>
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<tr>
<td>Negative Feeling Expression</td>
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<tr>
<td>Quality of Verbal Response</td>
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</table>

- **Social Skills Competence**: Competence in interactions / forming relationships.
- **Directive Ability**: Take charge, to exert influence.
- **Empathy**: Respond to the emotional experience of others.
- **Positive Feeling Expression**: Express positive feelings.
- **Negative Feeling Expression**: Defend one's rights; refuse unreasonable requests.
- **Quality of Verbal Response**: Quick response, strongly audible / lively voice.

Why might this be so? A basic answer to this question is that social confidence pertains to how well an individual is able to perform in most social interactions. Therefore, social confidence includes competence in a variety of areas such as the ability to form relationships, to exert influence, to express feelings / wishes, and to respond in a confident voice.

**Assertiveness: When do Individuals act Assertively?**

As described in a previous section, despite the relevance of behavior as an explanation of the concept of assertiveness, behavior alone cannot fully answer the question, "What is assertiveness?". In order to more fully understand assertiveness as pertaining to the conceptualization of social confidence, we must consider the context of the particular interpersonal interaction. For example, the same individual who is competent in behaving assertively in one situation may show great difficulty in another.
The role of context as a factor in assertiveness has been empirically evaluated. Eisler, Hersen, Miller, and Blanchard (1975) demonstrated in a study with 60 psychiatric patients that assertiveness varies according to the social context of the interpersonal interaction. The authors utilized methodology similar to Eisler, Miller, and Hersen (1973). Eisler et al., (1975) found evidence for a stimulus specific theory of assertive responding. This theory explains that engagement of assertive behavior may depend on several factors that may interact: (1) the relationship between the two interacting individuals with respect to gender (male versus female, male versus male, etc.); (2) whether the situation involves a negative situation (Would you mind staying late again, and finishing this work for me?) or a positive one (I hope you enjoyed your dinner sir); and (3) whether the interacting person is familiar or unfamiliar. Basically, an individual who acts assertively in one social situation may not in a different interpersonal context. Also, the authors point out that some individuals may have no difficulty responding assertively to negative situations in which they possibly become angry (e.g., reminding someone that they cut in line), but may show great difficulty when the situation requires positive expression (e.g., complimenting a friend on her or his appearance). Thus, this study revealed the complex nature of assertiveness, pointing out that assertiveness may not be a "trait," but rather the interaction of various situational and intra-personal factors.

In summary, for many individuals, engagement of assertive behavior likely varies according to the social context of the interpersonal interaction (Eisler et al., 1975). However, the same may not be true for individuals who are socially confident. Social confidence is likely associated with interpersonal expertise across most social
interactions. Therefore, someone who is socially confident will likely be competent at behaving assertively when considering most social contexts (e.g., other person’s gender, type of required response, and familiarity of other person).

**Assertiveness: Cognitive Components**

As explained in the introduction, the purpose of this paper is to evaluate the hypothetical differences in cognitive processing between individuals who are socially confident and individuals who are socially anxious. Theoretically, an initial conceptualization of social confidence is informed by an understanding of assertiveness (i.e., social confidence is not equated with assertiveness). With a background understanding of what may constitute the behavioral components of assertiveness (see Table 1), we now turn to possible cognitive aspects of assertiveness. Hypothetically, individuals who are socially confident will think assertively. Therefore, an understanding of the cognitive processing styles of socially confident individuals may be gained by an exploration of thinking styles associated with assertiveness. Cognitive styles associated with assertiveness have been investigated by various researchers and theorists.

For example, Lorr, Youniss, and Stefic (1991) identified cognitive constructs related to assertiveness in their investigation of an inventory measuring social skills. Using methodology similar to Lorr and More (1980), Lorr et al., (1991) administered 128 true-false items to high school and college students to evaluate the dimensional structure of constructs related to social skills. A series of principal component analyses identified two cognitive and five behavioral constructs related to social skills. The five behavioral constructs were similar to those identified in previous investigations: social competence,
directive ability, empathy, positive feeling expression, and negative feeling expression.

The other two identified constructs can be better classified according to a cognitive dimension of assertiveness: **Confidence**: belief in one's ability to succeed on tasks undertaken; and **Popularity**: feeling liked, accepted, included, and approved by others. The Confidence and Popularity constructs identified in Lorr et al., (1991) are closely related to the concepts of self-efficacy and self-esteem.

**Assertiveness: Self-Efficacy**

A continuous pattern of behavioral attempts at assertiveness that is perceived as successful may in fact lead to a specific pattern of cognitive processing that is associated with self-efficacy. Self-efficacy refers to how much an individual believes he or she can control challenging environmental demands by means of taking adaptive action (Bandura, 1977b; Schwarzer, 1992). Self-efficacy is associated with psychological confidence that is strengthened with behavioral mastery:

"In the social learning view, psychological changes, regardless of the method used to achieve them, derive from a common mechanism. The apparent divergence of theory and practice is reconciled by recognizing that change is mediated through cognitive processes, but the cognitive events are induced and altered most readily by experiences of mastery arising from successful performances... Psychological procedures, whatever their form, alter expectations of personal efficacy," (Bandura, 1977b; pg. 79).

Utilizing social learning theory, Bandura (1977b) lists ways to improve self-efficacy such as performance accomplishments (e.g., exposure), vicarious experiences (e.g., live modeling), and verbal persuasion (e.g., suggestion). Individuals who are likely to act assertive may have been exposed to any of the above sources in real world situations (such as mastery from performance accomplishments). In theory, individuals who are
socially confident will demonstrate self-efficacy by believing they can perform well in potentially challenging interpersonal situations (i.e., as opposed to socially anxious persons). Thus, the establishment of self-efficacy with respect to social performance may be a result of social confidence.

**Assertiveness: Self-Esteem**

Fensterheim and Baer (1975) described self-esteem as an essential component of assertiveness (more than a social skill). The person who acts assertively has an active approach to life and is viewed as being able to communicate openly, directly, honestly, spontaneously, and appropriately with others. The person who acts assertively is able to confidently reveal herself or himself: “This is me. This is what I feel, think, and want,” (Fensterheim & Baer, 1975). Self-esteem can also be facilitated by affiliation with members of social groups (Schachter, 1959).

Self-esteem may also be defined according to the perceived appraisal of significant others (social approval), and according to feelings of efficacy and competence (Lorr & Wunderlich, 1986). Self-esteem encompasses the following: how a person (1) perceives his or her status and abilities, (2) believes others evaluate him or her, and (3) would like to be ideally. (Lorr & Wunderlich, 1986). Malarchick (1976) relates self-esteem with assertiveness as illustrated in the following diagram:

![Success in Terms of Trying Diagram](image)

- **Assertion**
- **Actual goal may not be accomplished**
- **Increased Self-Worth**
Through assertive behavior (see diagram), self-esteem is established/nurtured because the emphasis is on the process of goal attainment rather than the accomplishment of a concrete end goal. Level of self-esteem has to do with an individual’s orientation to life (active or passive), control of self and life situations, ability to reveal characteristics of self, and ability to communicate openly with others (Malarchick, 1976). Self-esteem is also associated with feelings of approval by others (Franks & Marolla, 1976; Lorr et al., 1991).

In summary, cognitive components of assertiveness likely shed light on our understanding of social confidence. With an understanding of self-efficacy and self-esteem, we can further conceptualize the hypothetical construct of social confidence. Individuals who are socially confident likely have a strong sense of self-efficacy with respect to how well they believe they can perform in interpersonal situations. Likewise, socially confident individuals may be less likely to have problems with self-esteem than individuals who lack social confidence (e.g., individuals who are socially anxious).

**Assertiveness: Cognitive and Behavioral Components**

The act of assertiveness can be represented by competence not only in many different types of behavior, but also by the presence of specific cognitive processing styles (see Table 2). This competence pertains to how well an individual is able to interact socially, including the quality of a verbal response and the ability to express feelings/wishes.

Hypothetically, social confidence pertains to competence in most if not all components of assertive behavior (see Table 2). However, to reiterate, behavior alone
Table 2. Behavioral and Cognitive Components of Assertiveness

<table>
<thead>
<tr>
<th><strong>Behavioral</strong></th>
<th><strong>Cognitive</strong></th>
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<tbody>
<tr>
<td>Social Competence: Social interactions/forming relationships</td>
<td>Adaptive style / Self-Efficacy</td>
</tr>
<tr>
<td>Directive Ability: Ability to take charge, to exert influence</td>
<td>Dominance / Narcissism</td>
</tr>
<tr>
<td>Empathy: Ability to respond to others’ emotional experience</td>
<td>Empathy</td>
</tr>
<tr>
<td>Positive Feeling Expression: Express positive feeling</td>
<td>Self-Efficacy / Empathy</td>
</tr>
<tr>
<td>Negative Feeling Expression: Defend rights / refuse requests</td>
<td>Confidence / Self-Esteem</td>
</tr>
<tr>
<td>Quality of Verbal Response: Quick, loud, and lively response</td>
<td></td>
</tr>
</tbody>
</table>

cannot fully explain the concept of assertiveness. Rather, how an individual thinks with respect to how well they can perform in social situations may be equally if not more important. For example, individuals who are likely to behave assertively may be less likely to utilize maladaptive cognitions and may even implement an adaptive cognitive processing style to enhance social confidence. In effect, individuals who demonstrate cognitive and behavior attributes associated with assertiveness are likely to be socially confident. Thus, it is assumed that socially confident individuals are able to both
(a) utilize an adaptive cognitive processing style (e.g., the absence of maladaptive cognitions), and (b) act assertively in various interpersonal situations.

An important question is whether social confidence is merely the absence of anxiety, whether it is the presence of specific cognitive mediating processes that influence how an individual interprets the interpersonal world, or a combination of the two. It is reasonable to hypothesize that socially confident individuals are likely to have a pattern of successful interpersonal experiences that facilitates the development of more adaptive cognitive processes such as positive appraisal. Because of these cognitive processes, they may not experience anxiety or may respond to anxiety differently than individuals who are socially anxious. In effect, how a socially confident person reacts to anxiety or the lack of anxiety is important to arrive at an understanding of social confidence. Thus, to further expand our understanding of social confidence, a greater understanding of social anxiety is necessary.

**Social Anxiety: Definition and Cultural Considerations**

Social anxiety refers to an uncomfortable affective state (e.g., stress, nervousness, fear) that some individuals experience in social situations. The main features of Social Anxiety Disorder in DSM-IV (1994) include the following: (a) marked and persistent fear of social situations (exposure to unfamiliar people, scrutiny by others, performance before others); (b) fear of humiliation or embarrassment; (c) exposure to feared social situation results in anxiety; (d) person avoids the feared social or performance situations; and (e) impaired functioning (interferes with social, academic, and/or occupational functioning). There is evidence for DSM-IV symptomatology consistent with social
anxiety in many cultures (e.g., see Chuleby, 1987; Chambers, Yeragani, & Keshavan, 1986; Dinnel, Kleinknecht, & Tanaka-Matsumi, 2002; Fones, Manfro, & Pollack, 1998; Kirmayer, 1991; Kleinknecht, Dinnel, Kleinknecht, Hiruma, & Harada, 1997; Okano, 1994; Stein & Matsunaga, 2001; Weissman et al., 1996; Zeidner, 2001). However, the DSM-IV classification of social anxiety disorder is largely based on Western cultural and societal norms and values. Traditional Western culture tends to value independence and self-expression, and devalue shyness. Individuals who are shy and/or nonassertive are often viewed as socially anxious in Western cultures. In contrast, in Non-Western cultures that place an emphasis on interdependence rather than independence, shyness and verbal non-assertiveness are often considered the norm for social behavior (Fones et al., 1998). Moreover, behaviors associated with a lack of social anxiety by Western standards (e.g., staring at people, assertiveness, expressing opinions) may be considered overly competitive, impolite, and disrespectful in many Asian cultures (Okano, 1994). Thus, our notion of social anxiety as a distressing/disabling condition with regard to social confidence may not apply to individuals from Non-Western cultures. Therefore, any conceptualization of “social anxiety” should take into consideration an individual’s societal and cultural norms for social behavior.

Models of Social Anxiety

Social anxiety is characterized by maladaptive cognitive and behavioral patterns associated with social interactions. Individuals who are socially anxious will likely show deficits in their ability to both initiate and perform assertive behavior in social situations. Moreover, socially anxious persons will likely engage in pessimistic patterns of thinking...
with respect to performance in social situations. In effect, individuals who are socially
anxious are likely to be uncomfortable and nervous in most interpersonal situations, and
may avoid certain social situations. This anxiety may be more pronounced in
prototypical stressful social interactions such as the events of asking someone out on a
date or making a public speech. Individuals who are socially anxious may lack self-
efficacy in their ability to interact socially. Lack of self-efficacy is likely to be associated
with maladaptive beliefs and lower expectations for social success. In addition, socially
anxious individuals may fear that others will evaluate them negatively with respect to
social performance and competence. Various models have been proposed to explain the
etiology of social anxiety, including the skills deficit model, response inhibition model,
and cognitive-behavioral models.

**Skills Deficit Model**

The skills deficit model of social anxiety explains that social anxiety results from
deficits in a person's repertoire of socially skilled behaviors (Trower, Bryant, & Argyle,
1978). The model assumes that individuals who are more likely to be socially anxious
have not developed adequate social skills. Although this model may explain some
deficits associated with social anxiety such as lack of assertiveness, many studies have
failed to detect social skill deficits in socially anxious patients (Arkowitz, Lichenstein,
McGovern & Hines, 1975; Curran, Wallander & Fischetti, 1980; Newton, Kindness, &
McFadyen, 1983). In addition, skills' training has failed to establish long term and
generalized improvement with clinical groups (Marzillier & Winter, 1978; Shepherd &
Spence, 1983; Twentyman & Zimmering, 1979). Therefore, the skills deficit model by itself does not appear to adequately explain social anxiety.

**Response Inhibition Model**

The response inhibition model indicates that social anxiety is a classically conditioned response (Wolpe, 1969). Social anxiety (conditioned response) develops because individuals are repeatedly exposed to aversive experiences (unconditioned and conditioned stimuli) in social interactions. With continued exposure to negative consequences in social interactions (e.g., the subjective experience of humiliation), individuals associate social situations with the experience of anxiety. A pattern of experiencing anxiety in social situations develops. Ultimately, anxiety leads to an avoidance (inhibition) of performance in social situations. Although this model may explain social anxiety in some cases, there are problems with the model. For example, researchers have shown consistently that “unassertive” participants do behave assertively in certain situations, that systematic desensitization may not produce improvements in social anxiety, and that assertiveness training frequently does not produce generalized gains (Lucock & Salkovskis, 1988).

**Cognitive-Behavioral Models**

The shortcomings of the skills deficits and response inhibition models have forced researchers to consider other etiological explanations for social anxiety. In an effort to further explain the concept of social anxiety, researchers have explored the contribution of cognitive factors. Cognitive indicators of social anxiety include lower expectations for social success, fear of negative evaluation, and other maladaptive beliefs.
Lower Expectations for Social Success

Social anxiety is likely associated with certain maladaptive thought patterns (e.g., pessimistic thinking) with respect to performance in social situations. Research indicates that individuals who are socially anxious have maladaptive beliefs relating to lower expectations for social success.

In a series of experiments, Efran and Korn (1969) evaluated Rotter's (1954) social learning theory, which suggests that a person's reluctance to participate in social situations can be understood in terms of (a) the importance an individual attaches to approval, and (b) the expectations that behavior will lead to approval. They defined a socially cautious individual as someone who learns to avoid social interaction and finds himself or herself "tongue-tied" when required to participate. Individuals participated in group tasks and social role-play exercises. Socially cautious participants were more likely to report a lack of confidence in social situations on an inventory of social behavior. In addition, socially cautious participants were more uncomfortable at role-playing when compared to "active" participants and were more reluctant to engage in social-verbal tasks. Efran and Korn (1969) also found that socially anxious participants were more likely to report lower expectations for social success, suggesting a connection between pessimistic thinking and social anxiety. The connection between social anxiety and lowered expectations for social success has been found in other studies, such as in Smith and Sarason (1975), Edelman (1985), and Lucock and Salkovskis (1988).

In their investigation of social anxiety and evaluation of negative interpersonal feedback, Smith and Sarason (1975) describe the socially anxious person as being
motivated to avoid the disapproval of others and as being attentive to evaluative interpersonal cues. Participants were divided into low (0-7), moderate (8-16), and high (17-30) social anxiety groups based on scores on the Fear of Negative Evaluation Scale (FNE; Watson & Friend, 1969). Individuals in the high social anxiety group were more likely to perceive hypothetical negative feedback as being more negative than participants scoring lower on the scale. Also, high social anxiety participants were more likely to indicate that negative feedback would evoke a more negative response from them when compared to individuals presenting with low social anxiety. In addition, in this study socially anxious participants were more likely to show a greater expectancy that others will evaluate them negatively.

Edelman (1985) examined potential differences between socially anxious and non-socially anxious groups in how they dealt with embarrassing events. Participants were given scenarios of embarrassing events (e.g., P enters a room containing high back chairs and thinking he/she is alone in the room starts muttering loudly to himself/herself. Suddenly P realizes that someone is sitting in one of the chairs) and were asked to report on level of embarrassment, clarity about how to react, self coping ability, appropriateness of other’s reaction, and coping ability of others. When compared to a control group, socially anxious participants were more likely to underestimate parameters of their own performance and were more likely to overestimate the ability of others to deal with embarrassment. However, there were few differences between the groups in self-reported techniques for dealing with each scenario. The authors hypothesize that “the clinically socially anxious experience more embarrassment in potentially embarrassing
situations simply because they believe that they are not able to deal with the situation adequately (p. 286)." The authors advocate for the use of strategies that direct attention towards others and reduce attention, especially self-evaluative attention, focused on the self.

Lucock and Salkovskis (1988) found that socially anxious participants were more likely to predict that negative social events will occur when compared to a control group, which further supports the notion that socially anxious individuals are likely to regard negative social events as likely to occur and difficult to deal with. In addition, differences were also found between the groups with respect to positive social outcomes (e.g., the possibility of successfully obtaining a refund from a shop was seen as less likely by the experimental group). Lucock and Salkovskis (1988) explain the results in terms of self-efficacy, or the participant’s belief in their ability to bring about desired outcomes.

**Maladaptive Risk Appraisal:** Beck (1976) discriminates between the perception of risk in real dangers (e.g., walking on a high ledge) versus arbitrary ones (e.g., asking someone out on a date). He argues that socially anxious individuals evaluate a social rejection, such as being turned down for a date, as more risky than does a non-anxious person. In evaluating Beck’s (1976) theory of social anxiety, Gormally, Sipps, Raphael, Edwin, and Varvil-Weld (1981) found that maladaptive risk appraisal discriminated between dating competent and dating anxious individuals. In line with Beck (1976) and Ellis (1962), the authors explained that “an anxious man fears something harmful will happen (high risk), and because it may be so awful, he needs to worry and fret about it (pg. 301).” This is supported by research suggesting that the appraisal of risk is higher
before a perceived stressful task than during the task and afterwards (Andrews, Freed, & Teesson, 1994; Poulton & Andrews, 1994).

Andrews et al., (1994) evaluated the anticipation of negative outcomes in specific situations in groups of phobic patients compared to a group of non-phobic controls. The phobic participants were either individuals with “social phobia,” agoraphobia, or height phobia. All phobic participants were required to complete tasks specific to their area of anxiety. Results indicate that all phobic groups evaluated the likelihood of a negative outcome as higher before the task than during or after the task. However, the non-phobic control group rated the likelihood of negative outcome as higher during the task (to ride an aerial gondola over a ravine) itself, with the likelihood rating being similar for before and after the task. The authors point out the importance of cognitive procedures aimed at controlling anticipatory anxiety in phobics.

Similar results were obtained by Poulton and Andrews (1994) who demonstrated that “social phobic” patients’ ratings of appraisal of danger and state anxiety were significantly higher before a speech than during and after the speech. The authors agree with research which points out that high danger appraisals result in high levels of fear which both decrease as a person approaches a feared situation. They argued for the use of graded exposure in “phobic” patients and cognitive treatment of anticipatory anxiety.

In summary, research strongly supports the relationship between social anxiety and lowered expectations for successful performance in social situations. One explanation has to do with fear of negative evaluation. Individuals who are socially anxious may assume that other individuals will evaluate them negatively regardless of the
quality of the performance. Indeed, a central feature of social anxiety that has been found consistently in research is fear of negative evaluation (Rapee & Lim, 1992; Smith & Sarason, 1975; Turner, Beidel, & Townsley, 1992). In addition to lower expectations for social success and fear of negative evaluation, research indicates the presence of other types of maladaptive beliefs that are characteristic of social anxiety.

**Other Maladaptive Beliefs**

The general assumptions of the connection between social anxiety and lowered expectations for social success cannot thoroughly account for the cognitive aspects of social anxiety. Other maladaptive beliefs must be considered. For example, research such as Smith and Sarason (1975; described in previous section) suggests that individuals who are socially anxious perceive negative feedback as being more negative than individuals who experience low levels of social anxiety. In addition, Gormally et al. (1981) and Halford and Foddy (1982) evaluate additional maladaptive beliefs thought to be characteristic of social anxiety.

In addition to evaluating Beck's (1976) theory of social anxiety (described in previous section), Gormally et al., (1981) also evaluated the theory of social anxiety from Ellis (1962). Ellis (1962) believes that irrational appraisals of social setbacks stem from irrational beliefs. For example, how well a person believes she or he can have a positive effect on the environment (i.e., behaving competently) may depend on the type of feedback received (positive or negative) from previous social interactions. Gormally et al., (1981) found that the presence of irrational beliefs discriminated between dating competent and dating anxious individuals. A greater tendency to engage in maladaptive
cognitions was associated with a lesser report of self-confidence. With regard to socially competent daters in this study, competent men did see some possibility of rejection and a certain degree of personal harm in social interaction. However, to explain their success in dating, the authors hypothesized that even though a competent dater may experience a fear of rejection, he or she is likely able to cope by putting rejection in a realistic perspective. That is, someone who may be socially competent (vs. socially anxious) may not dwell and ruminate on negative thoughts related to rejection. Thus, the presence of negative self-talk is likely related to social anxiety that leads to behavioral difficulties. This is in line with research suggesting the importance of the absence of negative self-talk is highly related to adjustment (Kendal & Korgeski, 1979).

