Self-Presentation and Social Anxiety in Adolescents

Mandy Dimmer

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Abstract

Self-presentation behaviours are used in order to create and maintain a desired identity in a social situation. Previous research has investigated the relationship between the use of self-presentation behaviours and social anxiety in both adult and child populations; however, this topic has not been examined within an adolescent population. This study's aim was to examine the relationship between the reported use of self-presentation behaviours and feelings of social anxiety within an adolescent population. Three groups of secondary school students (11 to 12 year olds, 13 to 14 year olds and 15 to 16 year olds) completed a questionnaire pack containing measures of self-presentation behaviours, social anxiety, depression and positive and negative affect. Self-presentation behaviours were seen to contribute a unique variance in the explanation of levels of social anxiety experienced by adolescents after age, gender, depression and positive and negative affect had been controlled for. Specifically, defensive self-presentation behaviours were a significant predictor of social anxiety but assertive self-presentation behaviours were not. No difference was found between males and females in their use of self-presentation behaviours. Fifteen to sixteen year olds used significantly more self-presentation behaviours than 13 to 14 year olds. The findings are discussed in line with the function that self-presentation behaviours may play in the maintenance of social anxiety, and how this could relate to treatment.

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Chapter 1. Introduction

Social anxiety has been seen to have a high lifetime prevalence of between 5 and 12% and can have a serious impact on individual's daily social and occupational functioning (Grant, Hasin, Blanco, Stinson, Chou, Goldstein, et al., 2005; Wittchen, Fuetsch, Sonntag, Muller & Liebowitz, 1999). Social anxiety can affect how an individual behaves in social situations and concerns about social evaluation may influence the individual to present themselves in a particular manner to avoid negative evaluation from others. The individual may use self-presentation behaviours to achieve this goal. Self-presentation behaviours have been seen to have a relationship with feelings of social anxiety in adult and child populations (Banerjee & Watling, 2010; Lee, Quigley, Mitchell, Corbett & Tedeschi, 1999). However, minimal research has explored the use of these behaviours and their effect on social anxiety in adolescent populations. The present study aims to investigate the relationship between social anxiety and self-presentation behaviours used by adolescents. The Self-Presentation Model of social anxiety suggests that social anxiety is experienced when an individual desires to create a particular impression on others but doubts their ability to do so (Schlenker & Leary, 1982). Self-presentation behaviours are used to help create this impression but may contribute to the maintenance of social anxiety through their action as safety behaviour. A greater understanding of how adolescents use self-presentation behaviours and whether this has a relationship with feelings of social anxiety could help to provide more focused interventions to address social anxiety in this population. More effective early intervention is likely to have a lasting impact on the individual's quality of life and opportunities in social situations.

This chapter will begin by introducing social anxiety, models of the development and maintenance of social anxiety and the consequences it can have on the opportunities that are open to an individual. This chapter will then go on to discuss self-presentation and demonstrate the ways that this is used by people and how this too can affect an individual. This chapter will then examine the links between social anxiety and self-presentation behaviours with consideration to the cognitive model of social anxiety and the ways in which the adolescent population differs from both child and adult populations. This chapter will conclude with a brief summary of the present study, including the research questions it will aim to answer as well as hypotheses and procedure, demonstrating how this is different to the literature that currently exists.

Social Anxiety

Social Anxiety Disorder (SAD) is one of the most prevalent anxiety disorders (NICE, 2013) with an estimated lifetime prevalence between 5% and 12% (Grant et al., 2005; Kessler, Berglund, Demler, Jin, Merikangas & Walters, 2005). SAD is characterised by a significant and persistent fear of social or performance situations which expose the person to unfamiliar people or the possibility of being judged by others (American Psychiatric Association, 2014). Such situations provoke anxiety and may lead to avoidance of the situation or experiencing a high level of anxiety and distress whilst remaining in the situation. To reach a diagnosis of SAD the fear must be recognized as excessive or unreasonable and the avoidance of, or distress in, social or performance situations must interfere significantly with the person's life, for example, day-to-day functioning, occupational or academic functioning or social activities. Anxiety in social situations may be so strong that it leads to a panic attack (NICE, 2013). For SAD to be

diagnosed, the anxiety cannot be related to another medical or mental health problem or be the direct effect of a substance (e.g. drug abuse or medication).

Whilst SAD is classified as a mental health problem by the World Health Organisation and the American Psychiatric Association, there are many people who experience the symptoms of social anxiety but who do not meet the severity threshold for a diagnosis of SAD (Knappe, Beesdo, Fehm, Lieb & Wittchen, 2009). Social anxiety has been seen to exist across a continuum from fearlessness to normal fears and anxieties in social situations to SAD (McNeill, 2010), see Figure 1. People can experience normal fears about social situations that are mild in severity and short-lived, to people who experience more moderate symptoms of social anxiety that last longer but do not have the negative impact on the individual's occupational and social functioning as that experienced by people who meet the diagnostic threshold for SAD. People who experience sub-threshold social anxiety may experience anxiety in similar situations to those who are diagnosed with the disorder including in specific social situations, for example, giving a speech to class mates, or in more general social situations, such as attending social gatherings with friends. It has been shown that people with sub-threshold social anxiety experience similar symptoms and impairments, such as avoidant behaviours, impairments in daily functioning and physiological reactions to social evaluations, to those that have a diagnosis of SAD. The only difference between the two groups is the severity of the experience (Turner, Beidel & and Townsley, 1990).

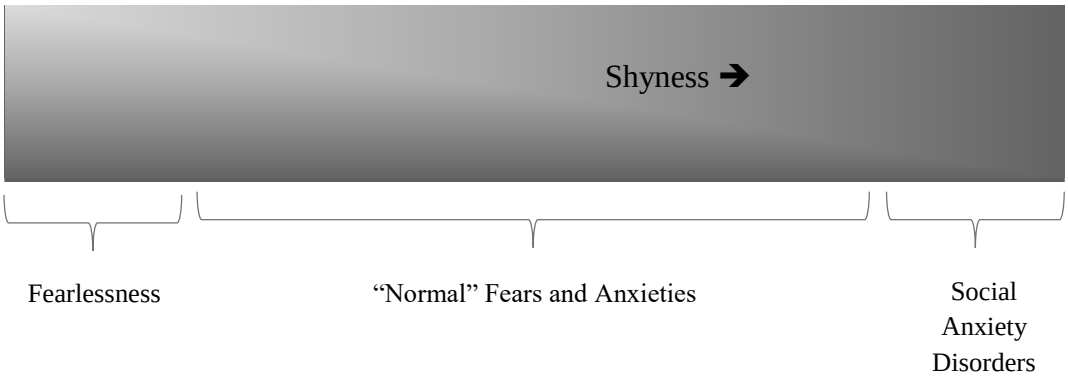

Figure 1. Model of the continuum of social fears in the general population (McNeill, 2010)

Social anxiety may be linked with the social goals that are experienced by individuals. These goals guide the individual's behaviour toward or away from a specific endpoint (Elliot, 2006). There are two types of social goals: approach goals and avoidance goals. Social approach goals are designed to attain positive outcomes in social situations, such as positive social relationships and intimacy, whereas social avoidance goals are designed to avoid negative outcomes, such as rejection and negative social attitudes (Trew & Alden, 2015). Social avoidance goals are associated with loneliness, negative social attitudes and relationship insecurity (Gable, 2006). Therefore, social anxiety may be linked to the social avoidance goals due to the anxiety that is manifested in attempting to avoid negative outcomes and evaluation in social situations.

NICE (2013) recommends individual Cognitive Behavioural Therapy (CBT) as the first line treatment of SAD. If CBT interventions are rejected by the client, pharmacological interventions and short-term psychodynamic psychotherapy may be offered. For children and adolescents, NICE (2013) recommends group or individual CBT, involving the child's parents where possible. Pharmacological interventions should not be routinely recommended for children and adolescents (NICE, 2013).

Development of Social Anxiety

Social anxiety has been seen to affect people from childhood. Adults who have a diagnosis of SAD often rate themselves as being more shy and anxious as a child than adults without a diagnosis of social anxiety (Bruch & Heimberg, 1994). Whilst evidence for the aetiology of social anxiety is still being added to, Rapee and Spence (2004) have suggested a model of the development of social anxiety. Within this model, the authors highlight a number of factors that may influence the onset of feelings of social anxiety. These include: genetics, temperament, cognitive factors, social skills deficits, and environmental influences. Evidence suggest that genetics may contribute to the risk of developing social anxiety and it has been seen that children with a socially anxious parent are more likely to experience social anxiety than those without a socially anxious parent (Rappe & Spence, 2004). When this genetic disposition is combined with environmental influences, such as negative parent-child interactions, aversive social experiences or negative life events, as well as cognitive biases, such as "I am incompetent" and "others are critical", feelings of social anxiety may result. These feelings may be heightened by the experience of negative social outcomes due to social skills deficits. Additionally, appropriate social behaviour may be inhibited by anxious feelings, leading to negative social evaluation and feelings of social anxiety being reinforced.

Social Anxiety in Adolescents

Adolescence is the period of development that occurs between childhood and adulthood from the ages of 10 to 19 (World Health Organisation, 2016). Social anxiety may present differently in children and adolescents from how it presents in adults, for example, the fear may not be recognised as excessive by the child and they may react to anxiety provoking social situations by freezing or crying in the situation rather than

avoiding it. To meet diagnostic criteria for SAD, the anxiety must occur in peer relationships and social situations, rather than being confined to interactions with adults. Social anxiety in adolescents may manifest in classroom activities, for example, reading to the class or asking a question, or in other social situations with peers, such as, taking part in team sports or activity clubs (NICE, 2013). Using the DSM-IV diagnostic criteria, Wittchen, Stein and Kessler (1999) found the lifetime prevalence of SAD to be 7.3% in a population of 14-24 year olds, with females experiencing higher rates (9.4%) than males (4.9%).

Rao, Beidel, Turner, Ammerman, Crosby and Sallee (2007) explored SAD in 7 to 17 year olds seeking treatment for SAD, who all met the DSM-IV criteria for a primary diagnosis of SAD. In the study, 7-12 years olds were classified as children and 13 to 17 year olds were classified as adolescents. Measures of social anxiety found similar levels of social distress for children and adolescents. However, when rating fear in commonly encountered social situations, such as working/playing with a group, adolescent self-rated fear was significantly higher than child fear suggesting that adolescents are more severely affected by fear in social situations than children. Adolescents reported significantly higher ratings of avoidance of social situations, such as attending social activities, than children. These differences may be due to the developments in maturity and independence of adolescents, who are beginning to spend more time socially with friends and exert greater control over their activities as opposed to children for whom social interactions are often arranged by parents and offer fewer opportunities for avoidance (Hartup, 1989; Hartup & Stevens, 1999).

It is important to consider social anxiety in adolescence as the prevalence of social anxiety has been seen to increase during this developmental phase (Beesdo et al., 2007). Adolescence is a time of great change for many young people. Many are going through puberty and physical changes, and moving to secondary school, where they will have to make new friends, as well as experiencing a greater need and wish for independence from their parents and family. In addition to this, adolescents also experience ongoing cognitive development, which includes further development of their social and emotional cognition. All of these changes affect the way the young person feels and may influence social anxiety. It has been seen that during this period of development, adolescents become more self-conscious (Steinberg & Morris, 2001) at a time when they are also developing more complex relationships with their peers and considering romantic relationships (Vetter, Leipold, Kliegel, Phillips & Altgassen, 2013).

In order to effectively establish social relationships, adolescents need to develop more advanced social awareness and behaviours than they had as children (Vetter et al., 2013). The brain structures that are involved in social cognition, the prefrontal and the temporal cortices, have been seen to go through significant changes across adolescence (Gogtay et al., 2004). Vetter et al. (2013) examined social cognition and theory of mind in adolescents between the ages of 12 and 15 years old and young adults between the ages of 18 and 22 years old. Theory of mind refers to an individual's ability to attribute mental states (such as thoughts, beliefs and emotions) to themselves and other people (Sodian & Kristen, 2009) and plays an important role in understanding other's behaviour and responses in social interactions. In Vetter et al.'s study (2013) the adolescent sample had significantly fewer correct answers on both the test of theory of mind and the test of emotion recognition than the adult sample. The authors suggest

that these results indicate that there is continued development of both emotional recognition and theory of mind after puberty and into early adulthood. This continued development of theory of mind can bring challenges to the individual as they can try to assess what is important to the self and what is important to others (Bruch, 1989). If there is a discrepancy between these two things the individual may begin to believe that they are continually being evaluated by others (Bruch, 1989).

Bruch (1989) suggested that the development of social anxiety in adolescence can be influenced by three developmental processes: the onset of puberty; starting a new school situation (for example, moving to secondary school) and developments in social cognition and theory of mind. These processes allow opportunities for real or imagined social evaluation by others and experiencing these new demands may lead to feelings or shyness or social anxiety (Bruch, 1989). This idea is supported by Bruch, Giordano and Pearl's (1986) study of undergraduate students who had always been shy, had previously been shy and who had never been shy. Participants were asked to recall their feelings of self-consciousness when they started junior high school in the U.S.A. Participants who reported that they had always been shy described feelings of self-consciousness in both junior high school and college, whilst those who had previously been shy only reported these during junior high school. This study suggests that increased feelings of self-consciousness may be influenced by the developmental changes that occur in adolescence. If this self-consciousness is enduring it may become associated with problems of shyness and social anxiety over time as the individual becomes more concerned about social evaluation (Bruch, 1989).

It has been seen that social cognition is still developing in adolescence at the same time as individuals are trying to forge more complex peer relationships and becoming more self-conscious and more aware of evaluation from others. The combination of these challenges may contribute to an explanation of the increase in social anxiety in this population.

Consequences of Social Anxiety

Social anxiety can have far reaching consequences on individual's future mental, physical and social well-being. People with social anxiety have been seen to have lower levels of self-reported quality of life when compared with a control group (Wittchen et al., 1999; Barrera & Norton, 2009). People with social anxiety are significantly more likely to drop out of school than those without SAD (Stein & Kean, 2000). Adults with social anxiety have been seen to have significantly diminished work productivity levels, including significant rates of unemployment and impairments in work performance (Wittchen & Beloch, 1996; Wittchen, Fuetsch, Sonntag, Muller & Liebowitz, 1999). Individuals who have high levels of social anxiety are more likely to have poor relationships with others and fewer social connections than those with lower levels of anxiety (Alden & Taylor, 2004; Wittchen & Beloch, 1996). Therefore, it is important to understand what factors are related to social anxiety, including how they may contribute to our theoretical understanding of the maintenance of social anxiety.

Social Anxiety and Risk to Physical Health

Social anxiety has also been associated with physical health risks. Sonntag, Wittchen, Hofler, Kessler and Stein (2000) found that social anxiety and social fears were associated with higher rates of nicotine dependence in adolescents when comorbid

depressive disorders were controlled for. There is some evidence that SAD may be a risk factor for both cannabis and alcohol dependence (Buckner, Schmidt, Lang, Small, Schlauch & Lewinsohn, 2008). However, in their review of the literature, Morris, Stewart and Ham (2005) found conflicting evidence about the relationship that SAD has with alcohol use disorders. The studies found evidence of SAD having had a positive relationship, a negative relationship and no relationship with alcohol use disorders. Morris et al.'s (2005) review included many different studies which used both clinical and non-clinical populations, which may account for the differences in the findings. Use of and dependence on such substances in adolescence can lead to longer term health problems, such as slowed growth of lung function, chronic heart disease, cancer and strokes (Gold, Wang, Wypu, Speizer, Ware, et al., 2005; Room, Babor & Rehm, 2005). Furthermore, it has been found that social anxiety can have an effect on health behaviours, for example, it has been seen that women with social anxiety are less likely to speak to their partners about contraception before engaging in sexual intercourse (Bruch & Hynes, 1987) which has implications for the individual in terms of both unwanted pregnancy and sexually transmitted diseases. These studies suggest that social anxiety has implications for physical health as well as mental health. Therefore, addressing social anxiety in adolescence may have additional long term physical health benefits as well as social and psychological benefits.

Models of Social Anxiety

In order to understand social anxiety and the factors that influence its development and maintenance it is important to explore the models that have been developed to explain its aetiology and maintenance. There are many different explanations of social anxiety including cognitive-behavioural, psychodynamic, biological and social theories. The

cognitive behavioural explanation of social anxiety has been focused upon here as this is suggested by NICE (2013) to guide the treatment of SAD.

Rapee and Heimberg (1997) proposed a cognitive behavioural model of social anxiety (see Figure 2). Within this model, individuals place value on being positively evaluated by other people. However, individuals with social anxiety believe other people are critical and will appraise them negatively. When the individual enters a social situation, they form a mental representation of themselves that they believe is seen by others in the situation (the audience). The mental representation is generated from experiences of previous social events, physical symptoms and feedback from the current audience. The individual's focus moves to this mental representation and they begin monitoring for any perceived threats or indicators of possible negative appraisal in the social situation, such as yawning or other signs of boredom. The individual develops beliefs about how others expect them to behave in the social situation and compares this to the mental representation that they have generated of how the audience sees them. The individual evaluates whether or not they can meet the expectations of the audience. Rapee and Heimberg suggest that social anxiety arises when the individual judges that they are unable to meet the level of behaviour required by the audience and are likely to be evaluated negatively by the audience.

Within the Rapee and Heimberg (1997) model, when the individual feels anxious, they experience behavioural, cognitive and physical symptoms of anxiety. Behavioural symptoms, otherwise known as safety behaviours, used by the individual aim to reduce the likelihood of negative evaluation, such as saying little during conversation so that they do not say anything wrong or avoiding eye contact with others. However, these

behaviours are often more detrimental to the individual, whereby they decrease the individual's ability to effectively engage in the social situation. The effects of these behaviours and symptoms will then feedback into the individual's mental representation of themselves and how they are seen by the audience, maintaining social anxiety.

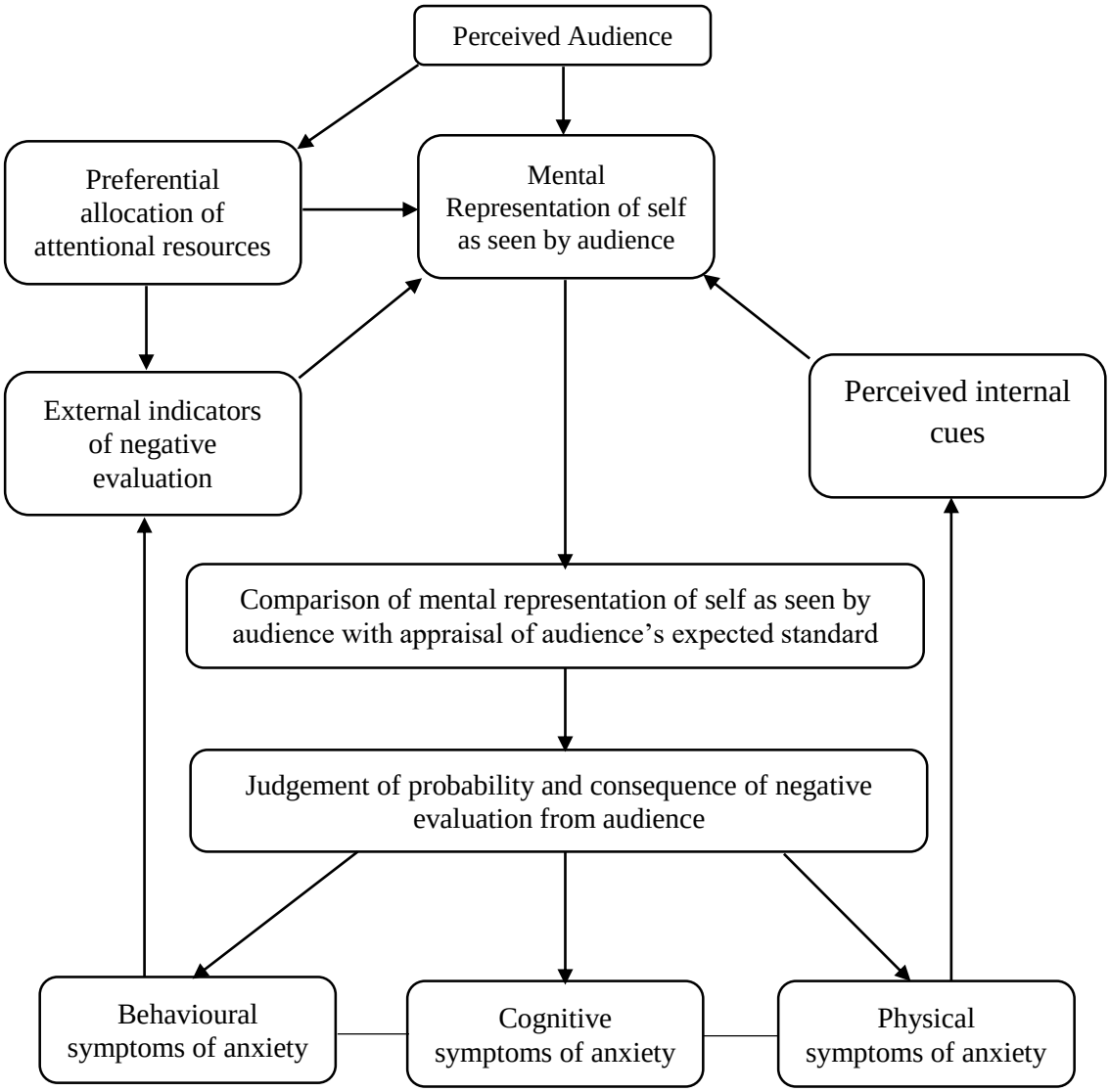

Figure 2. Rapee and Heimberg's (1997) Cognitive Behavioural Model of Social Anxiety

Clark and Wells' (1995) cognitive model of social anxiety (Figure 3) suggests that an individual develops a series of assumptions about themselves and social situations as the result of early social experiences. These assumptions fit into three categories:

excessively high standards for social performance, such as “I should always appear intelligent”; conditional beliefs concerning the consequences of performing in a certain way, such as “People will not like me if I disagree with them”; and, unconditional negative beliefs about the self, for example, “I’m stupid”. These beliefs impact upon the individual and lead them to see the social situation as dangerous, make negative predictions about how they will perform in the social situation, such as, “I will look like a fool” and misinterpret ambiguous social cues, such as tone of voice or facial expressions, as a negative evaluation from others in the social situation (Clark, 2001, p. 407). After appraising the social situation through this negative lens, the individual begins to feel anxious.

