

Social anxiety profiles and academic self-attributions in secondary school students. What are we really talking about? Theoretical, methodological, and statistical preciseness

Perfiles de ansiedad social y auto-atribuciones académicas en estudiantes de Educación Secundaria ¿De qué hablamos realmente? Precisiones teóricas metodológicas, metodológicas y estadísticas

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Resumen

El objetivo de este estudio fue analizar la relación entre las autoatribuciones académicas y la ansiedad social subclínica en una muestra de adolescentes españoles, así como comprobar si existen diferencias estadísticamente significativas en autoatribuciones académicas entre subgrupos de jóvenes con ansiedad social subclínica. Se realizó un

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muestreo aleatorio por conglomerados. La muestra final estuvo formada por 717 estudiantes españoles de Educación Secundaria (51 % mujeres) de 14 a 17 años ($M = 15.68$; $DT = 1.16$). Se administraron la *Social Anxiety Scale for Adolescents* (SAS-A) y la *Sydney Attribution Scale* (SAS). El análisis de conglomerados identificó tres clústeres: (1) estudiantes con alta ansiedad social ($n = 102$) y puntuaciones altas en miedo a la evaluación negativa (FNE), ansiedad en situaciones sociales nuevas o ante extraños (SAD-N) y ansiedad en situaciones sociales en general (SAD-G); (2) estudiantes con ansiedad social moderada ($n = 290$) y puntuaciones moderadas en FNE, SAD-N y SAD-G; y (3) estudiantes con baja ansiedad social ($n = 325$) y bajas puntuaciones en FNE, SAD-N y SAD-G. Los análisis multivariados (MANOVA) examinaron las diferencias en autoatribuciones académicas entre los tres grupos de ansiedad social subclínica, encontrando diferencias estadísticamente significativas en los seis tipos de autoatribuciones académicas (Lambda de Wilks = .89, $F_{(12,714)} = 7.11$, $p < .001$, $\eta^2 = .06$), incluyendo éxito atribuido a la capacidad, éxito atribuido al esfuerzo, éxito atribuido a causas externas, fracaso atribuido a la capacidad, fracaso atribuido al esfuerzo y fracaso atribuido a causas externas. Se discuten las implicaciones de estos hallazgos para profesionales de la Psicología y de la Educación.

Palabras clave: ansiedad social, autoatribuciones académicas, adolescencia, Educación Secundaria, análisis de conglomerados.

Abstract

The aim of this study was to identify the relationship between academic self-attributions and subclinical social anxiety in a sample of Spanish adolescents and examine statistically significant differences in academic self-attributions among subgroups of socially anxious youth. Random cluster sampling was conducted. The final sample consisted of 717 Spanish students enrolled in Secondary Education (51% girls) aged 14 to 17 years ($M = 15.68$, $SD = 1.16$). The *Social Anxiety Scale for Adolescents* (SAS-A) and the *Sydney Attribution Scale* (SAS) were administered. Cluster analysis identified three clusters: (1) students with high social anxiety ($n = 102$) and high scores on fear of negative evaluation (FNE), anxiety toward strangers or new social situations (SAD-N), and anxiety in social situations in general (SAD-G); (2) students with moderate social anxiety ($n = 290$) and moderate scores on FNE, SAD-N, and SAD-G; and (3) students with low social anxiety ($n = 325$) and low scores on FNE, SAD-N, and SAD-G. Multivariate analyses (MANOVA) examined differences in the academic self-attributions across the three clusters of subclinical social anxiety, finding statistically significant differences in the six types of academic self-attributions (Wilks Lambda = .89, $F_{(12,714)} = 7.11$, $p < .001$, $\eta^2 = .06$), including success attributed to ability, success attributed to effort, success attributed to external causes, failure attributed to ability, failure attributed to effort, and failure attributed to external causes. The implications of these findings for Psychology and Education professionals are discussed.

Keywords: social anxiety, academic self-attributions, adolescence, Secondary Education, cluster analysis.

The American Psychiatric Association (2022) defines social anxiety as an intense and persistent fear of social situations where the person is exposed to unfamiliar people or possible scrutiny by others. If untreated, the course of clinical social anxiety can be chronic (Carballo et al., 2010) and can affect adolescents in many situations, such as taking part in conversations, attending parties, being assertive, dating, speaking in public, and performing certain actions in front of people (e.g., eating or phoning), among others. Social anxiety may cause discomfort, avoidant behavior, and interfere with adolescents' daily lives. Functional impairment and distress are related to even moderate levels of subclinical social anxiety in high school students (Dell'Osso et al., 2003).

