The Study of family function and social anxiety: The mediating role of dysfunctional beliefs and social skills

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Abstract
Anxiety disorders are one of the most common disorders of adolescence and youth, and the most important types of these disorders are social anxiety disorder. The purpose of this study was to determine the role of social skills and dysfunctional belifes as the mediator of the relationship between family function and social anxiety. The design of research was correlation a path analysis. The population of this study was all girls and boys of the first grade high school students in Shahrekord. 1000 boys and girl's high school students (500 girls and 500 boys) were selected randomly using multi-stage cluster sampling method. Participants responded to Family Functioning Social Skills, Dysfunctional Beliefs, and Social Anxiety Scales. Data were analyzed using path analysis, and AMOS statistical software. The findings showed that the proposed model has good fit, and are significant all of diret path coefficients of propositional model. Also, the communication skill and dsyfunctional beliefs are signification medications between family function and social anxiety. It can be concluded that for the treatment of anxiety disorders, comprehensive care should be taken, including family assessment, other dimensions of family life, reduction of dysfunctional beliefs, and strengthening communication skills.

Key words: Family functioning, dysfunctional attitudes, social skills, Social anxiety.

Extended Abstracts

Introduction

Anxiety disorders are one of the most common disorders of adolescence and youth (Tolbert & Pin quart, 2015). One of the most important types of these disorders is social anxiety disorder. Social anxietydisorder as a particular type of anxiety and the third major problem of mental health in the world today, either as a clinical diagnosis or as anxiety in social situations, without treatment, can affect social, educational and professional capacities and capabilities. The person will be harmed throughout the life (Davis, Munson, & Trace, 2014).

Anxiety disorders are one of the most common disorders that have an important effect on family function (Eugene Graves, 2016). Studies shows that various areas of family functions have been damaged including communication, problem-solving, and role-playing (Keener & Miller, 2012); emotional blend (Goodyear, Herbert, Templin, Sachar, & Pearson, 2013); emotional responsiveness and behavioral control (Templin, & Goodyear, 2015).

Research has shown that people with social anxiety disorder receive more attention to negative or threatening information. Their attention is also more focused on themselves. They pay less attention to neutral information, positive information, and information that denies their negative perceptions. In fact, people who have negative beliefs and expectations about themselves and their position, constructing events as pessimistic, have poor performance. Also they look at the future with negative perceptions and this negative perception reduces the individual's motivation to become social partners and stay away from the society (Tolbert & Pin quart, 2015).

Also, extensive studies have been conducted on the weakness of the social skills of the social phobia, which show that people with social anxiety suffer from poor social skills (Serene & Flora, 2014; Wenzel, Graff-Doles, Macho, & Brindle, 2015; Eugene Graves, 2016; Hatton, Schpritz, & Gomer Sal, 2016; Khanjani, Mansouri, Hashemi, Nasrat Abadi., Khosrodari, & Mujahidei, 2013). In this research, we try to examine the mediating role of dysfunctional beliefs and social skills in the relationship between family function and social anxiety.

Method
Population, Sample and sampling. This research is a correlation of type path analysis. The research population consists boys and girls of first grade high school students in Shahrekord. 1000 students were selected using multi-stage cluster random sampling method.

Instruments
Social Anxiety Scale. This scale was developed by Connor (2000) and has 17 items for measuring marriage instability social anxiety with three subscales of fear, avoidance, and physiological discomfort. This scale items have been ranked in a five point Likert- type scale (never = 0 to always = 5).
Social Skills Scale. This scale is developed by Mauston (1989) to measure the social skills of children and adolescents, and it include 59 items and measures suitable social skills, non-social behaviors, aggression, supremacy and relationships with peers sub-scale.
Family Function Scale. This scale was made by Epstein, Baldwin, and Bishop (1983) and include 60 items for measuring intimacy family function in according to the model of Mack Master (Cited in Zadeh Mohammadi, & Malek Khosravi, 2014).

Personal Beliefs Validation Scale. The scale was made by Demario, Casanova, and Dill (1989) and has 50 items, each item is rated by a five point Likert- type scale (completely agree = 1 to the completely opposed = 6).

Trend of research

After obtaining the necessary permits for conducting research in the second high school of Shahrekord city. The participants were selected randomly. In each class, first, a description of the goals and necessities of the research was presented. Students were assured that their responses will remain confidential. Students filled in the questionnaires after giving the necessary explanations about the research goals and the correct way of responding.

Data analysis

The data were analyizied using path analysis, and the AMOS software package.

Findings

The results showes that are significant all of path coefficients of model, fitness indicators such as GFI, AGFI, CFI, and RMSEA and model of propositional are in range of acceptable.

Discussion

The purpose of this research was to determine the mediating role of social skills and dysfunctional beliefs in relation to family functioning and social anxiety. The results of showed that the assumed model with data is acceptable and based on these data is irrefutable. Also the results showed that family function indirectly influences social anxiety through social skills and dysfunctional beliefs. These findings are consistent with the findings of Parade Leeks, and Nayena Blank Son (2015); Eugene Graves (2016); Theodora, Kepler, Rodrigues, De Freitas and Hawse (2015); and Johnson, Lavole, and Mahoney (2013).

The other results showed that social skills and dysfunctional beliefs have an indirect and significant effect on social anxiety. This results is consistent to the findings of Visa, Cristae Tatar, and David (2013); Kimber, Nelson-Gray, and Mitchell (2012); Wenzel, et al., (2015); Hattonet et al., 2016); Serine and Flora (2014); Khanjani et al (2013); and Zanjani, Goudarzi, Taqavi and Molazadeh (2014). The other results of this study was consistent with the significant negative correlation between social skills and social anxiety (Rape & Spence, 2014).

Findings showed that increasing disorder in the dimensions of family functioning leads to an increase in social anxiety disorder Also, social skills and social anxiety have a significant negative corretation with each other. Generally, the environment and the family function can create conditions for open and extensive communication, encourage family members to express feelings and

beliefs, focus on ideas and engage them in decisions that promote social skills and reduce inefficient beliefs and ultimately helping to reduce social anxiety disorder.

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