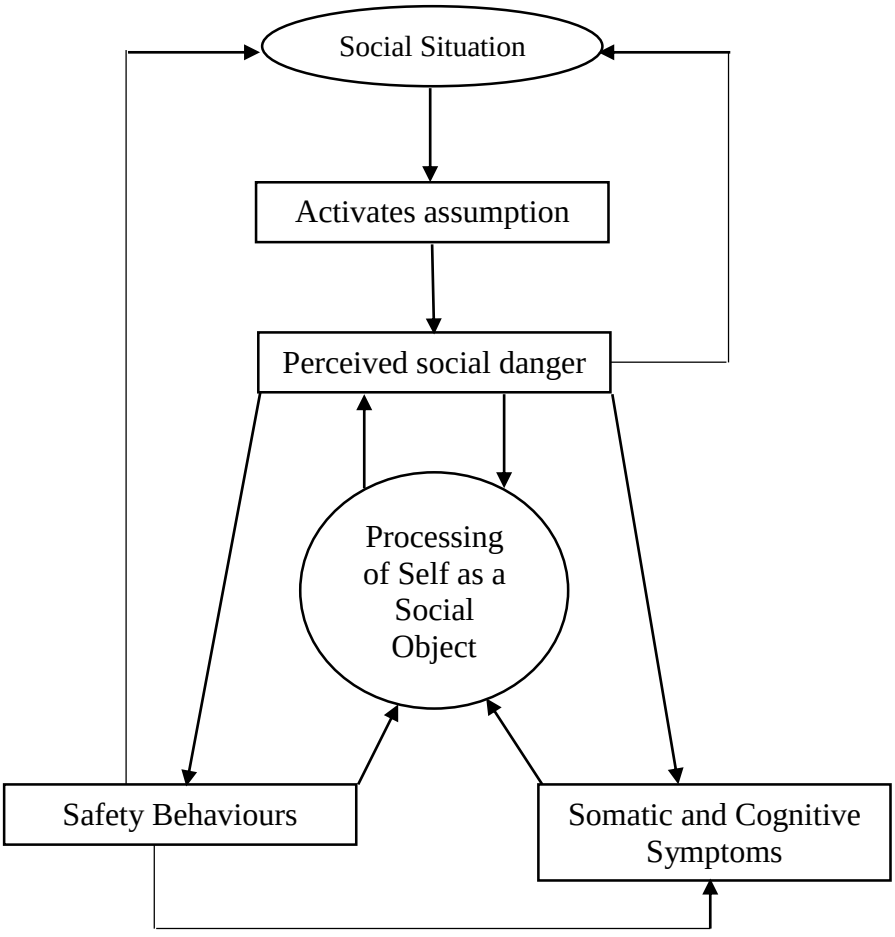

Figure 3. Clark and Wells' (1995) Model of Social Anxiety

The feelings of social anxiety are maintained via a number of cognitive and behavioural mechanisms which include processing of the self as an object; safety behaviours and somatic and cognitive symptoms. When the individual processes themselves as a social object, their attention is shifted into internal monitoring of themselves, focusing on their physical feelings and internally generated images of themselves as viewed from another's perspective, rather than external monitoring of the situation. This results in the individual using the internal information gained from this self-monitoring to make inferences about how he/she is performing in the social situation. Hence, the self-monitoring and focus on the self rather than the situation will influence further behaviours and his or her performance in that social situation. For example, feeling anxious may be interpreted as looking anxious (Clark, 2001) and the experience of mild physical sensations such as shakiness may be interpreted as very obvious to the outside world. Therefore, all the feelings add to the increased feelings of social anxiety, further affecting their behaviour. As with physical symptoms, internally generated images of the self and one's performance often do not represent what is seen by others, but is more in line with what the individual fears that others see.

Safety Behaviours

Safety behaviours are behaviours that an individual may employ with the goal of preventing a negative outcome in the social situation from occurring. In being implemented to try to avoid negative evaluation, safety behaviours also help the individual to work towards their social avoidance goal of avoiding negative outcomes in social situations, such as rejection and negative social attitudes (Trew & Alden, 2015; Cumings, Rapee, Kemp, Abbott, Peters & Gaston, 2009; Clark & Wells, 1995). Safety behaviours can be mental processes as well as physical acts. For example, holding one's

hands behind one's back to prevent others from seeing that they are shaking, one may drink alcohol to reduce their anxious feelings, or one may rehearse sentences mentally before saying them. Individuals may engage in lots of different safety behaviours within the social situation in order to manage their anxiety and prevent their fears from becoming reality. However, Clark (2001) highlights a number of ways in which safety behaviours may not work. Despite initially relieving some the individual's anxiety, safety behaviours can have a negative long-term influence on the individual. For example, safety behaviours prevent the person from engaging fully in the situation and prevent them from having the opportunity to disconfirm their fears as the person believes that the interaction only went well because they used the safety behaviour, which leads to further reliance on it. Furthermore, safety behaviours can exaggerate the symptom that the individual is trying to conceal. For example, a socially anxious individual concerned with excessive sweating may wear extra layers of clothing to conceal their sweating, which may lead to them being hotter and producing more sweat. Additionally, safety behaviours may bring more attention to the individual, for example, covering one's cheeks with his or her hands when blushing may draw more scrutiny to the individual than the original blushing would have. Safety behaviours may also influence others to behave in such a way that confirms the individual's beliefs, for example, monitoring what they have said may prevent them from engaging fully in a conversation and appearing distant. The behaviours may also result in gaining feedback from others that is in line with their expectations. These safety behaviours, therefore, help maintain the individual's assumptions about how they will be evaluated socially.

Socially anxious individuals experience physical symptoms of anxiety during social situations. These symptoms are the same as experienced within more general types of

anxiety, such as shaking, sweating and increased rate of breathing. They may also experience cognitive symptoms, such as mental blanks. These symptoms may cause the individual distress as they are interpreted as a sign that they are not able to meet their standard of how they should perform in social situations (Clark, 2001). Therefore, individuals become hypervigilant about these symptoms, which leads to an increase in the perceived intensity of these symptoms as well as diverting attention from the external social situation to their internal experience.

Using the Clark and Wells model (1995), McManus, Sacadura and Clark (2008) investigated the role of safety behaviours (SBs) as a maintaining factor for social anxiety in an adult population. They found that high social anxiety participants used significantly more safety behaviours in a greater range of social situations than low social anxiety participants. When participants used more SBs and focussed on themselves they reported feeling more anxious, thought that they appeared more anxious and perceived their performance to be poorer. The use of SBs and self-focus was also linked to overestimation of how anxious they appear to others. These results were supported by Okajima, Kanai, Chen and Sakano (2009) study within a Japanese adult population. Using structural equation modelling, the authors found that SBs and avoidance behaviours contribute to social anxiety and that safety behaviours contributed more strongly to beliefs that others will negatively evaluate them than avoidance behaviours. This supports Clark and Wells' (1995) model of social anxiety and the notion that SBs maintain social anxiety through reducing the opportunity for their beliefs to be disconfirmed. Furthermore, this study found that those who used a greater number of SBs were rated as less likeable by a conversation partner. Therefore, the use of SBs increases the likelihood of their social concerns (e.g. being perceived

negatively) being confirmed. This further supports the treatment derived from the Clark and Wells' model, which states that SBs should be one of the first things to be addressed.

Kley, Tuschen-Caffier and Heinrichs (2012) investigated the mechanisms that maintain SAD in children. Comparing three groups of 8 to 13 year olds with SAD, high social anxiety (but did not achieve clinical threshold) and non-anxious controls, the authors found that children with SAD reported significantly greater use of SBs and endorsed a greater range of different safety behaviours. Similar findings have been found with adolescents, whereby Ranta, Tuomisto, Kaltiala-Heino, Rantanen and Marttunen (2014) found that SB use was more frequent among adolescents with high social anxiety than those with normal self-reported social anxiety and that adolescents with clinical and sub-clinical levels of social anxiety reported using SBs more often than adolescents who did not meet clinical severity. Further, Hodson, McManus, Clark and Doll (2008) compared adolescents with high, middle and low levels of social anxiety and found that they all differed significantly on SB use with those in the high social anxiety group reporting greater use of SBs than the middle and low social anxiety groups. Those in the middle social anxiety group also reported greater use of SBs that those in the low social anxiety group. The findings of the regression analyses suggested that safety behaviours are predictive of social anxiety in adolescents as they made a significant unique contribution to the variance in social anxiety. This study used an analogue sample, where subclinical symptoms of social anxiety are considered as comparable to social anxiety symptoms experienced by those given a diagnosis of social anxiety (Abramowitz, Fabricant, Taylor, Deacon, McKay & Storch, 2014). These studies suggest safety behaviours play a role in the maintenance of social anxiety in both adult,

child and adolescent populations as well as across the continuum of social anxiety. However, it is important to note that this evidence is largely correlational. Therefore, it is important to be cautious when drawing conclusions about the factors that influence and maintain social anxiety.

The evidence presented indicates that the cognitive models of social anxiety apply to children and adolescents. These models suggest that treatment of social anxiety should focus on cognitive biases and the elimination of SBs. Therefore, it is important to understand the different types of safety behaviours that are used by adolescents, such as self-presentation behaviours, in order to effectively target these behaviours.

Known Factors related to Social Anxiety

Social Anxiety and Gender

Research has demonstrated that there is a difference between males and females and their feelings of social anxiety. The prevalence of social anxiety has been seen to be greater within females than males (Weinstock, 1990; Xu, Schneier, Heimberg, Princisvalle, Liebowitz, Wang, et al., 2012). Turk, Heimberg, Orsillo, Holt, Gitow, Street and colleagues (1998) found that males and females exhibited differences in their experience of social anxiety. Women were seen to experience more acute social fears than men. Men and women were also found to differ in their level of fear in specific social situations. For example, women reported experiencing significantly more fear whilst giving a talk in front of an audience, working whilst being observed, being the centre of attention and expressing their disagreement with someone that they do not know very well whereas men reported experiencing significantly greater fear when urinating in a public bathroom and returning items to a shop. Gender differences in

social anxiety have also been seen to exist within adolescent populations where girls have been seen to report greater levels of social anxiety than boys (Ranta et al., 2007; Wittchen et al., 1999). Considering the relationship between social anxiety and gender across the lifespan it is important to control for this when exploring the factors related to social anxiety so that the results are not confounded by this relationship.

Social Anxiety and Age

As has been previously discussed, age has been seen to have a relationship with social anxiety. The prevalence of social anxiety increases during adolescence (Beesdo et al., 2007) and adolescents have been seen to experience greater levels of fear in commonly encountered social situations than children (Rao et al., 2007). As with the relationship with gender, the relationship between age and social anxiety should be controlled for when exploring other factors that may have a relationship with social anxiety.

Social Anxiety and Mood

Social Anxiety and Negative Affect

A negative self-image has been suggested as a maintaining factor of social anxiety (Hofmann, 2007) as the individual develops negative views of themselves, such as "I am stupid" or "I am boring", which then affect their ability to engage in social situations. In an experimental study investigating social anxiety and negative self-image, Hirsch, Meynen and Clark (2004) found that when participants held a negative self-image during a social situation they experienced greater levels of anxiety, used more safety behaviours and believed that they performed more poorly in the social situation than when they held a less negative self-image in mind. These results suggest that a negative self-image is associated with higher levels of social anxiety as well as

contributing to the maintenance of social anxiety through the use of safety behaviours and reinforcing negative self-images that the individual holds.

Negative affect is the tendency to experience a range of negative emotions, such as fear, negative self-view and anxiety (Keogh and Reidy, 2000) and has been suggested as a vulnerability factor for both anxiety disorders and depression (Clark, Watson & Mineka, 1994) and people who have higher levels of social anxiety have been seen to report higher levels of negative affect than those who experience lower levels of social anxiety (Vittengl & Holt, 1998). Further to negative affect being seen to be related to social anxiety, depression and dysthymia have both been seen to have an association with social anxiety. Depression features low mood or loss of pleasure that has been present for 2 weeks or more leading to clinically significant distress or impairments in daily functioning (American Psychiatric Association, 2014) and dysthymia is a chronic, low level depression that continues for 2 or more years (American Psychiatric Association, 2014).

Depression has been seen to be comorbid with social anxiety in adults (Schneier, Johnson, Hornig, Liebowitz & Weissman, 1992). This association has been replicated within an adolescent population where generalised SAD was shown to have a significant association with depression and dysthymia (Chavira, Stein, Bailey & Stein, 2004; Wittchen, Stein & Kessler, 1999). Social anxiety in adolescence has also been seen to be a predictor for later depressive disorders with people from 10 to 19 years old age group with SAD consistently more likely to experience depression than those without SAD over the course of a 10 year follow-up (Beesdo et al., 2007; Stein, Fuetsch, Muller, Hofler, Lieb & Wittchen, 2001). It is currently unclear whether social anxiety

influences depression or depression impacts social anxiety. However the evidence suggests that there is a relationship between the two disorders. Therefore, due to this comorbidity, it is important to control for depression when investigating factors that interact with social anxiety. Furthermore, these findings suggest that early intervention for adolescents with SAD may reduce the risk of them experiencing depression in later life.

Social Anxiety and Positive Affect

Whilst social anxiety is seen to have a relationship with depression and negative affect, it has also been shown that social anxiety also has a relationship with positive affect. In both the Clark and Wells (1995) and Rapee and Heimberg (1997) models of social anxiety, avoidance of and withdrawal from social situations are posited as behavioural responses to social anxiety. As such, it has been suggested that due to this avoidance and withdrawal, social anxiety can lead to the individual experiencing a reduction in positive events and meaningful life activities resulting in a reduction in opportunities to experience positive affect (Forsyth, Eifert & Barrios, 2006). Positive affect refers to the individual's experience of positive moods, such as joy, excitement and interest. Indeed, this notion has been supported by the finding that people with social anxiety do experience less everyday positive events, less daily positive emotions and less positive affect, after depression had been controlled for (Kashdan, 2007; Kashdan & Steger, 2006). Whilst often seen as opposite ends of the same construct, it has been suggested that Negative Affect and Positive Affect are two distinct constructs (Diener & Emmons, 1985; Goldstein & Strube, 1994; Keyes, 2005) which are generated by two different systems. Positive experience and affect is generated by the approach system, which is sensitive to reward and influences the individual to seek pleasurable experiences (Kashdan, 2007). In contrast, negative affect is generated by the avoidance system,

which is responsive to threat and influences the individual to withdraw from and avoid aversive and potentially harmful stimuli (Kashdan, 2007). As negative and positive affect are generated by different systems and are independent from one another, it should not be assumed that high levels of negative affect will lead to low levels of positive affect (Kashdan, 2007).

In their study of undergraduate students over a three month period, Kashdan and Breen (2008) found that when depression was controlled for individuals with higher levels of social anxiety did not experience decreasing levels of positive emotions over this time but experienced a stable, low level of positive emotions as compared to individuals with lower levels of social anxiety. Therefore, social anxiety is related to lower levels of positive affect over time. As with the relationship between social anxiety and depression, it is not clear where causation lies; that is, whether social anxiety causes diminished levels of positive emotions or diminished levels of positive emotions cause social anxiety. However, due to the presence of this relationship it is important to control for positive affect when investigating factors that interact with social anxiety.

Self-Presentation

As previously discussed, safety behaviours have been seen to contribute to the maintenance of social anxiety. One type of safety behaviour that has been seen to be used is self-presentation. Self-presentation refers to the image, or impression, of ourselves that we project to others around us and how this can be manipulated to control the impressions that others have of us. Self-presentation behaviours are behaviours which are intended to manage the impression that observers have of actors (Goffman, 1959). Self-presentation is used to seek approval and avoid disapproval from others in

a social situation as well as being used in order to achieve desired goals (Leary & Allen, 2011a). Failing to create the desired social image and be evaluated positively by others brings with it the risk of social exclusion (Geen, 1991). Self-presentation behaviours may also be used to influence others in social situations so that they respond to the individual in a desired manner (Leary & Allen, 2011a). Self-presentation behaviours are of particular interest as it has been suggested by the Self-Presentation model of social anxiety (Schlenker & Leary, 1982) that they can be used as safety behaviours by individuals with social anxiety to help prevent feared outcomes (for example, others forming negative impressions of them or having others think negatively about them) from occurring in social situations. This model will be discussed further after first exploring self-presentation and its associated behaviours.

The terms self-presentation, impression management and reputation management are often used interchangeably in the literature. However, although they are similar concepts, it is important to note the definitions of impression management behaviours and self-presentation behaviours are slightly different. Hirsch, Meynen and Clark (2004) defined impression management behaviours as those which are used to present a more socially acceptable self to others, whereas Schlenker and Leary (1982) define self-presentation behaviours as those which are used to create a desired impression. Therefore, self-presentation behaviours do not necessarily create a socially acceptable impression. For example, self-presentation behaviours may be used to present the self as powerful or dangerous which may be less socially acceptable. Research has supported this notion and found that people will present a socially unacceptable presentation of themselves (negative self-presentation) if they feel it will be beneficial to them and it will help them to achieve a specific goals (Jones & Pitman, 1982; Leary

& Allen, 2011). Additionally, reputation management tends to refer to how an individual would like to present themselves more generally, whilst self-presentation refers to how an individual presents themselves in the moment. Throughout this piece of work, the term self-presentation is used to refer to the spectrum of self-presentation, including impression management and reputation management.

Two types of self-presentation behaviours have been suggested: assertive and defensive behaviours. Assertive self-presentation refers to proactive behaviours which are used to create a particular impression of the self in others. Assertive self-presentation behaviours are used when there is the opportunity for acquiring regard from others and the individual perceives that they are able to establish the desired impression in his or her audience (Schlenker & Weigold, 1992). Assertive self-presentation behaviours also often involve the individual participating more fully in the social interaction (Schlenker & Weigold, 1992). Eight different assertive behaviours have been identified which include: ingratiation, intimidation, supplication, entitlement, enhancement, basking, blasting, and exemplification (see Table 1. for definition of each assertive self-presentation behaviour).