SAS-A cut-off points for Spanish adolescents were applied (Olivares et al., 2002). Based on these cut-off points, in the present study, subclinical social anxiety was assessed, and three groups were established: adolescents with subclinical high, moderate, and low social anxiety. In this line, subclinical social anxiety is not the same as social anxiety disorder (i.e., SAD) or social phobia, which imply a clinical diagnosis through the administration of clinical interviews (e.g., Anxiety Disorders Interview Schedule, ADIS-V or VI) based on the diagnostic criteria established by the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition-text revision* (DSM-5-TR; American Psychiatric Association, 2022) or the *International Classification of Diseases* (ICD; World Health Organization, 2021).

Previous empirical evidence has consistently shown that social anxiety occurs along a continuum that ranges from social fears or shyness to subclinical social anxiety (low, medium, and high), reaching social phobia or SAD (e.g., Henderson, & Zimbardo, 2010). This is a relevant concern because the prevalence of social anxiety can vary significantly depending on whether social fears, shyness, subclinical social anxiety, SAD or social phobia are analyzed. Moreover, differences among the three subclinical social anxiety groups (low, medium, and high) are also found in the type and number of feared social situations, their meaning for adolescents, and their symptomatology. In addition, depending on the type or level of social anxiety, the statistical differences and the magnitude (i.e., effect sizes) of the relationship with other variables may vary significantly, as occurs in this study with the type of academic self-attributions and subclinical social anxiety (low, moderate, high). In this sense, researchers should be cautious when comparing previously published studies, whose findings may differ significantly or contradict each other depending on how social anxiety was measured and assessed (subclinical low, medium, or high social anxiety, SAD, or social phobia).

Given these findings, we need to understand the factors that may contribute to social anxiety in adolescents in academic settings. One such factor may be academic self-attributions.

According to Weiner's (2018) attribution theory, self-attributions are the inferences made about the causes underlying an event or behavior. Weiner states that an individual's causal attributions for achievement affect their subsequent behaviors and motivation.

Academic self-attributions are supported by Weiner's (2018) theory, which examined the perceived causes of academic achievement (Graham, 2020). In this line, Kaur (2017) found that negative academic self-attributions are associated with social anxiety. Specifically, he showed that university entrants with high social anxiety had a dysfunctional attributional style and attributed their failures to their ability.

The findings of Kaur (2017) are similar to those found in other constructs closely related to social anxiety, such as school anxiety (Lagos San Martin et al., 2016), perfectionism (Vicent et al., 2019), and school refusal (González et al., 2021; González et al., 2018), which reveal an attributional pattern consisting of taking responsibility for failures (e.g., lack of ability or effort) and attributing successes mainly to external causes. This maladaptive attributional pattern is logically consistent with a maladaptive motivational pattern (Ingles et al., 2015), through which these students' school learning is clearly based on social reinforcement goals. Thus, these students continuously seek a positive evaluation of their school achievements by their significant others, avoiding negative evaluation.

Bearing in mind the previous empirical evidence, we extended the results of research, proposing three hypotheses:

(1) we expected students with low social anxiety to attribute their academic successes to internal causes (mainly to effort) and, to a lesser extent, to external causes. In addition, students with low social anxiety will be more likely to attribute their academic failures to internal causes;

(2) we expected students with moderate social anxiety to show mixed or less well-defined academic self-attributions than the other two groups, although it is an open research question.; and

(3) we expected students with high social anxiety (similar to SAD or social phobia) to attribute their academic successes to external causes and their academic failures to internal causes (ability and effort).

METHOD

Participants

We conducted random cluster sampling in a province of southeastern Spain. We randomly selected six high schools from urban and rural areas; four were public high schools, and the others were private. One high school was in the north of Alicante province, one in the south, one in the west, and one in the center, plus two high schools in the east of

Alicante province, the most populated area. We randomly selected four classrooms with an average of 128 students from each high school.

The initial sample consisted of 769 students enrolled in Secondary Education. The ages of the participants ranged from 14 to 17 years ($M = 15.68$, $SD = 1.16$). Thirty-one students (4.03 %) were excluded from the initial sample to avoid outliers and missing data. Furthermore, 21 foreign students (2.73 %) who did not have an adequate command of Spanish were also excluded. Therefore, the final sample consisted of 717 students. Table 1 presents the demographic information of the sample.