Halford and Foddy (1982) offer a summary of relevant research findings on the importance of cognitive factors in social anxiety, followed by an investigation of the cognitive and social skills correlates of social anxiety. When compared to individuals who are said to be low in social anxiety, socially anxious participants: (1) may have excessively high performance standards (Bandura, 1969); (2) may be more likely to evaluate interpersonal feedback as more negative (Smith & Sarason, 1975); (3) may be more likely to selectively remember negative interpersonal reactions (O'Banien & Arkowitz, 1977); and (4) may be more likely to underestimate their own level of social skill in social situations (Clarke & Arkowitz, 1975). Halford and Foddy (1982) found that socially anxious participants had a higher incidence of cognitions associated with negative reactions from others during social interaction than individuals who were judged to be low in social anxiety (e.g., I might say the wrong thing; I wonder if this person is
indicating they don’t like me; This person thinks I am foolish; I am concerned they might not like me). Interestingly, there were no significant differences in the incidence of positive self-statements between the different groups (low, moderate, high social anxiety). This illustrates that what may be more important for social success is the absence of negative cognitions versus the presence of positive self-statements.

**Focus of Attention**

Lower expectations for social success (e.g., fear of negative evaluation, maladaptive risk appraisal) and other maladaptive beliefs related to performance in social situations may answer the question: “What types of cognitive schemas and beliefs (conscious or unconscious) characterize individuals who are socially anxious?” Perhaps equally as important is the focus of cognitive attention of the socially anxious person in an interpersonal interaction.

Clark and Wells (1995) theorize that when individuals who are “socially phobic” are about to engage in feared social interactions, they tend to shift their cognitive attention toward the self (i.e., inward). It is hypothesized that this inward focus is associated with distorted beliefs. For example, how individuals with Social Anxiety Disorder believe they are performing (usually negative) is likely to be self-construed as the way they are perceived by others (McEwan & Devins, 1983; Wells & Papageorgiou, 1998). Because of an over-focus on internal factors, socially anxious individuals may not sufficiently attend to the external environment, which may consist of other’s providing them with contradictory evidence against negative beliefs (Wells & Papageorgiou, 1998). Thus, an over-attention to internal factors may lead to negative consequences in
performance in social interactions. This relationship between a shift in internal focus of attention and poor social performance has been shown with shy individuals (Cheek & Melchior, 1990) and socially anxious individuals (Hartman, 1983; Hope, Gansler, & Heimberg, 1989). Furthermore, a shift away from self-focused attention (i.e., utilizing techniques to shift the focus away from the self, such as attending to external stimuli) has been associated with a decrease in the symptoms of Social Anxiety Disorder (Wells & Papageorgiou, 1998; Woody, Chambless, & Glass, 1997). Therefore, the tendency to overly focus on the self in feared interpersonal interactions is likely a strong component of social anxiety.

**Summary: Models of Social Anxiety**

The skills deficits, response inhibition, and various cognitive indicator models have been utilized to explain social anxiety. However, cognitive models seem to best explain both how individuals can be socially anxious even with a repertoire of social skills and how individuals with social anxiety can behave assertively in certain situations. Table 3 is an effort to illustrate the overall role of cognitive styles in the conceptualization of social anxiety as developed by various researchers.

**Social Confidence and Social Anxiety: Differences in Cognitive Processing**

In contrast to individuals who are socially anxious, individuals who are socially confident may not show deficits with respect to maladaptive beliefs, risk appraisal, and self-efficacy (see Table 2 and Table 3). Also, socially confident individuals may be less likely to shift to an internal focus of attention in interpersonal interactions (e.g., see Wells & Papageorgiou, 1998). In addition, researchers have demonstrated improvements in
subjective fear and irrational beliefs in socially anxious individuals after successful treatment, which further illustrates the importance of cognitive factors for the mediation of anxiety (Biran, Augusto, & Wilson, 1981; Clark & Agras, 1991; Emmelkamp, Mersch, Vissis, & van der Helm, 1985; Heimberg, Dodge, Hope, Kennedy, Zollo, & Becker, 1990).

Therefore, socially confident individuals most likely exhibit a more adaptive cognitive appraisal of interpersonal events than socially anxious persons, especially during anxiety provoking events such as perceived rejection and humiliation. This appraisal may further enhance and reinforce adaptive beliefs about the social world,
which in turn may lead to the absence of negative cognitions and a strengthening of confidence and self-efficacy.

Even though many researchers have investigated the contributory cognitive processes for social anxiety, the same cannot be said for social confidence. It may be useful to study the cognitive styles of socially confident individuals in order to fully understand social confidence. Such research may answer questions such as: (1) For most socially confident individuals, it is merely the presence of positive self-statements or the absence of negative statements that can explain social success?; (2) Is there a continuum of cognitive processes and behavior that can explain the progression of social anxiety to social confidence such as in Figure 1 (based on McNeil, 2001)\(^3\); and (3) How do socially confident individuals appraise interpersonal interactions differently than socially anxious individuals?

\(^3\) McNeil (2001) describes a continuum of social anxiety including a circumscribed subtype, non-generalized subtype, generalized subtype, and avoidant personality disorder (lowest to greatest potential difficulty).
Figure 2. Hypothetical Model Illustrating Cognitive Appraisal in Socially Confident Individuals

(1) High Self-Efficacy* / Confidence From Self-Esteem & Previous Success ▼

(2) Absence of Negative Beliefs/Presence of Confidence in Ability (Self-Efficacy) Anticipation ▼

(3) Assertive Behavior (Asking Someone for A Date**) Without Focusing Overly on Self ▼

(4) Successful Outcome ▼
(4) Failure / Neutral Outcome ▼

(5) Goal is Accomplished (Says Yes) ▼
(5) Goal Not Accomplished (Says No) ▼

(6) Success in Terms of Succeeding ▼
(6) Failure Not Over-interpreted*** (Success in Trying) ▼

(7) Self-Efficacy / Confidence Increased ▼
(7) Self-Efficacy / Confidence Unchanged ▼

(8) No Emergence of Negative Beliefs, Confidence in Ability (Self-Efficacy), Aftermath ▼

(9) High Self-Efficacy / Confidence From Self-Esteem and Previous Success ▼

(10) Continued Social Engagement (Lack of Over-Focus on Self)

*Note: Self-efficacy also includes the absence of negative expectations that others will evaluate negatively, the absence of selectively remembering negative interactions, and the absence of underestimating own level of social skill.

**Note: Assertive behavior may also include other behaviors such as negative feeling expression and directive behavior.

***Note: “Over-interpreted” implies perceiving interpersonal feedback as more negative or damaging to self-esteem than it should be according to reasonable standards.
Social Confidence: Proposed Model of Cognitive Processing

Figure 2 represents a hypothetical model designed to illustrate cognitive appraisal in socially confident individuals (with use of model by Malarchick, 1976). The hypothetical model depicts the possible stages in cognitive appraisal of a socially confident individual when attempting a potentially anxiety provoking task such as asking someone out for a date. The model illustrates how cognitive appraisal can influence present and future behavioral patterns. Initially, it is assumed that individuals who are socially confident will demonstrate high self-efficacy and confidence in their ability to interact socially. With respect to anticipation of the undertaking of an assertive behavior, such as asking someone out on a date or making a public speech, socially confident individuals will be bothered minimally by negative cognitions. Also, with continued confidence, lack of negative self-statements, and lack of over-focus on the self, socially confident individuals will be able to attempt assertive behavior. This may be a key distinction between socially confident and socially anxious individuals. Unlike socially confident individuals, maladaptive cognitions and lack of confidence may hinder attempts at assertive behavior for individuals who are socially anxious (see Figure 2).

In addition, another key distinction is the handling of potential perceived failure. For socially confident individuals, failure is less likely to be over-interpreted. Socially confident individuals are less likely to perceive negative and realistic interpersonal feedback as more negative or damaging to self-esteem than what should normally be expected. This norm would be based on established societal standards for appropriate emotional reactions to interpersonal responses in specific social interactions. For example, in the extreme, an inappropriate response may be for an individual to enter into
a prolonged, severe episode of depression characterized by hopeless cognitions (e.g., "I will never be able to date," solely because of being turned down for one date. Thus, a socially confident individual may be less likely to dwell on an unsuccessful attempt at an assertive behavior such as asking someone out on a date than a socially anxious individual. In fact, a socially confident person may even view the unsuccessful outcome as a success in terms of trying. Therefore, for socially confident individuals, neutral and failed outcomes may have a minimal effect on the sense of self-efficacy. Furthermore, a successful outcome is likely to lead to the enhancement of self-efficacy. This may be very different for a socially anxious individual, who may minimize success and over interpret outcomes that may be classified as neutral or even a failure (see Figure 2).

With confidence unchanged or enhanced, there is no emergence of negative self-statements and the strong sense of self-efficacy is preserved. This likely leads to continued social engagement and further lack of over-focus on the self (see Figure 2). In contrast, a socially anxious individual may have a re-emergence of negative beliefs that reinforce a poor sense of self-efficacy, and as a result, social engagement may be avoided. Overall, an evaluation of the differences in manner of cognitive processing between socially confident individuals and non-socially confident persons will help us understand the distinction between social confidence and Social Anxiety Disorder.

PRESENT STUDY

The present study is an investigation to ascertain the existence of differences in cognitive processing between individuals who are socially anxious and individuals who are socially confident. We are in effect attempting to identify the concept of social
confidence. Because of this, it is useful to utilize the model displayed in Figure 1 which suggests that social confidence is opposite of social anxiety on a hypothetical continuum. It is also useful to draw heavily on the behavioral concepts of assertiveness and the cognitive aspects of self-efficacy. However, it is important to note that social confidence is a broader concept than any of these constructs. General Hypothesis 1 is related to expectations for social confidence based on the literature reviewed with regard to assertiveness, self-efficacy, and social anxiety.

**General Hypothesis 1**

Individuals who meet all of the following criteria would best represent a hypothetical socially confident population: (1) the self-report of an absence or low level of social anxiety, (2) the self-report of the ability to behave assertively across a variety of situations, and (3) the self-report of a high level of general self-efficacy. It is hypothesized that individuals who present with an absence/low level of social anxiety and who present as being competent at behaving assertively and who report a high level of general self-efficacy (i.e., as measured by self-report questionnaires) will more likely meet expectations for social confidence, in comparison to individuals classified as socially anxious. For the purpose of this study, individuals classified as socially anxious will meet the following criteria: (1) high self-reported levels of social anxiety, and (2) self-reported difficulty with assertiveness, and (3) self-reported absence/low level of general self-efficacy (i.e., young adults presenting with social anxiety are likely to lack adequate feelings of self-efficacy; Albano & Detweiler, 2001). The expectations for social confidence involve the following self-report indications in response to hypothetical
social situations (a) capability to behave assertively, and (b) tendency to possess adequate self-efficacy for ability to socially interact.

**General Hypothesis 2**

It is hypothesized that there will be differences in styles of cognitive processing between individuals classified as socially confident versus those categorized as socially anxious. Socially confident individuals should demonstrate a more adaptive cognitive appraisal style in comparison to socially anxious participants. More specifically, socially confident individuals should utilize a more positive (optimistic) cognitive appraisal style in comparison to socially anxious participants after receiving ambiguous (neutral) and/or unpleasant (negative) feedback in hypothetical interpersonal interactions. This would be a close approximation of the model depicted in Figure 2. By the same token, self-efficacy that leads to a willingness to engage in similar future behavior (e.g., asking someone for a date) should not change based on interpersonal feedback received. Essentially, for socially confident individuals, confidence should remain unchanged despite exposure to neutral and/or negative interpersonal outcomes. Conversely, we would assume that exposure to ambiguous and/or unpleasant feedback would have a detrimental impact on socially anxious individuals (e.g., such as damage to self-efficacy with regard to beliefs about being able to ask someone out for a date after being turned down).
METHODS

Participants

Five hundred undergraduate students (336 women, 163 men; one did not specify gender) who were enrolled in psychology classes (i.e., primarily Introductory to Psychology) completed a packet containing nine measures. Three of these individuals handed in packets with most or all questions left unanswered on certain measures. Therefore, these individuals were excluded from the screening process, leaving a sample of 497 participants. From this sample, 20 (16 women, 4 men) individuals met criteria for the Socially Anxious Group and 49 (26 women, 23 men) participants met criteria for the Non-Socially Anxious Group (see Group Classification section). All 500 individuals who completed the packet of measures used in the present study received course credit for their participation.

Procedure

Participants read and signed (printed name and signature) an informed consent form and were provided a copy of it to take with them. The informed consent form included a numerical code unique for each potential participant. Numerical codes were created with the use of a random number table. After each participant read and signed the informed consent form, she or he was instructed to complete a packet of forms. Each packet of forms was identified by the same numerical code as the informed consent form. The packet included a demographic page first (e.g., age, gender, ethnicity, education level; see Appendix A) followed by eight measures in varying order. The eight measures were varied randomly to control for potential order effects.
The measures were the following (see Appendix A): (1) Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996), (2) Beck Anxiety Inventory (BAI; Beck & Steer, 1990), (3) Anxiety Sensitivity Index (ASI; Reiss, Peterson, Gursky, & McNally, 1986), (4) College Self-Expression Scale (CSES; Galassi, DeLo, Galassi, & Bastien, 1974), (5) the Self-Efficacy Scale (SES; Tipton & Worthington, 1984), (6) Social Avoidance and Distress Scale- Revised (SAD-R; Klocek, Carmin, Gillock, Raja, & Shertzer, 2003), (7) Fear of Negative Evaluation Scale- Revised (FNE-R; Klocek et. al., 2003), and (8) the Assertive Scenarios Form (ASF). Participants used a scantron sheet to complete every measure except the ASF. For individual scantron sheets, all participants were instructed to use the same numerical code that was placed on both their consent form and packet of measures. After the completion of the measures, participants were given a copy of the debriefing form (i.e., see attached Social Interactions). In addition, participants were informed about the opportunity to receive a verbal debriefing if interested.

Measures

Screening Measure

Beck Depression Inventory: The Beck Depression Inventory-2nd Edition (BDI-II; Beck, Steer, & Brown, 1996) is a 21-item questionnaire designed to be used as a self-report indication of symptoms associated with depression. Research has shown acceptable internal consistency and construct validity for the BDI-II (Beck, Steer, & Brown, 1996). Beck et al., (1996) administered the questionnaire to a sample of 500 psychiatric outpatients (given various diagnoses) and 120 college students. The
coefficient alpha was .93 for the college students (n = 120) and .92 for the outpatients (n = 500). Also, Beck et al., (1996) describe evidence for convergent and discriminant validity. For 158 outpatients, the BDI-II was positively (p < .001) correlated with both the Scale for Suicide Ideation (SSI; Beck, Kovacs, & Weissman, 1979) (r = .37) and the Beck Hopelessness Scale (BHS; Beck & Steer, 1988) (r = .68). With the utilization of a sample of 87 outpatients, the BDI-II demonstrated a higher positive correlation (r = .71; p < .001) with another established measure of depression (i.e., the Hamilton Psychiatric Rating Scale for Depression; Hamilton, 1960) versus a measure of anxiety (r = .47; p < .001) (Hamilton Rating Scale for Anxiety; Hamilton, 1959). Higher BDI-II scores are associated with the reporting of symptoms associated with depression.

The BDI-II was used to establish a self-reported level of depression. In addition, BDI-II Question #9 was analyzed for suicidal ideation. The numerical code on scantron sheets with endorsed suicidal ideation (i.e., either “I would like to kill myself,” or “I would kill myself if I had the chance,”) was matched with the same numerical code on consent forms. The identify of any individual endorsing suicidal ideation was found by utilizing this process of matching the scantron sheet code number with the same code number that was included on the consent form. One participant endorsed suicidal ideation on the BDI-II. This individual was contacted and notified of appropriate referrals.

**Supplemental Measures**

**Beck Anxiety Inventory:** The Beck Anxiety Inventory (BAI; Beck & Steer, 1990) is a 21-item questionnaire designed to be used as a self-report indication of symptoms
associated with anxiety. Research has shown high internal consistency (α = .92) and test-retest reliability over one week, r (81) = .75 (Beck, Epstein, Brown, & Steer, 1988). The BAI has also been shown to differentiate individuals diagnosed with anxiety disorders versus individuals diagnosed with other psychological disorders (Beck et al., 1988). The BAI was used to establish a self-reported level of general anxiety.

**Anxiety Sensitivity Inventory:** The Anxiety Sensitivity Inventory (ASI; Reiss, Peterson, Gursky, & McNally, 1986) is a 16-item questionnaire designed to be used as a measure of how sensitive participants are to the experience of anxiety. In contrast to trait anxiety (i.e., respond anxiously to specific stressors), anxiety sensitivity refers to a tendency to respond fearfully to bodily sensations (McNally, 1996). The ASI has been shown to have good reliability with coefficient alphas in the range of .80 to .90 (Peterson & Reiss, 1992; Taylor, Koch, McNally, & Crockett, 1992). In addition, elevated scores on the ASI have been associated with anxiety disorders, particularly panic disorder (Taylor, Koch, & McNally, 1992). The ASI was used to estimate a general level of anxiety sensitivity.

**Social Anxiety Measures**

**Social Avoidance and Distress Scale-Revised:** The Social Avoidance and Distress Scale-Revised (SAD-R; Klocek, Carmin, Gillock, Raja, & Shertzer, 2003) is a 28-item questionnaire designed to be used as a measure of the experience of social anxiety. The SAD-R has been shown to have good internal consistency (α = .95) and adequate test-retest reliability (.85, n = 43, p < .001; Klocek et. al., 2003). Also, the SAD-R correlated well (i.e., r = .77, p < .001; Klocek et. al., 2003) with the Social Interaction Anxiety Scale.
(SIAS; Mattick & Clarke, 1998). In addition, the SAD-R has been shown to be significantly correlated (i.e., $r = .52, p < .001$; Klocek et al., 2003) with the Social Phobia Scale (SPS; Mattick & Clarke, 1998). The SAD-R was used to assess self-reported level of social anxiety. Higher scores indicate a greater self-reported level of social anxiety.

**Fear of Negative Evaluation Scale-Revised:** The Fear of Negative Evaluation Scale (FNE-R; Klocek et al., 2003) is a 30-item questionnaire designed to be used as a measure of fear of negative evaluation. The FNE-R has been shown to have good internal consistency ($\alpha = .94$) and adequate test-retest reliability (.84, $n = 43$, $p < .001$; Klocek et al., 2003). Also, the FNE-R correlated well with the SIAS (i.e., $r = .59, p < .001$; Klocek et al., 2003). In addition, the FNE-R has been shown to be significantly correlated with the SPS (i.e., $r = .59, p < .001$; Klocek et al., 2003). The FNE-R was used as a self-reported index of social anxiety, in addition to the SAD-R. Higher scores indicate a greater level of social anxiety (self-reported).

**Assertiveness and Self-Efficacy Measures**

**College Self-Expression Scale:** The College Self-Expression Scale (CSES; Galassi, DeLo, Galassi, & Bastien, 1974) is a 50-item self-report inventory that is designed to measure assertiveness in college students. It utilizes a five-point Likert format (0-4) with 21 positively worded items and 29 negatively worded items (i.e., reverse scored). Items on the scale were derived or modified from theory and research by Lazarus (1971), Wolpe (1969), and Wolpe and Lazarus (1966). Galassi et al., (1974) report a test-retest of reliability of .89 and .90 for two samples of university students (58 undergraduate and 19 graduate students). In addition, Galassi et al., (1974) reported
accepted construct validity for the CSES. The CSES demonstrated significant positive
 correlations with Adjective Check List Scales associated with assertiveness and
 significant negative correlations with scales associated with a lack of assertiveness. The
 CSES was used to measure a participant’s reported level of assertiveness. Higher scores
 indicate a greater self-reported level of assertiveness.

 **Self-Efficacy Scale:** The Self-Efficacy Scale (SES; Tipton & Worthington, 1984)
 is a 27-item questionnaire (9 items reverse-scored) designed to be used as a measure of
 for the SES. In a study utilizing a self-determination task, participants who scored high
 in generalized self-efficacy performed better in the task (i.e., to hold a book in the non-
 dominant hand with the arm straight and parallel to the floor for as long as the participant
 could) than participants who scored lower in generalized self-efficacy (Tipton &
 Worthington, 1984). In another study, Tipton & Worthington (1984) demonstrated that
 individuals scoring high in generalized self-efficacy performed better in a behavioral self-
 control task than individuals scoring low in self-efficacy. Also, Lennings (1994) reported
 a standardized Cronbach’s alpha of .83 on a sample of 236 university students and 159
 high school students. In addition, Lennings (1994) found that self-efficacy (Self-Efficacy
 Scale) was a significant predictor of goal setting in a regression analysis. The SES was
 used to provide a measure of general self-efficacy. Lower scores on the SES suggest
 greater levels of general self-efficacy (i.e., higher SES scores imply more of a lack of
 self-efficacy).
Assertive Scenario Form

All participants completed 15 Assertive Scenario Forms (ASFs; see Appendix A), which were created for the present study. The ASF consists of nine questions and one statement (i.e., Question #3). Question #1 presented a hypothetical social situation that offers forced choices for how someone may typically act:

1. Imagine that you are waiting in line. Someone cuts in front of you. Which of the following scenarios fits how you would typically respond?
   (a) Do or say nothing, but wish you could do something.
   (b) Politely remind the individual to not cut in line/resume line position.
   (c) Angrily yell at the person and resume your position in line.
   (d) Do or say nothing, but do not care.

Participants were asked to endorse the scenario that best fits how they would typically respond. For example, theoretically socially confident individuals may be more likely to endorse choice b than a, c, or d. Whereas, socially anxious individuals may endorse a, c, and d over b (i.e., the most assertive response). Question #2 involved a self-reported rating of confidence to the specific choice endorsed for Question #1:

2. How would you describe how you acted in Question #1?
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

Question #2 indicates how each participant viewed her or his response in Question #1 in terms of confidence and effectiveness.