Self-Presentation Behaviour	Definition
Ingratiation	The actor performs in ways that will get others to like them to gain some advantage from them, for example, giving gifts or agreeing with their opinions(Jones & Pittman, 1982)
Intimidation	One acts in ways which will project an identity of powerfulness and danger to induce fear in others (Jones & Pittman, 1982)
Supplication	The actor presents themselves as weak and dependent to elicit help from another (Jones & Pittman, 1982);
Entitlement	The actor takes responsibility for positive events or outcomes (Tedeschi & Lindskold, 1976);
Enhancement	The actor makes others think that the outcomes that they have achieved are more positive than initially believed (Schlenker, 1980)
Basking	The actor associates themselves with another group whom they believe are perceived positively (Cialdini & Richardson, 1980)
Blasting	The actor behaves in such a way as to generate negative beliefs about another group with which they have an association (Ciadini & Richardson, 1980)
Exemplification	The actor behaves in a way that presents them as being morally worthy and as having integrity, to gain others respect (Jones & Pittman, 1982).

Table 1. Definition of each assertive self-presentation behaviours.

In contrast to assertive self-presentation behaviours, defensive self-presentation behaviours occur when an event is interpreted as endangering the desired identity and are intended to avoid negative outcomes, repair the identity when it has been damaged or reduce the negative effects on their perceived identity (Schlenker & Weigold, 1992). Defensive self-presentation behaviours are used when the individual believes that they are unlikely to make the desired impression (Schlenker & Weigold, 1992). Defensive self-presentation behaviours involve the individual reducing their participation in social interaction (Schlenker & Weigold, 1992). Five main types of defensive self-presentation behaviours have been identified. These are: excuses, justifications, disclaimers, self-handicapping, and apologies (see Table 2. for definition of each defensive self-presentation behaviour). These defensive self-presentation behaviours

tend to be used when the individual wishes to manage their self-presentation whilst remaining in the situation. Withdrawal from a social situation can also be seen as a defensive self-presentation behaviour. Withdrawing from the situation is sometimes used by individuals when they believe that they are unable to make the desired impression and allows the individual to protect any impression that they have already made and prevent any damage being inflicted upon it (Leary & Kowalski, 1990). People generally use both assertive and defensive self-presentation behaviours, using one or both types when it is appropriate to the situation (Jones & Pitman, 1982). However, it has been seen that people reported using more defensive behaviours than assertive behaviours (Øverup & Neighbours, 2016).

Self-Presentation Behaviour	Definition
Excuses	The actor provides statements denying responsibility for a negative event (Tedeschi & Lindskold, 1976)
Justifications	The actor accepts responsibility for the negative event but provides reasons explaining why their behaviour was justified (Hewitt & Stokes, 1975)
Disclaimers	The actor offers an explanation before a problem has occurred (Hewitt & Stokes, 1975)
Self-Handicapping	Obstacles are put in the way of achieving a goal to prevent others from making inferences about the actor's abilities should they fail to achieve the goal (Berglas & Jones, 1978)
Apologies	The actor takes responsibility for any harm caused to others or for any negative event and expresses their guilt and remorse about the harm caused (Tedeschi & Lindskold, 1976)

Table 2. Definition of each defensive self-presentation behaviours.

Self-presentation behaviours may be linked with social approach and avoidance goals. As discussed previously, social approach goals aim to attain positive outcomes in social situations whereas social avoidance goals aim to avoid negative outcomes (Trew & Alden, 2015). Assertive self-presentation behaviours, such as ingratiation and

exemplification, may be used by individuals when working towards social approach goals to achieve positive social outcomes, such as support and intimacy, whilst defensive self-presentation behaviours, such as apologies or excuses, may be more likely to be used when social avoidance goals are stronger and avoiding negative outcomes is more important to the individual. However, there is currently little literature that has explored this.

It has been suggested that self-presentation is integral to human interaction and that the impression that individuals make on others has great consequences on the outcome of their social life (Leary & Kowalski, 1990; Schlenker, 1980). Self-presentation failures are associated with social exclusion and can have consequences for friendships, romantic relationships, career opportunities and quality of daily interactions (Leary & Kowalski, 1990). Failure to use the appropriate self-presentation behaviour can elicit negative responses from others. For example, failing to apologise for one's inappropriate behaviour can result in anger or aggression from the audience (Ohbuchi, Kameda & Agarie, 1989) whereas people who are apologetic are blamed less, liked better and tend to be punished less than those who are unapologetic (Schlenker & Weigold, 1992). Self-presentation is adapted for the particular situation whereby the individual selects what part of their personality/persona it is appropriate to display in a given situation. However, the image of themselves that is presented to others is usually close to their own self-image, particularly when the target audience was someone that they had a closer relationship with (Leary & Allen, 2011). Indeed, whilst the use of self-presentation is deliberate, individuals rarely use self-presentation to present themselves in a deceptive manner (Leary, 1995).

It has been suggested that people may engage in greater self-presentation when they anticipate having further social interactions with another which may benefit them (Øverup & Neighbours, 2016). In their study of self-presentation behaviours in close relationships, Øverup and Neighbours (2016) found that individuals use more self-presentation behaviours in established relationships than in more distant relationships, for example, in romantic relationships and friendships over relationships with acquaintances. Additionally, they found that in closer relationships more defensive behaviours were used than assertive behaviours. This may be due to people using assertive self-presentation behaviours whilst establishing a desired identity within the relationship. Once this identity is established, defensive self-presentation behaviours are used to maintain this image. The authors suggested that using more defensive behaviours may convey a more positive image than assertive behaviours and may help maintain the other person's liking. Therefore, individuals who place a high value on being positively evaluated may use more defensive self-presentation behaviours in order to maintain their social relationships.

It can be seen from these studies that self-presentation is an important part of human interaction and failing to adapt one's self-presentation appropriately can have consequences for the individual in many aspects of social life and relationships. The ability to adapt one's self-presentation appropriately to the needs of the audience can help maintain one's desired image and social relationships.

Leary and Allen (2011b) suggested the notion of self-presentational personas, where individuals use a set of self-presentational behaviours in order to achieve a particular self-presentational goal to explain how individuals adapt their self-presentation in

different social situations. Individuals may have a number of self-presentational personas that they use in different situations. In their study, adult participants were asked about the self-presentation behaviours that they use when interacting with various audiences (mother, same-sex best friend, opposite sex best friend, co-worker or classmate, store clerk, someone they dislike, most moral person they know and an authority figure). The authors found that most participants used between 3 and 6 self-presentational personas in their interactions with other people. These personas are influenced by both the individual's self-views and society's normative views, for example, being reverent to a representative of a religion. When considering an individual's intentions to behave in a certain way, four main factors have been identified (Hartup, Brady & Newcomb, 1983). These are:

1. The individual's attitude towards performing that particular behaviour. This is associated with how the individual thinks that the audience will construe the behaviour and what consequences will result from performing the behaviour.
2. The individual's beliefs about what is the expected behaviour in a specific situation of themselves from the audience, that is, what are the individual's beliefs about normative behaviour in the given situation.
3. The individual's beliefs about what they should do. Individual beliefs or dispositions may influence the individual to believe that a particular behaviour is inappropriate, despite it being an expected behaviour within the situation.
4. The individual must be motivated to comply with the social and personal expectations of the situation. For example, the social norm of modesty would expect an individual to be humble about their achievements; however, the individual may believe that acting immodestly would be more appropriate for them in order to be perceived as competent.

Therefore, changes in one's social behaviour or self-presentation would occur when there are changes in attitudinal, normative, or motivational components. Consequently, it would be expected that as an individual develops he or she would go through transitions of what is important to him or her, as well as become more aware of social norms which would lead the individual to be more or less motivated to behave in particular ways. These changes may have important implications for the individual and the way that they are evaluated within social situations. For example, if an individual's values change as they develop and these changes are not in line with the general social norms, it may have implications for how they are evaluated socially.

In choosing a self-presentational strategy it would be necessary to understand what the audience expects from one's behaviour and/or what the audience's values are. For example, an individual needs to be aware of and understand what is expected of them in the social situation in order to decide what self-presentation strategy may be the most effective in the situation. If the individual is unable to understand this and behave in the appropriate manner it may lead to negative evaluation or even exclusion.

Development of Self-Presentation

An individual's ability to use self-presentation and self-presentation behaviours effectively develops throughout childhood and adolescence as social cognition evolves. Banerjee (2002) suggested that there are a number of pre-requisites that children need to develop before they change their self-description and presentation to other people in order to appear more socially attractive. These pre-requisites are as follows:

> "(1) an appreciation of the fact that others form evaluations of you; (2) an awareness that this social evaluation can be controlled; (3) an understanding of

how self-descriptions can be tailored to shape social evaluation in the desired manner; and (4) a motivation to shape social evaluation in the instructed manner" (Banerjee, 2002, p. 489).

If any of these factors are absent, it may be more difficult for the individual to adapt their self-presentation to suit the particular social situation and therefore they risk creating an image that is not congruent with the intended image they wished to establish. It has been suggested that the skills needed to be able to take another person's perspective in a social situation are developed by children by the age of six (Banerjee & Yuill, 1999). However, the motivation to use self-presentation behaviours does not emerge until around the age of 8 years old. It is only in later childhood that children are able to perceive and integrate the perspectives of each of the other people within social interaction (Bennett & Yeeles, 1990). This leads to greater concern to create a positive impression upon others and therefore, self-presentation behaviours are used to create this impression. Therefore, the ability to use self-presentation behaviours and strategies effectively may be undeveloped in children earlier in childhood.

Gnepp and Hess (1986) found that children as young as six are beginning to recognise and understand self-presentational display rules, however, it is not until they are older that they are able to understand that self-presentation can be regulated by the individual. These findings were supported by Fu and Lee (2007) who found that pre-schoolers, between the ages of 3 and 6, had already learned to shape their communications and behaviours according to the social situation with older pre-schoolers being more sensitive to the social context in which the behaviour is being used. Bennett and Yeeles (1990) explored the understanding of self-presentation in children between the ages of 8 and 11 years old. The study hypothesised that younger children will explain others'

behaviour in terms of psychological explanations, for example the individual is trying to achieve a goal, however, they would not explain this behaviour as an attempt to manipulate another person's impression of the individual (an interpersonal process). The results of the study found that the younger children (7 and 8 year olds) were indeed less able to understand self-presentation in terms of interpersonal motivations whereas the 10 and 11 years olds were more likely to explain the behaviour in this way. Therefore, it seems that young children can understand the implications for self-presentation, and those around the age of 11 years old are beginning to understand interpersonal reasons for using self-presentation.

It has been seen that understanding of self-presentation begins early in childhood, however, this does not explain children's development in their ability to use and change their self-presentation in line with the audience's preferences. Aloise-Young (1993) found a developmental increase in the use of selective self-presentation. In this study it was found that whilst 6 year olds did not change their self-presentation in order to give a particular impression to others, 8 and 10 year olds did. Banerjee (2002) supported this data with the finding that whilst children as young as 6 and 7 can understand the way in which an audience evaluates an individual and can respond to the audience's preferences when deciding on a self-presentational strategy, this ability increases as children age. Therefore, it seems that this ability develops over the course of childhood and that older children are more able to understand other's motivations for the way that they are using self-presentation and why when given explicit motivation they would adapt their self-presentation to achieve a specific goal.

It has been seen that over time children become more conscious of social evaluation and the consequences of being evaluated in a positive way, for example, acceptance into a peer group, and that by the end of primary school children have enough understanding of self-presentational motives to be able to predict and explain both their behaviours and that of others in the context of a social situation. This ability continues to develop over adolescence, where individuals begin to display spontaneous use of different self-presentations with different audiences according to the expectations of the audience. In Juvonen and Murdock's (1995) study, it has been seen that individuals in early adolescence are able to manage their self-presentation in such a way that they downplay their academic ability and diligence to their peers but not to their teachers in line with the changing social values of their peers. For example, in younger adolescence (10 years old) academic diligence is seen to be valued by both peers and teachers whereas in later adolescence (14 years old) academic diligence is valued by teachers and not peers. Juvonen and Murdock's (1995) results suggested that both age groups were aware of this and altered their self-presentation between their teachers and their peers to meet the needs of the social situation. Therefore, it can be seen that children, even at the age of 10 to 11 years old, understand self-presentation and can use it strategically, changing their self-presentation to meet the group norms and expectations. From the current literature, it seems that children and adolescents become more sophisticated in their understanding, use and manipulation of their self-presentation as they develop and they are increasingly able to taking into account both societal norms as well as the motivations of the audience in the social situation.

Gender Differences in Self-Presentation Behaviour Use

Whilst understanding and use of self-presentation develops over childhood and adolescence, it seems that gender may also influence the way that individuals use self-presentation as it has been seen that men and women use self-presentation in different ways. Women have been found to use more self-presentation behaviours than men and are less aggressive in their self-presentation than men (Bolino & Turnley, 2003; Øverup & Neighbours, 2016). As discussed earlier, self-presentation is used when the individual understands the norms of the social situation and is motivated to be positively evaluated by the audience (Hartup et al., 1983), meaning that cultural expectations of gender may also influence the individual's self-presentation. Guadagno and Cialdini (2007) suggested that the self-presentation behaviours used by men and women in Western cultures reflect society's gender roles. Whilst men are expected to display more independent, controlling and assertive behaviours, women are expected to be more concerned for other's welfare, be interpersonally sensitive and emotionally expressive (Guadagno & Cialdini, 2007). As such, men and women are expected to behave differently in social interactions and in the workplace. The review found that men generally used a wider range of self-presentation tactics in the workplace than women and the majority of the tactics that they used (self-promotion, favour-rendering, basking in reflected glory, blasting, self-handicapping and intimidation) were assertive. Additionally, in Guadagno and Cialdini's (2007) review of the literature, assertiveness was seen as a gender appropriate behaviour in men but not in women. Women acting in an assertive manner were seen as violating their gender role and were evaluated in a less positive way. In contrast, generally women were found to use more defensive self-presentation behaviours (excuses, apologies, supplication, modesty and opinion conformity) than men (Guadagno & Cialdini, 2007). Heatherington, Burns and

Gustafon (1998) examined gender differences in use of self-presentation when with people perceived as either vulnerable or not. They found that women were more likely to alter their self-presentation (appear more modest) than men, especially when they are in the presence of someone that they perceived as vulnerable. These studies indicate that men and women use self-presentation in different ways to achieve different goals and this may be influenced by the gender roles that are dominant within society.

It has also been seen that adolescent boys and girls use particular self-presentation behaviours, for example self-handicapping, in different ways. Recall that self-handicapping is used when an individual fears that they will not be able to achieve a specific goal and endeavour to protect their image by providing a cause for their inability to achieve the goal, rather than failure being attributed to their lack of ability (Midgley, Arunkumar & Urdan, 1996). Examples of self-handicapping include staying up late at night so that tiredness may inhibit performance and not studying or starting a project until the last minute. Previous studies have shown that boys tend to use more self-handicapping behaviours than girls and that low achievers use more self-handicapping behaviours than high achievers (Berglas & Jones, 1978; Strube, 1986; Midgley & Urdan, 1995). Interestingly, these findings were not supported by Midgley and colleagues (1996) who investigated the use of self-handicapping behaviours within an adolescent population. They found that there was not a significant difference in the use of self-handicapping behaviours between girls and boys. These studies suggest that boys and girls use self-presentation behaviours in different ways, however, where the differences lie is not completely clear. Therefore, when investigating the use of self-presentation behaviours and its relationship with social anxiety it may be beneficial to control for the influence of gender.

It has been seen that children develop their skills in self-presentation from understanding it to using self-presentation behaviour in a discerning manner to meet the norms of the social situation over the course of childhood and adolescence. Given that researchers agree that creating a desired impression of self is important within social interactions and those who experience feelings of social anxiety fear that others are evaluating them negatively, it is important to explore how self-presentation and its associated behaviours may relate to feelings of social anxiety.

Social Anxiety and Self-Presentation

Schlenker and Leary (1982) proposed the Self-Presentation model of social anxiety where people experience social anxiety when they have a desire to create a particular impression on a real or imagined audience but doubt their ability to do so. Schlenker and Leary incorporated aspects of previous theories of social anxiety including the notions that social anxiety resulted from a need for social approval, a negative self-evaluation, social skills deficits and classical conditioning. They proposed that although social anxiety arises from concern about other people's impressions of the self; this concern may be generated from a number of thoughts (see Figure 4). For example, in one person, social anxiety may arise from wanting to obtain social approval from others, in another person social anxiety may arise from negative self-evaluations about themselves and their social performance, whilst in another it is the result of previous self-presentational efforts that have not achieved the desired outcome and the associated consequences of this.

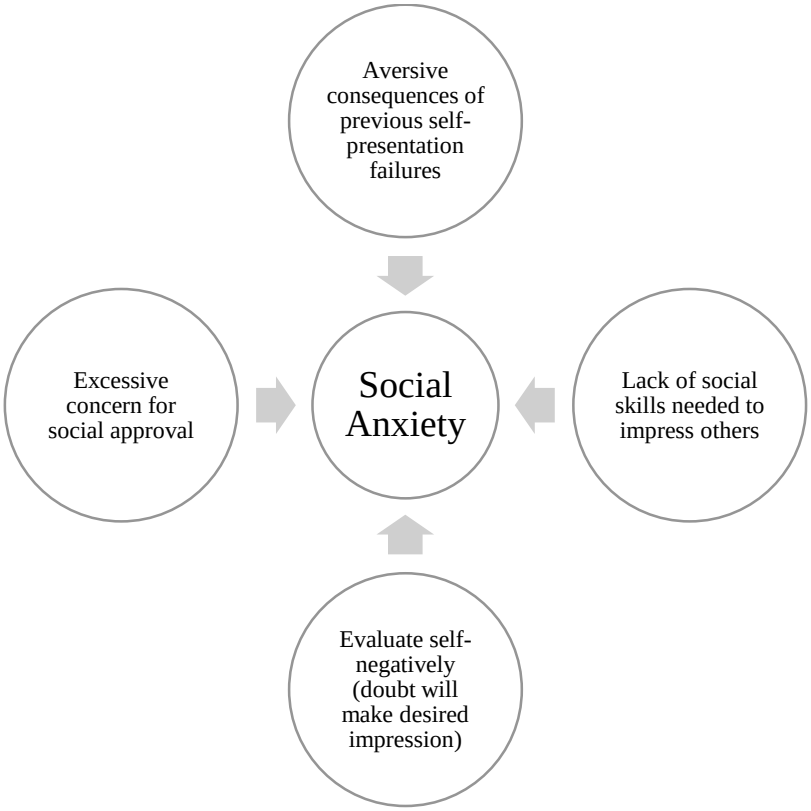

Figure 4. Factors that may influence an individual's concerns about other's impressions of them

This model is echoed in Rapee and Heimberg's (1997) model of social anxiety, as discussed earlier, where people with social anxiety perceived others as inherently critical and as likely to evaluate other people negatively. People who are concerned about being negatively evaluated will put more effort into preparing and managing their self-presentation into an image that is less likely to draw negative evaluations and are more likely to experience social anxiety when these attempts are unsuccessful (Leary & Allen, 2011a). Indeed, Vohs, Baumeister and Ciarocco (2005) found that using higher levels of self-presentation impaired individual's self-control in successive cognitively demanding tasks. Therefore, excessive attempts to control one's self-presentation and make a positive impression upon others in order to avoid rejection can come at a cost of depleting one's self-control resources, making it more difficult to

prevent socially undesirable behaviours in simultaneous social situations. This may reinforce socially anxious thoughts and feelings in the individual and maintain social anxiety.

Within the Self-Presentation model of Social Anxiety, self-presentation behaviours are used to enhance the chances of creating or maintaining their desired impression. Within social anxiety, self-presentation behaviours can be viewed as safety behaviours as they are used to prevent feared outcomes from occurring (Salkovskis, 1991; e.g., not being able to present the desired identity). Moscovitch and colleagues (2013) compared adults with a primary diagnosis of SAD, participants with a primary diagnosis of generalised anxiety and healthy controls. They found that SAD contributed a unique risk for elevated self-portrayal concerns, which went on to predict significant variance in SB usage. Furthermore, use of SBs mediated the relationship between self-portrayal concerns and experience of heightened negative affect. These results support the notion that SBs influence the maintenance of SAD. Additionally, they support the idea that self-portrayal concerns are linked to the use of SBs. Furthermore, these results support Schlenker and Leary's (1982) notion that social anxiety is linked to concerns about one's ability to present oneself in a desired manner.