Table 1
Demographic Data of the Sample

Participants	14-year-olds	15-year-olds	16-year-olds	17-year-olds	Total
	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %
Boys	65 9.1%	100 13.9%	101 14.1%	85 11.9%	351 49.0%
Girls	52 7.3%	87 12.1%	117 16.3%	110 15.3%	366 51.0%
Total	117 16.3%	187 26.1%	218 30.4%	195 27.2%	717 100.0%

The chi-square test of homogeneity assessed the distribution in the gender and age groups (i.e., there were four age groups, each with two genders). No statistically significant differences were found among the eight groups of Gender x Age ($\chi^2 = 6.42$, $p = .09$).

The ethnic composition of the sample was as follows: 87.7% European-Spanish, 4.81% other European, 4.28% Latin-American, 2.55% Arab, and 0.66% Asian.

Instruments

Social Anxiety Scale for Adolescents (SAS-A; La Greca & Lopez, 1998)

The SAS-A measures students' perceptions of their social anxiety. It contains 18 self-statement items and 4 filler items (e.g., "I like to play sports"); the 18 items yield three subscales: Fear of Negative Evaluation (FNE; 8 items), concerning adolescent fears or worries about their peers' negative evaluations (e.g., "I worry about what others think of me"); Social Avoidance and Distress in New Situations (SAD-New; 6 items), concerning social avoidance and distress when with unfamiliar persons or in new social situations (e.g., "I feel nervous when I'm around certain people"); and Social Avoidance and Distress-General (SAD-General; 4 items), concerning general social inhibition, distress, and discomfort (e.g.,

“I’m quiet when I’m with a group of people”). Students rate each item on a 5-point Likert-type scale (1 = *not at all* to 5 = *all the time*). The total SAS-A score ranges from 18 to 90. Higher scores (for the total scale and each subscale) reflect greater levels of social anxiety. A total SAS-A score below 37 identifies “non-socially anxious” adolescents, whereas a score above 44 detects social anxiety among adolescents (Olivares et al., 2002).

There are versions of SAS-A in different languages, including Spanish (García-López et al., 2001), Portuguese (Cunha et al., 2004), Turkish (Aydin & Sutcu, 2007), and Chinese (Zhou et al., 2008). In the Spanish version (García-López et al. al., 2001), high levels of internal consistency were found for the FNE (.94), SAD-N (.87), and SAD-G (.80) subscales and for the total score (.91). Furthermore, Ingles et al. (2010) found measurement invariance for the correlated three-factor model of the SAS-A across gender and age samples. The reliability alpha coefficients in this study were .84 for FNE, .78 for SAD-N, and .79 for SAD-G.

Sydney Attribution Scale (SAS; Marsh, 1984)

The SAS measures students’ perceptions of the causes of their academic successes and failures in 24 hypothetical situations (Ingles et al., 2015). The scale combines three dimensions: two academic areas (verbal-reading, Mathematics), two hypothetical and opposite results (success, failure), and three types of causes (ability, effort, external causes). It contains 72 items rated on a 5-point Likert-type scale ranging from 1 (*false*) to 5 (*true*). Six global scores are provided: success-ability, success-effort, success-external causes, failure-ability, failure-effort, and failure-external causes. Internal consistency was higher for the internal scales than for the external ones and was acceptable both in the success and failure scales. We used these six factors of specific self-attribution types in the present study.

The psychometric properties of the SAS in primary and secondary education have been examined in several research studies, showing that the SAS is an appropriate instrument to assess academic self-attributions in Secondary Education (Ingles et al., 2015; Redondo et al., 2014) and college students (Ingles et al., 2008). Ingles et al. (2015) found internal consistency coefficients of .83 (success-ability), .84 (success-effort), .71 (success-external causes), .78 (failure-ability), .73 (failure-effort), and .72 (failure-external causes).

Procedure

After selecting the participant high schools, we held meetings with the school principals and the adolescents’ parents to inform them about the research and obtain written informed consent. The SAS-A and SAS were administered in a counterbalanced manner in class under the supervision of research assistants who also read the instructions aloud and emphasized the

importance of answering every question. Students answered the questionnaires voluntarily in their classrooms. The average administration time was 40 minutes.

Data analysis

Data were analyzed with the *Statistical Package for the Social Sciences*, SPSS, 23rd version. Quick cluster analysis was conducted to establish the different groups or clusters of adolescents. In addition to being a non-hierarchical method (i.e., the groups to be formed should be specified a priori), it is also a reassignment method (i.e., an individual assigned to a group can be assigned subsequently to another group to optimize the selection).