Question #3 on the ASF then provided the interpersonal response from the hypothetical person involved in the interaction in Question #1. These responses were
designed to be either positive (POS), negative (NEG), or neutral (NEU). For example, in
the above examples, the following would be potential responses:

3. Suppose the person gave the following response after your behavior in
Question #1:
   - **Negative**: “I need to cut in line. I am in a hurry right now!”
   - **Neutral**: “He says nothing, gives you a blank stare, and moves to the back
     of the line.”
   - **Positive**: “I’m so sorry. I’m just not thinking right today. Again, excuse
     me.”

Although all three responses are listed, the participant was actually given only one of the
above scenarios (i.e., for Question #1). This served as the NEG, NEU, or POS Outcome
(interpersonal) scenarios as depicted in Figure 2.

The fifteen interpersonal scenarios used in the present study were chosen based on
the literature on assertiveness. For each of the hypothetical interpersonal interactions, an
ASF Question #3 NEG, NEU, and POS scenario was generated to create a list of 45
different ASFs. These 45 ASFs was given to five independent raters (a clinical
psychology faculty member, graduate students, undergraduate student research
assistants), who were asked to complete Question #5 (i.e., “What is your opinion of how
the individual reacted in Question #3?”). Raters judged whether the created responses
matched their perception of what the valence was designed to be (i.e., either NEG, NEU,
or POS). Assertive Scenario Forms with 80% or greater inter-rater agreement were used
in additional analyses. These involved raters re-evaluating ASFs and offering written
feedback in order to improve the inter-rater agreement. This process continued until 15
ASF forms (i.e., 5 for each valence) that demonstrated 100% inter-rater agreement were
created.
After the feedback scenario was given, Question #4 on the ASF provided a rating of the effectiveness of responses in Question #1:

4. When considering this response, how would you rate the effectiveness of your response in Question #1?
   1  2  3  4  5  6
   NOT EFFECTIVE
   EFFECTIVE

Next, the ASF included a question investigating how the participant viewed the reaction given in ASF Question #3:

5. What is your opinion of how the individual reacted in Question #3?
   (Circle one)
   1  2  3  4  5  6
   NEGATIVE POSITIVE

This served as a manipulation check to see if the participant’s view of the response matched the design of the experiment.

The ASF then provided a series of questions concerning how the hypothetical interpersonal interaction would affect the participant:

6. How would you feel if this person reacted this way to you?
   1  2  3  4  5  6
   Influenced
   Mood in
   Influenced
   Mood in
   Negative Way
   Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future?
   1  2  3  4  5  6
   Decrease
   Increase

8. Would you be willing to engage in similar behavior in the future (response in #1).
   YES   NO
9. If NO, why not?

10. If YES, why?

The purpose of Question #6 was to assess how the participant’s mood was influenced after receiving either POS, NEG, or NEU feedback. Question #7 was utilized to discover whether the feedback portrayed in Question #3 would change confidence in ability to respond to similar future events. Questions #8, #9, and #10 provided a subjective indication of whether participants would be willing to engage in similar future behavior (i.e., the behavior endorsed in Question #1) after receiving different types of interpersonal feedback (NEG, NEU, POS).

All participants completed the same ASF forms. The order of the ASF forms in each packet was randomly varied according to a random number table in an effort to control for potential order effects.

**Experimental Design**

The proposed study utilized a 2 (Group) by 3 (Outcome) design (see Table 4). On the basis of responses to self-report questionnaires, individuals were classified as belonging to either the Socially Anxious or Non-Socially Anxious Group (see Group Classification section). Through the use of ASFs, participants’ cognitive appraisal was measured after exposure to NEG, NEU, or POS Outcome feedback in hypothetical interpersonal scenarios (see Outcome section).

**Group Classification**

Because we are in the process of identifying the concept of social confidence, we cannot preliminarily classify a Group as “socially confident.” Rather, Groups were
Table 4: Cognitive Appraisal According to Group (2) by Outcome (3) Design

<table>
<thead>
<tr>
<th>Group</th>
<th>Negative Outcome</th>
<th>Neutral Outcome</th>
<th>Positive Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socially Anxious</td>
<td>Cognitive Appraisal</td>
<td>Cognitive Appraisal</td>
<td>Cognitive Appraisal</td>
</tr>
<tr>
<td>Non-Socially Anxious</td>
<td>Cognitive Appraisal</td>
<td>Cognitive Appraisal</td>
<td>Cognitive Appraisal</td>
</tr>
</tbody>
</table>

Socially Anxious = Socially Anxious Group (SAG)
Non-Socially Anxious = Non-Socially Anxious Group (NSAG)

classified according to the distinction of Socially Anxious versus Non-Socially Anxious (see Table 5). Additionally, the main components of a major depressive episode include either "depressed mood or loss of interest or pleasure in all or most activities (DSM-IV, 1994)." Individuals who present with symptoms associated with depression may likely lose interest or pleasure in social interactions. For the purpose of this study, individuals who self-report significant signs/symptoms of depression may not accurately represent themselves in their ability to interact socially. Therefore, individuals who scored greater than 20 on the BDI-II were not utilized in the hypotheses analyzed in the present study.

When considering all 497 participants, tertiary split analyses were conducted with the measures of social anxiety (SAD-R, FNE-R), assertiveness (CSE), and self-efficacy (SES). Individuals classified as meeting criteria for the Non-Socially Anxious Group (NSAG) scored low on depression, low on social anxiety, high on assertiveness, and high on general self-efficacy as measured by the following criteria: (a) BDI-II ≤ 20; (b) at or
Table 5: Classification of Group Participants

<table>
<thead>
<tr>
<th>GROUP</th>
<th>MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td>SAG</td>
<td>Low range</td>
</tr>
<tr>
<td>NSAG</td>
<td>Low range</td>
</tr>
</tbody>
</table>

SAG = Socially Anxious Group; NSAG = Non-Socially Anxious Group

below the 33.33 percentile on the SES, FNE-R, and SAD-R; and (c) at or above the 66.66 percentile on the CSES. Conversely, individuals categorized as belonging to the Socially Anxious Group (SAG) scored low on depression, high on social anxiety, low on assertiveness, and low on general self-efficacy as measured by the following criteria: (a) BDI-II ≤ 20; (b) at or above the 66.66 percentile on the SES, FNE-R, and SAD-R; and (c) at or below the 33.33 percentile on the CSES (see Table 5).

Seven participants left one or two items blank on one or more of three of the screening measures (i.e., either the CSES, SES, or SADR). For these individuals, the total score for all items completed was utilized for measures with missing answers. According to the following criteria, 52 participants were classified as belonging to the Non-Socially Anxious Group: (a) BDI-II ≤ 20; (b) SES ≤ 76; (c) FNE-R ≤ 78; (d) SAD-R ≤ 59; and (e) CSES ≥ 130. Also, 21 individuals who met the following criteria were classified as belonging to the Socially Anxious Group: (a) BDI-II ≤ 20; (b) SES ≥ 91; (c)
FNE-R ≥ 94; (d) SAD-R ≥ 76; and (e) CSES ≤ 112. One Socially Anxious Group (SAG) individual and three Non Socially Anxious Group (NSAG) participants had several missing data points (i.e., 10 or more) with regard to the ASF. Because of this pattern of incomplete data, these individuals were not utilized in the ASF analysis. The final samples that were utilized in the testing of hypotheses involved 20 SAG (16 women, 4 men) and 49 NSAG (26 women, 23 men) participants.

Outcome

In accordance with the hypothetical model presented in Figure 2, individuals who are socially confident may react differently to NEG, NEU, and POS social interaction Outcomes than individuals who are socially anxious. Therefore, it is important to cover the spectrum of possible Outcomes (i.e., NEG, NEU, or POS) with respect to the ASF:

1. Positive Outcome: A desired success such as (a) obtaining acceptance after asking someone out on a date or (b) successfully standing up for one’s rights.

2. Neutral Outcome: A neither positive nor negative outcome. For example, being given ambiguous feedback after an attempt at assertiveness.

3. Negative Outcome: A clearly negative, unsatisfactory outcome such as asking someone out on a date, and being turned down in an unpleasant manner.

Data Analysis

In order to evaluate General Hypothesis 1, ASF Question #1 (ASFQ #1) and ASF Question #2 (ASFQ #2) were analyzed for self-reported level of confidence. Each

---

4 Analyses were conducted utilizing different criteria for missing data points for the seven participants with incomplete screening measures. This involved replacing missing data points with scores determined by the average of the total of all completed questions in the similar category (i.e., for the CSES, SES, and SADR, categories were determined by whether the question was reverse scored or not). As an example, the average of all completed reverse-scored items was utilized if a reverse-scored item was left blank. Analyses revealed that this alteration of missing data criteria did not change the original distribution of 52 Non-Socially Anxious and 21 Socially Anxious participants.
response to ASFQ #1 can be described as either assertive or non-assertive (i.e., socially anxious, aggressive, or indifferent). Assertive Scenario Form Question #2 includes both a self-reported ratings of confidence as well as whether the response from ASFQ #1 was effective. The following scoring method was used: (a) 1 point for ASFQ #1, assertive response only; (b) 1 point for ASFQ #2, mention of "acted confidently;" and (c) 1 point for ASFQ #2, mention of "effective." Based on the scoring method, each ASFQ #1 was scored as either 0 or 1; each ASFQ #2 was given a value of 0, 1, or 2. An ASF CONFIDENCE (ASF CONF) score was calculated based on ASFQ #1 and ASFQ #2. In order to have an ASF CONF score, a participant had to endorse assertive behavior (i.e., "1") in ASFQ #1. With reference to the scoring method, ASF CONF varied from 0, 1, 2, or 3 for each ASF. A non-assertive response in ASFQ #1 was scored a "0" on ASF CONF regardless of ASFQ #2. For ASFQ #1, ASFQ #2, and ASF CONF, a total score was calculated based on a total of the five ASFs for each Outcome (e.g., ASFQ #1 can range from 0-5). These scores were compared between Groups (NSAG, SAG) across the different Outcomes (NEG, NEU, POS) in order to evaluate General Hypothesis 1.

The remaining questions on the ASF pertain to General Hypothesis 2. Question #3 on the ASF (ASFQ #3) served as a way for the participant to receive hypothetical NEG, NEU, or POS feedback from the approximation of the model presented in Figure 2. Assertive Scenario Form Question #4 (ASFQ #4) asked each participant how the feedback received in ASFQ #3 influenced effectiveness ratings for behavior in ASFQ #1. For ASFQ #4, scores can range from 0 (Not Effective) to 6 (Very Effective). Question #5 on the ASF (ASFQ #5) stated, "What is your opinion of how the individual reacted in
Question #3? Scores can vary from 1 (Negative) to 6 (Positive). On ASF Question #6 (ASFQ #6), participants are asked how ASFQ #3 influenced mood; scores can range from 1 ("Influenced Mood in Negative Way") to 6 ("Influenced Mood in Positive Way"). Question #7 on the ASF (ASFQ #7) inquires about the degree to which ASFQ #3 changed confidence in ability to respond to similar future events (i.e., as in ASFQ #1); scores can vary from 1 (Decrease) to 6 (Increase). For ASF Question #8 (ASFQ #8), individuals are asked if they would be willing (YES or NO) to engage in similar behavior in the future (i.e., as in ASFQ #1). A YES response was coded as a "1" and a NO response was given a value of "0." For ASFQ #4, #5, #6, #7, and #8, a total score was calculated based on the five scenarios used in each possible Outcome (i.e., 5 NEG, 5 NEU, 5 POS). These scores were compared between Groups across Outcomes in order to evaluate General Hypothesis 2.

Assertive Scenario Form Question #9 (ASFQ #9) and Question #10 (ASFQ #10) allowed each participant to explain the reasons behind answers to ASFQ #8. Essentially, ASFQ #9 and ASFQ #10 provided data to the reasons behind whether a participant would or would not engage in similar behavior to what they endorsed in ASFQ #1. These questions were used as a manipulation check to monitor if participants were completing every question on each of the fifteen pages of the ASF. Quantitative analyses were not conducted with regard to ASFQ #9 and ASFQ #10.
RESULTS

Demographic Data

Demographic data results are presented in Table 6; note that one to four participants left at least one item blank on the Demographic Measure. From Between

Table 6. Means and Standard Deviations for Demographic Measures According to All Participants, Non-Socially Anxious, and Socially Anxious Groups

<table>
<thead>
<tr>
<th>Description</th>
<th>All Participants (N = 497*)</th>
<th>Non-Socially Anxious (n = 49)</th>
<th>Socially Anxious (n = 20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (in years)</td>
<td>20.93 ± 4.75</td>
<td>20.20 ± 2.71</td>
<td>21.95 ± 4.35</td>
</tr>
<tr>
<td>Gender (2 = Female)</td>
<td>1.67 ± 0.47</td>
<td>1.53 ± 0.50</td>
<td>1.80 ± 0.41</td>
</tr>
<tr>
<td>Race/Ethnicity**</td>
<td>3.12 ± 0.75</td>
<td>3.16 ± 0.87</td>
<td>3.30 ± 0.98</td>
</tr>
<tr>
<td>Education (in years)</td>
<td>13.22 ± 1.38</td>
<td>13.14 ± 1.15</td>
<td>13.45 ± 1.43</td>
</tr>
<tr>
<td>Marital Status***</td>
<td>1.28 ± 0.76</td>
<td>1.14 ± 0.50</td>
<td>1.75 ± 1.33</td>
</tr>
<tr>
<td>Physical Illness (1 = Chronic, 2 = Non-Chronic, 3 = None)</td>
<td>2.80 ± 0.47</td>
<td>2.86 ± 0.35</td>
<td>2.85 ± 0.49</td>
</tr>
<tr>
<td>Psychiatric Diagnosis (1 = Current, 2 = Past, 3 = None)</td>
<td>2.83 ± 0.49</td>
<td>2.96 ± 0.20</td>
<td>2.60 ± 0.75</td>
</tr>
</tbody>
</table>

Standard Deviations in Italics.
* Note: N = 496 for Gender, N = 493 for Race/Ethnicity, N = 494 for Marital Status, and N = 496 for Physical Illness.
** Note: 1 = African American, 2 = Native American, 3 = Caucasian, 4 = Hispanic/Latino(a), 5 = Asian, 6 = Pacific Islander, and 7 = Other
*** Note: 1 = Single, 2 = Married, 3 = Cohabitating, 4 = Separated, 5 = Divorced
Groups analyses, results indicate significant main effects for Age \[ t (67) = 2.02, p < .05 \],
Gender \[ t (67) = 2.11, p < .05 \], Marital Status \[ t (67) = 2.76, p < .01 \], and Psychiatric
Diagnosis \[ t (67) = -3.11, p < .01 \]. Individuals in the SAG were significantly more likely
to report being older, female, and non-single than NSAG participants (see Table 6).
Also, SAG participants were also significantly more likely to report a past or current
psychiatric diagnosis (i.e., Mean of 2.60 as compared with 2.96 for the NSAG). Analyses
revealed no statistically significant Group differences when considering the other
demographic variables.

**Supplemental Measures**

Results for the BAI and ASI are presented in Table 7. Between Groups analyses
revealed significant main effects for the BAI \( F [1, 67] = 27.36, p < .001 \), and ASI \( F [1, 67] = 22.44, p < .001 \). Non-Socially Anxious Group participants had significantly lower
scores on the BAI and ASI in comparison to SAG individuals. As expected, this
indicates that NSAG participants reported significantly lower levels of general anxiety
and anxiety sensitivity when compared to persons in the SAG (see Table 7).

**Screening Measures**

Results for all measures utilized in the screening process are summarized in Table
7. Individuals in the NSAG had significantly lower scores on the FNE-R, SAD-R, and
SES (i.e., lower SES scores suggest greater self-efficacy) when compared to SAG
participants (all comparisons \( p < .001 \); see Table 7). Also, the NSAG had significantly
greater scores \( p < .001 \) on the CSES in comparison to the SAG, an indication of the
Table 7. Means and Standard Deviations for Screening and Supplemental Measures According to All Participants, Non-Socially Anxious, and Socially Anxious Groups

<table>
<thead>
<tr>
<th>Measure</th>
<th>All Participants (N = 497*)</th>
<th>Non-Socially Anxious (n = 49)</th>
<th>Socially Anxious (n = 20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beck Anxiety Inventory</td>
<td>33.20</td>
<td>26.86</td>
<td>37.70</td>
</tr>
<tr>
<td></td>
<td>10.18</td>
<td>6.06</td>
<td>11.06</td>
</tr>
<tr>
<td>Anxiety Sensitivity Index</td>
<td>33.96</td>
<td>29.31</td>
<td>40.80</td>
</tr>
<tr>
<td></td>
<td>9.77</td>
<td>8.96</td>
<td>9.59</td>
</tr>
<tr>
<td>Fear of Negative Evaluation Scale (Revised)</td>
<td>86.95</td>
<td>61.02</td>
<td>116.35</td>
</tr>
<tr>
<td></td>
<td>20.69</td>
<td>13.02</td>
<td>13.88</td>
</tr>
<tr>
<td>Social Anxiety and Distress Scale (Revised)</td>
<td>69.20</td>
<td>46.20</td>
<td>92.55</td>
</tr>
<tr>
<td></td>
<td>19.83</td>
<td>10.35</td>
<td>11.64</td>
</tr>
<tr>
<td>College Self-Expression Scale</td>
<td>121.85</td>
<td>151.43</td>
<td>94.65</td>
</tr>
<tr>
<td></td>
<td>22.28</td>
<td>13.87</td>
<td>14.65</td>
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<tr>
<td>Self-Efficacy Scale*</td>
<td>84.88</td>
<td>61.12</td>
<td>105.55</td>
</tr>
<tr>
<td></td>
<td>19.09</td>
<td>10.53</td>
<td>12.73</td>
</tr>
<tr>
<td>Beck Depression Inventory (2nd Edition)</td>
<td>11.00</td>
<td>4.27</td>
<td>11.65</td>
</tr>
<tr>
<td></td>
<td>8.84</td>
<td>3.64</td>
<td>6.17</td>
</tr>
</tbody>
</table>

Standard Deviations in Italics.
* For the Self-Efficacy Scale, lower scores are associated with greater "self-efficacy."

self-report of greater levels of assertiveness. These results are expected when considering the method used (tertiary split analyses) for Group classification (see Table 5). In addition, individuals in the NSAG reported significantly lower BDI-II scores [F(1,
59

67) = 38.21, \( p < .001 \) when compared to SAG participants (i.e., self-report of less depressive symptomatology; see Table 7).

**Correlation Analyses:** Pearson correlation coefficients for all screening measures are presented in Table 8. When considering the 497 participants utilized in the

<table>
<thead>
<tr>
<th>Measures</th>
<th>ASI</th>
<th>BAI</th>
<th>BDI-II</th>
<th>FNE-R</th>
<th>SAD-R</th>
<th>CSES</th>
<th>SES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASI</td>
<td>ALL</td>
<td>.458**</td>
<td>.435**</td>
<td>.344**</td>
<td>.206**</td>
<td>-.298**</td>
<td>.361**</td>
</tr>
<tr>
<td></td>
<td>NSA</td>
<td>.149</td>
<td>.236</td>
<td>.255</td>
<td>.089</td>
<td>-.212</td>
<td>.328*</td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>.331</td>
<td>.186</td>
<td>.368</td>
<td>-.163</td>
<td>-.040</td>
<td>.240</td>
</tr>
<tr>
<td>BAI</td>
<td>ALL</td>
<td>.365**</td>
<td>.281**</td>
<td>.163**</td>
<td>-.317**</td>
<td>.336**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NSA</td>
<td>.357*</td>
<td>.264</td>
<td>.165</td>
<td>-.110</td>
<td>.316*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>.303</td>
<td>-.136</td>
<td>.066</td>
<td>.035</td>
<td>.024</td>
<td></td>
</tr>
<tr>
<td>BDI-II</td>
<td>ALL</td>
<td>.365**</td>
<td>.313**</td>
<td>-.400**</td>
<td>.477**</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NSA</td>
<td>.194</td>
<td>.115</td>
<td>-.090</td>
<td>.470**</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>.414</td>
<td>.279</td>
<td>.303</td>
<td>.034</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FNE-R</td>
<td>ALL</td>
<td>.445**</td>
<td>-.528**</td>
<td>.412**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NSA</td>
<td>.494**</td>
<td>-.493**</td>
<td>.302*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>.386</td>
<td>-.189</td>
<td>.094</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAD-R</td>
<td>ALL</td>
<td>-.498**</td>
<td>.343**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NSA</td>
<td>-.289*</td>
<td>.159</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>.351</td>
<td>-.304</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSES</td>
<td>ALL</td>
<td>-.468**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NSA</td>
<td>-.274</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>-.203</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Correlation is significant at the .05 level (2-tailed).
** Correlation is significant at the .01 level (2-tailed).

ASI = Anxiety Sensitivity Inventory; BAI = Beck Anxiety Inventory; BDI-II = Beck Depression Inventory, 2nd Edition; FNE-R = Fear of Negative Evaluation Scale-Revised; SAD-R = Social Anxiety and Distress Scale-Revised; CSES = College Self-Expression Scale; SES = Self-Efficacy Scale.

ALL = All Participants (N = 497). NSA = Non-Socially Anxious Group (n = 49). SA = Socially Anxious Group (n = 20).
screening process, all measures were significantly correlated with each other in the expected direction (all \( p < .01 \)). Measures with higher scores indicating greater pathology (i.e., the ASI, BAI, BDI-II, FNE-R, SAD-R, and SES) demonstrated significant positive correlations with each other. Also, the CSES, which is formatted so that lower scores indicate greater pathology, demonstrated a significant negative correlation with all other screening measures (see Table 8).

For individuals in the NSAG, the ASI was significantly positively correlated with the SES (\( p < .05 \)), and the BAI was significantly positively correlated with both the BDI-II (\( p < .05 \)) and the SES (\( p < .05 \)). Also, the FNE-R was significantly positively correlated with the SAD-R (\( p < .01 \)) and the SES (\( p < .05 \)). In addition, for NSAG participants, there was a significant negative correlation between the FNE-R and the CSES (\( p < .01 \)), as well as between the CSES and the SAD-R (\( p < .05 \)). Additionally, for the NSAG, there was a significant positive correlation between the SES and the BDI-II (\( p < .01 \)). All other correlations within the NSAG were not statistically significant.