Hirsch, Meynen and Clark (2004) divided safety behaviours into two types: avoidance from fully engaging in the social situation and impression management (self-presentation). They suggested that avoidance behaviours, such as avoiding eye contact, contaminate the situation as the person may seem uninterested and, therefore, a negative impression is made. However, impression management behaviours may mimic adaptive social behaviours, such as feigned interest in a conversation, creating a less

negative impression than avoidance behaviours. Plasencia, Alden and Taylor (2011) conducted two studies investigating the effects of using different SBs, including avoidance and self-presentation behaviours. In Study 1, a non-clinical adult sample completed a modified version of the Safety Behaviour Questionnaire as well as social anxiety and mood questionnaires. Factor analysis of the Safety Behaviour Questionnaire confirmed that these avoidance and impression management behaviours are used by socially anxious individuals. In Study 2, participants who were seeking treatment for Generalised Social Anxiety Disorder were asked to have a 5 minute "getting acquainted" conversation with a confederate of the opposite sex. After the conversation the participant completed the Safety Behaviour questionnaire, anxiety questionnaire and Self-Experience Questionnaire to assess the participant's sense of how genuine they had felt during the interaction. The participants were then informed that they would be taking part in a second conversation and were asked to complete a Social Threat Prediction questionnaire about their predicted likelihood and cost of feared outcomes in the second conversation. From these results, the authors suggested that impression management behaviours hinder the modification of negative predictions about future social interactions due to the individual being concerned that the magnitude of losses would be greater if they were unable to sustain their level of performance in a subsequent conversation with the partner. Furthermore, they investigated whether these SBs were associated with reductions in anxiety and perceived likelihood and cost (how bad the situation would be if it actually occurred) of the individual's feared outcomes. The authors found that greater use of self-presentation behaviours was not associated with anxiety reduction in either a non-clinical sample or a SAD treatment seeking sample. The authors further suggest that greater use of self-presentation behaviours may impede reductions in both expected

likelihood and cost of feared outcomes. These findings support the notion that self-presentation SBs contribute to the maintenance of social anxiety.

It has been seen that self-presentation safety behaviours contribute to the maintenance of social anxiety, however, it does not explain whether this varies depending on the self-presentation behaviours used. Lee, Quigley, Mitchell, Corbett and Tedeschi (1999) developed the Self-Presentation Tactics Scale (SPT), a 64 item self-report measure that explores the use of 12 self-presentation behaviours: excuses, justification, disclaimers, self-handicapping, apology, ingratiation, intimidation, supplication, entitlement, enhancement, blasting and exemplification, defined in Tables 1 and 2. Lee et al. (1999) examined the interaction between self-presentation behaviours and social anxiety in 395 college students, who completed the SPT alongside measures of social anxiety. Scores on the defensive subscale were significantly positively correlated with social anxiety (i.e., social anxiety increases as use of defensive self-presentation behaviours increases). These results were consistent with the notion that social anxiety is related to defensive self-presentation, where the aim is to maintain a desired impression (Schlenker & Leary, 1982). The assertive self-presentation subscale, which measures the behaviours that individuals use to create a desired impression, was not correlated with social anxiety. The notion that socially anxious people use a defensive self-presentation style has been supported in previous research where socially anxious participants who anticipated social evaluation told shorter and less personally revealing stories to an interviewer compared with the non-anxious individuals and the socially anxious individuals who did not expect to be evaluated (DePaulo, Epstein & LeMay, 1990). This suggests that the use of defensive self-presentation is in response to the perception of evaluation and aimed at reducing the possibility of negative evaluation.

Previous studies have often used self-report questionnaires and it is less clear how self-presentation behaviours are used within experimental situations. However, Greenberg, Pyszczynski and Stine (1985) investigated differences in self-presentation between individuals with low and high social anxiety using an experimental design. In this study, high and low socially anxious participants were asked to interact with an individual of the opposite sex (the audience). There were two different conditions. In the first condition they expected to have a future interaction with the person and in the second condition they did not expect to have a future interaction with the person. In the first condition, individuals who were low in social anxiety tried to project a favourable image to the audience, whereas those high in social anxiety did not attempt to manage their self-presentation to make a positive impression. The authors concluded that the socially anxious individuals have low expectations of their ability to maintain a positive/defensive impression; therefore, a protective self-presentation style, where individuals attempt to avoid making unfavourable impressions on others (Arkin, 1981), is adopted in order to minimize social losses. This indicates that as well as reporting to use more defensive self-presentation behaviours in a social situation, socially anxious individuals do actually use more defensive self-presentation in social situations to avoid making a negative impression. Trew and Alden (2015) examined the influence of acts of kindness, which could be seen to be the assertive self-presentation behaviour of ingratiation, on levels of social anxiety in undergraduate students. This study found that when students engaged in greater acts of kindness, there was a greater reduction in social avoidance goals, compared to those in an exposure group or those who recorded the details of their daily lives. This could suggest that acting in line with social approach goals may reduce feelings related to social avoidance goals. As stated previously social avoidance goals are associated with loneliness (Gable, 2006) and social anxiety. This

suggests that if those with social anxiety used more approach behaviours (or assertive self-presentation behaviours) such as ingratiation, they may experience decreased levels of social anxiety.

The aforementioned research indicates a relationship between social anxiety and self-presentation behaviours, however, a causal link cannot be identified from these studies. One of the few studies to explore the longitudinal associations between the development of social anxiety and use of self-presentation was Banerjee and Watling (2010) who investigated the use of self-presentation behaviours in 196 8 and 9 years old. Participants completed measures of social anxiety and depression, a modified version of the SPT and an audience differentiation task. This modified version was adapted to use 20 items from the SPT assessing the following self-presentation behaviours: ingratiation, excuses, self-promotion and disclaimers. After controlling for depression, further analysis showed that children with higher levels of social anxiety reported using more self-presentation behaviours than children with lower levels of social anxiety. Interestingly they were unable to differentiate between audiences and understand that different self-presentation behaviours would be more or less useful in line with the preferences of the audience. When participants were followed up a year later these differences were not only maintained, but predicted increases in feelings of social anxiety. Importantly, the authors suggested that their results support Schlenker and Leary's Self-Presentational model of social anxiety as greater motivation to create a particular impression on others is expressed through greater use of self-presentation behaviours. Interestingly, whilst Banerjee and Watling did show an association between self-presentation behaviour use and social anxiety, their results did not support Lee et al.'s finding that defensive behaviours, were significantly related to social anxiety,

whereas assertive self-presentation behaviours were not. This difference may be due to the different social interactions that children and adults experience. Children may use self-presentation behaviours in a different way to adults as they are more focussed on creating an identity and favourable impressions on others than protecting an already established identity. It is important to examine the use of self-presentation behaviours across the lifespan to further establish the ways in which self-presentation behaviours are used and how they relate to social anxiety.

The current literature suggests that socially anxious people are more likely to use defensive self-presentation because they doubt that they are able to make a positive impression on the audience. Importantly, the use of these behaviours themselves may hinder the individual's ability to make the desired impression because instead of not making a bad impression, they make an unremarkable one (Leary & Allen, 2011a).

Self-Presentation and Social Anxiety in Adolescence

As has been seen earlier, adolescence is a time of developmental changes and increased self-consciousness, increased awareness of social evaluation and social anxiety. Additionally, adolescence presents many opportunities for social evaluation, for example, starting new schools and spending more time with peers than family. Meeting new people and developing new friendships is part of human interaction and additional opportunities for this are presented in adolescence, providing situations where social evaluation and self-presentational concerns are activated and more strongly experienced (Banerjee, 2002). Therefore, the conditions are provided for social anxiety to increase and it has been seen that this is a time when the prevalence of social anxiety increases and begins to be diagnosed within the adolescent population.

Clinical Implications of Self-Presentation and Social Anxiety

Self-presentation involves cognitions about how others perceive the actor, therefore furthering our understanding of the use of self-presentation behaviours may have implications for cognitive approaches for treating SAD. Within the NICE (2013) recommended treatment of SAD, self-presentation behaviours can be viewed as safety behaviours. When using the Clark and Wells model of SAD, a comprehensive list of safety behaviours is developed and it is suggested that changing the focus of attention and reducing or eliminating safety behaviours is the best way to proceed with intervention. Therefore, it is important to understand all SBs (including self-presentation behaviours) so that they can be addressed within the course of therapy. It has been seen that non-clinical populations who experience sub-threshold social anxiety experience similar symptoms and impairments as those that have a diagnosis of social anxiety. The only difference is the severity of the symptoms that is experienced (Turner et al., 1990). Indeed, Kashdan (2007) found that a non-clinical sample and those with a diagnosis of social anxiety both had similar relationships with diminished positive affect but this relationship was just stronger in those diagnosed with social anxiety. Whilst we cannot be sure, given this similarity of experience between non-clinical and clinical populations, we would anticipate that we could use the non-clinical sample to inform future research and intervention plans.

The Study

Currently there is no literature that has explored the link between the use of self-presentation behaviours and feelings of social anxiety within an adolescent population. This study aims to address this gap in the literature by increasing understanding of how

adolescents use the range of assertive and defensive self-presentation behaviours and the relationship that these have with social anxiety. As discussed, adolescence is a time when the prevalence of diagnoses of social anxiety increases. Given this, the potential risks related to social anxiety in adolescence and the scarcity of research into self-presentation behaviour use within the adolescent population and how this relates to social anxiety, this study proposes to evaluate the extent to which the use of self-presentation behaviours can predict social anxiety over and above factors that have been shown to be related to social anxiety, such as depression and mood. Therefore, this study aims to answer the research question: How is the use of self-presentational behaviours related to levels of social anxiety in adolescents?

Previous research has shown that self-presentation behaviours are related to social anxiety in both adult and child populations (Lee et al., 1999; Banerjee & Watling, 2010), however, this relationship has not been explored within an adolescent population. It is hypothesized that the relationship between self-presentation behaviour use and social anxiety will be moderated by age. It has been seen in adult populations that there is a relationship between defensive self-presentation behaviours and social anxiety (Lee et al., 1999). However, this relationship is not present in child populations, where assertive self-presentation is understood before defensive self-presentation (Banerjee & Watling, 2010). It maybe that it is during adolescence where defensive self-presentation becomes more important due to adolescents developing a greater sense of self and of maintaining, rather than creating, the desired impression of themselves in others. This study will use an age range that spans from early adolescence, 11 years old, to later in adolescence, 16 years old. It is possible that the younger adolescents will not differentiate between assertive and defensive self-

presentation in the same way as the older adolescents, whose use may more reflect that of adults. Therefore, it is expected that the relationship between assertive and defensive self-presentation behaviour use and social anxiety will differ across age; specifically, relationships with assertive self-presentation behaviours will be stronger in early adolescence than later adolescence as they are establishing their identity, and relationships with defensive self-presentation behaviours will be stronger in late adolescence than in early adolescence whilst one is trying to preserve an identity that they have already created. As previous research has demonstrated a relationship between social anxiety and gender, age, depression, negative affect and positive affect, these factors will be controlled for within the study.

This study will recruit 3 age groups: 11 to 12 year olds, 13 to 14 year olds and 15 to 16 year olds. Participants will be asked to complete questionnaire packs, which included a brief demographic questionnaire, the measures we wish to control for (depression, mood), a self-presentation behaviours scale, and a social anxiety scale.

In summary, the main research question of the study is: How are self-presentation behaviours related to feelings of social anxiety in adolescents? Within this question a number of points will be explored. First, given there is a lack of research on the breadth of the self-presentation behaviours that adolescents use, their use of assertive and defensive self-presentation behaviours and if this use differs for males and females will be explored. Second, the independent contribution of assertive and defensive self-presentation behaviours use in explaining variance in the level of social anxiety after controlling for age, sex, depression, and positive and negative affect will be assessed. This question generated the following hypotheses:

- Self-presentation behaviour use will positively predict social anxiety
- Use of defensive self-presentation behaviours will positively predict social anxiety over use of assertive self-presentation behaviours.
- The relationship between self-presentation behaviour use and social anxiety will be moderated by age. Relationships with assertive self-presentation behaviours will be stronger in early adolescence than later adolescence. Relationships with defensive self-presentation behaviours will be stronger in late adolescence than in early adolescence.

Chapter 2. Method

Participants

Three groups of participants were recruited from two secondary schools in Buckinghamshire. Three pupils did not wish to take part in the study and chose to get on with other work. Additionally, seven participants completed the questionnaire pack but did not give written consent. One participant was from the 11 to 12 year old age group and six of these participants were from the 13 to 14 year old age group. These participants were excluded from the analyses and the demographic information. No other participants were excluded from the analyses.

A total of 225 participants took part in the study, who were from three age groups. These three groups were made up of eighty- two 11 to 12 year olds (M_{Age} = 11.21, SD = .412, Males = 32, Females = 50); seventy-six 13 to 14 year olds (M_{Age} = 13.31, SD = .495, Males = 39, Females = 37) and sixty-seven 15 to 16 year olds (M_{Age} = 15.16, SD = .373, Males = 29, Females = 38).

Demographics

Ethnicity. The majority of the participants identified as “White British” (see table below). Other ethnicities that participants identified as included “White Other”, “Asian British”, “Asian Other”, “Black British”, “Mixed” and “Other”. The full break down by ethnic group is shown in Table 3.

Ethnicity	Frequency	Percentage
White British	**176**	**78.2**
White Other	**15**	**6.7**
Asian British	**12**	**5.3**
Asian Other	**2**	**0.9**
Black British	**2**	**0.9**
Mixed	**15**	**6.7**
Other	**3**	**1.3**

Table 3. Participant Ethnicity

Languages spoken. The majority of the sample spoke only one language (n=166). Forty-two participants spoke two languages and seventeen participants spoke more than two languages. One participant did not say how many languages they spoke. The majority of the sample said that they were happiest speaking in English. Within the sample, 3.7% stated that their first language was not English. The other languages that participants stated as their first language included Polish, Turkish, Macedonia, Irish, Latin, Lithuanian and German. Two participants did not say what was their preferred language. Preferred language frequency is shown in Table 4.

Language	Frequency	Percentage
English	214	95.0
Polish	3	1.3
Turkish	1	0.4
Macedonian	1	0.4
Irish	1	0.4
Latin	1	0.4
Lithuanian	1	0.4
German	1	0.4

Table 4. Languages that participants were most happy speaking.

Demographics by School

74 participants came from School One and 151 participants came from School Two. In both schools there were similar percentages of males and females, 44% and 55% respectively (see Table for frequencies and percentages). In School One, there were

similarly numbers of participants in each age group, however, in School Two the greatest number of participants were in the 11 to 12 year old age group, followed by the 13 to 14 year old age group and the 15 to 16 year old age group had the smallest number of participants (see Table for frequencies and percentages).

	School One		School Two	
Gender	Frequency	Percentage	Frequency	Percentage
Male	**74**	**44.6**	**67**	**44.4**
Female	**41**	**55.4**	**84**	**55.6**
Age Group				
11 to 12 year olds	**24**	**32.4**	**58**	**38.4**
13 to 14 year olds	**26**	**35.1**	**50**	**33.1**
15 to 16 year olds	**24**	**32.4**	**43**	**28.5**

Table 5. Participant Gender and Age Group by School

In School One and School Two the majority of participants were of White British ethnicity (78.4% and 78.1% respectively) and English was the language that students were most happy speaking (95.9% and 94.7% respectively, see Tables 6 and 7). School One had a higher proportion of participants from Asian ethnicities than other ethnicities, whilst School Two had a greater number of participants from other White ethnicities and Mixed backgrounds.

	School One		School Two	
Ethnicity	Frequency	Percentage	Frequency	Percentage
White British	**58**	**78.4**	**118**	**78.1**
White Other	**2**	**2.7**	**13**	**8.6**
Asian British	**6**	**8.1**	**6**	**4.0**
Asian Other	**2**	**2.7**	**0**	**0**
Black British	**1**	**1.4**	**1**	**0.7**
Mixed	**4**	**5.4**	**11**	**7.3**
Other	**1**	**1.4**	**2**	**1.3**

Table 6. Participant Ethnicity by School

	School One		School Two	
Languages Spoken	Frequency	Percentage	Frequency	Percentage
English	**71**	**95.9**	**143**	**94.7**
Polish	**1**	**1.4**	**0**	**0**
Turkish	**1**	**1.4**	**0**	**0**
Macedonian	**0**	**0**	**2**	**1.3**
Irish	**0**	**0**	**1**	**0.7**
Latin	**0**	**0**	**1**	**0.7**
Lithuanian	**0**	**0**	**1**	**0.7**
German	**0**	**0**	**1**	**0.7**

Table 7. Languages that participants were most happy speaking by School

Recruitment

Secondary schools were initially approached through a letter which explained the details of the study (Appendix A). Letters were followed by a phone call and an email to the school. Once a school had shown interest in participating in the study an initial meeting was organised to give further details of the study and discuss what would be required from participating schools. Once schools confirmed that they would like to participate in the study, the classes that would be approached to participate in the research study were identified by the Deputy Head Teacher or the Special Educational Needs Co-ordinator. The questionnaire pack was reviewed by teachers who were familiar with the ability of the classes and was deemed appropriate for the age groups. Parental consent forms, which asked parents to return the form if they did not want their child to participate in the study (Appendix B), were distributed to the parents of the students in the identified classes via email and letter at least one week in advance of the school visit. The study was presented to each class individually. This presentation included information about the researcher and the role of a Clinical Psychologist and explaining the study aims and protocol. Additionally, the presentation explained confidentiality and anonymity and participants were informed that the study was

focusing on the overall answers of the group and not individual's answers. Participants were informed that they could withdraw from the study at any time.

Ethical Approval

The study received ethical approval from Royal Holloway, University of London Department of Psychology Ethics Committee in June 2015 (Appendix C). NHS ethics were not sought as participants were not recruited from any clinical settings. Before administering parental consent forms, both schools were asked whether they would prefer to use an opt-in or opt-out consent form, as approved by the Ethics Committee. In the opt-in consent forms parents were asked to sign and return a consent form if they were happy for their child to take part in the study. In the opt-out consent forms parents were asked to sign and return a consent form if they did not want their child to take part in the study. Both forms contained information about the purpose of the study, what would be asked of their child, that all information would remain confidential and that participants would remain anonymous. Both schools chose to use the opt-out consent form (see Appendix B). Additionally, each child was asked to give informed consent to taking part in the study before taking part in the study.

Power Calculation

As no literature has specifically examined self-presentation behaviours in adolescence, the literature was reviewed and Banerjee and Watling's (2010) paper investigating self-presentation behaviours and SA in children was used to calculate an effect size. Their results generated an effect size of 0.37. Using this data, an a priori power analysis for multiple regression was calculated using an effect size of 0.35 (a large effect when using regression) and a power of 0.80. The 8 variables were included in the power

analysis, 7 independent variables, age, gender, depression, positive affect, negative affect, use of assertive self-presentation behaviours, use of defensive self-presentation behaviours, and total use of self-presentation behaviours, and 1 dependent variable, social anxiety. This power analysis indicated that 52 participants would be required in each group to detect a large sized effect when using the standard .05 criterion of statistical significance (Cohen, 1988). Therefore a total sample size of 156 participants was required.

Measures

All participants were asked to complete the demographic information and four questionnaires, Social Anxiety Scale for Children – Revised (SASC-R), Children Depression Inventory 2 Self-Report Short Version (CDI), Positive and Negative Affect Schedule for Children (PANAS-C) and Self-Presentation Tactics Scale (SPT), that were presented within a questionnaire pack (Appendix D). Four counterbalanced versions of the questionnaire packs were produced in order to balance the potential of order effects, where the order that participants complete the questionnaires affects the answers that they give to further questions (Coolican, 2005). The order of questionnaires in each of these versions can be seen in Table 6.

	1st Questionnaire	**2nd Questionnaire**	**3rd Questionnaire**	**4th Questionnaire**	**5th Questionnaire**
1	Demographics	SASC-R	PANAS-C	CDI	SPT
2	Demographics	SPT	CDI	PANAS-C	SASC-R
3	Demographics	CDI	SASC-R	SPT	PANAS-C
4	Demographics	PANAS-C	SPT	SASC-R	CDI

Table 8. Counterbalanced order of questionnaires in the four versions of the questionnaire packs

All questionnaires were completed in pen and paper. Following data collection, data was entered into IBM SPSS Statistics 21 for analysis.

Demographic Questionnaire

A brief demographic questionnaire was included in the questionnaire pack. This included questions designed to collect information about the participant's age, school year, gender, ethnicity, number of languages spoken and their preferred language.