After establishing the different groups (high, moderate, and low subclinical social anxiety), we determined possible significant group differences in academic self-attributions. We initially performed a multivariate analysis of variance (*MANOVA*) to examine whether the identified clusters differed significantly in the SAS-A variables. To evaluate the relationship between subclinical social anxiety and academic self-attributions among adolescents with high, moderate, or low subclinical social anxiety, we conducted *MANOVA*. To assess the effect size of each variable (success attributed to effort, failure attributed to external causes...) among clusters, we used eta squared: $\eta^2 = .01 - .06$ indicates a small effect size, $.06 < \eta^2 < .14$ indicates a medium effect size; and $\eta^2 > .14$ indicates a large effect size (Cohen, 1988). Furthermore, the effect sizes of the differences in academic self-attributions among the three clusters were determined using the *d* index proposed by Cohen (1988): $0.20 \leq d < 0.50$ indicates a small effect size; $0.50 \leq d < 0.80$ indicates a medium effect size; and $d \geq 0.80$ indicates a large effect size.

RESULTS

Identification of Social Anxiety Profiles

Cluster analysis identified three clusters (see Table 2). The first consisted of a group of 102 students (14.23%) with high social anxiety (High Social Anxiety Group), and also high fear of negative evaluation (FNE), anxiety toward and social avoidance of strangers or in new social situations (SAD-N), and anxiety in social situations in general (SAD-G). The second group consisted of 290 students (40.44%) with moderate social anxiety (Moderate Social Anxiety Group) and moderate scores on FNE, SAD-N, and SAD-G. The last group consisted of 325 students (45.33%) with low social anxiety (Low Social Anxiety Group) and low scores on FNE, SAD-N, and SAD-G.

Table 2
Final Clusters Centers

	High Social Anxiety	Moderate Social Anxiety	Low Social Anxiety
Z-score (SAS-A_FNE)	1.55	.30	-.75
Z-score (SAS-A_SADN)	1.58	.31	-.77
Z-score (SAS-A_SADG)	1.67	.28	-.77

Note. Z-scores cut points: > .5 (High Social Anxiety); -.5 to .5 (Moderate Social Anxiety); < -.5 (Low Social Anxiety).

Inter-Group Differences in Academic Self-Attributions

Regarding differences in the scores of the academic self-attribution variables across the three clusters of subclinical social anxiety, a *MANOVA* yielded statistically significant differences in the six types of academic self-attributions (Wilks Lambda = .89, $F_{(12,714)} = 7.11$, $p < .001$, $\eta^2 = .06$). Table 3 presents the mean SAS scores (and standard deviations) of the students enrolled in Secondary Education with high, moderate, or low social anxiety. In terms of attributions for success, students with low social anxiety attributed success to their ability and effort more than students with high or moderate social anxiety. Students with high social anxiety attributed academic success to external causes more than students with low or moderate social anxiety. Finally, students with low social anxiety attributed success to internal causes (i.e., effort, ability) more than students with high or moderate social anxiety.

Regarding attributions for academic failures, students with high social anxiety attributed failures to their (lack of) ability and effort more than students with low or moderate social anxiety. Students with high social anxiety also attributed failures to their (lack of) effort more than students with low or moderate social anxiety. Finally, students with low social anxiety attributed failures to external causes more than students with high or moderate social anxiety.

Table 3
Mean and Standard Deviations obtained by the three Groups and the Eta Square Values for each Causal Attribution

Dimensions	High Social Anxiety <i>n</i> = 102		Moderate Social Anxiety <i>n</i> = 290		Low Social Anxiety <i>n</i> = 325		MANOVA Statistical significance		
	M	SD	M	SD	M	SD	$F_{(2,714)}$	p	η^2
Success attributed to ability	2.83	1.44	6.28	1.43	6.69	1.55	5.76	.003	.02
Success attributed to effort	3.48	1.20	6.77	1.30	7.12	1.54	7.19	.001	.02

	High Social Anxiety <i>n</i> = 102		Moderate Social Anxiety <i>n</i> = 290		Low Social Anxiety <i>n</i> = 325		MANOVA Statistical significance		
Success attributed to external causes	7.01	1.07	6.24	.89	6.40	1.28	5.31	.005	.02
Failure attributed to ability	8.14	1.28	5.61	1.27	5.08	1.41	27.88	<.001	.07
Failure attributed to effort	7.09	1.22	5.84	1.04	5.66	1.14	6.37	.002	.02
Failure attributed to external causes	4.35	1.12	6.49	.91	8.75	.96	9.29	<.001	.03

DISCUSSION

The general objective of this study was to examine the relationship between adolescents' social anxiety profiles and their academic self-attributions and evaluate possible significant differences among social anxiety groups in a sample of Spanish students enrolled in Secondary Education. The results revealed the existence of three groups of students with relatively different levels of social anxiety. The smallest group of students (14.2%) reported high social anxiety, followed by a group of students who reported moderate social anxiety (40.4%), and lastly, the largest group of students (45.3%) reported low social anxiety.