Analyses revealed no statistically significant supplemental and correlations for the SAG (see Table 8).

**ASF Analysis**

For ASF questions, the total score was calculated by using the five ASF scenarios in each Outcome (NEG, NEU, POS). Therefore, each ASF score is a total based on five questions. A total of eight questions from the ASF were utilized in the analyses (see Data Analysis). Thus, all participants had eight ASF scores for each Outcome, which resulted in 24 scores. In addition, this section is organized initially according to ASF within-
group analyses; this is then followed by an explanation of between-groups (NSAG vs. SAG) differences.

**ASF Within-Group Analyses**

Three NSAG participants left one item blank on the ASF (i.e., ASFQ #2 POS scenario, ASFQ #2 NEG scenario, and ASFQ #7 NEG scenario). These three data points were replaced with an average based on the question number and the valence of the scenario. For example, for the missing NEG ASFQ #2, the average response for ASFQ #2 for NEG scenarios was utilized for the missing data point. Means and standard deviations for the eight ASF scores are presented in Table 9. Paired Sample t-tests were conducted for the non-continuous variables (i.e., ASFQ #1, ASFQ #2, ASF CONF, and ASFQ #8). Other ASF Questions were analyzed with the use of Within-Subjects Analysis of Variance (ANOVA).

**ASF Question #1:** For ASFQ #1, participants chose whether they would engage in assertive or non-assertive behavior. Higher scores for ASFQ #1 indicate greater endorsement of behavior consistent with assertiveness. Means for total scores are presented in Figure 3. For the NSAG, paired sample comparisons indicate statistically significant differences between NEG and NEU [t (48) = -3.24, p < .01], and NEU and POS [t (48) 2.95, p < .01] Outcomes. Individuals in the NSAG endorsed significantly more instances of assertive behavior (greater ASFQ #1 mean scores) for the interpersonal scenarios depicted in NEU Outcomes in comparison to other scenarios (see Figure 3). Endorsement of assertive behavior is in response to the type of interpersonal interactions portrayed in the ASFs rather than the quality of feedback received (i.e., feedback is not...
Table 9. Means and Standard Deviations for ASF Total Scores Across Group and Outcome With Between-Groups Statistical Comparisons

<table>
<thead>
<tr>
<th>ASF QUESTION</th>
<th>NEGATIVE</th>
<th>NEUTRAL</th>
<th>POSITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 NSA</td>
<td>3.80 (1.06)</td>
<td>4.31 (0.98)</td>
<td>3.73 (1.17)</td>
</tr>
<tr>
<td>SA</td>
<td>2.65 (0.67)</td>
<td>3.05 (0.83)</td>
<td>2.55 (0.94)</td>
</tr>
<tr>
<td>2 NSA</td>
<td>8.89 (1.40)</td>
<td>9.08 (1.55)</td>
<td>9.22 (1.12)</td>
</tr>
<tr>
<td>SA</td>
<td>6.55 (1.57)</td>
<td>6.05 (1.90)</td>
<td>6.75 (1.45)</td>
</tr>
<tr>
<td>CONF NSA</td>
<td>11.28 (3.16)</td>
<td>12.71 (3.06)</td>
<td>11.18 (3.54)</td>
</tr>
<tr>
<td>SA</td>
<td>7.95 (2.01)</td>
<td>8.50 (2.65)</td>
<td>7.45 (2.89)</td>
</tr>
<tr>
<td>4 NSA</td>
<td>13.02 (4.85)</td>
<td>18.77 (4.67)</td>
<td>27.24 (2.80)</td>
</tr>
<tr>
<td>SA</td>
<td>12.30 (4.01)</td>
<td>14.55 (3.14)</td>
<td>22.35 (3.30)</td>
</tr>
<tr>
<td>5 NSA</td>
<td>8.61 (2.80)</td>
<td>18.19 (3.74)</td>
<td>28.71 (1.89)</td>
</tr>
<tr>
<td>SA</td>
<td>7.05 (2.01)</td>
<td>15.50 (2.21)</td>
<td>27.70 (1.89)</td>
</tr>
<tr>
<td>6 NSA</td>
<td>10.44 (2.80)</td>
<td>17.76 (3.68)</td>
<td>27.26 (2.70)</td>
</tr>
<tr>
<td>SA</td>
<td>7.80 (2.09)</td>
<td>14.05 (2.06)</td>
<td>26.30 (2.52)</td>
</tr>
<tr>
<td>7 NSA</td>
<td>17.31 (4.14)</td>
<td>19.93 (3.96)</td>
<td>25.97 (3.84)</td>
</tr>
<tr>
<td>SA</td>
<td>14.50 (3.93)</td>
<td>16.00 (3.60)</td>
<td>23.45 (2.91)</td>
</tr>
<tr>
<td>8 NSA</td>
<td>4.40 (1.11)</td>
<td>4.70 (0.71)</td>
<td>4.90 (0.37)</td>
</tr>
<tr>
<td>SA</td>
<td>3.45 (1.19)</td>
<td>3.75 (1.21)</td>
<td>4.55 (0.60)</td>
</tr>
</tbody>
</table>

* Significant at the p < .05 level.
** Significant at the p < .01 level.
*** Significant at the p < .001 level.
NSA = Non-Socially Anxious (n = 49); SA = Socially Anxious (n = 20)
Standard Deviations in ( ).

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Figure 3.

ASFQ #1 Results by Group & Outcome

Group

provided until ASFQ 3). The ASFQ #1 comparison between NEG and POS Outcomes was not statistically significant for NSAG participants. Within the SAG, there were no statistically significant Outcome differences for ASFQ #1.

ASFQ Question #2: For ASFQ #2, participants were asked to endorse statements related to confidence and effectiveness for their answer choice in ASFQ #1. Higher scores indicate that the participant considered her or his hypothetical action in ASFQ #1 to be “confident” and “effective.” Results for ASFQ #2 are illustrated in Figure 4. Analyses revealed no statistically significant ASFQ #2 differences (within-subjects) across Outcomes for both NSAG and SAG participants (see Figure 4). However, for

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individuals in the SAG, the ASFQ #2 mean difference between NEG and POS outcomes approached statistical significance \[t (48) = -1.84, p = .072\].

**ASF Confidence**: Assertive Scenario Form Questions #1 and #2 were combined for an overall confidence (CONF) score (see Data Analysis). For ASF CONF, NSAG participants reported significantly greater total mean scores for NEU when compared to NEG \[t (48) = -2.98, p < .01\] and POS \[t (48) = 2.55, p < .05\] Outcomes (see Table 9 and Figure 5). Individuals in the NSAG endorsed significantly greater effectiveness and confidence ratings for the interpersonal scenarios depicted in NEU Outcomes in comparison to other scenarios. For the NSAG, there was no statistically significant
Figure 5.

ASF CONF Results by Group & Outcome

<table>
<thead>
<tr>
<th></th>
<th>Mean for Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEG</td>
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</tr>
<tr>
<td>NEU</td>
<td>12.0</td>
</tr>
<tr>
<td>POS</td>
<td>11.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>Outcome</th>
<th>Mean for Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Socially Anxious</td>
<td>NEG</td>
<td>13.0</td>
</tr>
<tr>
<td></td>
<td>NEU</td>
<td>12.0</td>
</tr>
<tr>
<td></td>
<td>POS</td>
<td>11.0</td>
</tr>
<tr>
<td>Socially Anxious</td>
<td>NEG</td>
<td>12.0</td>
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<tr>
<td></td>
<td>NEU</td>
<td>11.0</td>
</tr>
<tr>
<td></td>
<td>POS</td>
<td>10.0</td>
</tr>
</tbody>
</table>

For ASF CONF results, there were no statistically significant differences (within-subjects) for ASF CONF across Outcomes (see Table 9 and Figure 5).

ASF Question #4: For ASFQ #4, participants are asked: “When considering this response (i.e., ASFQ #3), how would you rate the effectiveness of your response in Question #1.” Higher scores indicate greater self-reported ratings of effectiveness regardless of the feedback received in ASFQ #3 (NEG, NEU, or POS). Results are presented in Figure 6. For ASFQ #4, the within-subjects main effect for Outcome was significant in both the NSAG [$F (2, 48) = 162.44, p < .001$] and the SAG [$F (2, 19) =$]
Figure 6.

ASFQ #4 Results by Group & Outcome

![Graph showing ASFQ #4 results by group and outcome.](image)

Group

59.28, \( p < .001 \). Within both Groups, ASFQ #4 mean differences were statistically significant (\( p < .05 \) level) between NEG, NEU, and POS Outcomes (all comparisons). Mean scores on ASFQ #4 for effectiveness increased significantly as feedback became more positive (NEG < NEU < POS; see Table 9). In both Groups, the tendency was to report significantly greater ratings of ASFQ #4 effectiveness (for behavior in ASFQ #1) as interpersonal feedback in ASFQ #3 became more positive (see Figure 6).

ASF Question #5: Assertive Scenario Form Question #5 serves as a within-subjects manipulation check to see if participants’ view of ASFQ #3 matched the design of the experiment. The results for ASFQ #5 are illustrated in Figure 7. For ASFQ #5, the
Figure 7.

ASFQ #5 Results by Group & Outcome

Group

within-subjects main effect for Outcome was significant in both the NSAG [F (2, 48) = 693.52, p < .001] and the SAG [F (2, 19) = 457.86, p < .001]. Within both Groups, ASFQ #5 mean differences were statistically significant (p < .05 level) between NEG, NEU, and POS Outcomes (all comparisons). For individuals in both Groups, the trend was to have significantly greater ASFQ #5 scores as feedback became more positive in ASFQ #3 (i.e., NEG < NEU < POS; see Figure 7).

ASF Question #6: On ASFQ #6, participants are asked to rate the influence of ASFQ #3 on subjective mood ("How would you feel if this person reacted this way to you?"). Results for ASFQ #6 are presented in Figure 8. For ASFQ #6, the within-
Figur 8.

ASFQ #6 Results by Group & Outcome

![Graph showing mean scores for Non-Socially Anxious and Socially Anxious groups across NEG, NEU, and POS outcomes.]

subjects main effect for Outcome was significant in both the NSAG \[F (2, 48) = 496.01, p < .001\] and the SAG \[F (2, 19) = 282.61, p < .001\]. Within both Groups, ASFQ #6 mean differences were statistically significant \(p < .05\) level) between NEG, NEU, and POS Outcomes (all comparisons). For individuals in both Groups, the tendency was to have significantly greater (more positive) mood ratings as ASFQ #3 feedback became more positive (i.e., NEG < NEU < POS; see Table 9 and Figure 8).

ASF Question #7: Assertive Scenario Form Question #7 asks whether the reaction in ASFQ #3 changed a participant’s confidence in his or her ability to respond to a
similar event (i.e., choice in ASFQ #1) in the future. Figure 9 illustrates ASFQ #7 results; the within-subjects main effect for Outcome was significant in both the NSAG [F (2, 48) = 114.31, p < .001] and the SAG [F (2, 19) = 59.74, p < .001]. Within both Groups, ASFQ #7 mean differences were statistically significant (p < .05 level) between NEG, NEU, and POS Outcomes (all comparisons). Individuals in both Groups reported significantly greater (more positive) confidence ratings in their ability to respond to similar hypothetical events in the future (choice in ASFQ #1) as ASFQ #3 feedback became more positive (i.e., NEG < NEU < POS; see Table 9 and Figure 9).
ASFQ Question #8: For ASFQ #8, individuals are asked whether they would be willing to engage in similar behavior in the future (i.e., response to ASFQ #1). Results for ASFQ #8 are presented in Figure 10. For ASFQ #8, within the NSAG, ASFQ #8 mean differences were statistically significant between NEG, NEU, and POS Outcomes: (a) NEG with NEU: \( t(48) = -2.47, p < .05 \); (b) NEG with POS: \( t(48) = -3.65, p < .01 \); and (c) NEU with POS: \( t(48) = -2.56, p < .05 \). For NSAG individuals, the trend was towards increasingly, significantly greater ASFQ #8 scores as feedback became more positive in ASFQ #3. The NSAG was more likely to endorse that they would engage in similar behavior in the future (choice in ASFQ #1) as ASFQ #3 feedback became more
positive (i.e., NEG < NEU < POS; see Figure 10). For ASFQ #8, a similar trend was present in the SAG: (a) NEG with POS: \( t(19) = -3.92, p < .01 \); and (b) NEU with POS: \( t(19) = -3.55, p < .01 \). However, for the SAG, the ASFQ #8 mean difference between NEG and NEU Outcomes was not statistically significant (see Table 9 and Figure 10).

**ASF Between-Group Analyses**

Independent sample t-tests were conducted to compare mean differences on ASFQ #1, ASFQ #2, ASF CONF, and ASFQ #8 (i.e., the non-continuous variables) across Outcomes. For the other ASF questions, Between-Subjects ANOVAs were performed to analyze Group differences across Outcomes. Table 9 provides a summary of statistically significant Between-Group differences for ASF mean scores across Outcomes.

**ASF Question #1:** For ASFQ #1 (assertive vs. non-assertive behavior endorsement), statistically significant mean Group differences were found across NEG, NEU, and POS scenarios: (a) NEG: \( t(67) = 4.47, p < .001 \); (b) NEU: \( t(67) = 5.02, p < .001 \); and (c) POS: \( t(67) = 4.02, p < .001 \). Participants in the NSAG reported significantly greater total ASFQ #1 scores for NEG, NEU, and POS (ASF) scenarios in relation to individuals in the SAG (all comparisons; see Table 9 and Figure 3). The NSAG was significantly more likely to report that they would engage in assertive behavior on the ASF in comparison to the SAG.

**ASF Question #2:** For ASFQ #2, statistically significant mean Group differences were found across NEG, NEU, and POS Outcomes: (a) NEG: \( t(67) = 6.07, p < .001 \); (b) NEU: \( t(67) = 6.88, p < .001 \); and (c) POS: \( t(67) = 7.62, p < .001 \). Non-Socially
Anxious Group individuals had significantly greater total ASFQ #2 scores for NEG, NEU, and POS scenarios when compared to the SAG (all comparisons, see Table 9 and Figure 4). The NSAG was significantly more likely to describe their actions (hypothetical) in ASFQ #1 to be confident and effective in relation to the SAG.

**ASF Confidence:** For ASF CONF, statistically significant mean Group differences were found across NEG, NEU, and POS Outcomes: (a) NEG: $t(67) = 4.35, p < .001$; (b) NEU: $t(67) = 5.39, p < .001$; and (c) POS: $t(67) = 4.17, p < .001$.

Individuals in the NSAG reported significantly greater ASF CONF scores for NEG, NEU, and POS scenarios when compared to SAG participants (all comparisons; see Table 9 and Figure 5). In relation to SAG individuals, NSAG participants were significantly more likely to endorse that they would act assertively in ASFQ #1, and would describe their hypothetical ASFQ #1 actions to be confident and/or effective (ASFQ #2).

**ASF Question #4:** For ASFQ #4, the main effect of Group was significant for NEU [$F(1, 65) = 8.87, p < .01$] and POS [$F(1, 65) = 22.86, p < .001$] Outcomes. Non-Socially Anxious Group participants had significantly greater total ASFQ #4 scores in comparison to SAG individuals when considering NEU and POS Outcomes (see Figure 6). Individuals in the NSAG were significantly more likely to describe their responses in ASFQ #1 to be effective in relation to SAG participants after receiving either hypothetically NEU or POS feedback to their original response in ASFQ #1. The main effect of Group for ASFQ #4 was not statistically significant when considering NEG Outcomes (see Table 9 and Figure 6). 

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ASF Question #5: Means for total ASFQ #5 scores are illustrated in Figure 7. Results indicate a significant Group main effect for NEG [F(1, 65) = 4.15, p < .05] and NEU [F(1, 65) = 6.81, p < .05] Outcomes. Individuals in the NSAG reported significantly greater total ASFQ #5 scores for NEG and NEU scenarios when compared to SAG participants (see Table 9 and Figure 7). The NSAG viewed feedback portrayed in NEU and NEG Outcomes as significantly more positive in relation to the ratings of the SAG. When considering POS Outcomes, the main effect of Group for ASFQ #5 was not statistically significant.

ASF Question #6: For ASFQ #6, the main effect of Group was significant for NEG [F(1, 65) = 11.28, p < .01] and NEU [F(1, 65) = 10.84, p < .01] scenarios. Non-Socially Anxious Group individuals had significantly greater total ASFQ #6 scores for NEG and NEU feedback scenarios in relation to SAG participants (see Table 9 and Figure 8). In relation to the SAG, the NSAG had significantly higher mood ratings (more positive) after receiving NEG and NEU feedback. For ASFQ #6, the main effect of Group was not statistically significant when considering POS Outcomes.

ASF Question #7: Results indicated no significant main effects for Group across the different Outcomes. However, for ASFQ #7, the main effect of Group approached statistical significance for NEU Outcome [F(1, 65) = 3.64, p = .061]. Non-Socially Anxious Group participants tended to have higher average ASFQ #7 scores in relation to SAG individuals for NEU (ASF) scenarios (see Table 9 and Figure 9).

ASF Question #8: For ASFQ #8, statistically significant mean differences were found across NEG, NEU, and POS Outcomes: (a) NEG: t (67) = 3.14, p < .01; (b) NEU:
t (67) = 4.09, p < .001; and (c) POS: t (67) = 2.92, p < .01. For all possible Outcomes, NSAG participants reported significantly greater total ASFQ #8 scores in comparison to individuals within the SAG (see Table 9 and Figure 10). Individuals in the NSAG were significantly more likely to endorse “YES” to whether they would engage in similar behavior in the future (ASF #1) regardless of feedback, in relation to SAG participants (see Table 9 and Figure 10).

**DISCUSSION**

The purpose of this study was to ascertain the existence of differences in cognitive processing between individuals hypothesized to be socially confident and participants identified as socially anxious. The relevance of exploring social confidence stems from both the view that social anxiety varies on a hypothetical continuum (McNeil, 2001; see Figure 1) and the beneficial outlook of positive psychology in general (Seligman & Csikszentmihalyi, 2000). A better understanding of social confidence can improve the conceptualization of Social Anxiety Disorder (e.g., such as the identification of therapy treatment goals). Also, the present research is based on a Western cultural view of social anxiety and social confidence. Accordingly, the constructs of social anxiety and social confidence are potentially influenced by an individual’s societal and cultural norms for social behavior. In addition, though not specifically addressed, this study attempts to develop a construct as broadly applicable as possible with the inclusion of specific dimensions beyond assertive behavior (e.g., cognitive appraisal of interpersonal interactions).
The expectations surrounding social confidence are based on the literature reviewed with respect to assertiveness, self-efficacy, and social anxiety. It was hypothesized that individuals who presented with an absence/low level of social anxiety and who presented as being competent at behaving assertively and who reported a high level of general self-efficacy would more likely be socially confident in comparison to individuals classified as socially anxious (General Hypothesis 1). It was also hypothesized that socially confident individuals should demonstrate a more adaptive (e.g., optimistic, positive) cognitive appraisal style during interpersonal interactions in comparison to the cognitive processing manner of socially anxious participants (General Hypothesis 2). More specifically, socially confident individuals should utilize a more positive (optimistic) cognitive appraisal style, in comparison to socially anxious participants, after receiving ambiguous or negative feedback in hypothetical interpersonal interactions. This would be a close approximation of Figure 2. By the same token, socially confident individuals’ level of self-efficacy to engage in effective interpersonal behavior should remain unchanged regardless of feedback received in interpersonal interactions (in comparison to individuals who are socially anxious).

**Differences on Screening Measures**

Analyses resulted in an unequal balance of participants in Groups (i.e., 49 NSAG, 20 SAG). Approximately 4% of the 497 participants met criteria for the SAG, whereas approximately 10% matched classification standards for the NSAG. One explanation for this difference pertains to the selection process. Group assignment was not based on direct observation and the use of clinical interviewing (e.g., such as the use of a...
structured diagnostic interview). Rather, individuals were selected based on meeting strict criteria on five different measures (see Group Classification). Given that the data were from self-report measures, it was assumed that this selection method was the best way to achieve an accurate indication of social anxiety versus social confidence. However, the low number of individuals (i.e., 21 out of 497) who met criteria for the SAG may be a result of the requirement to score a certain way on five separate measures (i.e., the BDI-II, FNE-R, SAD-R, CSES, & SES). Another plausible explanation is that all socially anxious participants (i.e., out of the original 497) were identified from the selection process. The percentage of individuals who met criteria for social anxiety (i.e., approximately 4%) is close to the suggested range (3 – 7%) of prevalence estimates of Social Anxiety Disorder for young adults (Furmark, 2002, Merikangas, Avenevoli, Acharyya, Zhang, & Angst, 2002). Therefore, the fact that only 21 (one had incomplete ASF data) participants out of 497 met criteria for the SAG may not be surprising. In addition, we may expect that more participants would meet criteria for the NSAG given that most individuals in the general population are not socially anxious. Regardless of any explanation for Group representation differences, the limited number of individuals within the SAG must be taken into consideration when drawing conclusions from the results of the present study.

Overall, results indicate concurrent validity for the supplemental and screening measures. When considering everyone who completed measures (n = 497), screening measures were significantly correlated with each other in the expected direction (See Table 8). This resulted in the following self-report indications: (1) anxiety sensitivity and
general anxiety associated with fear of negative evaluation, social anxiety, difficulty with assertiveness, problems with self-efficacy, and depression; (2) fear of negative evaluation associated with anxiety sensitivity, general anxiety, social anxiety, difficulty in assertiveness, problems with self-efficacy, and depression; (3) social anxiety related to anxiety sensitivity, general anxiety, fear of negative evaluation, problems with self-efficacy, difficulty in assertiveness, and depression; (4) assertiveness associated with low anxiety sensitivity, minimal general anxiety, low fear of negative evaluation, low social anxiety, high level of self-efficacy, and low depression; (4) self-efficacy related to low anxiety sensitivity, low general anxiety, low fear of negative evaluation, low social anxiety, high assertiveness, and low depression; and (5) depression related to anxiety sensitivity, general anxiety, fear of negative evaluation, social anxiety, difficulty with assertiveness, and problems with self-efficacy (See Table 8).