Social Anxiety

The Social Anxiety Scale for Children-Revised (SASC-R; La Greca & Stone, 1993) is a 22-item self-report measure that explores three factors of social anxiety, including fear of negative evaluation, social avoidance and distress-new situations and general social avoidance and distress. The 22 items includes four filler items, therefore only 18 items are included when calculating scores. Participants are asked to rate how much they feel each item is true for them. Each item is rated on a 5-point Likert scale from 1 (not at all) to 5 (all the time). The SASC-R generates three subscales, Fear of Negative Evaluation (FNE), Social Avoidance and Distress Specific to New Situations (SAD NEW) and Generalised Social Avoidance and Distress (SAD Gen). Examples of items on the Fear of Negative Evaluation subscale are "If I get into an argument with another child, I worry that he or she will not like me" and "I feel that other children talk about me behind my back". Example of items on the Social Avoidance and Distress subscale are "I'm afraid to invite other children to do things with me because they might say no" and "It's hard for me to ask other children to do things with me". The SASC-R generates a total score between 18 and 90, where a higher score indicates greater feelings of social anxiety. The scale has been seen to have acceptable internal consistency (.60 to .90; Ginsberg, La Greca & Silverman, 1998; La Greca & Stone, 1993). The scale is designed for 7 to 13 year olds.

Depression

The Children's Depression Inventory 2 Self Report Short Version (CDI; Kovacs, 1992), is a 20 item self-report measure that can be used to screen for depression and is designed for children between the ages of 7 and 17. The CDI takes approximately 5 minutes to administer. It consists of 10 depression related items and 10 filler items. Each item is made up of 3 statements, scored between 1 and 3. For example, I am sad once in a while (1); I am sad many times (2); and, I am sad all the time (3). Filler items are typically used to disguise the purpose of the questionnaire to discourage the respondent from answering the target items in a biased way (Kumar, Lebo & Gallagher, 1991). An example of a filler item is: I do not like football; I like football a bit; I like football a lot. The participant is asked to indicate which of these three statements is most true for them. A total score between 10 and 30 is generated by summing the 10 depression related items. A higher score is indicative of a greater level of depressive symptoms. The CDI Short Version generates a total score that is comparable to the full length version of the Children's Depression Inventory (Allgaier et al., 2012). The CDI has been seen to show good psychometric properties with a Cronbach's α of .77 (Sun & Wang, 2014). Additionally, it has been shown to show specificity to depression and sensitivity to symptoms (Allgaier et al., 2012).

Positive and Negative Affect

The Positive and Negative Affect Schedule for Children (PANAS-C; Laurent et al., 1999) is a 29 item measure of mood. It consists of two scales measuring Positive Affect and Negative Affect. Positive Affect refers to an individual's experience of positive moods, such as joy, excitement and interest. The Positive Affect scale asks participants to indicate the extent to which they have felt each emotion during the last week. The

Positive Affect scale consists of 12 items, however, only 11 items were used in the current study as “Delighted” was excluded from the questionnaire pack due to an error in putting the questionnaire pack together. The included Positive affect items were: interested, excited, happy, strong, energetic, calm, cheerful, active, proud, joyful, and lively. Negative affect refers to emotional distress and includes emotions such as anger, disgust and fear. Participants were asked to indicate the extent to which they have felt each emotion during the last week. The Negative Affect scale consists of 15 items including: sad, frightened, ashamed, upset, nervous, guilty, scared, miserable, jittery, afraid, lonely, mad, disgusted, blue, and gloomy. All items were included in the questionnaire pack. Participants are presented with each word and were asked to circle on a 5-point Likert scale ranging from “very slightly” to “extremely” the extent to which they have experienced this emotion over the last week. The Positive affect subscale generates a score between 11 and 55, a higher score being indicative of greater levels of Positive affect. The Negative affect subscale generates a score between 15 and 75, a higher score being indicative of greater levels of Negative affect. The PANAS-C has been found to be a valid and reliable measure for children between 8 and 18 years old. A good internal consistency has been found for both the Positive and Negative Affect scales of the measure. The Positive affect scale has been seen to have a Cronbach's α of between .89 and .90, whilst the Negative affect scale has been found to have a Cronbach's α of between .86 and .94 (Laurent et al., 1999; Chorpita & Daleiden, 2002). The PANAS-C has been seen to discriminate between anxiety and depression (Laurent et al., 1999) as well as between mood from non-mood disorders (Chorpita & Daleiden, 2002).

Self-Presentation Behaviours

The Self-Presentation Tactics Scale (SPT; Lee, Quigley, Mitchell, Corbett & Tedeschi, 1999) is a 63 item self-report measure that explores the use of 12 self-presentation behaviours, including Excuses, Justification, Disclaimers, Self-Handicapping, Apology, Ingratiation, Intimidation, Supplication, Entitlement, Enhancement, Blasting and Exemplification. The SPT can be divided into two subscales covering the two main categories of self-presentation behaviours: assertive self-presentation behaviours and defensive self-presentation behaviours. The assertive self-presentation behaviours subscale is made up of 38 items which are related to the following behaviours: Ingratiation; Intimidation; Supplication; Entitlement; Enhancement; Blasting and Exemplification. Participants are asked to indicate how often they use particular behaviours. Each behaviour is rated on 7-point Likert scale from 1 (very infrequently) to 7 (very frequently). The SPT Assertive subscale score is generated by totalling the scores for each item. This produces a score between 38 and 266, where a higher score indicates greater use of assertive self-presentation behaviours. The defensive self-presentation behaviours subscale is made up of 25 items which are related to the following behaviours: Excuses; Justification; Disclaimers; Self-Handicapping; and Apologies. The SPT defensive subscale generates a score between 25 and 175, where a higher score indicates greater use of defensive self-presentation behaviours. Examples of items from each of the self-presentation behaviours can be seen in Table 7.

Type of Self-Presentation Behaviour	Self-Presentation Behaviour Subscale	Example of Item
Defensive		
	Excuses	To avoid being blamed, I let others know that I did not intend any harm.
	Justification	After a negative action, I try to make others understand that if they had been in my position they would have done the same thing.
	Disclaimers	I try to get the approval of others before doing something they might perceive negatively.
	Self-handicapping	I do not prepare well enough for exams because I get too involved in social activities.
	Apologies	If I harm someone, I apologise and promise not to do it again.
Assertive		
	Ingratiation	I do favours for people in order to get them to like me.
	Intimidation	I do things to make people afraid of me so that they will do what I want.
	Supplication	I tell others they are stronger or more competent than me in order to get others to do things for me.
	Entitlement	When working on a project with a group I make my contribution seem greater than it is.
	Enhancement	I do correct people who underestimate the value of gifts that I give to them.
	Blasting	I exaggerate the negative qualities of people who compete with me.
	Exemplification	I try to get others to act in the same positive way I do.

Table 9. Examples of items from each of the Self-Presentation Tactics Subscales

The SPT has been shown to have good reliability with a Cronbach's alpha of .94 as well as being shown to be internally consistent and consistent across time (Lee et al., 1999). The two subscales were seen to be strongly positively correlated with each other ($r = 0.62$, $p < .001$). However, only the defensive subscale was significantly correlated with social anxiety ($r = .26$, $p < .05$) and external locus of control ($r = .16$, $p < .05$).

Using these data, Lee and colleagues (1999) concluded that the SPT has adequate discriminant validity with the two subscales being seen to measure different but related constructs. The SPT has good reliability with a Cronbach's alpha of .94 (Lee et al., 1999). The two subscales, defensive and assertive, have good internal consistency with alphas of 0.86 and 0.91 respectively. The overall scale has a test-retest correlation of $r=0.89$, $p<0.001$, whilst the test-retest correlations for the defensive and assertive subscales were 0.88 and 0.87 respectively ($p<0.001$; Lee et al., 1999).

The SPT was developed for use with an adult population in North America. For this study, Watling (personal correspondence, 2015) provided an unpublished adapted version of the SPT. This version was adapted to be appropriate for adolescents and a UK population. All modifications to the items were minor, for example, changing political views to musical views or changing North American words and phrases to more familiar British terms. In this version a number of the items have been modified in order to make it more accessible to both a British population and a younger audience. For example, the original SPT item "When telling someone about past events, I claim more credit for doing positive things than was warranted by the actual events" was altered to "When telling someone about past events, I claim more credit for doing good things that I actually did" in the Entitlement subscale, "When others view my behaviour as negative, I offer explanations so that they will understand that my behaviour was justified" was modified to "When others think that my behaviour was bad, I explain why I did what I did so that they will understand that I had good reason to behave the way I did" in the Justification subscale and "When I succeed at a task, I emphasize to others how important the task was" was changed to "When I succeed at a task, I make sure others know how important the task was" in the Enhancement subscale. In total,

17 SPT items were modified: 2 items in the Excuses subscale; 3 items in the Justification subscale; 1 item in the Disclaimers subscale; 1 item in the Apology subscale; 1 item in the Ingratiation subscale; 1 item in the Supplication subscale; 1 item in the Entitlement subscale; 3 items in the Enhancement subscale, 3 items in the Blasting subscale and 1 item in the Exemplification subscale. No modifications were made to items in the Self-Handicapping and Intimidation subscales. For full details of the modified items see Appendix E.

All measures are freely available.

Design and Procedure

The study implemented a cross-sectional, correlational design. Data collection took place between November and December 2015. Before the session began information about the study was explained to the class and time was given to read the information sheet (Appendix F). Information was given about the study and informed consent was obtained from all participants before proceeding with the study. Participants were given the opportunity to ask any questions that they had and it was explained to them that they could withdraw from the study at any point without giving a reason and that withdrawal would not affect their education. Those who agreed to continue to take part in the study were asked to read and sign the consent form (Appendix G). Participants were asked to complete a questionnaire pack in a single session within the school day, which took approximately 30 minutes. The amount of time was decided upon taking into account the age of the adolescents involved in the study and not wanting to interrupt the school day excessively. Participants were asked to complete them without conferring with their peers. Participants were reminded that they could miss out any

questions that they did not wish to answer. At the end of the session, participants were given the opportunity to ask questions about the study.

Ethical Considerations

In the initial discussions with the senior staff, it was explained the research would implement anonymous testing so we would be unable to trace answers to individual pupils. It was agreed that pupils taking part in the study would be directed to their form tutor if taking part in the research brought up any issues for them.

Chapter 3. Results

Data Screening

Prior to analysis, the accuracy of the data and missing values was checked. For each participant, where the data for less than 20% of the items was missing from a measure (Rubin & Little, 2002), mean imputation was used to generate scores for the missing items. Within mean imputation, the missing item score is generated using the mean from the items that each individual participant has completed. The mean was then converted back into a "raw score" by multiplying the mean number of items completed by the number of items that would have been completed if the full scale/subscale had been responded to. Mean imputation was used for each measure and its subscales where appropriate. Therefore, mean imputation was used to generate scores for missing items for the CDI, SASC-R, PANAS Negative Affect, PANAS Positive Affect, SPT Assertive and SPT Defensive. Following mean imputation, the number of complete data sets for each measure can be seen in Table 8.

Measure	**SASC-R**	**CDI**	**PANAS Negative Affect**	**PANAS Positive Affect**	**SPT Assertive**	**SPT Defensive**
Number of complete data sets	212	214	202	205	209	206

Table 10. Number of Complete Datasets for Each Measure

Descriptive Statistics

Range of scores, means and standard deviations were calculated for each of the measures (see Table 9). Reliability analyses were conducted for each of the measures. Where measures used filler items, only items that contributed to the total or subscale score were included in the reliability analyses. These found that the Cronbach's alpha

for the measures fell between .82 and .93, indicating that each measure had a good to excellent level of internal consistency (see Table 9 for Cronbach's alpha scores).

Measure	Mean	Standard Deviation	Range	Reliability (Cronbach's alpha)
SASC-R	43.11	14.91	18 - 83	.93
CDI	13.83	3.75	10 – 27	.84
PANAS Positive Affect	37.19	9.55	11 – 55	.89
PANAS Negative Affect	27.09	11.53	15 - 75	.93
SPT Assertive	97.00	27.52	38 – 188	.91
SPT Defensive	87.05	18.88	25 – 132	.83

Table 11. Means, standard deviations, ranges and reliability for each of the measures

Effect of Questionnaire Version

Four versions of the questionnaire pack were used within the study. A multivariate analysis of variance (MANOVA) was conducted on the data to establish whether there was an effect of version on the data collected. This found that there was not a significant difference between the responses given in the four versions of the questionnaire pack, $F (18, 540) = 1.58$, $p = .058$.

Social Anxiety Scores

The SASC-R total score variable was checked for normality. This variable met the accepted standard for normality as the z score for both Skewness and Kurtosis was below 2.58 (Field, 2005; Skewness z = 1.29; Kurtosis z = -1.41). The data met the assumptions required for an independent ANOVA: ratio data, normally distributed data, data taken from independent samples and homogeneity of variance (Levene's test of Equality of Error Variances was non-significant, $F = .30$, $p = .909$; Brace, Kemp & Snelgar, 2012).

An independent ANOVA was conducted to compare levels of social anxiety between the three different age groups and the two genders. This found that there was a significant main effect of gender indicating that levels of social anxiety were significantly higher in female participants than male participants, $F(1, 206) = 25.19$, $p < .001$ (see Table 10 for means and standard deviations of each Gender's and Age Groups total social anxiety score on the SASC-R).

		N	Mean	Standard Deviation
11 to 12 year olds	Males	30	36.68	15.24
	Females	49	45.06	14.51
	Total	*79*	*41.88*	*15.25*
13 to 14 year olds	Males	36	34.66	12.99
	Females	36	48.22	14.58
	Total	*72*	*41.44*	*15.32*
15 to 16 year olds	Males	36	41.12	13.78
	Females	25	48.84	12.97
	Total	*61*	*45.68*	*13.74*
Total	Male	91	37.10	14.08
	Female	121	47.13	14.08
	Total	*212*	*42.82*	*14.89*

Table 12. Means and standard deviations of each Gender's and Age Groups total social anxiety score on the SASC-R

There was no main effect of age group, indicating that levels of social anxiety did not differ significantly between 11 to 12 year olds, 13 to 14 year olds and 15 to 16 year olds, F (2, 206) 1.59, p = .205. No other effects were significant.

Use of Self-Presentation Behaviours

A mixed ANOVA was used to explore whether there was a there was a significant main effect of age group or gender on the mean use of assertive and defensive self-presentation behaviours and to establish whether there was an interaction between these two variables on use of the respective self-presentation behaviours. The data satisfied the assumptions of an ANOVA. A gender (males and females) x age group (11 to 12

years olds, 13 to 14 year olds and 15 to 16 year olds) x mean self-presentation behaviours (assertive and defensive) mixed model ANOVA showed a significant main effect of self-presentation behaviour, $F (1, 200) = 322.11$, $p < .001$, with participants report using more defensive self-presentation behaviours than assertive self-presentation behaviours. There was also a significant main effect of age group, $F (2, 200) = 4.74$, $p = .010$. To breakdown the main effect of age group, post hoc tests using Bonferroni corrections to control for multiple comparisons were explored. These showed that there was a significant difference between 13 to 14 year olds and 15 to 16 years olds, $p < .011$, where 15 to 16 year olds reported using more self-presentation behaviours ($M = 3.22$, $SE = .087$) than 13 to 14 year olds ($M = 2.95$, $SE = .08$). Additionally, these analyses showed that the difference between 15 to 16 year olds and 11 to 12 year olds was approaching significance, $p = .055$, indicating that there is a trend for the older age group to use more self-presentation behaviours than the 11 to 12 year old age group ($M = 2.95$, $SE = .077$).

There was not a significant main effect of gender, $F (1, 200) = .38$, $p = .534$, indicating that males and females did not differ significantly overall in their use of assertive and defensive self-presentation behaviours.

The interaction of self-presentation behaviour and age group was not significant, $F (2, 200) = .76$, $p = .467$, indicating that there was not a significant difference between the age groups in their mean use of assertive and defensive self-presentation behaviours. Note that the interaction between self-presentation behaviour and gender was significant, $F (1, 200) = 5.07$, $p = .025$, indicating that the mean use of assertive and defensive self-presentation behaviours differed between males and females. To break

down the interaction between gender and use of self-presentation behaviours, a simple effects analyses was used with Bonferroni corrections to control for multiple comparisons. The analyses showed that assertive and defensive self-presentation behaviour use was significantly different for females, $F(1, 200) = 228.36$, $p < .001$, and males, $F(1, 200) = 111.30$, $p < .001$, (see Figure 5 for Bar Chart). The interaction is the result of there being a larger difference between assertive and defensive tactic use for girls than the boys, that is, the use of assertive and defensive behaviours was more similar in male participants than it was in female participants. No other effects were significant.

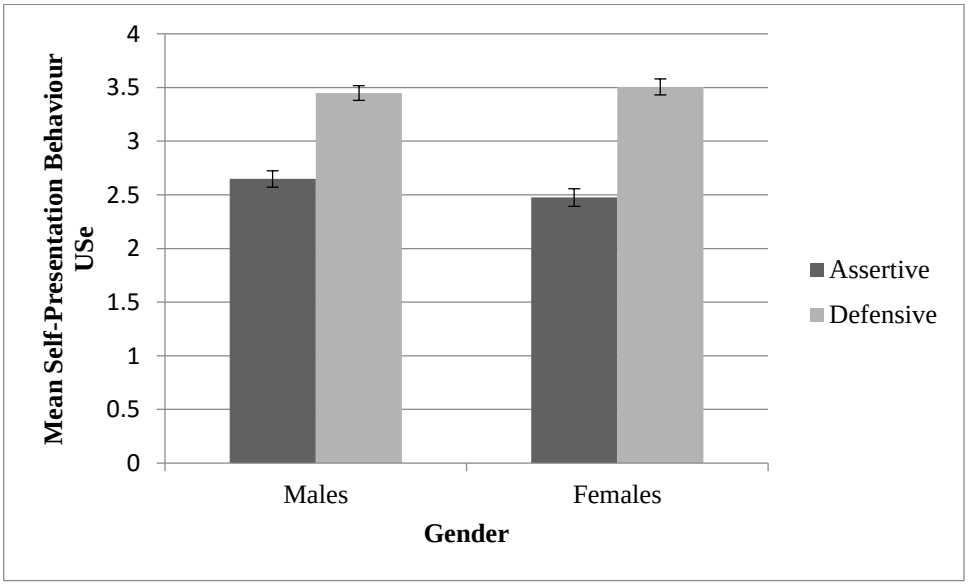

Figure 5. Bar chart showing the means and standard errors bars of assertive and defensive self-presentational behaviour use by Males and Females

Predicting Social Anxiety

Hierarchical multiple regression was used to analyse the data to examine the additional variability that assertive and defensive self-presentation behaviours may account for after controlling for the factors that are known to have a relationship with social anxiety,

such as depressive symptoms, negative affect, positive affect, gender and age, could be controlled for (Brace, Kemp & Snelgar, 2012).

Prior to analysis, two additional interactive predictors were generated. These were the "Age X Assertive self-presentation behaviours" and "Age X Defensive self-presentation behaviours", in order to test the hypothesis that age will affect the use of assertive and defensive self-presentation behaviours. These variables were generated by multiplying age with the respective subscale score for each participant.

Checking the assumptions for Hierarchical Multiple Regression

Prior to conducting a hierarchical multiple regression, the assumptions for the use of this statistical method were assessed. In order to conduct a multiple regression the following assumptions must be met: absence of outliers; absence of multicollinearity; independent errors; random normally distributed errors; homoscedasticity; linearity and non-zero variances (Field, 2003; Brace, Kemp and Snelgar, 2012). These will be discussed separately below.

Outliers

In order for a hierarchical regression to be performed the data should be free from extreme outliers (Brace et al., 2012). An analysis of standard residuals was carried out which showed that the data contained no outliers (Standard Residual Minimum = -3.12, Standard Residual Maximum = 2.29).