Our study's first hypothesis —students with high social anxiety would attribute their academic success to external causes and their academic failures to lack of effort or ability— was confirmed. Our findings also aligned with our second hypothesis regarding students with moderate social anxiety. As expected, we found that these students showed mixed or less well-defined academic self-attributions than the other two groups. Finally, consistent with our third hypothesis, findings revealed that students with low social anxiety attributed their academic success to internal causes and their academic failures to external causes.

Results should be interpreted with caution considering the study's limitations. First, subclinical social anxiety levels were established using the clinical cut-off points of the SAS-A in the Spanish adolescent population (Olivares et al., 2002). Thus, we do not know how many adolescents had a clinically significant social anxiety disorder or social phobia. Accordingly, the results might vary if the study were conducted with a clinical population of adolescents. Second, the results cannot be generalized to other cultures or ethnic groups, other age groups, or a clinical sample of adolescents. According to Torregrosa et al. (2022), social norms and cultural values (individualism-collectivism) may influence the significance, intensity, and symptoms of social anxiety.

In terms of directions for further research, it would be useful to replicate this study in other age groups or academic levels (e.g., Primary or Higher Education), compare male and female adolescents, examine clinical samples of adolescents, and extend these findings using

longitudinal research designs. Future research efforts might also examine how social anxiety and academic causal self-attributions conjointly affect other psychoeducational variables, such as academic achievement, academic engagement, academic self-concept, or academic adjustment. The effect of family environment on adolescents' self-attributions and social anxiety could also be considered.

In any case, our findings have potential implications for practitioners. Psychoeducational interventions and programs could be implemented for adolescents with high social anxiety (e.g., Olivares & García-López, 2001; La Greca et al., 2016) to modify maladaptive academic self-attributions (e.g., *Reattribution Training*; Kaur, 2017). However, interventions with adolescent girls could be more intense than those targeting adolescent boys due to girls' higher levels of social anxiety (Ingles et al., 2010).

Cognitive Bias Modification (CBM; Mathews & Mackintosh, 2000), which modifies maladaptive attributional patterns by training clients to focus on more adaptive interpretations, is a possible intervention for reducing maladaptive academic self-attributions. CBM has shown preliminary efficacy in attribution biases and short-term efficacy in social interaction anxiety in undergraduate students (Min et al., 2020). Attributional retraining treatments are another alternative, although Perry et al. (2014) suggest further research on complex causal thinking to complement the prevalent emphasis on single attributions. Transdiagnostic psychotherapeutic treatments, such as emotion-focused therapy, also consider that the so-called "problematic self-treatment" is very important in therapy. This consists of a set of self-directed problematic processes related to emotional avoidance, such as self-criticism, self-worrying, self-scaring, self-managing and self-interrupting. These self-attributions of responsibility should be formulated and addressed in therapy as forms of problematic self-directed processes for diagnostic categories, such as social anxiety (Timulak & Keogh, 2020).

FRIENDS for Life (Barrett et al., 2000) is a useful cognitive-behavioral intervention program for child and adolescent anxiety; it can be carried out with an attributional retraining component. Education professionals can provide feedback about students' causal interpretations so anxious adolescents can replace their attributional style with more adaptive attributions (Fernández-Sogorb et al., 2020).

Also noteworthy are some other transdiagnostic cognitive-behavioral interventions, specifically designed for children and adolescents, which address cognitions (self-attributions among them). For instance, we note the Super Skills for Life (Essau & Ollendick, 2013) and the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Adolescents (UP-A; Ehrenreich-May et al., 2018; Ehrenreich-May & Kennedy, 2021).

In conclusion, this study contributes to a better understanding of the relationship between different levels of subclinical social anxiety in adolescents and academic self-

attributions. Furthermore, it is a first step to determine the role of academic self-attributions in subclinical social anxiety in Spanish of Secondary Education.

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