For the most part, the pattern of screening-measure correlations was similar for individuals in both Groups. The fact that more statistically significant correlations were found within the NSAG may be explained by its larger sample size. For example, the relatively large correlation between BDI-II and FNE-R of .414 for SAG participants was not statistically significant (see Table 8). All 21 correlations in the NSAG were in the expected direction. In contrast, eight correlations within the SAG were not in the expected direction (although none were statistically significant). For example, the ASI was negatively correlated with the SAD-R. Also, the BAI was negatively correlated with the FNE-R and SAD-R, and positively correlated with the CSES. In addition, the BDI-II was positively correlated with the CSES and negatively correlated with the SES (i.e., this
is not expected given that lower scores on the SES indicate higher self-reported levels of general self-efficacy). Additionally, for SAG participants, the SAD-R was positively correlated with the CSES and negatively correlated with the SES.

Four out of the eight unexpected correlations within the SAG were very low (i.e., -.040, -.066, .035, and -.034; see Table 8), which indicates a lack of significant relationship. However, the other four unexpected correlations are difficult to explain. Despite eight correlations being in the unexpected direction, all measures utilized for screening purposes fell within the relevant range for group classification. For example, for SAG participants, the SAD-R/CSES relationship (.351) involved a comparison of scores in the high range of the social anxiety measure versus scores in the low range of the assertiveness measure. Therefore, the SAD-R/CSES relationship does not indicate that “social anxiety” was positively associated with “assertiveness” for SAG participants (given that the self-reported CSES scores in the SAG were associated with a lack of assertiveness). Rather, the correlation indicates that higher SAD-R scores (greater social avoidance) within the SAG were associated with greater CSES scores (lower assertiveness), and vice versa. Similarly, the SAD-R/SES relationship does not indicate that “social anxiety” was related to greater “self-efficacy.”

Analyses revealed that SAG participants, on the average, scored significantly greater than NSAG participants on the BDI-II. Based on BDI-II interpretation guidelines (from Beck et al., 1996), all NSAG and eleven SAG participants scored within the minimal range of depression (0-13). Eight individuals in the SAG were in the mild (14-19) range, whereas one SAG individual scored in the moderate range (i.e., 20 - 28).
Despite Group differences, SAG participants' range of BDI-II scores are not consistent with serious signs/symptoms of depression. Rather, differences between groups may be a function of social anxiety in general. Research has shown that individuals with social anxiety may be at risk for developing symptoms associated with depression (e.g., see Kessler, Stang, Wittchen, Stein, & Walters, 1999; Stein, Fuetsch, Muller, Hofler, Lieb, & Wittchen, 2001; Stein, Tancer, Gelernter, Vittone, & Uhde, 1990). Therefore, we would expect that individuals assigned to the SAG would endorse more signs associated with depression in comparison to NSAG individuals.

**Differences on Demographic Variables**

There were no statistical differences between groups for race / ethnicity, education, and physical illness. Socially Anxious Group participants were more likely to report being older, female, and non-single in comparison to NSAG participants. Despite statistical age differences, the majority of participants in each group were in the 17 to 22-year-old age range (i.e., 42/49 NSAG, 16/20 SAG). Furthermore, the scenarios used in ASFs were designed to be common social occurrences for college students regardless of age. Therefore, the data suggest that age differences cannot adequately explain Group differences with respect to the ASF.

Individuals in the SAG were much more likely to be female (16 women, 4 men) than NSAG participants (26 women, 23 men). One explanation for gender differences pertains to the sample in general. Because more women completed measures than men (333 to 163; one person did not specify gender), we would expect that both Groups would have more female participants. Also, approximately 2.5% of men and approximately 6%
of women who completed measures met criteria for the SAG. This is consistent with research suggesting women are more likely to report social anxiety than men (e.g., see Furmark, 2002; Kessler, McGonagle, Zhao, & Putnam, K., 1994; Merikangas et al., 2002; Schneier, Johnson, Hornig, & Maier, 1992; Weinstock, 1999). In addition, the percentages of women (6%) and men (2.5%) who met criteria for the SAG are close to estimates of gender prevalence rates (Women: 7.3%; Men: 3.7%) of Social Anxiety Disorder in the general population (Merikangas et al., 2002). Because of the limited number of men (i.e., 4) within the SAG, main effects for gender were not analyzed with regard to the evaluation of hypotheses. However, any interpretation of results in the present study must take into consideration that the SAG had only four male participants.

Despite statistical differences, Groups were very similar with respect to marital status. The majority of participants in each Group (91.8% NSAG, 70% SAG) endorsed "1" (i.e., single) for marital status. In addition, the wording of ASF scenarios was applicable to all participants regardless of marital status (e.g., single versus married). Therefore, marital status was not considered in the present study with regard to ASF analyses.

Socially Anxious Group participants were also more likely to endorse having a past or present psychiatric diagnosis in comparison to NSAG participants. Despite statistical differences, the majority of participants in each Group (47/49 NSAG, 15/20 SAG) endorsed no indication of past or current psychiatric diagnosis. Two individuals in each Group endorsed having a past psychiatric diagnosis, whereas three individuals in the SAG endorsed a current psychiatric diagnosis. No individual in the NSAG identified
herself or himself as having a current psychiatric diagnosis. Results for psychiatric diagnosis are in the expected range. When considering difficulties associated with social anxiety, it is not surprising that more participants in the SAG endorsed having a current psychiatric diagnosis than in the NSAG. Also, if the NSAG is in fact socially confident, the vast majority of individuals in that group should not endorse having a psychiatric diagnosis. This was in fact the case given that only two NSAG participants out of 49 reported a psychiatric diagnosis history.

**Differences on Supplemental Measures**

The NSAG had significantly lower BAI and ASI scores in comparison to SAG individuals (see Table 7). Even though these measures were not used in the screening process, results are still in the expected direction. Thus, results for the BAI and the ASI provide evidence supporting the expectation that Groups differ significantly on their experience of general anxiety and anxiety sensitivity. This suggests that individuals within the NSAG operate at a higher level of functioning than participants in the SAG.

**Assertiveness and Self-Efficacy**

**ASF Assertiveness**

As conceptualized in this study, assertiveness is considered to be a component of social confidence. When compared to SAG individuals, NSAG participants had significantly higher total mean scores for ASFQ #1 across Outcomes (see Table 9). The NSAG endorsed significantly more assertive responses in comparison to participants in the SAG (see Figure 3). Results are in support of the expectation that persons classified
as belonging to the hypothetical Socially Confident Group are more assertive in comparison to SAG participants.

Non-Socially Anxious Group participants did not endorse assertive responses on all questions. Some NSAG participants endorsed socially anxious, indifferent, and/or aggressive responses for certain ASF scenarios. An explanation may be that regardless of level of interpersonal functioning, people may have a difficult time behaving assertively in certain social situations. This would be most consistent with socially anxious answer choices to ASFQ #1. A related consideration is that someone who behaves assertively in all situations may be viewed as arrogant, narcissistic, and somewhat poorly socialized. Thus, regardless of level of social functioning, we may expect (or even prefer) occurrences of non-assertive behavior. Similarly, for certain interactions, individuals may choose to behave aggressively regardless of their level of social confidence. In addition, another explanation involves participants’ opinions regarding the scenarios depicted on some of the ASFs. This is especially relevant for indifferent answer choices.

Although socially anxious and aggressive choices on ASFQ #1 may be thought of as clearly non-assertive, indifferent answers are more difficult to interpret. For certain scenarios, participants may have chosen an indifferent answer because of the quality of the type of interpersonal interaction. In fact, some participants explained indifferent responses according to their attitude about the interpersonal scenario in ASFQ #1. One involved the scenario in which participants were asked what they would do if overcharged by fifty cents at a convenience store. Some participants indicated (on ASFQ #9 or #10) that they considered fifty cents to be not worth their while to remind the
employee about (i.e., “Do nothing but do not care”). Another example pertains to the scenario involving “trying to study for an important exam in the library while other individuals are being noisy.” Some participants wrote responses (on ASFQ #9 and ASFQ #10) such as “I never study in the library,” or “People being noisy would not bother me.” Another common ASF scenario with indifferent responses was the one depicting loaning a friend $20.00, with the friend failing to pay it back appropriately. Some participants reported that they would not confront the friend because $20.00 is “not that big of a deal.” Thus, indifferent answer choices for ASFQ #1 in either Group may be more of a product of the type of interpersonal scenarios depicted than an indication of problems with assertiveness.

Regardless of explanation for socially anxious, aggressive, or indifferent answer choices in ASFQ #1, individuals in the NSAG were significantly more likely to choose assertive responses as opposed to non-assertive behavior in comparison to the SAG. This is in support of General Hypothesis 1, which suggests that competence in one’s ability to act assertively is one component of social confidence.

Within each Group, participants endorsed more assertive responses on ASFQ #1 for the scenarios depicted in NEU Outcomes in comparison to other scenarios (see Figure 3). Note that the type of feedback (NEG, NEU, or POS) has nothing to do with the interpersonal scenarios depicted in ASFQ #1 (i.e., participants are not given feedback until ASFQ #3). Therefore, the fact that NEU Outcomes had higher reporting of assertiveness is likely a function of the types of interpersonal scenario depicted. Participants within their respective Groups (NSAG, SAG) seemed more comfortable in
behaving assertively for the type of the social interactions depicted in NEU scenarios in comparison to those portrayed in NEG and POS Outcomes. This result is intriguing given that many of the interpersonal scenarios utilized in NEU ASFs are similar types of interactions as ones used for NEG and POS Outcomes. One explanation may be the context (hypothetical) of the interpersonal scenarios for NEU Outcomes. Eisler et al., (1973) point out that assertiveness may not be a “trait,” but rather the interaction of various situational and intra-personal factors. Their research explains that engagement of assertive behavior may depend on various factors that interact, such as: (1) the relationship between the two interacting individuals with respect to gender; (2) whether the situation requires a negative (confronting) or positive (complimenting) assertion; and (3) whether the interacting person is familiar or unfamiliar. Gender may play a role within this contextual explanation. Female participants ($M = 3.74; SD = 1.17$) tended to report lower ASFQ #1 scores for NEU scenarios in comparison to male participants ($M = 4.26, SD = .90$). However, the role of gender is difficult to interpret given the limited number of men within the SAG. Overall, more assertiveness for scenarios in NEU Outcomes may suggest a complex interaction between type of interpersonal interaction scenario, attitude toward this scenario (i.e., ASFQ #9 or #10), and type of ASFQ #1 answer choice (socially anxious, aggressive, assertive, indifferent; see previous paragraph).

Despite having significantly lower mean ASFQ #1 scores than NSAG participants, SAG individuals endorsed some assertive responses across all Outcomes (see Figure 3). This finding is consistent with research demonstrating that “unassertive”
participants can behave assertively in certain situations (Lucock & Salkovskis, 1988). Thus, we may expect that SAG participants would endorse assertiveness in some scenarios. In addition, this also supports the idea that individuals can vary on a continuum of maladaptive to adaptive behavioral functioning (see Figure 1). For example, a person can be clearly on the left side of the continuum (socially anxious) in Figure 1, but still function at a level consistent with assertive behavior in certain situations (i.e., in contrast to someone on the extreme end of maladaptive functioning).

**ASF Self-Efficacy**

Individuals who are socially confident will likely possess adequate self-efficacy with respect to believing that they act confidently and effectively in their interpersonal interactions. For ASFQ #2, individuals in the NSAG were significantly more likely to describe their actions (hypothetical) in ASFQ #1 to be confident and effective when compared to SAG participants (see Figure 4). This result was consistent across all Outcomes. Total ASFQ #2 mean scores within the NSAG were approximately 9 (highest possible = 10, see Table 9) with regard to confidence and effectiveness ratings across Outcomes. For the most part, participants within the NSAG described their actions in hypothetical interpersonal scenarios (ASFQ #1) to be both confident and effective.

Note that despite the NSAG reporting significantly more assertiveness for interpersonal scenarios utilized in NEU ASFQ #1 (in comparison to NEG and POS), ASFQ #2 confidence and effectiveness ratings were not significantly different across Outcomes (compare Figure 3 with Figure 4). The hypothetical Socially Confident Group (NSAG) rated most of their ASFQ#1 responses to be confident and effective regardless
of whether they chose assertive or non-assertive behavior (i.e., although most of their answer choices in ASFQ1 were assertive). This suggests the NSAG was less likely to question their behavior in comparison to SAG participants. Thus, this is consistent with the expectation that social confidence is associated with self-efficacy for ability to socially interact. In addition, results indicated that SAG participants demonstrated believing some of their actions to be confident and effective (i.e., means of 6.55, 6.05, and 6.75 for Outcomes; see Table 9). This is not surprising given that we would not expect SAG individuals to deny confidence and effectiveness in every interpersonal interaction. For example, SAG participants may have felt their actions to be confident and effective on certain ASF interpersonal scenarios (e.g., complimenting an employee) versus others (e.g., asking someone for a date). What is relevant is that SAG individuals were significantly more likely to describe their actions to not be confident and/or effective in comparison to the NSAG. Additionally, results support the idea of a hypothetical continuum (Figure 1) of cognitive processing from maladaptive (social anxiety disorder) to adaptive (social confidence) functioning. From this notion, someone can be clearly on the socially anxious side of the continuum and still endorse adequate self-efficacy in certain situations (i.e., someone in the SAG). Concomitantly, individuals can function at opposite ends of the continuum in terms of self-efficacy, as in the manner consistent with the results from the present study.

Assertive Scenario Form CONF is essentially a combination of results reported for ASFQ #1 and ASFQ #2. The reason for utilizing ASF CONF pertains to the structure of ASFQ #2. Assertive Scenario Form CONF provides a useful indication of confidence.
because it excludes non-assertive answers in ASFQ #1. Thus, it excludes instances in which non-assertive behavior in ASFQ #1 is described as confident and/or effective in ASFQ #2. For example, note that a 0 score for ASFQ #1 is coded as 0 for ASF CONF regardless of ASFQ #2. Essentially, ASF CONF captures self-report indications of assertiveness combined with confidence and/or effectiveness ratings. For ASF CONF, the NSAG chose significantly more assertive actions in ASFQ #1 that were described as confident and/or effective in ASFQ #2, in comparison to the SAG. These results were consistent across Outcomes.

Additionally, for both Groups, within-group CONF results are similar to those from ASFQ #1 (compare Figure 3 with Figure 5). The fact that significantly greater CONF scores were reported for interpersonal scenarios utilized in NEU Outcomes can be attributed to ASFQ #1 (please refer to previous section).

Summary: ASF Assertiveness and Self-Efficacy

The results for ASFQ #1, ASFQ #2, and ASF CONF are in support of General Hypothesis 1. Individuals classified as belonging to the hypothetical Socially Confident Group (NSAG) were chosen according to self-report indications of lack of social anxiety, ability to behave assertively, and adequate level of general self-efficacy. In comparison to SAG participants, NSAG individuals endorsed significantly more response choices consistent with assertive behavior across a variety of hypothetical social situations. In addition, on ASFQ #2, NSAG participants were significantly more likely to describe that they acted confidently and/or effectively in their ASFQ #1 behavior choice, in relation to the SAG. Moreover, individuals in the NSAG were significantly more likely than the
SAG to endorse assertive behavior in ASFQ #1 that was later described as confident and effective in ASFQ #2 (i.e., CONF). Thus, participants in the hypothetical Socially Confident Group (NSAG) were more likely to demonstrate self-efficacy in their ability to perform well in potentially challenging interpersonal situations, in comparison to SAG individuals. Essentially, Group differences in self-efficacy are a building block component to the overall idea of social confidence. In effect, this moves us beyond the idea that assertiveness alone can explain the concept of social confidence.

**Group Differences in Cognitive Processing**

Within both Groups, ASFQ #5 opinion ratings for how the person reacted in ASFQ #3 (NEG to POS) were significantly greater (all comparisons \( p < .05 \)) as feedback became more positive (see Figure 7). Both Groups tended to view scenarios within the “POS > NEU > NEG” framework (see Figure 7). This suggests that individuals in both Groups tended to view ASF scenario Outcomes in the same way as intended by the experiment.

There were minimal between-group differences for ASFQ #5 ratings on POS Outcomes (NSAG \( M = 28.71 \), SAG \( M = 27.70 \)). Individuals in both Groups tended to view the interpersonal feedback offered in POS Outcomes very similarly. In contrast, NSAG individuals rated interpersonal feedback in ASFQ #3 as significantly more positive in comparison to SAG participants for NEG and NEU Outcomes (\( p < .05 \)). This indicates that SAG participants reacted more negatively to undesirable feedback (NEG) in comparison to NSAG individuals. This may be expected given previous research suggesting that socially anxious individuals may perceive negative feedback as being
more negative in comparison to persons who experience low levels of social anxiety (Smith & Sarason, 1975).

In addition to responding more negatively to negatively worded feedback, SAG also responded less positively to neutral feedback. Thus, when considering non-positively worded feedback, the SAG was likely demonstrating a different cognitive processing style in the expected (i.e., more negative) direction. Despite have significantly lower ASFQ #5 ratings in NEU Outcomes, SAG participants tended to view NEU scenarios as “neutral,” (M =15.50), rather than “negative,” (a purely negative total mean score would equal 5). Regardless of the magnitude of between-group differences for NEU Outcomes, results suggest that socially anxious individuals may interpret ambiguous interpersonal feedback more negatively than persons who lack social anxiety. Overall, results are in support of the expectation that individuals assigned to the hypothetical Socially Confident Group would cognitively interpret ambiguous and unpleasant feedback more positively in comparison to SAG participants (i.e., according to Figure 2).

**Effectiveness Rating After Feedback**

Comparable to ASFQ #5, within both Groups, ASFQ #4 effectiveness ratings became significantly greater (p < .05) as feedback in ASFQ #3 became more positive (see Figure 6). This suggests that regardless of group classification, participants’ effectiveness scores for behavior in ASFQ #1 was influenced by the quality of feedback portrayed on ASFQ #3. The fact that the NSAG reacted very similarly in this regard (in comparison to the SAG) is interesting. One explanation has to do with the nature of
ASFQ #4, which can be interpreted as a measure of whether a goal is attained. For ASFQ #4, participants are asked to make a decision regarding the effectiveness of their behavior (ASFQ #1) based on feedback received in ASFQ #3. This feedback can be construed to signify whether an assumed goal is accomplished. For example, the “asking someone for a date” scenario may be associated with the goal of “achieving a date.” For NEG and NEU scenarios, these implied goals are not accomplished. Thus, we may expect that participants would have less effectiveness ratings for situations in which the implied goal is not achieved.

Regardless of Group classification, participants seemed to be judging their effectiveness in ASFQ #1 based on the feedback received in ASFQ #3. However, the SAG seemed to be more dramatically influenced by ASFQ #3 feedback. Overall, SAG individuals tended to report lower ASFQ #4 effectiveness scores in comparison to participants within the NSAG (see Figure 6). From between-group analyses, NSAG participants reported significantly higher ASFQ #4 effectiveness ratings in comparison to SAG individuals for NEU (p < .01) and POS (p < .001) feedback scenarios.

Despite having significantly lower ASFQ #4 scores (compared to the NSAG), SAG individuals still reported high effectiveness ratings for POS Outcomes (M = 22.35). For SAG participants, lower (in comparison to the NSAG) ASFQ #4 mean scores may have been a function of how they responded in ASFQ #1 and ASFQ #2. Essentially, for SAG individuals, behavior in ASFQ #1 and ASFQ #2 was more likely to be inconsistent with the implied goal being accomplished. By itself, this is often not consistent with the experience of receiving POS feedback. Therefore, effectiveness ratings were likely lower
for scenarios in which POS feedback was provided even after the endorsement of clearly unassertive and non-confident behavior. Essentially, given that SAG participants were more likely to endorse non-assertive behavior and to describe their actions to not be confident/effective, we may expect lower effectiveness ratings after receiving POS feedback (in comparison to the NSAG). In contrast, individuals within the NSAG group should demonstrate very high effectiveness ratings after POS feedback given that they tended to endorse confident answers in ASFQ #1 and ASFQ #2. In fact, this was the case given the NSAG mean of 27.24 for POS outcomes (maximum = 30.00).

After NEU feedback, NSAG individuals reported significantly greater effectiveness ratings in comparison to SAG participants. With greater effectiveness ratings, NSAG individuals appraised NEU Outcomes more positively in comparison to SAG participants (see Figure 6). Furthermore, there was a much greater distinction between effectiveness ratings after NEU than NEG feedback for the NSAG (NEU M = 18.77, NEG M = 13.02) in comparison to the SAG (NEU M = 14.55, NEG M = 12.30). Socially Anxious Group participants tended to have more similar effectiveness ratings after receiving NEU feedback in comparison to NEG scenarios. Conversely, for NSAG individuals, there was a much larger difference between ASFQ #4 ratings for NEU in comparison to NEG feedback Outcomes. This supports the expectation that the hypothetical Socially Confident Group (NSAG) should demonstrate a more adaptive appraisal in comparison to Socially Anxious individuals (SAG).

Similar to SAG participants, NSAG individuals had relatively low effectiveness ratings after receiving NEG feedback (See Figure 6). This suggests that Groups
responded very similarly to negative feedback, which is in contrast to the expectations for social confidence. One explanation, as described earlier, is that both Groups likely had lower effectiveness ratings after NEG feedback because the implied goal was not accomplished. In effect, this may support the idea of greater accuracy in perception for individuals in both Groups. We may expect that individuals would perceive undesirable feedback in a generally negative fashion (i.e., as in lower effectiveness ratings). An overly positive reaction to negative feedback may suggest an inaccurate perception style consistent with poor social functioning. Still, another consideration may be the nature of cognitive processing for social confidence in comparison to social anxiety. Despite this initial negative reaction, NSAG individuals may be more likely to maintain a positive perspective for future interpersonal interactions. Thus, we would expect that the initial negative reaction (to undesirable feedback) would dissipate more quickly for socially confident individuals in comparison to persons with social anxiety disorder. In fact, research suggests that individuals who are socially anxious are more likely to selectively remember negative interpersonal interactions (O'Banien & Arkowitz, 1977).