Absence of Multicollinearity

Multicollinearity exists when two variables are highly correlated with each other. This can cause difficulties in interpreting the data as there will be an overlap in the variability

that they explain and it will be unclear which of the two predictors is the more important in explaining the variability (Hinton, 2014). Multicollinearity is investigated by initially examining the correlational matrix (see Table 11). No variables had a relationship that was higher than .8, indicating that they were not measuring the same variable (Brace et al., 2012). Additionally, the Tolerance and Variance Inflation Factors (VIF) statistics were examined. Tolerance is the correlation between the predictor variables (Brace et al., 2012) and indicates the amount of variance that the predictor variables accounts for that cannot be explained by the other predictors. Therefore a low tolerance statistic would indicate that the predictor variable has little influence on the variance. In order for the assumption of the absence of multicollinearity to be met the tolerance value should be greater than 0.2 (Field, 2003). A tolerance value below 0.2 suggests a potential problem whilst a tolerance value of 0.1 suggests a serious problem with multicollinearity (Field, 2003). VIF values indicate the amount in which the estimated variance is inflated by having variables that are strongly related and indicates how much multicollinearity is present in the regression analysis. A large VIF value suggests that there is a strong relationship between the predictor variables (Brace et al., 2012). A VIF value of greater than 10 indicates possible multicollinearity (Field, 2003). Tests to see if the data met the assumption of collinearity indicated that multicollinearity was not a concern (CDI Total, Tolerance = .48, VIF = 2.06; Gender, Tolerance = .78, VIF = 1.26; Age, Tolerance = .83, VIF = 1.20; PANAS PA, Tolerance = .63, VIF = 1.57; PANAS NA, Tolerance = .57, VIF = 1.75; SPT Assertive, Tolerance = .63, VIF = 1.56; SPT Defensive, Tolerance = .66, VIF = 1.51).

Variable	Gender	Age	CDI	Positive Affect	Negative Affect	SPT Assertive	SPT Defensive
Social anxiety	-.347**	.114	.608**	-.349**	.554**	.182*	.337**
Gender		.104	-.349**	.192*	-.340**	.074	-.073
Age			.304**	-.260**	.215*	.088	.108
CDI				-.532**	.600*	.044	.210*
Positive Affect					-.357**	.215*	-.010
Negative Affect						.176*	.308**
SPT Assertive							.536**

Note: *p < .05, ** p < .001

Table 13. Zero Order Correlations for All Variables and Social Anxiety Score (N=184)

Independent errors

The assumptions of independent errors refers to the assumption within the test that the residual terms from two observations are not correlated (Field, 2003). This is evaluated by the use of the Durbin-Watson statistic, which generates a value between 0 and 4. A value of 2 indicates that the residuals are not uncorrelated, a value greater than 2 indicates a negative correlation and a value of less than 2 indicates a positive correlation (Field, 2003). There are no exact values that indicate that the assumption of independent errors is violated, however, the closer the value is to 2 the less likely it is to have been violated (Field, 2003). The data met the assumption of independent errors (Durbin-Watson value = 2.18).

Random Normally Distributed Errors and Homoscedasticity and Linearity

Normally distributed errors assumes that the residuals are "random, normally distributed, variables with a mean of zero" (Field, 2003, p. 128). Homoscedasticity is the assumption that the "scores in a scatterplot are evenly distributed along and about a regression line" (Hinton, 2014, p. 255). The assumption of linearity refers to the assumption that the relationship that is being examined is a linear relationship, rather than a non-linear or curvilinear relationship (Field, 2003). These assumptions are evaluated by examination of the histogram of standardised residuals, normal P-P plot of standardised residuals and the scatter plot of standardised residuals. These three plots were examined for the current data. The histogram of standardised residuals (see Figure 6) indicated that the data contained approximately normally distributed errors, as did the normal P-P plot of standardised residuals (see Figure 7), which showed points that were not completely on the line but were close.

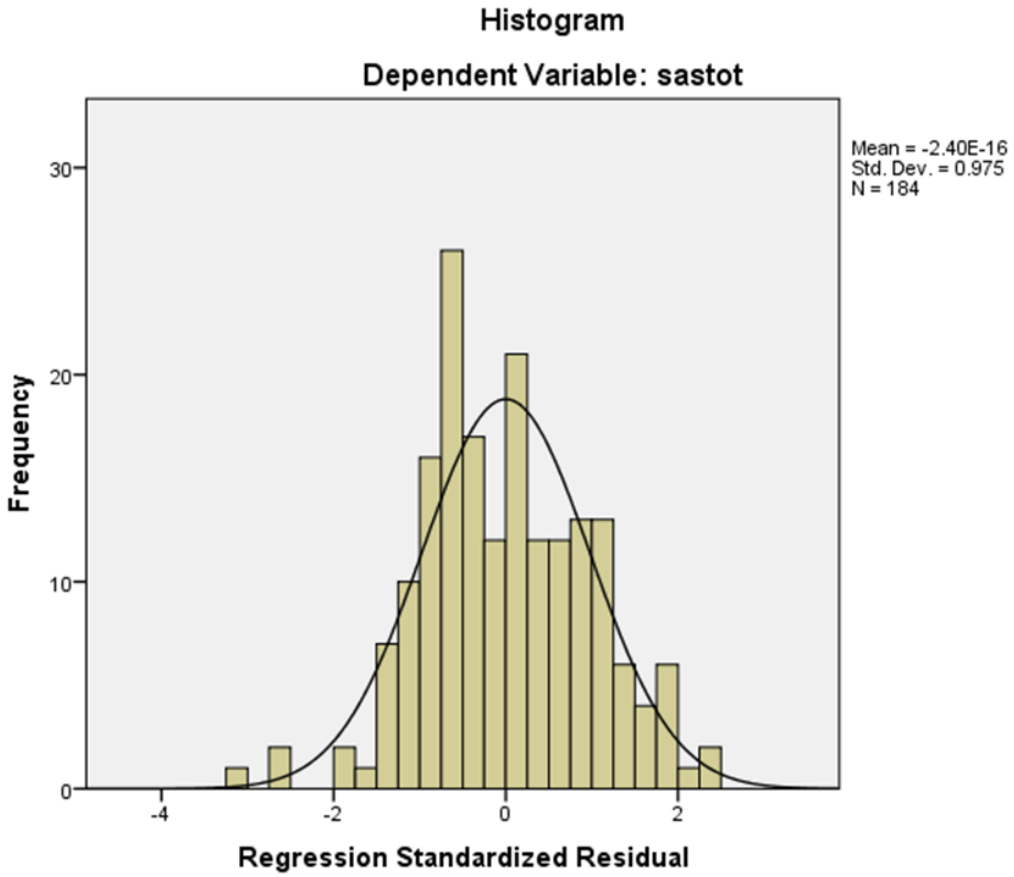

Figure 6. Histogram of the Standardised Residuals

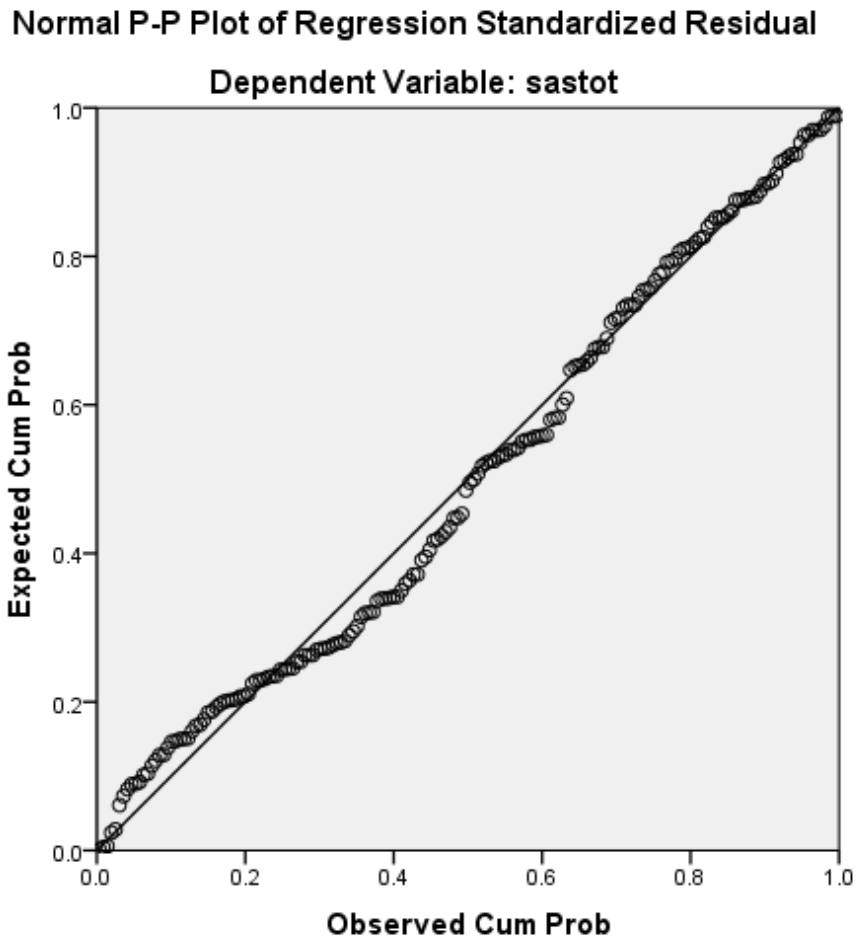

Figure 7. Normal P-P Plot of Standardized Residuals

The scatter plot of standardised residuals (see Figure 8) showed that the data met the assumptions of homogeneity of variance and linearity.

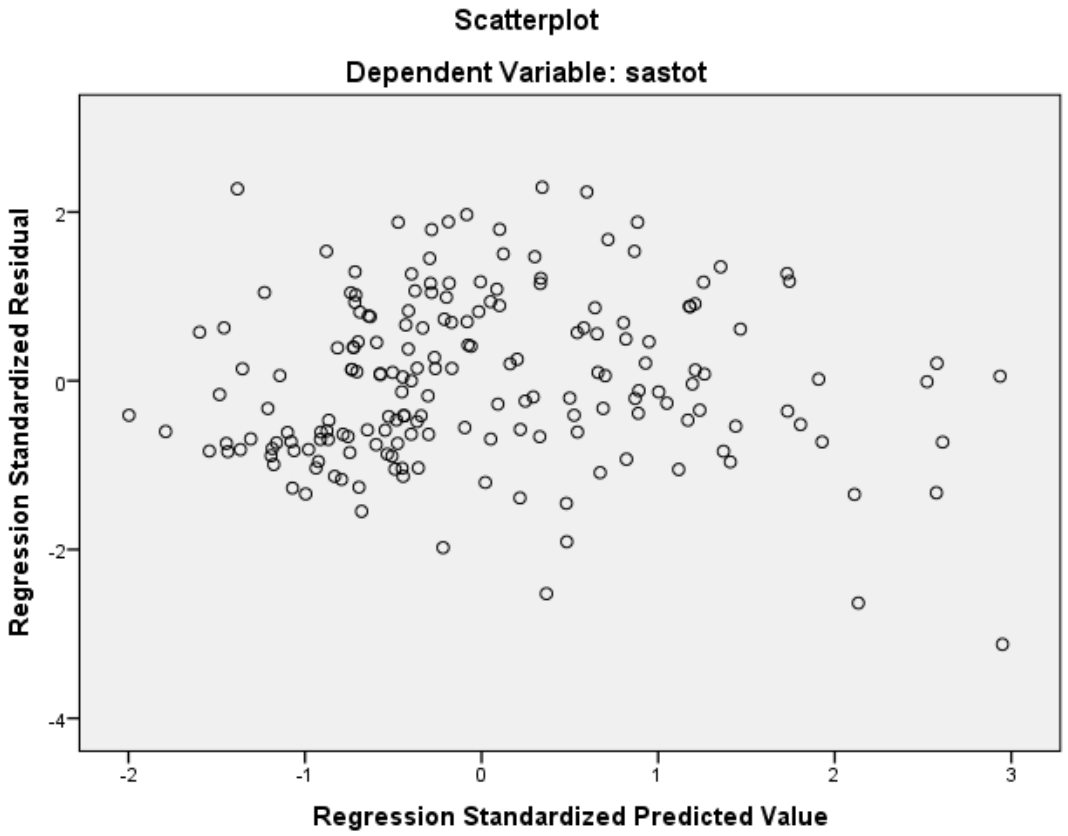

Figure 8. Scatter plot of Standardised Residuals

Non-Zero Variances

The assumption of non-zero variances refers to the assumption that predictors will have some variation in their values, that is they do not all have a variance of 0 (Field, 2003). This assumption is tested by examining the variance of each predictor. If the variance is above 0 the assumption is met. The data also met the assumption of non-zero variances (SASC-R, Variance = 221.98; Gender, Variance = .24; CDI, Variance = 13.05; Age, Variance = 2.79; PANAS PA, Variance = 86.61; PANAS NA, Variance = 128.62; SPT Assertive, Variance = 782.25; SPT Defensive, Variance = 394.40).

Hierarchical Multiple Regression

A three stage hierarchical multiple regression was carried out with social anxiety (SASC-R total score) as the outcome variable and the SPT Assertive subscale and the SPT Defensive subscale as the predictor variables. The aim was to see what the combined predictive power of these variables was and to determine the extent to which use of self-presentation behaviours accounted for the variance in social anxiety scores after the effects of depressive symptoms (CDI), negative affect (PANAS NA), positive affect (PANAS PA), gender and age had been accounted for. The two interactive predictors were then added to the model to explore whether age had an influence on use of assertive and defensive self-presentation behaviours and their relationship with feelings of social anxiety.

The control variables were entered into the model as the first step. This was followed by the SPT Assertive and SPT Defensive subscale totals. The third step added the interactive predictors of Age vs Assertive self-presentation behaviours subscale variable and Age vs Defensive self-presentation behaviours to the regression (see Table 12 for Regression Analysis summary). The control variables explained a significant amount of the variance in SASC-R total score, $F(5, 178) = 28.09$, $p < .001$; $R^2 = .441$, adjusted $R^2 = .425$. In adding the reported use of assertive and defensive self-presentation tactics to the model, the predictor variables in Block 2 contributed a significant increase in the variance explained, accounting for an additional 3.5% of the variance in social anxiety scores, $F(2, 176) = 5.90$, $p = .003$. The third and final step added the interactive predictor variables for age by each SPT type. This final step in the model was not significant, $F(2, 174) = .27$, $p = .757$; $R^2 = .478$, adjusted $R^2 = .451$.

Therefore, the inclusion of the interactive predictors with age did not significantly improve the model beyond Block 2.

Variable	β	*t*	*t* p-value
Block One			
Gender	-2.88	-1.53	.128
Age	-6.11	-1.12	.263
CDI Total	1.64	5.16*	<.001*
PANAS PA	-.04	-.43	.664
PANAS NA	.359	3.88	<.001*
Block Two			
Gender	-3.32	-1.79	.074
Age	-.737	-1.38	.168
CDI Total	1.55	4.98	<.001*
PANAS PA	-.12	-1.20	.229
PANAS NA	.27	2.92	.004*
Assertive SPT	.04	1.20	.228
Defensive SPT	.11	2.17	.031*
Block Three			
Gender	-3.21	-1.71	.088
Age	-1.79	-1.05	.292
CDI Total	1.54	4.90	<.001*
PANAS PA	-.13	-1.22	.224
PANAS NA	.27	2.88	.004*
Assertive SPT	.01	.62	.530
Defensive SPT	-.06	-.22	.820
Age vs SPT	.01	.62	.530
Assertive			
Age vs SPT	-.01	-.07	.942
Defensive			

Note. *significant

Table 14. Summary of Hierarchical Regression Analysis for Variables predicting social anxiety scores

With the addition of self-presentational usage to the model, the final model significantly explains the variability in social anxiety scores above chance level, $F(7, 176) = 22.86$, $p < .001$. Within this model an increase in CDI scores, negative affect, and use of defensive self-presentation tactics each were predictive of higher social anxiety scores.

Overall the final model accounted for 47.6% (adjusted $R^2 = .455$) of the variance in the social anxiety.

Individual Self-Presentation Behaviours and Social Anxiety

As the individual subscales (for example, Self-Handicapping and Justification) contain different numbers of items, the subscale scores were generated by using the mean of the total subscale score for each individual (see Table 13).

Self-Presentation Behaviour	N	Mean	Standard Deviation	Reliability (Cronbach's alpha)
Excuses	211	2.94	1.20	.74
Justification	200	3.35	1.23	.72
Disclaimers	212	3.09	1.02	.56
Self-Handicapping	206	2.87	1.18	.63
Apologies	213	5.00	1.29	.77
Intimidation	209	1.72	0.84	.75
Supplication	211	2.49	0.79	.47
Entitlement	211	2.73	1.04	.69
Enhancement	211	2.63	1.16	.74
Ingratiation	211	1.72	0.83	.72
Blasting	210	2.05	1.08	.78
Exemplification	214	3.18	1.25	.80

Table 15. Means and standard deviations of each self-presentation behaviour

Partial correlations were carried out between each of the individual self-presentation behaviour subscales and feelings of social anxiety, controlling for age and gender. Due to the number of comparisons made, a more conservative p value was used to indicate significance. This was calculated by dividing the standard p-value of .05 by the number of comparisons made (12), which resulted in a new p-value of $p < .004$.The partial correlations between social anxiety and excuses, $r (198) = .18$, $p = .183$, intimidation, $r (206) = .10$, $p = .104$, and exemplification, $r (204) = .07$, $p = .269$, justifications, $r (205) = .13$, $p = .060$, entitlement, $r (201) = .22$, $p = .047$, apologies, $r (206) = .17$, $p = .014$,

enhancement, r (205) = .17, p = .010, and blasting, r (201) = .15, p = .027 were not significant. Self-handicapping and social anxiety were moderately positively correlated, r (205) = .42, p < .001, after controlling for gender and age group. Therefore, the greater use of self-handicapping behaviours was associated with greater feelings of social anxiety. Further partial correlations between social anxiety and the following self-presentation behaviours were significantly weakly positively correlated after age group and gender had been controlled for: disclaimers, r (204) = .22, p = .001, ingratiation, r (204) = .20, p = .003, supplication, r (204) = .23, p = .001. Therefore, higher levels of use of these self-presentation behaviours was associated with greater feelings of social anxiety. However, it is important to note that the Cronbach's alpha statistic for these subscales varied between poor and acceptable, indicating that the reliability of these subscales for the individual self-presentation behaviours was not as strong as that for the overall assertive and defensive self-presentation behaviour subscales.

Chapter 4. Discussion

Summary of Results

In addressing the main research question it was found that self-presentation behaviours explained a significant amount of the variance after depression, positive affect, negative affect, age and gender had been controlled for. More specifically, use of defensive self-presentation behaviours significantly predicted social anxiety, but use of assertive self-presentation behaviours did not. These results are similar to the results that have been seen within an adult population (Lee et al., 1999). Contrary to expectations the link between self-presentation behaviour use and social anxiety was not moderated by age. As expected, the self-presentation behaviour data indicated that adolescents used significantly more defensive self-presentation behaviours than assertive self-presentation behaviours, which is in line with findings within adult populations (Øverup & Neighbors, 2016).

Discussion of the findings

Feelings of Social Anxiety in Adolescents

The results of the study showed that there was no difference between the three age groups in their levels of feelings of social anxiety. This is slightly surprising as the literature suggests that the prevalence and diagnoses of social anxiety increases during adolescence (Beesdo et al., 2007). Therefore, it would be expected that there would be greater of feelings of social anxiety in 15 to 16 year olds than there would be in 11 to 12 year olds. However, it may be that the changes that influence the development of feelings of social anxiety, such as changes in social cognition, increases in self-consciousness, puberty and changing of schools (Bruch, 1989; Steinberg & Morris, 2001) have already exerted their influence on the participants in 11 to 12 year old and 13 to 14 year old age groups. This may explain why there is little difference between the levels of social anxiety that are experienced by the three year groups.

Diagnoses of social anxiety have been seen to increase during adolescence, however, in our sample it was not seen that feelings of social anxiety were greater in the older adolescents than the younger ones. It may be that social anxiety exists earlier in adolescents than when it is diagnosed and this may be because social anxiety is easier to diagnose in older adolescents. This suggests that there should be greater awareness of children exhibiting signs of social anxiety at a younger age in order for it to be monitored and assessed as to whether the individual is experiencing clinical levels of social anxiety. Alternatively it may be this study explored a typically developing population and within this group there is a normative level of social anxiety being experienced, therefore there is not a difference between age groups. It may be that there are only differences between age groups when individuals experiencing clinical levels of social anxiety are explored as it is only with age that social anxiety becomes disruptive to functioning and therefore older adolescents are diagnosed with SAD.

There was a significant difference between girls and boys in the level of social anxiety experienced, where girls reported experiencing significantly higher levels of social anxiety than boys. This supports the literature that suggests that females experience higher levels of social anxiety than males in adolescent populations (Wittchen et al., 1999).