In summary, results suggest that ASFQ #4 effectiveness ratings for behavior endorsed in ASFQ #1 was influenced by quality of feedback. Within both Groups, effectiveness ratings were significantly lower as feedback became more negative (POS > NEU > NEG; see Figure 6). There was essentially no difference between Groups for effectiveness ratings after receiving NEG feedback. This suggests that regardless of level of social functioning, people may initially react very similarly after receiving unpleasant interpersonal feedback. Non-Socially Anxious Group participants did demonstrate more
positive (optimistic) cognitive appraisal (significantly greater effectiveness scores) after receiving NEU and POS feedback in comparison to SAG individuals. Thus, ASFQ #4 results are for the most part in support of the expectation that individuals within the hypothetical Socially Confident Group (NSAG) should report a more adaptive (optimistic, positive) cognitive appraisal in comparison to socially anxious (SAG) participants.

**Mood Ratings After Feedback**

Similar to ASFQ #4 and ASFQ #5 results, within both Groups, ASFQ #6 mood ratings for how the person reacted in ASFQ #3 were significantly greater (all comparisons $p < .05$) as feedback became more positive (see Figure 8). The quality of feedback seemed to influence mood ratings in that more positive feedback was associated with greater mood scores (and vice versa). There were minimal between-group differences for ASFQ #6 mood ratings on POS Outcomes (NSAG $M = 27.26$, SAG $M = 26.30$). Individuals in both Groups tended to report that their mood would be influenced in a positive way after receiving desirable (POS) feedback.

The NSAG demonstrated significantly greater (more positive) mood ratings in comparison to the SAG after receiving NEG and NEU feedback ($p < .01$). Socially Anxious Group participants reacted more negatively to undesirable feedback (NEG) in comparison to NSAG individuals. This is consistent with research suggesting that socially anxious individuals perceive negative interpersonal feedback as more negative in comparison to individuals who lack social anxiety (Smith & Sarason, 1975). Therefore,
the fact that receiving NEG feedback had less of an influence on NSAG individuals’ mood ratings (in comparison to SAG participants) is not surprising.

Despite NSAG participants reporting significantly greater mood scores in comparison to SAG individuals, within-group ASFQ #6 scores for NEG Outcomes were still relatively low. This result is interesting given the expectation that social confidence is associated with adaptive cognitive appraisal regardless of feedback received in interpersonal scenarios. One explanation may be that people who lack social anxiety respond very similarly (in the moment) to negative interpersonal interactions in comparison to socially anxious individuals. This is consistent with accuracy in perception in that individuals should perceive unpleasant interpersonal feedback in a generally negative fashion (i.e., as opposed to overly positive). Thus, socially confident individuals may have an initial, in-the-moment decrease in mood after receiving unpleasant interpersonal feedback. Given the adaptability of social confidence, if this were the case, we would assume that this negative reaction would be short-term in nature. Future research may offer clarification on the duration of this negative reaction in socially confident individuals. In any case, appraisal of mood was less negative (more positive) within the NSAG in comparison to the SAG. This suggests that individuals within the NSAG were utilizing a more optimistic, positive appraisal in comparison to SAG participants, which is consistent with the expectation of social confidence.

Interestingly, NEU feedback had a more negative influence on mood ratings for SAG individuals. This result may be explained by cognitive processing differences between Groups, in that NSAG individuals reacted more positively after receiving NEU
feedback. However, despite between-group differences for NEU Outcomes, mood ratings within the SAG were somewhat comparable to those for the NSAG (i.e., NSAG $M = 17.76$, SAG $M = 14.05$). Both Groups tended to rate essentially no influence (no change) in mood for NEU Outcomes (i.e., scores can range from 5 to 30).

In summary, in comparison to SAG participants, individuals within the hypothetical Socially Confident Group (NSAG) demonstrated more optimistic cognitive appraisal, as indicated by significantly higher mood ratings, after receiving negative as well as neutral feedback. There were minimal differences between Groups in how mood was influenced in response to POS Outcomes. Despite significant between-groups differences in favor of NSAG for NEG and NEU Outcomes, participants within both Groups tended to respond very similarly (mood ratings) to negative and neutral feedback (by comparison of mean scores). However, NSAG participants’ reaction to NEG and NEU Outcomes was generally more positive (statistically significant) in comparison to SAG individuals. Overall, results suggest that the quality of immediate interpersonal feedback may have an important influence over subjective mood regardless of level of social anxiety. However, the impact that feedback has likely varies as a function of the type of feedback and level of social anxiety or confidence. Results are also consistent with the expectation that socially confident individuals appraise ambiguous (NEU) and undesirable (NEG) feedback more positively (optimistically) than socially anxious individuals (i.e., in accordance with Figure 2).
Change in Confidence to Respond to Similar Future Events

Similar to results on previous measures, within both Groups, as feedback became more positive, participants reported significantly greater ASFQ #7 ratings (p < .05) for change in confidence to respond to similar future events (choices endorsed in ASFQ #1; see Figure 9). More positive feedback was associated with significantly greater confidence ratings to respond to similar future events (and vice versa). However, there were not statistically significant Between-Groups differences with regard to ASFQ #7. Despite this, when considering mean scores by Outcome, ratings in both Groups were consistent with no change (NEU) and/or an increase (POS) in confidence to engage in similar future behavior (see Table 9 and Figure 9). The lowest means within the NSAG (NEG M = 17.31) and for the SAG (NEG M = 14.50) can be described as “no change” in confidence (middle scores) to respond to similar future events. Therefore, neither Group was likely to endorse that confidence to engage in future behavior would decrease after receiving either ambiguous (NEU) or undesirable (NEG) feedback. For POS Outcomes, both Groups had a tendency to endorse an increase in confidence to respond to similar future events (NSAG M = 25.97, SAG M = 23.45).

Results for ASFQ #7 can be interpreted differently between the Groups. In comparison to NSAG participants, Socially Anxious Group individuals tended to endorse minimal assertiveness, effectiveness, and/or confidence for behavior in ASFQ #1. Essentially, SAG participants endorsed lower indications of confidence in their ability to respond to behavior in ASFQ #1 even before receiving interpersonal feedback in ASFQ #3. Thus, ratings associated with a no-change in confidence to engage in similar future
behavior (NEG and NEU) are associated with continued lack of confidence for SAG individuals. In contrast, similar ratings within the NSAG (Socially Confident Group) can be interpreted as being associated with continued confidence (i.e., because the NSAG was more likely to be confident before the feedback). An interesting finding is that after being exposed to POS feedback, both Groups reported an increase in confidence to respond to similar future behavior. This suggests that desirable feedback received in interpersonal interactions can have a profoundly positive influence on social confidence regardless of initial level of social anxiety or confidence.

**Willingness to Engage in Similar Future Behavior**

Within the NSAG, as feedback became more positive, participants reported significantly greater ASFQ #8 scores, or willingness to engage in similar future behavior. Despite the trend toward significantly greater scores as feedback became more positive, mean scores for each Outcome were very high within the NSAG (i.e., 4.40, 4.70, 4.90; see Figure 10). Within the SAG, for ASFQ #8, POS Outcomes were rated significantly greater than NEG (p < .01) and NEU (p < .01) Outcomes. However, in contrast to NSAG individuals, for willingness to engage in similar future behavior, SAG participants’ reacted similarly in NEU when compared to NEG Outcomes. In addition, NSAG participants had significantly greater ASFQ #8 scores after receiving NEG (p < .01), NEU (p < .001), and POS (p < .01) feedback in comparison to SAG individuals (see Figure 10). Results are in support of the expectation that individuals within the hypothetical Socially Confident Group (NSAG) should demonstrate more adaptive (positive, optimistic) cognitive appraisal than SAG participants.
Despite having significantly lower ASFQ #8 scores than NSAG participants, SAG individuals endorsed willingness to engage in similar future behavior in several of the ASFs (i.e., ASFQ #8 Means of 3.45, 3.75, and 4.55). This result may be explained by initial level of functioning and quality of interpersonal feedback. Socially Anxious Group participants endorsed relatively low assertiveness and confidence/effectiveness in ASFQ #1. When considering this tendency, it is not surprising that SAG participants ASFQ #8 choices were much more likely to be swayed by NEG and NEU feedback in comparison to NSAG individuals. In fact, some written explanations on ASFQ #9 and/or ASFQ #10 are consistent with explanations according to level of functioning (e.g., “I wait for people to ask me out, “I’m too shy”) and feedback (e.g., “Because I was rejected”).

Another important finding is that NSAG participants reported higher scores for ASFQ #8 than ASFQ #1 (compare Figure 3 with Figure 10), an indication that they would be willing to engage in future non-assertive behavior. One reason for this has to do with indifferent answer choices on ASFQ #1. For certain scenarios, NSAG participants may have chosen an indifferent answer because the particular behavior in ASFQ #1 would not bother them and/or would not apply to them. In fact, this was indicated on some responses to ASFQ #9 and/or ASFQ #10 (e.g., “I never study in the library,” “Being overcharged by fifty cents is no big deal,”). Thus, NSAG participants would be likely to endorse “YES” for ASFQ #8 for indifferent answer choices to ASFQ #1. Another reason is that individuals, regardless of level of functioning, may have a difficult time behaving assertively in certain social situations; this pertains to both socially anxious and aggressive response choices on ASFQ #1. For these types of
interpersonal scenarios (in which the person has difficulty being assertive), we may expect a reporting of willingness to engage in similar future, "non-assertive" behavior regardless of level of functioning. When considering this explanation, it is important to note that the NSAG was very unlikely to endorse non-assertive response choices in ASFQ #1. Yet, another explanation may be that individuals within the NSAG possess a strong sense of self-assuredness in that they were not likely to question their actions in ASFQ #1 and were very likely to endorse that they would be willing to engage in similar future behavior.

Additionally, similar to NSAG individuals, SAG participants were more likely to endorse willingness to engage in similar future behavior after POS feedback in comparison to NEG and NEU feedback. This suggests that positive feedback received in interpersonal interactions can have an important positive influence on behavior associated with social confidence.

**Summary: Group Differences in Cognitive Processing**

Overall, results are in support of General Hypothesis 2. For the present study, the NSAG was hypothesized to be socially confident in comparison to the SAG. Non-Socially Anxious Group individuals demonstrated significantly more positive, optimistic cognitive appraisal after receiving ambiguous (NEU) and undesirable (NEG) interpersonal feedback in comparison to SAG participants. The most adaptive cognitive appraisal style of NSAG participants (in comparison to the SAG) was demonstrated by the following measures, significantly greater: (a) ASFQ #5 opinion ratings (more positive) for how the person reacted in ASFQ #3; (b) ASFQ #6 mood ratings (more
positive, optimistic) after receiving NEG and NEU feedback; and (c) ASFQ #8 willingness to engage in similar future behavior, after receiving NEG and NEU feedback. Also, NSAG participants cognitively appraised NEU feedback significantly more positively (i.e., as measured by ratings of initial opinion, effectiveness, mood, and willingness to engage in similar future behavior) in comparison to SAG individuals. Although sharing some common results with SAG individuals for NEG Outcomes (e.g., effectiveness, confidence to engage in similar future behavior), NSAG participants were also significantly more likely to utilize a more positive cognitive appraisal after receiving negative feedback (i.e., as indicated by ratings for initial opinion, mood, and willingness to engage in similar future behavior). In addition, although NSAG individuals tended to have greater ASF scores in POS Outcomes, both Groups reacted very similarly to positive feedback (i.e., as measured by ratings for initial opinion, mood, confidence to engage in similar future behavior). Thus, results suggest that non-positive feedback (NEU, NEG) had a more negative influence on SAG participants in comparison to the cognitive processing style of the NSAG.

Based on ASF CONF results, NSAG participants demonstrated significantly greater levels of assertiveness, confidence, and perceived effectiveness in comparison to SAG individuals. Before feedback, individuals classified as belonging to the hypothetical Socially Confident Group were more likely to demonstrate social self-efficacy (in comparison to the SAG). In the present study, ASFQ #7 and ASFQ #8 are perhaps the best measures to ascertain whether self-efficacy to engage in effective interpersonal behavior was changed by quality of feedback received in ASFQ #3. Results
for ASFQ #7 and ASFQ #8 are in support of General Hypothesis 2. Essentially, neither Group tended to report that confidence to engage in similar future behavior would decrease after receiving ambiguous (NEU) or negative (NEG) feedback. However, the SAG was less likely to endorse self-efficacy in their original behavior in ASFQ #1. Therefore, in contrast to the NSAG, confidence to engage in similar future behavior was likely not associated with continued self-efficacy for individuals in the SAG. More importantly, regardless of feedback, NSAG had very high ratings for willingness to engage in similar future behavior. This suggests that the NSAG was reporting that they would be willing to continue to engage in similar future behavior consistent with the assertive behavior that was endorsed in ASFQ #1 and appraised as confident and effective (ASF CONF). Thus, results are in support of the expectation that the hypothetically Socially Confident Group’s level of self-efficacy to engage in effective interpersonal behavior should remain unchanged regardless of feedback in interpersonal interactions.

**Limitations from the Current Research and Future Directions**

The implications hypothesized from the present results should be considered only with a careful scrutiny of the limitations of the current study. One limitation involves the culturally influenced nature of social anxiety and social confidence. Accordingly, behaviors often associated with shyness by Western standards are considered beneficial and desirable in other cultures (e.g., as in Asian societies).

Another drawback of the present study includes the nature of the sample. In comparison to the NSAG, the SAG had relatively few participants (i.e., N = 20). Also,
there were only four male participants within the SAG, and all of the participants were relatively young (college-age) university students. Thus, one limitation relates to whether the results obtained for the current sample apply to the general population. Future research can involve similar measurement techniques to investigate social confidence versus social anxiety with a larger and more representative sample of the general population.

Another aspect of the current research that must be considered in view of the results is that Group classification and hypothesis testing were based on answers to self-report questionnaires. Thus, the validity of the study is contingent on the accuracy of responses given by participants to self-report measures. Future research could utilize more accurate screening methods, such as the use of behavioral observations and structured clinical interviews. Also, subsequent research could produce more generalizable results by utilizing a testing method that better approximates real-world social interactions. One way to accomplish this would be with the use of palm-pilot computer assisted (in-the-moment) data gathering before and after interpersonal interactions. Another method may involve using live or taped (videotaped scenarios) confederates to be used in the hypothetical interpersonal scenarios (i.e., as opposed to written, self-report ASFs). The goal would be to implement a measurement technique that better approximates how someone responds to and cognitively appraises interpersonal interactions in the "real world."

Additionally, a related limitation involves the distinction between a categorical-based and dimensional classification system with regard to concept of social anxiety. In
the present study, evidence was found in support of the idea that social anxiety may vary on a hypothetical dimensional continuum that includes maladaptive (social anxiety disorder) to adaptive (social confidence) functioning. However, the present study utilized a categorical system in that participants had to meet specific criteria to be included in each Group. Therefore, a limitation is that all participants who did not meet criteria for Group classification were not included in hypothesis testing. A better understanding of the hypothetical dimensional nature of social anxiety may be achieved by including individuals who vary along all points of the continuum (see Figure 1), not just the extreme points as in the case of the present study.

**Implications/Conclusions**

In the present study, we attempted to identify the concept of social confidence by measuring the differences in cognitive processing between individuals who are socially anxious (SAG) and persons who are non-socially anxious (NSAG). Generally, results are in support of General Hypothesis 1 and General Hypothesis 2. Participants who were hypothesized to be socially confident were more likely to endorse assertiveness and to describe their behavior (in response to hypothetical interpersonal scenarios) to be both confident and effective when compared to individuals classified as belonging to the SAG. Moreover, in accordance with the model outlined in Figure 2, socially confident participants utilized a more positive, optimistic appraisal after receiving ambiguous and undesirable interpersonal feedback, in comparison to socially anxious individuals. Similarly, socially confident individuals' level of self-efficacy to engage in effective interpersonal behavior remained unchanged even after receiving ambiguous and negative
feedback. Essentially, results are in support of the speculation that socially confident individuals operate according to the model depicted in Figure 2. Thus, one implication from the present study is that social confidence may be a viable construct worthy of future exploration. Another related finding is further support for the idea that social anxiety may best be conceptualized along a dimensional continuum from maladaptive to advantageous (social confidence) functioning as displayed in Figure 1 (from McNeil, 2001). If this were in fact the case, the categorical nature of the diagnosis of Social Anxiety Disorder may be misleading for treatment purposes given that individuals can function at any level of the continuum (see Figure 1).

Another important finding from the present study was the measure of ASF CONF. This provided a useful, between-groups differentiation. In essence, participants who endorsed high ASF CONF scores (as measured by assertiveness, confidence, and effectiveness) later utilized a more positive, optimistic cognitive processing style than individuals with lower ASF CONF scores. An implication from this finding is that an assessment of level of interpersonal functioning may be achieved with a relatively quick self-report measure (ASF CONF) as opposed to a more time-consuming system. Other potentially significant implications involve the importance of type of interpersonal interaction and quality of feedback with respect to level of social functioning.

Of relevance is that one's ability to behave assertively may be a key etiological factor in both Social Anxiety Disorder and social confidence. Results suggest that the type of interpersonal interaction may be an important factor in determining whether assertive behavior is attempted. In the present study, participants in both Groups were
more likely to report that they would be assertive in the interpersonal scenarios depicted in NEU feedback Outcomes (i.e., in comparison to those in NEG and POS). This suggests that regardless of level of interpersonal functioning, idiosyncratic factors may play an important role in assertiveness, which is hypothesized to be a subpart of social confidence. Individuals may be more comfortable in behaving assertively in certain situations than others. However, whether someone behaves assertively may depend on the interaction between quality of interpersonal feedback received (NEG, NEU, POS) in previous social encounters and type of interpersonal situation. In fact, research suggests that assertiveness may be a complex interaction of various situational and intra-personal factors (Eisler et al., 1973). Thus, an important implication is that whether someone develops competency associated with social confidence or impairment characteristic of social anxiety may depend on a complex interaction between the following: (1) intra-personal factors such as ability to behave assertively, level of self-efficacy, and cognitive-appraisal tendency; (2) the type of interpersonal interactions they become involved in; and (3) the quality of feedback they receive during social encounters. This is especially relevant for level of functioning as pertaining to treatment for Social Anxiety Disorder; or on the opposite end, the identification of advantageous skills associated with social confidence (e.g., as in industrial organizational psychology).

Even though NSAG participants reacted more positively to unpleasant feedback in comparison to SAG individuals, both Groups tended to react negatively in response to undesirable feedback. It is not surprising that individuals in the SAG reacted negatively after receiving unpleasant feedback in hypothetical interpersonal interactions (see Smith...
& Sarason, 1975). However, this result is unexpected with respect to NSAG participants. One explanation may be that people who lack social anxiety respond very similarly (in the moment) to negative interpersonal interactions in comparison to socially anxious individuals. Thus, socially confident individuals may have an initial, in-the-moment negative reaction after receiving undesirable interpersonal feedback. Given the adaptability of social confidence, if this were the case, we would assume that this negative reaction would be short-term in nature. This initial negative reaction to undesirable feedback may dissipate more quickly for socially confident individuals in comparison to persons with Social Anxiety Disorder. Future research could provide clarification on this issue. Another consideration is that the NSAG accurately perceived negative interpersonal feedback, which may be consistent with an adaptive level of functioning. We may assume that an inaccurate perception of negative interpersonal feedback would be associated with poor social functioning. In any case, the reaction to unpleasant feedback was far less negative for NSAG individuals in comparison to SAG participants. Perhaps a less negative reaction in the short-term may equate to greater self-efficacy to engage in effective interpersonal behavior in the long run. Similarly, well-developed self-efficacy may help socially confident individuals react less negatively to unpleasant interpersonal feedback. The ultimate result may be the maintenance of adequate self-efficacy and the continued ability to utilize an adaptive cognitive appraisal style consistent with the model in Figure 2.

For individuals with Social Anxiety Disorder, results from the present study suggest that quality of feedback received in interpersonal interactions may have an
important influence on social self-efficacy. Results indicated that SAG individuals tended to respond more negatively to NEU scenarios in comparison to NSAG participants. Results also suggest that desirable (POS) feedback may have a positive impact on socially anxious individuals’ level of social functioning. Overall, results may suggest important treatment implications for individuals with Social Anxiety Disorder. For accurate case conceptualization, it may be useful for treatment providers to consider that socially anxious individuals may react to ambiguous interpersonal feedback very differently (more negatively) than individuals who lack social anxiety. This information can be applied to more effective treatment planning and therapeutic techniques for individuals who suffer from Social Anxiety Disorder. For example, treatment planning can include a goal for increased insight and knowledge regarding how even “neutral” interpersonal feedback can sometimes be interpreted in an overly negative fashion based on previous experiences and perception errors. Additionally, therapy can also focus on the implementation of cognitive restructuring techniques during behavioral attempts at assertiveness in real-world situations. An overall general goal would be to improve self-efficacy to interact in situations that may result in non-positive feedback. Accordingly, when providing services to socially anxious individuals, treatment providers can best serve their clients by working with them on their ability to act assertively and utilize an adaptive cognitive appraisal style consistent with adequate self-efficacy. This will likely maximize the amount of interactions in which they receive positive, desirable feedback.
REFERENCES


Negative Evaluation Scale. Paper presented at the Annual Meeting of the Anxiety Disorders Association of America in San Diego, CA.


APPENDIX A

SUBJECT INFORMATION AND CONSENT FORM

TITLE: SOCIAL INTERACTIONS

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SPECIAL INSTRUCTIONS TO THE POTENTIAL SUBJECT
This consent form may contain words that are new to you. If you read any words that are
not clear to you, please ask the person who gave you this form to explain them to you.

PURPOSE
You are being asked to take part in a research study. This study is intended to further the
understanding of how people perceive and process their interactions with others. It is
hoped that this knowledge will continue to add to understanding and treatment of
individuals who experience anxiety in social situations.