Use of Self-Presentation Behaviours

The results of this study supports the adult social anxiety literature, however, there is little literature evaluating the use of self-presentation behaviours by adolescents. This study investigated how adolescents use self-presentation behaviours. A main effect of self-presentation behaviour was found, that is, participants reported using more

defensive self-presentation behaviours than assertive self-presentation behaviours. This is consistent with Øverup and Neighbours (2016) finding that a population of students tend to use defensive behaviours more than assertive behaviours. As discussed earlier, individuals tend to use more defensive self-presentation behaviours in established relationships than in newer relationships (Øverup & Neighbours, 2016). It may be that friendships within the age groups studied have already been established and are more stable (Poulin & Chan, 2010) and, therefore, individuals do not need to create their identity but need to maintain it, through the use of defensive self-presentation behaviours, within their established peer group.

The study found that there was not a significant interaction between age and use of self-presentation behaviour, indicating that use of assertive and defensive self-presentation behaviours did not differ between the age groups. This is contrary to what was predicted as it was expected that younger participants would use more assertive self-presentation behaviours than the older adolescents. Assertive self-presentation behaviours are used to generate a particular identity to the audience where an individual perceives that they are able to make the desired impression to be evaluated positively (Schlenker & Weigold, 1992). As such it could be expected that younger students would use more assertive self-presentation behaviours as they only recently started a new school and would be forming new relationships with both teachers and peers, giving them opportunities to form their image and for social evaluation (Banerjee, 2002). However, the younger participants used similar amounts of assertive self-presentation behaviours to the 15 to 16 year old participants. This could be explained by the older adolescents continuing to use assertive self-presentation behaviours to actively maintain the image

that they have created, rather than just relying on defensive self-presentation behaviours to do this.

With regard to defensive self-presentation, it was expected that 15 to 16 year olds would use more defensive self-presentation behaviours to maintain their desired impression in their already established relationships. However, this was not supported by the results. This is surprising as the current thinking suggests that defensive self-presentation behaviours are used to help protect the desired identity or to repair damage to the identity (Schlenker & Weigold, 1992). Older adolescents will have had more time to create their identity with both their peers and their teachers within the social situation of the school, and therefore would have more to lose, such as friendships and their place within the social structure, if this identity were to be irreparably damaged. As suggested previously, self-presentation behaviours can act as relationship maintenance tools and it has been seen that defensive behaviours are used to a greater extent in closer relationships than assertive behaviours (Øverup & Neighbours, 2016). Therefore it is surprising that defensive behaviours were not used to a greater extent by those in the older age group, who would have more time to develop their friendships and would be more invested in maintaining these relationships, than their younger counterparts. Similarly, one might have expected participants in 13 to 14 year olds to use defensive self-presentation behaviours more than 11 to 12 year old participants as they would have more established identities to protect, however, this did not prove to be the case. It is possible that due to the study taking place so early in the school year, the 11 to 12 year old participants used a greater number of defensive self-presentation behaviours to convey a positive image and appear more likeable (Øverup & Neighbours, 2016) whilst developing their friendships in their new school.

It was found that there was a main effect of age in the use of self-presentation behaviours between the age groups investigated in the study. It was found that the older adolescents reported using more self-presentation behaviours than the younger adolescents. The older adolescents will have had more time to develop their current relationships with their peers and teachers within the school setting than the younger adolescents. During the developmental period of adolescence, individuals will gain greater awareness of the importance of self-presentation and conforming with social norms (Banerjee, 2002; Bennett & Yeeles, 1990), therefore, it would be understandable that the older age group uses more self-presentation behaviours to maintain their established relationships. There was no difference found in overall use of self-presentation behaviours between the two younger age groups (11 to 12 year olds and 13 to 14 year olds). This is surprising as following the difference between 13 to 14 year old and 15 to 16 year old students, one might expect this difference to be replicated between the younger age groups. It is unclear why there was not a significant difference, however, it may be that self-presentation behaviour use to protect developed relationships requires the relationship to be at a certain level of intensity that is not present in 11 to 14 year old students as they are still settling into their relationships at school.

Previous research has suggested that women tend to be less assertive in their self-presentation than men (Bolino & Turnely, 2003; Øverup & Neighbours, 2016) where men tend to use more assertive self-presentation behaviours than women but use similar amounts of defensive self-presentation behaviours (Lee et al., 1999). Guadagno & Cialdini (2007) suggested that this may be due to both gender acting in line with

Western society's gender role. That is men are expected to be more assertive in their self-presentation, whereas women are expected to be more sensitive and concerned for others. This was demonstrated in their study of use of self-presentation behaviours in the workplace. The study found that there was no main effect of gender in use of self-presentation behaviours, that is, there was no difference in the reported use of assertive and defensive self-presentation behaviours between male and female participants in this study. This is in contrast to the current adult literature which suggests that men and women use self-presentation behaviours in different ways. Given that most of the current literature has utilised mainly adult participants and workplace populations, it may be that these differences do not develop until after the age of 16. Indeed, the results of this study are more in line with the findings within the children's literature where there are no conclusive findings about differences in self-presentation use between males and females (Banerjee & Watling, 2010). It may be that conformity to social gender roles may not have become fully developed in the population studied. Alternatively, it may be that the population studied hold different beliefs and values about how men and women should behave in social situations and the absence of difference between these groups reflects this change in attitudes. In the British Social Attitudes survey, which has tracked attitudes over 30 years, it has been seen that there have been changes in the way that the British population sees gender roles, with the traditional gender roles of a man being the breadwinner and a woman being a carer becoming less dominant (Scott, Clery, Park, Bryson, Clery, Curtice & Philips, 2013). In this survey, in respondents aged 25 and under, less than 1 in 20 endorsed traditional gender roles compared to 3 in 10 respondents who were aged 66 or over. This demonstrates the differing views of gender roles that are held by different generations. It is possible that the lack of difference between the genders in their use of self-

presentation behaviours in the population questioned in the current study is a reflection of the changing views of gender roles.

In summary, from the results it is indicated that the adolescent population sampled use a greater amount of defensive self-presentation behaviours than assertive self-presentation behaviours. This use of self-presentation behaviour does not differ significantly over the three year groups or between males and females. From having a greater understanding of how adolescents use self-presentation behaviours, we can now explore the relationship that self-presentation behaviours have with social anxiety.

Use of Self-Presentation Behaviours and Social Anxiety

The main aim of this study was to explore the relationship between use of self-presentation behaviours and feelings of social anxiety in adolescents. The results of the hierarchical multiple regression suggested that, after controlling for known predictors, use of self-presentation behaviours, and particularly defensive self-presentation behaviours, predict feelings of social anxiety. That is, individuals who experience greater feelings of social anxiety also report using more defensive self-presentation behaviours. This supports the hypothesis that reported use of self-presentation behaviours will predict self-reported feelings of social anxiety. Furthermore, this adds to, and is consistent with, the current literature which has found that there is a relationship between feelings of social anxiety and use of defensive self-presentation behaviours in adults (Lee et al., 1999). This is different to the current literature around children's use of self-presentation and social anxiety, where children with greater feelings of social anxiety used more self-presentation behaviours but there was not seen to be a differentiation between assertive and defensive self-presentation behaviours

(Banerjee & Watling, 2010). It may be that adolescents are beginning to use self-presentation behaviours in a more sophisticated manner and are using defensive self-presentation behaviours to protect the identity that they have created and protect themselves from negative social evaluation.

Whilst use of assertive self-presentation behaviours also initially had a significant positive correlation with feelings of social anxiety, this was only a weak correlation. However, this relationship was not significant once the contribution of defensive self-presentation behaviours, depression, positive affect, negative affect, age and gender were accounted for. This is in line with the current adult literature (Lee et al., 1999) and supports the hypothesis that self-reported use of defensive self-presentation behaviours will predict feelings of social anxiety over self-reported use of assertive self-presentation behaviours. However, these results differ from the child literature, where Banerjee and Watling (2010) found that there was no significant difference in the use of assertive and defensive self-presentation in 8 and 9 year old children. This suggests that there is a transition between using assertive and defensive self-presentation behaviours in a similar way at the ages of 8 and 9 to using more defensive self-presentation behaviours by the age of 11 in those who experience greater feelings of social anxiety. Banerjee and Watling (2010) suggested that a more defensive style of self-presentation may be established later in development, partially due to an accumulation of unsuccessful social interactions that has not been experienced by the age of 9. These unsuccessful interactions may be influenced by using self-presentation behaviours indiscriminately, that is, not differentiating between different audiences and changing self-presentation to meet the social norms of the specific audience, and therefore, experiencing more unsuccessful social interactions. The experience of more

unsuccessful interactions may lead to greater feelings of social anxiety as the individual further doubts their ability to make their desired impression. From the results of the current study, it would seem that by the age of 11, participants had come to use more defensive self-presentation behaviours. This change in self-presentation behaviour use may be influenced by the individual's understanding of the self-presentation behaviour. Watling and Banerjee (2012) found that defensive self-presentation behaviours, such as disclaimers, were understood later in childhood than assertive self-presentation behaviours, such as ingratiation and self-promotion. It could be that defensive self-presentation behaviours are only used after they are understood. So, as children and adolescents develop their understanding of these behaviours they will begin to use them more. Additionally, during this period of development, adolescents experience many changes, such as puberty, changes in school and peer groups and developments in understanding of social situations and demands, which could all further influence the changes in the way that an individual presents themselves and their awareness and concern about social evaluation.

This study hypothesised that the relationships between the use of self-presentation behaviours and feelings of social anxiety would be moderated by age. More specifically, it was hypothesised that the relationship between use of assertive self-presentation behaviours and feelings of social anxiety would be stronger in early adolescence than in later adolescence. Conversely, it was hypothesized that the relationship between self-reported use of defensive self-presentation behaviours and feelings of social anxiety would be stronger in later adolescence than in early adolescence. This hypothesis was not supported by the results of this study as neither of the interactive predictor variables added a significant unique contribution to the

amount of variance in the explanation of feelings of social anxiety. One reason for the lack of interaction may be because there was not a significant difference in the use of these two types of self-presentation behaviour. This is in contrast to what was expected as within self-presentation, assertive self-presentation behaviours are used to help create the desired image of oneself on the audience whilst defensive self-presentation behaviours are used to protect this image from any possible damage (Schlenker & Weigold, 1992). Furthermore the Self-Presentation Model of social anxiety suggests that feelings of social anxiety arise from an individual's desire to convey a particular image to others but doubt their ability to successfully do so (Schlenker & Leary, 1982). Therefore, it would have been expected that 11 to 12 year old participants who have not known their peer group for very long would be using more assertive self-presentation behaviours in actively creating their social identities and to help manage fears of being negatively evaluated by other and feelings of social anxiety whilst 15 to 16 year old participants would be using more defensive self-presentation behaviour to maintain their created identity, fears of negative social evaluation and feelings of social anxiety . However, this was not supported by results of this study. Furthermore, it was expected that the differing use of these behaviours across adolescence would have a relationship with social anxiety as social evaluation by others continues to influence individuals in different ways across the period of adolescence. For example, social evaluation in 11 to 12 year olds who have just started secondary school may be about evaluating whether or not one is liked by their peers whereas in the 15 to 16 year old age group this social evaluation may revolve around whether one is continuing to behave in the way that is expected of them after a few years of being friends. Therefore, one might expect that 11 to 12 year old participants would use proportionally more assertive self-presentation behaviours, such as ingratiation, enhancement and

exemplification, in comparison to defensive self-presentation behaviours to manage their anxiety about being accepted by their peers and making friends whilst 15 to 16 year old participants would use proportionally more defensive self-presentation behaviours, such as apologies, disclaimers and justification, to manage their anxiety about maintaining their social relationships. However, this was not the case. Given that age was not seen to have a significant influence on feelings of social anxiety, it may be that the changes that influence the use of assertive and defensive behaviour use and feelings of social anxiety have already taken place before the adolescents enter secondary school.

Of the individual self-presentation behaviours, only self-handicapping, a defensive self-presentation behaviour, had a significant moderate correlation with social anxiety after age group and gender had been controlled for. Other self-presentation behaviours, disclaimers, ingratiation and supplication had significant correlations with social anxiety, however, these correlations were only weak. Whilst it would have been expected that more of the defensive self-presentation behaviours would have had stronger correlations with social anxiety, this was not supported by the results of the study. It may be that in the case of defensive self-presentation behaviours, that it is the combined use of the behaviours results in the relationship with social anxiety, rather than any one defensive behaviour being responsible for the relationship.

In summary, these findings suggest that there is a relationship between social anxiety and use of defensive self-presentation behaviours within an adolescent population. These findings are more in line with the adult literature than the child literature, suggesting that adolescents have developed their understanding of self-presentation,

social evaluation and the preferences of the audience within the social situation sufficiently to be able to control their self-presentation. Furthermore, adolescents who experience greater feelings of social anxiety may use defensive self-presentation behaviours as a form of safety behaviour to protect themselves from a feared outcome of negative social evaluation within social situations. These findings advance the understanding of the relationship between self-presentation behaviours and social anxiety in a previously understudied population.

Clinical Implications of the Study

The results of this study suggest that there is a relationship between the use of self-presentation behaviours and feelings of social anxiety in a non-clinical adolescent population. As discussed previously, research has shown that non-clinical and clinical social anxiety populations experience similar symptoms and distress, however, the differentiating factor is the severity of the experience (Kashdan, 2007; Turner et al., 1990). Therefore, the results from this study may be generalisable to a clinical population. Self-presentation behaviours can be viewed as safety-seeking behaviours as they serve the purpose of protecting the individual from a feared outcome, in the case of social anxiety this feared outcome is negative evaluation from others (Schlenker & Leary, 1982). It has been seen that in clinical populations that children with Social Anxiety Disorder report using significantly more safety behaviours than non-anxious controls (Kley et al., 2012). It may be that adolescents who experience clinical levels of social anxiety may use self-presentation behaviours, particularly defensive self-presentation behaviours, more than the participants in this study. However, further research with a clinical population is needed to establish the relationship between social anxiety and self-presentation within a clinical population. This has clinical implications

because safety behaviours have been seen to contribute to the maintenance of Social Anxiety Disorder as the use of safety behaviours prevents the individual from exploring whether their feared outcome would happen if they did not use the safety behaviour (McManus et al., 2008; Okajima et al., 2009). The dominant CBT model of social anxiety suggests that safety behaviours should be one of the first areas of focus for treatment of social anxiety (Clark & Wells, 1995). Therefore, it may be helpful for clinicians to have an awareness of self-presentation behaviours acting as safety behaviours and include this in formulations of the problem so that they can be addressed in therapy alongside the other safety behaviours that the individual may utilise to prevent themselves from being negatively evaluated in social situations.

Strengths of the Present Study

The sample size of this study met the requirements of power to be able to assume good statistical power for the statistical analysis. Conducting this study using a non-clinical healthy adolescent sample allowed the subject of self-presentation behaviours and their relationship with feelings of social anxiety to be explored in an adolescent population without the possible confounding effects of other disorders that have been seen to be co-morbid with Social Anxiety Disorder, such as other anxiety disorders. As this was one of the first studies to explore the relationship between use of self-presentation behaviours and feelings of social anxiety, it was important to first investigate this within a non-clinical sample to establish if a relationship does exist. Additionally, use of a non-clinical sample meant that the relationship between social anxiety and use of self-presentation behaviours could be investigated without placing further burden on a clinical sample of adolescents who have been diagnosed with Social Anxiety Disorder.

A strength of this study is that it has added to the literature about social anxiety and the use of self-presentation behaviours in a population which has so far been neglected. This study has identified that adolescents use self-presentation behaviours in a way that is more similar to that of adult populations than child populations. Additionally, this has advanced previous research which has explored the use of self-presentation behaviours in adult and child populations and helped further the understanding of how these behaviours are used in adolescence.

Limitations of the Present Study

Sample

Participants recruited to the study were predominantly from White British background. This prevents the results from being generalised to secondary school students from other cultures across the UK. Whilst not within the scope of this study, it is interesting to consider the concept of self-presentation behaviours within the context of culture. It has been seen that there are differences in self-presentation behaviours between individualistic and collectivistic cultures. For example, differences between Chinese and North American children have been found in their acceptance for lying. Chinese children have been seen to judge modest lies more favourably than boastful truths and rated immodest statements more negatively than Canadian children (Cameron, Lau, Fu & Kang, 2012). This suggests that there are differences between cultures in their cultural norms and values which may influence self-presentation behaviours. The population in this sample came from a British school and with a majority of participants coming from a White British culture. British culture has a reputation for being a polite culture and therefore projecting a polite self-presentation in social situations is more likely to be evaluated positively. Additionally, British people are known for apologising

excessively, even for things that are not their fault. In a Yougov poll it was found that of those polled, the British participants tended to apologise more than American participants in general (Jordan, 2015), for example being late to a meeting, and for things that were not their fault, such as someone else bumping into them. This demonstrates that there are differences in apologising behaviours even between two cultures that are considered to be fairly similar. Therefore, it is unsurprising that the apologies are the endorsed more than any other self-presentation behaviour. Within this study, there was not enough participants from other ethnic groups to explore if there were any differences in the self-presentation behaviours used by different ethnic groups. However, it would be interesting to see if there is a difference between the self-presentation behaviours used by adolescents from different cultures and if this continues to have an influence on feelings of social anxiety. It would be interesting to explore the influence of the dominant culture and social etiquette and the influence that this has on self-presentation behaviours and feelings of social anxiety.

The ability to generalise the findings of the study is limited by the use of a non-clinical population. This population was selected as there was no current literature that had explored the use of self-presentation behaviours and feelings of social anxiety in adolescents. However, it has been seen that both clinical and non-clinical participants report similar symptoms and distress in their experience of social anxiety with intensity of experience being the defining factor between the two populations (Kashdan, 2007; Turner et al., 1990). Despite this, as there is currently no evidence of regarding how adolescents use self-presentation behaviours and their relationship with social anxiety in a clinical population, one should be cautious in generalising the results to a clinical population. However, as clinical populations have been seen to experience greater

intensity of social anxiety symptoms and distress, we propose that it is likely that the findings could be extended to the clinical sample; although, it does warrant research with the clinical sample to back up this assumption. It may be expected that there is a stronger relationship between defensive self-presentation behaviours and social anxiety within a clinical population. Alternatively a clinical population may use self-presentation behaviours at the same level as a community sample but may use different behaviours in the assertive and defensive subscales. Therefore, without exploring the use of self-presentation behaviours in an adolescent clinical sample, there still remains a question about how adolescents with a diagnosis of social anxiety use self-presentation behaviours.

The schools that participated in the study were located in Buckinghamshire, which is one of only 10 local education authorities in England to have a wholly selective secondary education system (Bolton, 2015). This means that there are two types of state secondary school in Buckinghamshire: upper/all-ability schools and Grammar schools. In order to attend a Grammar school, pupils must pass a transfer test, which is taken in Year 6. For September 2015 entry to secondary school, 25% of the cohort qualified for a Grammar School (Buckinghamshire County Council, 2015). Therefore, 75% of the cohort attending Buckinghamshire Primary Schools went on an upper/all-ability school. It has been suggested that there is a class bias within Grammar Schools systems, as historically they have been seen to enrol a greater number of children from middle class backgrounds than working class backgrounds (Abraham, 1995). More recently, Grammar schools have been seen to have fewer pupils who are receiving free school meals and fewer pupils from certain ethnic minorities that the all-ability schools (Bolton, 2015). Both of the schools included in this study were all-ability schools,

therefore, the sample may not be representative of the student population in Buckinghamshire because at least 25% of the population (those attending selective secondary schools and independent schools) is not being represented within the study's sample. It may be that this population use self-presentation behaviours in a different way than the population in the study. For example, they may be more assertive in their use of self-presentation behaviours or the association between defensive self-presentation behaviours and social anxiety may be weaker. It has been seen that rates of social anxiety are higher in those that come from lower socio-economic backgrounds (Schneier, Johnson, Hornig, Liebowitz, Myrna, & Weissman, 1992). Therefore, there may be different levels of social anxiety or other affect symptoms, such as low mood, in those that attend Grammar schools and all ability schools which may influence the relationship between social anxiety and reported use of self-presentation behaviours. However, it is important to note that the sample of students in this study comes from schools in which 75% of the pupils are represented. Whilst these results may not be wholly representative of students in the Buckinghamshire Education system, it may be that the results are representative of the wider British student population.