PROCEDURES
You have been handed a packet that includes nine measures which are attached to this
consent form. If you agree to take part in this research study, you will be asked to
complete these measures. The measures ask you to describe your experiences in social
interactions and any negative emotions you might experience. The questionnaires also
ask about negative mood states such as anxiety and depression. It will take
approximately 30 to 90 minutes to complete all of the measures (i.e., individual subjects
may vary).

RISKS / DISCOMFORTS
The measures ask you to describe your experiences in social interactions and any
negative emotions you might experience. The questionnaires also ask about negative
mood states such as anxiety and depression. It is possible that some of the questions may
elicit uncomfortable feelings. Should this be the case, please contact John Klocek, Ph.D.
(243-5546) or the Counseling and Psychological Services Center (243-4711).

BENEFITS
You will receive 4 experimental credits for your participation. Also, you will receive
4 experimental credits even if you choose to withdraw before completing the study. You
will receive no direct benefits from participating in this study other than the experimental
credits. However, you will have the opportunity to learn more about research concerning
social interactions from the debriefing.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
CONFIDENTIALITY
If you agree to participate, your identity will be kept confidential. The information that you provide will not be associated with your name. Rather, all data will be associated with the code number provided on all of the various forms in the packet. All information obtained will be kept private and will not be released without your consent except as required by law. We are required to break confidentiality if you report an intent to harm yourself or others. Only the researcher (i.e., Nick Rinehart, M.S.) and his faculty supervisor (i.e., John Klocek, Ph.D.) will have access to the stored informed consent forms. Your signed consent form will be stored in a locked cabinet separate from the data. If the results of the study are written in a scientific journal or presented in a scientific meeting, your name will not be used.

COMPENSATION FOR INJURY
Although we believe that the risk of taking part in this study is minimal, the following liability statement is required in all University of Montana consent forms:

“In the event that you are injured as a result of this research you should seek appropriate medical treatment. If the inquiry is caused by the negligence of the University or any of its employees, you may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the authority of M.C.A., Title 2, Chapter 9. In the event of a claim for such injury, further information can be obtained from the University’s Claim Representative or University Legal Counsel.”

VOLUNTARY PARTICIPATION / WITHDRAWAL
Your decision to take part in this research study is entirely voluntary. You may refuse to take part in this study. Also, if you decide to take part in the study, you may withdraw at any time without penalty or loss of benefits to which you are normally entitled. If you choose to withdraw before completing the study, you will still receive 4 experimental credits.

QUESTIONS
If you have any questions about the research now or during the study contact the faculty supervisor of this research study: Dr. John Klocek at (406) 243-5546.

SUBJECT’S STATEMENT OF CONSENT
I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by a member of the research team. I voluntarily agree to take part in this study. I understand I will receive a copy of this consent form.
PRINTED NAME OF SUBJECT (Please Print Neatly)

______________________________________________    DATE

SUBJECT'S SIGNATURE

CODE #: _______________
Demographic Information Sheet  Date:_________________________  Code #:_________________________

PLEASE GO TO THE LEFT SIDE OF THE FIRST PAGE OF YOUR SCANTRON SHEET. FIND THE SECTION LABELED "DEMOGRAPHIC." FOR EACH OF THE CATEGORIES BELOW, FILL IN THE APPROPRIATE BUBBLES ON THE SCANTRON SHEET.

(1) **ID**: Identification Code Number: *Please write your ID number in the appropriate boxes and fill in the corresponding bubbles.*

(2) **AGE**

(3) **GEN = GENDER**:  1 = Male  2 = Female

(4) **R/E = RACE/ETHNICITY**

   1 = African American  2 = Native American  3 = Caucasian  
   4 = Hispanic/Latino(a)  5 = Asian  6 = Pacific Islander  
   7 = Other

(5) **MS = MARITAL STATUS**

   1 = Single  2 = Married  3 = Cohabitating  4 = Separated  5 = Divorced

(6) **PI = PHYSICAL ILLNESS**

   1 = Presence of Physical Illness (chronic e.g., diabetes, arthritis)  
   2 = Presence of Physical Illness (non-chronic e.g., cold, flu, broken bone)  
   3 = No Illness Present

(7) **DIAG = PSYCHIATRIC DIAGNOSES (PAST OR CURRENT)**

   1 = Current diagnosis  
   2 = Past diagnosis  
   3 = No diagnosis

(8) **EDU = YEARS OF EDUCATION COMPLETED** (i.e., 12 = high school, 13 = 1yr college)
BDI-II FIND THE AREA ON YOUR SCANTRON SHEET LABELED "BDI-II." PLEASE FILL IN THE APPROPRIATE OVALS ON YOUR SCANTRON.

INSTRUCTIONS: This section consists of 21 groups of statements. Please read each group of statements carefully and then pick out the one statement in each group that best described the way you have been feeling during the past two weeks, including today. On the separate answer sheet, fill in the number of the statement you have chosen for each group. If several statements in the group seem to apply equally well, bubble in the highest number for that group. Be sure that you do NOT choose more than one statement for ANY group.

1. 0 I do not feel sad.  
   1 I feel sad much of the time.  
   2 I am sad all of the time.  
   3 I am so sad or unhappy that I can't stand it.

2. 0 I am not discouraged about my future.  
   1 I feel more discouraged about my future than I used to.  
   2 I do not expect things to work out for me.  
   3 I feel my future is hopeless and will only get worse.

3. 0 I do not feel like a failure.  
   1 I failed more than I should have.  
   2 As I look back, all I see is a lot of failures.  
   3 I feel I am a total failure as a person.

4. 0 I get as much pleasure as I ever did from the things I enjoy.  
   1 I don't enjoy things as much as I used to.  
   2 I get very little pleasure from the things I used to enjoy.  
   3 I can't get any pleasure from the things I used to enjoy.

5. 0 I don't feel particularly guilty.  
   1 I feel guilty over many thing I have done or should have done.  
   2 I feel quite guilty most of the time.  
   3 I feel guilty all the time.

6. 0 I don't feel I am being punished.  
   1 I feel I may be punished.  
   2 I expect to be punished.  
   3 I feel I am being punished.

7. 0 I feel the same about myself as ever.  
   1 I have lost confidence in myself.  
   2 I am disappointed in myself.  
   3 I dislike myself.
8. 0 I don't criticize or blame myself more than usual.  
   1 I am more critical of myself than I used to be.  
   2 I criticize myself for all of my faults.  
   3 I blame myself for everything bad that happens.

9. 0 I don't have any thoughts of killing myself.  
   1 I have thoughts of harming myself, but I would not carry them out.  
   2 I would like to kill myself.  
   3 I would kill myself if I had the chance.

10. 0 I don't cry any more than I used to.  
    1 I cry more than I used to.  
    2 I cry over every little thing.  
    3 I feel like crying, but I can't.

11. 0 I am no more restless or wound up than usual.  
    1 I feel more restless or wound up than usual.  
    2 I am so restless or agitated that it's hard to stay still  
    3 I am so restless or agitated that I have to keep moving or doing something.

12. 0 I have not lost interest in other people or activities.  
    1 I am less interested in other people or things than before.  
    2 I have lost most of my interest in other people or things.  
    3 It's hard to get interested in anything.

13. 0 I make decisions about as well as ever.  
    1 I find it more difficult to make decisions than usual.  
    2 I have much greater difficulty in making decisions than I used to.  
    3 I have trouble making any decisions.

14. 0 I do not feel I am worthless.  
    1 I don't consider myself as worthwhile and useful as I used to.  
    2 I feel more worthless as compared to other people.  
    3 I feel utterly worthless.

15. 0 I have about as much energy as ever.  
    1 I have less energy than I used to have.  
    2 I don't have energy to do very much.  
    3 I don't have enough energy to do anything.
BDI-II (CONTINUED)

16. 0 I have not experienced any change in my sleeping pattern.
     1 I sleep somewhat more than usual.
     2 I sleep somewhat less than usual.
     3 I sleep a lot more than usual.
     4 I sleep a lot less than usual.
     5 I sleep most of the day.
     6 I wake up 1-2 hours early and I can’t get back to sleep.

17. 0 I am no more irritable than usual.
     1 I am more irritable than usual.
     2 I am much more irritable than usual.
     3 I am irritable all the time.

18. 0 I have not experienced any change in my appetite.
     1 My appetite is somewhat less than usual.
     2 My appetite is somewhat more than usual.
     3 My appetite is much less than before.
     4 My appetite is much more than usual.
     5 I have no appetite at all.
     6 I crave food all the time.

19. 0 I can concentrate as well as ever.
     1 I can’t concentrate as well as usual.
     2 It’s hard to keep my mind on anything for very long.
     3 I find I can’t concentrate on anything.

20. 0 I am no more tired or fatigued than usual.
     1 I get more tired or fatigued more easily than usual.
     2 I am too tired or fatigued to do a lot of the things I used to do.
     3 I am too tired or fatigued to do most of the things I used to do.

21. 0 I have not noticed any recent change in my interest in sex.
     1 I am less interested in sex than I used to be.
     2 I am much less interested in sex now.
     3 I have lost interest in sex completely.
Below is a list of common symptoms of anxiety. Please read each item in the list carefully. Indicate how much you have been bothered by each symptom during the past week, including today, by filling in the appropriate bubble on your scantron sheet.

1 = Not at all
2 = Mildly
3 = Moderately
4 = Severely

It did not bother me at all.
It did not bother me much.
It was very unpleasant but I could stand it.
I could barely stand it.

1. Numbness or tingling.
2. Feeling hot.
3. Wobbliness in legs.
4. Unable to relax.
5. Fear of the worst happening.
6. Dizzy or lightheaded.
7. Heart pounding or racing.
8. Unsteady.
11. Feelings of choking.
14. Fear of losing control.
15. Difficulty breathing.
17. Scared.
18. Indigestion or discomfort in abdomen.
19. Faint.
20. Face flushed.
21. Sweating (not due to heat).
1. It is important to me not to appear nervous.
2. When I cannot keep my mind on a task, I worry that I might be going crazy.
3. It scares me when I feel “shaky” (trembling).
4. It scares me when I feel faint.
5. It is important to me to stay in control of my emotions.
6. It scares me when my heart beats rapidly.
7. It embarrasses me when my stomach growls.
8. It scares me when I am nauseous.
9. When I notice that my heart is beating rapidly, I worry that I might have a heart attack.
10. It scares me when I become short of breath.
11. When my stomach is upset, I worry that I might be seriously ill.
12. It scares me when I am unable to keep my mind on task.
13. Other people notice when I feel shaky.
14. Unusual body sensations scare me.
15. When I am nervous, I worry that I might be mentally ill.
16. It scares me when I am nervous.
The following inventory is designed to provide information about the way in which you express yourself. Please answer the questions by filling out the appropriate bubble on your scantron sheet according to the scale listed below. Your answer should reflect how you generally express yourself in the situation.

0 = Almost Always or Always
1 = Usually
2 = Sometimes
3 = Seldom
4 = Never or Rarely

1. Do you ignore it when someone pushes in front of you in line?

2. When you decide that you no longer wish to date someone, do you have marked difficulty telling the person of your decision.

3. Would you exchange a purchase you discover to be faulty?

4. If you decided to change your major to a field that your parents would not approve of, would you have difficulty telling them?

5. Are you inclined to be over-apologetic?

6. If you were studying and if your roommate were making too much noise, would you ask her or him to stop?

7. Is it difficult for you to compliment and praise others?

8. If you are angry with your parents, can you tell them?

9. Do you insist that your roommate does his or her fair share of the cleaning?

10. If you find yourself becoming fond of someone you are dating, would you have difficulty expressing these feelings to that person?

11. If a friend who has borrowed $5.00 from you seems to have forgotten about it, would you remind this person?

12. Are you overly careful to avoid hurting other people's feelings?

13. If you have a close friend whom your parents dislike and constantly criticize, would you inform your parents that you disagree with them and tell them of your friend's assets?
14. Do you find it difficult to ask a friend to do a favor for you?

15. If food which is not to your satisfaction is served in a restaurant, would you complain about it to the server?

16. If your roommate without your permission eats food that she or he knows you have been saving, can you express your displeasure to him or her?

17. If a salesperson has gone to considerable trouble to show you some merchandise that is not quite suitable, do you have difficulty in saying no?

18. Do you keep your opinions to yourself?

19. If friends visit when you want to study, do you ask them to return at a more convenient time?

20. Are you able to express love and affection to people for whom you care?

21. If you were in a small seminar and the professor made a statement that you considered untrue, would you question it?

22. If a person (that you would consider dating) whom you have been wanting to meet smiles or directs attention to you at a party, would you take the initiative in beginning a conversation?

23. If someone you respect expresses opinions with which you strongly disagree, would you venture to state your own point of view?

24. Do you go out of your way to avoid trouble with other people?

25. If a friend is wearing a new outfit that you like, do you tell that person so?

26. If after leaving a store you realize that you have been “short-changed,” do you go back and request the correct amount?

27. If a friend makes what you consider to be an unreasonable request, are you able to refuse?

28. If a close and respected relative were annoying you, would you hide your feelings rather than express your annoyance?

29. If your parents want you to come home for a weekend but you have made important plans, would you tell them of your preference?

30. Do you express anger or annoyance toward the opposite gender when it is justified?

31. If a friend does an errand for you, do you tell that person how much you appreciate it?

32. When a person is blatantly unfair, do you fail to say something to that person?
CSES (CONTINUED)

0 = Almost Always or Always 1 = Usually  2 = Sometimes  3 = Seldom  4 = Never or Rarely

33. Do you avoid social contacts for fear of doing or saying the wrong thing?

34. If a friend betrays your confidence, would you hesitate to express annoyance to that person?

35. When a clerk in a store waits on someone who has come in after you, do you call the clerk’s attention to the manner?

36. If you are particularly happy about someone’s good fortune, can you express this to that person?

37. Would you be hesitant about asking a good friend to lend you a few dollars?

38. If a person teases you to the point that it is no longer fun, do you have difficulty expressing your displeasure?

39. If you arrive late for a meeting, would you rather stand than go to a front seat that could only be secured with a fair degree of conspicuousness (i.e., noticeable to others).

40. If your date calls on Saturday night 15 minutes before you are supposed to meet and says that she or he has to study for an important exam and cannot make it, would you express your annoyance?

41. If someone keeps kicking the back of your chair in a movie, would you ask that person to stop?

42. If someone interrupts you in the middle of an important conversation, do you request that the person wait until you have finished?

43. Do you freely volunteer information or opinions in class discussions?

44. Are you reluctant to speak to an attractive acquaintance?

45. If you lived in an apartment and the owner failed to make certain necessary repairs after promising to do so, would you insist on it?

46. If your parents want you home by a certain time that you feel is much too early and unreasonable, do you attempt to discuss or negotiate this with them?

47. Do you find it difficult to stand up for your rights?

48. If a friend unjustly criticizes you, do you express your resentment there and then?

49. Do you express your feelings to others?

50. Do you avoid asking questions in class for fear of feeling self-conscious?
SES FIND THE AREA ON YOUR SCANTRON SHEET LABELED “SES.” PLEASE FILL IN THE APPROPRIATE SCANTRON OVALS.

INSTRUCTIONS
The following statements concern attitudes and feelings you might have about yourself and a variety of situations. You are asked to indicate how strongly you agree or disagree with each of these statements. Please answer the questions by filling out the appropriate bubble on your scantron sheet according to the scale listed below.

1 = Strongly agree
2 = Agree
3 = Slightly agree
4 = Neither agree nor disagree
5 = Slightly disagree
6 = Disagree
7 = Strongly disagree

Work quickly and give your first impression:

1. I find it extremely unpleasant to be afraid.
2. I sometimes avoid difficult tasks.
3. I am a very determined person.
4. Once I set my mind to a task almost nothing can stop me.
5. I have a lot of self-confidence.
6. I am at my best when I am really challenged.
7. I believe that it is shameful to give up something I start.
8. I have more than the average amount of self-determination.
9. Sometimes things just don't seem worth the effort.
10. I would rather not try something that I'm not good at.
11. I have more fears than most people.
12. I find it difficult to take risks.
13. Each individual has problems but none she or he won't eventually be able to solve.
14. I can succeed in most any endeavor to which I set my mind.
15. Nothing is impossible if I really put my mind to it.
16. I feel I am better off to rely on myself for a solution when things are looking really bad.
17. When put to the test I would remain true to my ideals.
18. If I believe in myself, I can make it in this world.

TURN OVER
19. I feel that chances are very good that I can achieve my goals in life.
20. In general I agree that "if at first I don't succeed, I'll try again".
21. When I have difficulty getting what I want, I just try harder.
22. I excel at few things.
23. I have often burned the midnight oil to finish a task before a deadline.
24. I have more willpower than most people.
25. I become frustrated when I experience physical discomfort.
26. Nothing is worth subjecting myself to pain for if I can avoid it.
27. I would endure physical discomfort to complete a task because I just don't like to give up.
Please find the box on your scantron form labeled “SAD-R” and mark your responses to these questions in that box.

Please indicate your agreement with the following statements by marking the number that best reflects how you feel on your answer sheet.

<table>
<thead>
<tr>
<th>5 = Not at all like me</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Not much like me</td>
</tr>
<tr>
<td>3 = Somewhat like me</td>
</tr>
<tr>
<td>2 = Very much like me</td>
</tr>
<tr>
<td>1 = Completely like me</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAD 1. I feel relaxed even in unfamiliar social situations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAD 2. I try to avoid situations which force me to be very sociable.</td>
</tr>
<tr>
<td>SAD 3. It is easier for me to relax when I am with strangers.</td>
</tr>
<tr>
<td>SAD 4. I have no particular desired to avoid people.</td>
</tr>
<tr>
<td>SAD 5. I often find social occasions upsetting.</td>
</tr>
<tr>
<td>SAD 6. I usually feel calm and comfortable at social occasions.</td>
</tr>
<tr>
<td>SAD 7. I am usually at ease when talking to someone of the opposite sex.</td>
</tr>
<tr>
<td>SAD 8. I try to avoid taking to people unless I know them well.</td>
</tr>
<tr>
<td>SAD 9. If the chance comes to meet new people, I often take it.</td>
</tr>
<tr>
<td>SAD 10. I often feel nervous or tense in casual get-togethers in which both sexes are present.</td>
</tr>
<tr>
<td>SAD 11. I am usually nervous with people unless I know them well.</td>
</tr>
<tr>
<td>SAD 12. I usually feel relaxed when I am with a group of people.</td>
</tr>
<tr>
<td>SAD 13. I often want to get away from people.</td>
</tr>
<tr>
<td>SAD 14. I usually feel uncomfortable when I am in a group of people I don’t know.</td>
</tr>
<tr>
<td>SAD 15. I usually feel relaxed when I meet someone for the first time.</td>
</tr>
<tr>
<td>SAD 16. Being introduced to people makes me feel tense and nervous.</td>
</tr>
<tr>
<td>SAD 17. Even though a room is full of strangers, I may enter it anyway.</td>
</tr>
<tr>
<td>SAD 18. I would avoid walking up and joining a large group of people.</td>
</tr>
<tr>
<td>SAD 19. When my superiors want to talk to me I talk willingly.</td>
</tr>
<tr>
<td>SAD 20. I often feel on edge when I am with a group of people.</td>
</tr>
<tr>
<td>SAD 21. I tend to withdraw from people.</td>
</tr>
<tr>
<td>SAD 22. I don’t mind talking to people at parties or social gatherings.</td>
</tr>
<tr>
<td>SAD 23. I am seldom at ease in a large group of people.</td>
</tr>
<tr>
<td>SAD 24. I often think up excuses in order to avoid social engagements.</td>
</tr>
<tr>
<td>SAD 25. I sometimes take the responsibility for introducing people to each other.</td>
</tr>
<tr>
<td>SAD 26. I try to avoid formal social occasions.</td>
</tr>
<tr>
<td>SAD 27. I usually go to whatever social engagements I have.</td>
</tr>
<tr>
<td>SAD 28. I find it easy to relax with other people.</td>
</tr>
</tbody>
</table>
FNE-R

Please find the box on your scantron form labeled “FNE-R” and mark your responses to these questions in that box.

Please indicate your agreement with the following statements by marking the number that best reflects how you feel on your answer sheet.

5 = Not at all like me
4 = Not much like me
3 = Somewhat like me
2 = Very much like me
1 = Completely like me

FNE 1. I rarely worry about seeming foolish to others.
FNE 2. I worry about what people will think of me even when I know it doesn’t make any difference.
FNE 3. I become tense and jittery if I know someone is sizing me up.
FNE 4. I am unconcerned even if I know people are forming an unfavorable impression of me.
FNE 5. I feel very upset when I commit some social error.
FNE 6. The opinions that important people have of me cause me little concern.
FNE 7. I am often afraid that I may look ridiculous or make a fool of myself.
FNE 8. I react very little when other people disapprove of me.
FNE 9. I am frequently afraid of other people noticing my shortcomings.
FNE 10. The disapproval of others would have little effect on me.
FNE 11. If someone is evaluating me I tend to expect the worst.
FNE 12. I rarely worry about what kind of impression I am making on someone.
FNE 13. I am afraid that others will not approve of me.
FNE 14. I am afraid that others will find fault with me.
FNE 15. Other people’s opinions of me do not bother me.
FNE 16. I am not necessarily upset if I do not please someone.
FNE 17. When I am talking to someone, I worry about what they may be thinking about me.
FNE 18. I feel that you can’t help making social errors sometimes, so why worry about it.
FNE 19. I am usually worried about what kind of impression I make.
FNE 20. I worry a lot about what my superiors think of me.
FNE 21. If I know someone is judging me, it has little effect on me.
FNE 22. I worry that others will think I am not worthwhile.
FNE 23. I worry very little about what others may think of me.
FNE 24. Sometimes I think I am too concerned about what other people think of me.
FNE 25. I often worry that I will say or do the wrong things.
FNE 26. I am often indifferent to the opinions others have of me.
FNE 27. I am usually confident that others will have a favorable impression of me.
FNE 28. I often worry that people who are important to me may not think very much of me.
FNE 29. I brood about the opinions my friends have of me.
FNE 30. I become tense and jittery if I know I am being judged by my superiors.
ASF

INSTRUCTIONS

For this measure, you will **NOT** need to use your scantron form.

The following **15-page** measure describes various social interactions. Each section asks how you would respond in certain interpersonal situations.

Please read each section carefully and circle/complete your responses on the actual form.

*** PLEASE COMPLETE EVERY ITEM INCLUDED ON EACH OF THE PAGES. ALSO, MAKE SURE YOU FILL OUT ALL 15 PAGES COMPLETELY ***
1. Imagine that you are waiting in line. Someone cuts in front of you. Which of the following scenarios fits how you would typically respond? (choose ONLY ONE please)
   (a) Do or say nothing because it would feel awkward to confront the person.
   (b) Politely remind the individual to not cut in line/resume line position.
   (c) Angrily yell at the person and resume your position in line.
   (d) Do or say nothing, but do not care.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

3. Suppose the person gave the following response after your behavior in Question #1:  
   "I need to cut in line! I'm in a hurry right now!"
   or
   "Don't complain! I'm in a hurry, I need to cut in line!"

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle your choice)
   1  2  3  4  5  6
   NOT EFFECTIVE
   VERY EFFECTIVE

5. What is your opinion of how the individual reacted in Question #3? (Circle your choice)
   1  2  3  4  5  6
   NEGATIVE
   POSITIVE

6. How would you feel if this person reacted this way to you? (Circle your choice)
   1  2  3  4  5  6
   Influenced
   Mood in
   Influenced
   Mood in
   Negative Way
   Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle your choice)
   1  2  3  4  5  6
   Decrease
   Increase

8. Would you be willing to engage in similar behavior in the future (response in #1)?
   YES  NO

9. If NO, why not? _____________________________________________________________

10. If YES, why? ________________________________________________________________
ASF

1. Imagine that you have just been given outstanding service at a store. How would you respond? (choose ONLY ONE please)
   (a) You would not say anything because it is difficult for you to give compliments.
   (b) You would simply say “thank you” before you leave.
   (c) You would compliment the employee on her/his performance and thank him/her.
   (d) Say nothing and leave the store. You do not wish you had thanked the person.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

3. Suppose the store worker gave the following response after your behavior in Question #1:
The store worker seems to acknowledge you. She or he then moves to assist the next customer.

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)
   1  2  3  4  5  6
   NOT EFFECTIVE
   VERY EFFECTIVE

5. What is your opinion of how the store worker reacted in Question #3? (Circle answer)
   1  2  3  4  5  6
   NEGATIVE
   POSITIVE

6. How would you feel if this person reacted this way to you? (Circle answer)
   1  2  3  4  5  6
   Influenced
   Mood in
   Negative Way
   Influenced
   Mood in
   Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)
   1  2  3  4  5  6
   Decrease
   Increase

8. Would you be willing to engage in similar behavior in the future (response in #1).
   YES  NO

9. If NO, why not?___________________________________________________________

10. If YES, why?____________________________________________________________

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1. Consider that you loaned a friend $20.00 two weeks ago. This friend promised to pay you back within a week. However, your friend has not paid you back or mentioned it since. Which of the following responses would represent how you would typically respond? (choose ONLY ONE)
   (a) You wouldn’t say anything because it would feel awkward to confront your friend.
   (b) Politely remind your friend about the debt owed.
   (c) Become angry with your friend and bring up the money still owed to you.
   (d) You wouldn’t say anything because you really don’t care.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

3. Suppose your friend gave the following response after your behavior in Question #1: “I will talk to you about this but right now I’m late for class.”
   or
   (If you endorse a or d to #1): “Well, I guess I’ll see you later.”

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)
   1 2 3 4 5 6
   NOT EFFECTIVE
   VERY EFFECTIVE

5. What is your opinion of how the friend reacted in Question #3? (Circle answer)
   1 2 3 4 5 6
   NEGATIVE
   POSITIVE

6. How would you feel if this person reacted this way to you? (Circle answer)
   1 2 3 4 5 6
   Influenced
   Mood in
   Negative Way
   Influenced
   Mood in
   Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)
   1 2 3 4 5 6
   Decrease
   Increase

8. Would you be willing to engage in similar behavior in the future (response in #1).
   YES
   NO

9. If NO, why not? _____________________________________________________________

10. If YES, why? ______________________________________________________________
1. Consider that you are employed. Your boss/supervisor has a habit of asking you to come in on your day off. Which of the following items represents how you would typically respond? (choose ONLY ONE please)
   (a) You would not bring this up because it would feel awkward to confront your boss.
   (b) You would angrily remind your boss that you are being treated unfairly.
   (c) You would politely tell your boss that it is difficult for you to work on off days.
   (d) You would not say anything because it does not matter to you.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

3. Suppose your boss gave the following response after your behavior in Question #1:
   “I’m busy right now! I can’t talk about it. Just do your job.”
   or
   (if you endorsed a or d to #1) “It’s a good thing for you that you don’t complain about working those extra days!”

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)
   1  2  3  4  5  6
   NOT EFFECTIVE
   6 V E R Y EFFECTIVE

5. What is your opinion of how the friend reacted in Question #3? (Circle answer)
   1  2  3  4  5  6
   N E G A T I V E

6. How would you feel if this person reacted this way to you? (Circle answer)
   1  2  3  4  5  6
   Influenced Mood in
   Mood in Positive Way
   Negative Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)
   1  2  3  4  5  6
   Decrease Increase

8. Would you be willing to engage in similar behavior in the future (response in #1).
   YES NO

9. If NO, why not?

10. If YES, why?
1. Consider that you catch the flu. A friend of yours is concerned and brings you hot soup. Which of the following items represents how you would typically respond? (choose ONLY ONE please)
   (a) You would feel grateful but would have a difficult time thanking your friend.
   (b) You would feel grateful and would verbally express your appreciation.
   (c) You would not thank your friend and feel no obligation to express appreciation.
   (d) You would not feel grateful but would still thank your friend out of courtesy.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

3. Suppose your friend gave the following response after your behavior in Question #1:
   "Well, I thought you could use some help. You’re welcome and I hope you enjoy your soup."

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)
   1  2  3  4  5  6
   NOT EFFECTIVE  VERY EFFECTIVE

5. What is your opinion of how the friend reacted in Question #3? (Circle answer)
   1  2  3  4  5  6
   NEGATIVE  POSITIVE

6. How would you feel if this person reacted this way to you? (Circle answer)
   1  2  3  4  5  6
   Influenced Mood in
   Mood in
   Negative Way Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)
   1  2  3  4  5  6
   Decrease Increase

8. Would you be willing to engage in similar behavior in the future (response in #1).
   YES  NO

9. If NO, why not?

10. If YES, why?
1. Imagine that you are single, or if you are single, consider the following. You are given an opportunity to ask someone out on a date. Which of the following represents how you would typically respond? (choose ONLY ONE please)
   (a) I would want to ask the person out but would be hesitant because of fear of rejection.
   (b) I would go ahead and actually ask the person out for a date.
   (c) I would not ask the person out on a date because it would feel awkward to do so.
   (d) I would never ask a person out on a date. I would wait for them to ask me.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

3. Suppose the person gave the following response after your behavior in Question #1:
   “What, YOU are asking me out on a date? I would never go out with someone like you.”
   or
   (If you endorsed a, c, or d to #1) “I hope someone like you doesn’t ask me out. I would never go out with someone like you.”

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)
   
   NOT EFFECTIVE 1 2 3 4 5 6 VERY EFFECTIVE

5. What is your opinion of how the friend reacted in Question #3? (Circle answer)
   
   NEGATIVE 1 2 3 4 5 6 POSITIVE

6. How would you feel if this person reacted this way to you? (Circle answer)
   
   Influenced 1 2 3 4 5 6 Mood in
   Mood in
   Negative Way
   Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)
   
   Decrease 1 2 3 4 5 6 Increase

8. Would you be willing to engage in similar behavior in the future (response in #1).
   YES  
   NO

9. If NO, why not?

10. If YES, why?
ASF

1. Imagine that you are single, or if you are single, consider the following. You have been interested in a person for a long time. You are considering asking this person out for a date. Which of the following responses represents how you would typically respond? (choose ONLY ONE please)
   (a) I would want to ask the person out but would be hesitant because of fear of rejection.
   (b) I would go ahead and actually ask the person out for a date.
   (c) I would not ask the person out on a date because it would feel awkward to do so.
   (d) I would never ask a person out on a date. I would wait for them to ask me.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

3. Suppose the person gave the following response after your behavior in Question #1: “You know, I’m not interested in dating anyone right now.”

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)

   1  2  3  4  5  6
   NOT EFFECTIVE          VERY EFFECTIVE

5. What is your opinion of how the friend reacted in Question #3? (Circle answer)

   1  2  3  4  5  6
   NEGATIVE                POSITIVE

6. How would you feel if this person reacted this way to you? (Circle answer)

   1  2  3  4  5  6
   Influenced
   Mood in
   Negative Way

   Influenced
   Mood in
   Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)

   1  2  3  4  5  6
   Decrease

   Increase

8. Would you be willing to engage in similar behavior in the future (response in #1)?

   YES  NO

9. If NO, why not?

10. If YES, why?
1. Imagine that you have just made a purchase at a convenience store. After paying, you realize that you have been overcharged by fifty cents. Which of the following represents how you would typically respond to the store clerk? (choose ONLY ONE please)
   (a) You would not say anything because it would feel awkward to confront the clerk.
   (b) You would politely remind the clerk that you did not receive the correct change.
   (c) You would likely become angry and complain about not being treated fairly.
   (d) You wouldn’t say anything because you really don’t care.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

3. Suppose the store clerk gave the following response after your behavior in Question #1:
   “I just realized that I over-charged you. Here you go. Sorry about that.”

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)
   1  2  3  4  5  6
   NOT EFFECTIVE
   VERY EFFECTIVE

5. What is your opinion of how the friend reacted in Question #3? (Circle answer)
   1  2  3  4  5  6
   NEGATIVE
   POSITIVE

6. How would you feel if this person reacted this way to you? (Circle answer)
   1  2  3  4  5  6
   Influenced
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   Negative Way
   Influenced
   Mood in
   Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)
   1  2  3  4  5  6
   Decrease
   Increase

8. Would you be willing to engage in similar behavior in the future (response in #1).
   YES  NO

9. If NO, why not?

10. If YES, why?
ASF

1. Imagine that you are trying to study for an important exam at the library. While you are trying to study, you hear a group of individuals talking loudly. Because of this noise, you find yourself having a hard time concentrating. Which of the following responses represents how you would typically respond? (choose ONLY ONE please)
   (a) I would want to say something but would have a hard time actually doing it.
   (b) I would angrily yell at the individual(s) to be quiet.
   (c) I would politely request that the individual(s) keep the noise down because I am trying to study.
   (d) I would not say anything because this would not bother me.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

3. Suppose the person(s) gave the following response after your behavior in Question #1:
   "Sorry about that, we'll be quiet..." The noise disappears.
   (If you endorsed a or d to #1): The individuals notice that they have been noisy and they apologize. You notice the noise disappearing.

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)

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5. What is your opinion of how the friend reacted in Question #3? (Circle answer)

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6. How would you feel if this person reacted this way to you? (Circle answer)

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7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)

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8. Would you be willing to engage in similar behavior in the future (response in #1).
   YES NO

9. If NO, why not?

10. If YES, why?
ASF

1. Imagine that a friend of yours has just experienced a painful break-up with a romantic partner. This friend is emotionally upset. Which of the following responses represents how you would typically respond? (choose ONLY ONE please)
   (a) You would not say anything because it would feel awkward to ask your friend if she or he would like to talk about it with you.
   (b) You ask the person if she or he would like to talk about it with you.
   (c) You don’t think about saying anything and remain silent. You avoid the person.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

3. Suppose your friend gave the following response after your behavior in Question #1:
   "It's none of your business! Get out of here and leave me alone!"

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)
   1  2  3  4  5  6
   NOT EFFECTIVE
   VERY EFFECTIVE

5. What is your opinion of how the friend reacted in Question #3? (Circle answer)
   1  2  3  4  5  6
   NEGATIVE
   POSITIVE

6. How would you feel if this person reacted this way to you? (Circle answer)
   1  2  3  4  5  6
   Influenced
   Mood in
   Negative Way
   Influenced
   Mood in
   Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)
   1  2  3  4  5  6
   Decrease
   Increase

8. Would you be willing to engage in similar behavior in the future (response in #1).
   YES  NO

9. If NO, why not? _________________________________________________________________

10. If YES, why? _________________________________________________________________

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ASF

1. Imagine that you are not doing as well as you expected in a particular class. Which of the following scenarios represents how you would typically respond? (choose ONLY ONE please)
   (a) You would feel concerned about the matter. In an attempt to remedy the situation, you would ask for help (e.g., by meeting with a professor, friend, proctor).
   (b) You would feel concerned about the matter. However, you would be hesitant to talk to anyone because of feeling awkward. You would try to remedy the situation privately.
   (c) You would not be concerned about the situation. You would not talk with anyone about it.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

3. Consider the following response to your behavior in Question #1:
   (Professor or proctor) “You seem to be having some trouble in this class. I would be happy to arrange some help for you. What do you think about a tutor?
   or
   (Friend) “I would be happy to help you out in any of your classes.”

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)
   1  2  3  4  5  6
   NOT EFFECTIVE  VERY EFFECTIVE

5. What is your opinion of how the friend reacted in Question #3? (Circle answer)
   1  2  3  4  5  6
   NEGATIVE  POSITIVE

6. How would you feel if this person reacted this way to you? (Circle answer)
   1  2  3  4  5  6
   Influenced
   Mood in
   Negative Way
   Influenced
   Mood in
   Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)
   1  2  3  4  5  6
   Decrease  Increase

8. Would you be willing to engage in similar behavior in the future (response in #1).
   YES  NO

9. If NO, why not?

10. If YES, why?
1. Imagine that you are at a relatively large party at which you know only a few people. At the moment, you are not involved in a conversation with anyone and notice that all of your friends seem to be talking with groups of other people. Which of the following responses represents how you would typically respond? (choose ONLY ONE please)
   (a) I would feel extremely awkward in a situation like this and would probably wait for someone to begin a conversation with me (e.g., such as one of my friends).
   (b) I would not feel awkward in a situation like this and would not feel obligated to be in a conversation with anyone.
   (c) I would feel extremely awkward but would motivate myself to get involved in a conversation with another individual(s).
   (d) I would not feel awkward in a situation like this. I would feel confident in my ability to initiate interactions with others, including strangers, at the party.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   (a) I can say that I acted confidently and my response would be effective.
   (b) I can say that I did not act confidently and my response would not be effective.
   (c) I can say that I acted confidently and my response would not be effective.
   (d) I can say that I did not act confidently and my response would be effective.

3. Consider the following response to your behavior in Question #1:
   The other people at the party seem courteous. However, no one seems to make an effort to talk to you or engage you in a long conversation.

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)
   NOT EFFECTIVE
   1 2 3 4 5 6
   EFFECTIVE

5. What is your opinion of how the friend reacted in Question #3? (Circle answer)
   NEGATIVE
   1 2 3 4 5 6
   POSITIVE

6. How would you feel if this person reacted this way to you? (Circle answer)
   Influenced
   1 2 3 4 5 6
   Mood in
   Influenced
   Mood in
   Negative Way
   Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)
   NOT EFFECTIVE
   1 2 3 4 5 6
   EFFECTIVE

8. Would you be willing to engage in similar behavior in the future (response in #1).
   YES
   NO

9. If NO, why not?

10. If YES, why?
ASF

1. Consider a current relationship with a close friend. Imagine that you find yourself becoming upset because of how this individual treats you at times. Which of the following response represents how you typically respond? (choose ONLY ONE please)
   
   (a) You would not say anything to this individual because it would not bother you.
   
   (b) You would angrily confront the individual and bring up your concerns.
   
   (c) You would talk to this individual and bring up your concerns in a polite manner.
   
   (d) You would not say anything to this individual because it would feel awkward to confront someone.

2. How would you describe how you acted in question #1? (choose ONLY ONE please)
   
   (a) I can say that I acted confidently and my response would be effective.
   
   (b) I can say that I did not act confidently and my response would not be effective.
   
   (c) I can say that I acted confidently and my response would not be effective.
   
   (d) I can say that I did not act confidently and my response would be effective.

3. Consider the following response from your close friend to your behavior in Question #1:
   "You know, I don't want to hear that from you. We're done talking!"
   
   (If you endorsed a or d for #1): "You know, if you're upset with me, you have NO right to be. Who do you THINK you are?"

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)
   
   1  2  3  4  5  6
   NOT EFFECTIVE  VERY EFFECTIVE

5. What is your opinion of how the friend reacted in Question #3? (Circle answer)
   
   1  2  3  4  5  6
   NEGATIVE  POSITIVE

6. How would you feel if this person reacted this way to you? (Circle answer)
   
   1  2  3  4  5  6
   Influenced
   Mood in
   Negative Way
   Influenced
   Mood in
   Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)
   
   1  2  3  4  5  6
   Decrease
   Increase

8. Would you be willing to engage in similar behavior in the future (response in #1).
   
   YES  NO

9. If NO, why not?

10. If YES, why?
1. Imagine that you went to a restaurant and ordered your favorite meal. Consider that your server was unusually late taking your order and bringing your food. In addition, upon receiving your order, some of the food you received was incorrectly prepared. Which of the following responses represents how you would typically respond? (choose ONLY ONE please) (a) You would angrily remind your server about the poor service and possibly ask to speak with the manager (i.e., in order to complain). (b) You would not say anything because this matter would not concern you. (c) You would not say anything because it would feel awkward to you to confront the server. (d) You would feel concerned about the situation and would politely bring this matter to the attention of the server.

2. How would you describe how you acted in question #1? (choose ONLY ONE please) (a) I can say that I acted confidently and my response would be effective. (b) I can say that I did not act confidently and my response would not be effective. (c) I can say that I acted confidently and my response would not be effective. (d) I can say that I did not act confidently and my response would be effective.

3. Consider the following response from the restaurant server to your behavior in Question #1: "I am so sorry for this. We would like to offer you a free meal upon your next visit. Again, I’m sorry."

OR

(If you endorsed b or c for #1): "Sorry about the mix-ups with your order. We would like to offer you a free meal upon your next visit. Again, I’m sorry."

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer)

1  2  3  4  5  6
NOT EFFECTIVE

5. What is your opinion of how the friend reacted in Question #3? (Circle answer)

1  2  3  4  5  6
NEGATIVE

6. How would you feel if this person reacted this way to you? (Circle answer)

1  2  3  4  5  6
Influenced
Mood in
Negative Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer)

1  2  3  4  5  6
Decrease
Increase

8. Would you be willing to engage in similar behavior in the future (response in #1). YES NO

9. If NO, why not? _______________________________________________________

10. If YES, why? _________________________________________________________
1. Consider a relationship with a friend and/or roommate. This individual has been doing things that irritate you. However, the person is unaware that you are upset. Which of the following responses represents how you would typically respond? (choose ONLY ONE please) (a) You would not say anything to this individual because it would not bother you. (b) You would angrily confront the individual and bring up your concerns. (c) You would talk to this individual and bring up your concerns in a polite manner. (d) You would not say anything to this individual because it would feel awkward to confront someone.

2. How would you describe how you acted in question #1? (choose ONLY ONE please) (a) I can say that I acted confidently and my response would be effective. (b) I can say that I did not act confidently and my response would not be effective. (c) I can say that I acted confidently and my response would not be effective. (d) I can say that I did not act confidently and my response would be effective.

3. Consider the following response from your friend or roommate after your behavior in Question #1: "I will talk to you about this but right now I'm late for class." or (If you endorse a or d to #1): "Well, I guess I'll see you later."

4. When considering this response, how would you rate the effectiveness of your response in Question #1? (Circle answer) NOT EFFECTIVE 3 4 5 6 EFFECTIVE

5. What is your opinion of how the friend reacted in Question #3? (Circle answer) NEGATIVE 3 4 5 6 POSITIVE

6. How would you feel if this person reacted this way to you? (Circle answer) Influenced 2 3 4 5 6 Influenced Mood in Negative Way Influenced Mood in Positive Way

7. To what degree would the reaction you received change your confidence in your ability to respond to a similar event in the future? (Circle answer) Decrease 2 3 4 5 6 Increase

8. Would you be willing to engage in similar behavior in the future (response in #1). YES NO

9. If NO, why not? __________________________________________________________

10. If YES, why? __________________________________________________________
Thank you for your participation in this study. Your willingness to complete all measures is greatly appreciated. Some individuals have problems with being assertive and having confidence in their ability to interact in social situations. Individuals such as these may have problems with social anxiety. However, some individuals show great strengths in their ability to interact socially. Individuals such as these may be thought of as socially confident.

The purpose of this study is to achieve a better understanding of the positive qualities associated with social confidence, as distinguished from social anxiety. Additionally, such a comprehension of social confidence may help further refine the psychological treatment and understanding of social anxiety. By further understanding what is in effect “adaptive/functional” for most individuals, we can better judge what goals need to be met in therapy. With a better understanding of dimensions that are opposite of social anxiety, we can formulate a better treatment plan for individuals who are socially anxious. This can help clarify desired improvements in functioning on specific cognitive and behavioral domains for socially anxious individuals (unique to each client).

We were interested in finding out the differences in how individuals who present with social anxiety respond to certain social interactions than individual who lack social anxiety. In order to differentiate individuals, it was necessary to have you complete general measures of anxiety, assertiveness, and self-efficacy. In order to investigate how you would respond in certain social interactions, it was necessary to have you imagine that you were in certain social interactions (and how you would typically respond). In addition, because depression often influences how well an individual is able to interact socially, we included a general assessment of depression.

If this study has raised additional questions for you, please feel free to contact Dr. John Klocek at 243-5546. Or, if the study has elicited uncomfortable feelings related to anxiety or other psychological distress, please feel free to contact either Dr. Klocek or UM Counseling and Psychological Services (CAPS) at 243-4711. Dr. Klocek will be able to provide further information regarding the study while the Counseling Center offers treatment for anxiety any other psychological distress. In addition to CAPS and Dr. Klocek, you may also contact the University of Montana Clinical Psychology Center (CPC) at 243-4523.

Again, thank you very much for your participation in this study. If you would like to receive a copy of the results of this study upon completion, please contact Dr. Klocek.