Measures

It is important to note that the version of the SPT used in this study has not been validated for use with an adolescent population. Therefore, it is important to interpret the results with caution. However, the SPT (Lee et al., 1999) has been found to have good psychometric properties. The version used was modified to make the statements accessible to both a British population and a child population and has been used in previous research where it has been seen to be internally consistent (Banerjee & Watling, 2010). As it has been used in research with younger children, the measure

should have been appropriate for the older population studied. Additionally, the measure was checked by teachers who are aware of the ability of the population in this study and was judged to be appropriate to their developmental level. Reliability analyses for the defensive and assertive self-presentation behaviour subscales used in this study were both found to have good reliability, which was similar to that found with Lee et al.'s (1999) original version.

The SASC-R (La Greca & Stone, 1993), which is designed for use with 7 to 13 year olds, was used in this study. The age range of the study was 11 to 16 years. However, this measure was chosen over the Social Anxiety Scale for Adolescents (SAS-A; La Greca & Lopez, 1998), which is designed for 13 to 17 year olds, as the majority of the sample was under the age of 13. Whilst both the SASC-R and the SAS-A have very similar items, it is conceivable that the use of the SASC-R may have elicited different answers in the older participants in the sample than the more age appropriate, SAS-A. Therefore it is important to be aware of this when interpreting the results. Having noted this, it is important to be aware that in this study, it was found that that the SASC-R had a good reliability within this sample in line with the reliability that was found by the authors.

All of the measures used in this study were self-report measures. Whilst all the measures were found to have good reliability within this sample, it is important to note that it is unclear to what extent individual's self-reported use of self-presentation behaviours translates into actual use of self-presentation behaviours. For example, children may over-estimate their use of self-presentation behaviours due to cognitive biases about their performance in social situations (Banerjee & Watling, 2010). Whilst self-report

measures reflect the child's own perception of the behaviours that they are using which may indicate their cognitions and behaviours in social situations, it should be noted that it may be different to the self-presentation behaviours they use in real life situations.

Social Desirability Bias

When interpreting the results of the study, it is important to be aware of the possibility that the results were affected by social desirability bias. Social desirability bias refers to the phenomenon of participants responding to questions in a way that presents a favourable image of themselves (Nederhof, 1985). Due to this bias the participant may alter their answers to ensure that they conform to socially accepted values, will help them to gain social approval or avoid being negatively evaluated by the researcher (Van De Mortel, 2008). Within research settings, the responses may be perceived as self-presentation of the individual to the researcher and may lead the participant to respond in a way which they perceived would be socially acceptable to the researcher (Baumeister, Tice & Hutton, 1989). A review of the nursing and allied health professions found that 43% of the studies were affected by social desirability bias and this bias influenced the outcomes of the study (Van de Mortel, 2008). Furthermore it has been suggested that people who have greater concerns about social evaluation may be more likely to modify their answers so that it is in line with socially acceptable limits. This may lead to the results of the study being distorted (Leary & Allen, 2011). Within this study, it was attempted to reduce the effect of social desirability bias by using four versions of the questionnaire pack, where the order of the questionnaires varied. Analyses comparing the answers on the four questionnaire packs found that there was not a significant difference between them, indicating that the version of the questionnaire pack that participants completed did not influence the answers that they

gave. However, it is important to be cautious in interpreting the results of the study because, by its very nature in asking about self-presentation, it may activate the individual's beliefs about social evaluation and they may be driven to answer the questionnaires in ways that make them seem more in line with socially accepted norms. This may have influenced the participants' responses on the questionnaires, despite having been informed that all of their answers are anonymous. Social desirability bias may have influenced answers on particular subscales more than others, for example, individuals may have given lower ratings for items on the intimidation subscale than for the apologies subscale as it is consistent with cultural norms to apologies for something that you have done wrong or for causing harm to another person, however, using intimidation behaviours within social situations is seen as less socially acceptable.

Setting

Similarly to social desirability bias, the influence of the setting in which the research was conducted may have had an influence on the answers given by the adolescents within the sample. As stated, the research was conducted in two secondary schools, in the classroom and with the class's form tutor present. Although, it was explained to the participants that their answers would remain anonymous and would only by seen by the researchers, the social rules and values of this setting may have influenced how the participants responded. For example, participants may not have reported using the behaviours on the intimidation subscale of the SPT due to concerns about how they may be viewed by their teachers if they were to report using them. Therefore, the overall scores on the intimidation subscale may be less than how often these behaviours are actually used. Alternatively, it may have led to participants exaggerating how much they used some of the self-presentation behaviours that may be viewed more positively

in a school situation, for example, apologies and exemplification. Therefore, it is important to view these results with caution as they may reflect the behaviours that the participants would use in the school situation which may be different to the behaviours that they would use at home or in other peer situations outside of school.

Correlational Research

An additional limitation to the research is that due to using a cross-sectional approach and using correlational analyses is that causation cannot be determined. Whilst the results suggest that there is a relationship between the use of self-presentation behaviours and feelings of social anxiety, it is not possible to say the direction of this relationship. That is, whether the use of self-presentation behaviours causes feelings of social anxiety or whether feelings of social anxiety causes increased use of self-presentation behaviours. Now that is has been seen that there is a relationship between use of self-presentation behaviours and feelings of social anxiety, it would be important for experimental studies to be conducted to help establish which of these variables influences the other. Whilst this study has provided evidence for the relationship between social anxiety and use of self-presentation behaviours it has not explored what motivates people with social anxiety to use more defensive self-presentation behaviours. According to the Self-Presentation Model of social anxiety, the motivation for their use is in protecting the identity that they have created, however, this has not been explored within this study. Therefore, it is important to not make assumptions about the motivation for self-presentation use in social anxiety.

Cross-Sectional design

This study utilised a cross-sectional design, gathering data from each participant at one time point. Whilst this has enabled the study to provide further evidence of the relationship between social anxiety and self-presentation behaviours, it does not enable conclusions to be drawn about the longer term effects of using these behaviours is on feelings of social anxiety.

Further Research

As discussed within the limitations, the results of this study have indicated that there is a relationship between reported use of self-presentation behaviours and feelings of social anxiety within the population studied. However, it is still unclear what the direction of this relationship is. Therefore, understanding of the relationship between use of self-presentation behaviours and feelings of social anxiety would benefit from further research addressing this question using an experimental design, which could explore whether the use of self-presentation behaviours influences feelings of social anxiety or vice versa, to add clarity to this. Furthermore, use of a longitudinal design would enable the exploration of the longer term effects of using self-presentation behaviours and whether use of self-presentation over a long period of time influences the development or maintenance of social anxiety. Having a greater understanding of the way that self-presentation behaviours and social anxiety influence each other it may help us to understand whether to and how to address this within interventions for social anxiety.

As stated earlier, it would be important to look at whether clinical populations use self-presentation behaviours in the same way as this non-clinical population of adolescents. Evidence suggests that children with Social Anxiety Disorder use safety behaviours to

a greater extent than individuals from a non-clinical population (Kley et al., 2012). Therefore it would be important to explore whether the findings in this study are replicated in a clinical population or if adolescents from a clinical population use self-presentation behaviours to a greater or lesser extent than the sample in this study in order to understand the value of addressing these behaviours within therapy.

Further research could look to address the limitations in the current literature. Currently the main way of assessing individual's use of self-presentation behaviours is through the use of self-report questionnaires, such as the Self-Presentation Tactics Scale (Lee et al., 1999). In self-report measures, it is possible that participants may endorse the behaviours that they think that they would use in a social situation rather than the behaviours that they actually use in a face-to-face situation. Therefore, it would further the literature if studies were able to examine the actual use of self-presentation behaviours within a social situation through observation or gaining further evidence of the individual's use of self-presentation behaviours through the use of parental or teacher reports as well as the individual's own self-report.

As noted, it is possible that participants may be influenced by social desirability bias when completing the measures. Therefore, it may be helpful to include measures of Social Desirability, such as the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) which evaluates whether respondents are answering truthfully or are answering in a misleading way to influence their self-presentation, within further studies. This may help explore whether the answers provided are a true representation of the behaviours that the respondent uses or whether they have been distorted in order to be evaluated more positively by others.

Given the potential influence of social values on the use of self-presentational behaviours and social anxiety, it would be interesting to explore whether culture has an influence on the self-presentation behaviours used. For example, do self-presentation behaviours have a different relationship with social anxiety in cultures who hold different social values? There has already been some exploration of the differences in social values held by Chinese and North American children (Cameron et al., 2012). However, the data is limited and there has been limited exploration of this within British culture. This would be an important addition to the literature considering the multicultural society that makes up the British population today. Understanding how different cultures use self-presentation in relation to social anxiety would enable therapists to consider the impact of culture on the individual's use of self-presentation safety behaviours and explore this when working with individuals with social anxiety

It is worth considering that the introduction of new types of communication via the internet and social media may affect the way that individual's present themselves online and in person. With the increasing use of the internet and social media, particularly amongst adolescents, there are increasing opportunities for the use of self-presentation behaviours beyond face to face interactions. Huang (2014) suggested that self-presentation can be more easily manipulated online as the individual has greater control over how they present themselves. For example, more thought and consideration can be given to what one says and what images of oneself are posted online whereas in a face to face social situation these things are harder to manage. Therefore, individuals can be more strategic about their online self-presentation than they may be able to be in face to face social situations (Krämer & Winter, 2008). Huang (2014) found that

adolescents mainly used ingratiation, damage control (apologies, explanations and justifications), manipulation and self-promotion strategies when presenting their desired image online. This suggests that adolescents use self-presentation behaviours to convey their desired impression to other people, however, the behaviours that they use online may be different to those that they use in face to face situations due to the decreased immediacy in online communication. It would be interesting for future research to explore the relationship between online self-presentation and how this relates to both face to face self-presentation and social anxiety. Given the increasing use of social media amongst adolescents, greater understanding of this may have implications for interventions for social anxiety, for example, ensuring that these online self-presentational safety behaviours are also targeted as well as targeting the face to face safety behaviours.

Conclusions

The present study aimed to explore how adolescents use self-presentation behaviours and how the use of self-presentational behaviours is related to feelings of social anxiety. The findings suggest that use of self-presentation behaviours make a significant unique contribution to the explanation of feelings of social anxiety in an adolescent population. The findings also suggest that adolescents with greater feelings of social anxiety use defensive self-presentation behaviours more often in their social interactions. This is the first evidence that there is a link between the self-presentational safety behaviours used and feelings of social anxiety within an adolescent population. Furthermore, it has provided insight into their use in a previously understudied population. The findings of this studied replicate the conclusions that have been drawn in adult populations, demonstrate that there is a difference between the use of self-presentation behaviours

between adolescents and children and advance our understanding of how these safety behaviours may maintain feelings of social anxiety. These findings provide further support for the Self-Presentation Model of social anxiety. The results of this study have implications for the treatment of those with high levels of social anxiety, and provide a strong framework for future studies in the maintenance of social anxiety through adolescence.

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Appendices

Appendix A. Letter to School

Social Development Lab

Department of Psychology
Royal Holloway, University of London
Egham, Surrey, TW20 0EX, UK
www.rhul.ac.uk

Dr Dawn Watling

Tel. +44 1784 443706

Fax +44 1784 434347

Dear …,

My name is Mandy Dimmer and I am a Trainee Clinical Psychologist at Royal Holloway, University of London. I am writing about visiting pupils aged 11, 13, 15 years old as part of research exploring the relationship between Social anxiety and the behaviours that adolescents use to present themselves (Self-presentation behaviours). We know that adolescence can be a difficult time, and it is during this time when Social anxiety can increase. However we do not yet fully understand what influences Social anxiety in adolescents. We are therefore hoping that you would be interested in taking part in the research that we are conducting. The project investigates whether adolescent's use of Self-presentation behaviours predicts Social anxiety. It is hoped, in the future, this study will also provide important insights into how we might help adolescents with Social anxiety. Dr. Dawn Watling based at Royal Holloway, University of London, will be supervising the project.

I would like to visit pupils in years 7, 9 and 11 on one occasion. The research should last approximately 20 minutes. Please note that I have had a recent Disclosure Barring Service check (formerly Criminal Records Bureau check), and will be happy to leave a copy of this with you when I visit. I am hoping that I could visit School in the Autumn Term. I would do my utmost to ensure this research is not disruptive. Pupils that participate will be asked to complete four questionnaires allowing us to evaluate their mood and use of Self-presentation behaviours.

It is important you know that all of the responses will be anonymous, with the pupil being identified only by a number, and their information will be used for research purposes only. It is important to stress that the focus is on overall scores of the year group as a whole, not of individual pupils. The research team (e.g., my supervisor and myself) will be the only people to see individual responses. However, we would be happy to provide you with a summary of the findings after the research had been completed. This study has been reviewed and approved by the Psychology Department internal ethical procedure at Royal Holloway. Pupils invited to take part in the study do not have to answer questions they do not want to answer and will be allowed to withdraw from the session at any time if they do not wish to continue. As a thank you, we would like to offer to talk to your students about studying Psychology at undergraduate level or Clinical Psychology. However please let us know if you feel there is something more helpful that we could offer a workshop on. We would be very happy to discuss this with you.

I will be contacting you in the next week to see if you have any questions, would like more information, and if you would be happy for us to visit your school. However, if before then you have any queries or would like to discuss any aspect of the research with Dr Watling you can contact her by email Dawn.Watling@rhul.ac.uk or by phone at the above number. Alternatively, if you would like to contact me you can do so via telephone: 01784 414012 (please note that this is a shared telephone line, if leaving a message please include my name in your message) or email: Mandy.Dimmer.2013@live.rhul.ac.uk.

We would greatly appreciate your school's participation in this research.

Yours sincerely,
Mandy Dimmer
Trainee Clinical Psychologist

Appendix B. Parental Consent Form

Social Development Lab
Department of Psychology

Royal Holloway, University of London
Egham, Surrey, TW20 0EX, UK
www.pc.rhul.ac.uk

Dr Dawn Watling
Tel. +44 1784 443706
Fax +44 1784 434347
Email: Dawn.Watling@rhul.ac.uk
www.pc.rhul.ac.uk/sites/social_development

Dear Parent/Guardian,

My name is Mandy Dimmer and I am a Trainee Clinical Psychologist studying for a Doctorate of Clinical Psychology at Royal Holloway, University of London. I am carrying out research for my Doctoral thesis under the supervision of Dr Dawn Watling. The current project is set to investigate how adolescents use different behaviours to present themselves to others and how this is linked to how they think and feel in different social situations. I have arranged to visit School in November and December 2015, and would greatly appreciate the participation of your child in this valuable research project during this time.

This research involves approximately 20 minutes of your child's time on one occasion. Your child will be asked to complete a number of questionnaires asking them questions about how they think and how they feel and the things that they do in social situations. It is important that all of the responses are anonymous (in no place will they write their name) where your child will be identified only by a number, and his or her information will be used for research purposes only. It is important to stress that children's individual responses are not the focus, but rather the focus is on the thoughts and opinions of the year group as a whole. Individual responses will only be seen by our research team (i.e., individuals conducting research related to this D. Clin Psych project). Note that the school will be provided with a summary of the research findings after the research is complete.

This study has been reviewed and approved by the Psychology Department internal ethical procedure at Royal Holloway, and , the Headteacher, has also given permission for this study to be carried out at School. I have had a recent criminal records checks (Disclosure and Barring Service), a copy of which will be left with reception at the school. Children invited to take part in the study will be allowed to withdraw from a session at any time if they do not wish to continue.

This project is supervised by Dr Dawn Watling. If you would like to discuss any aspect of the research, you can contact me by email mandy.dimmer.2013@live.rhul.ac.uk or by phone on 01784 414012. You can also contact Dr Watling by email Dawn.Watling@rhul.ac.uk or by phone at the above number.

If you do NOT wish for your child to take part, please complete and detach the information below, and return it to your child's class teacher before 11th November 2015. Please retain the top portion of this letter for information on our study and our contact details. Your child's right to privacy and confidentiality will be respected at all times. Note that you may withdraw your son or daughter from the study at any point during the schedule of research. Importantly, as noted above, if your son or daughter indicates that he or she does not want to take part in the session, at any point before or during the session their wishes will be respected.

Yours faithfully,
Mandy Dimmer

✂ _

I wish for my son/daughter to be excluded from taking part in the research project being conducted by Mandy Dimmer.

Signature of parent / guardian .....
Name of parent/guardian (please print) .....
Name of child .....
Name of class teacher .....

Appendix C. Ethical Approval

psychology.it.support@rhul.ac.uk

To:
pava060@rhul.ac.uk;
Watling, Dawn;

Cc:
PSY-EthicsAdmin@rhul.ac.uk;
Zagefka, Hanna;
Lock, Annette;
uqjt005@rhul.ac.uk;
...
09/06/2015

Application Details:	View the form click here Revise the form click here
Applicant Name:	**Mandy Dimmer**
Application title:	**Self-Presentation and Social anxiety in Adolescents**
Comments:	Approved.

Appendix D. Questionnaire Pack

Thank you for agreeing to take part in my study on how young people think, feel, and behave in different situations. Before you begin, please can you answer the following questions about you:

1. What is your age? _____
2. What school year are you in? _____
3. Are you a boy or a girl? _____
4. What is your date of birth? _____
5. How many languages can you speak? _____
6. Which language are you happiest speaking? _____
7. What is your background?

- ☐ White British
- ☐ White Other
- ☐ Asian British
- ☐ Asian Other
- ☐ Black British
- ☐ Black Other
- ☐ Traveller
- ☐ Mixed
- ☐ Other

In this section, you will read a number of different sentences. For each sentence, you have to circle the option that shows HOW MUCH YOU FEEL the sentence is true for you. This is not a test. There are no right or wrong answers. Please answer as honestly as you can.

	Not at all				All of the time
1. I worry about doing something new in front of other children	1	2	3	4	5
2. I like to play with other children	1	2	3	4	5
3. I worry about being teased	1	2	3	4	5
4. I feel shy around children I don't know	1	2	3	4	5
5. I only talk to children that I know really well	1	2	3	4	5
6. I feel that other children talk about me behind my back	1	2	3	4	5
7. I like to read	1	2	3	4	5
8. I worry about what other children think of me	1	2	3	4	5
9. I'm afraid that others will not like me	1	2	3	4	5
10. I get nervous when I talk to children I don't know very well	1	2	3	4	5
11. I like to play sports	1	2	3	4	5
12. I worry about what others say about me	1	2	3	4	5
13. I get nervous when I meet new children	1	2	3	4	5
14. I worry that other children don't like me	1	2	3	4	5
15. I'm quiet when I'm with a group of children.	1	2	3	4	5
16. I like to do things by myself	1	2	3	4	5
17. I feel that other children make fun of me.	1	2	3	4	5
18. If I get into an argument with another child, I worry that he or she will not like me	1	2	3	4	5
19. I'm afraid to invite other children to do things with me because they might say no	1	2	3	4	5
20. I feel nervous when I'm around certain children	1	2	3	4	5
21. I feel shy even with children I know well	1	2	3	4	5
22. It's hard for me to ask other children to do things with me	1	2	3	4	5

This scale consists of a number of words that describe different feelings and emotions. Read each item and then circle the appropriate answer next to that word. Indicate to what extent you have felt this way during the past week. Please read the questions carefully and try to answer all of the items as openly and honestly as possible. This is not a test, and there are no right or wrong answers

	Very Slightly	A little	Moderately	Quite a bit	Extremely
Interested	1	2	3	4	5
Sad	1	2	3	4	5
Frightened	1	2	3	4	5
Alert	1	2	3	4	5
Excited	1	2	3	4	5
Ashamed	1	2	3	4	5
Upset	1	2	3	4	5
Happy	1	2	3	4	5
Strong	1	2	3	4	5
Nervous	1	2	3	4	5
Guilty	1	2	3	4	5
Energetic	1	2	3	4	5
Scared	1	2	3	4	5
Calm	1	2	3	4	5
Miserable	1	2	3	4	5
Jittery	1	2	3	4	5
Cheerful	1	2	3	4	5
Active	1	2	3	4	5
Proud	1	2	3	4	5
Afraid	1	2	3	4	5
Joyful	1	2	3	4	5
Lonely	1	2	3	4	5
Mad	1	2	3	4	5
Fearless	1	2	3	4	5
Disgusted	1	2	3	4	5
Blue	1	2	3	4	5
Daring	1	2	3	4	5
Gloomy	1	2	3	4	5
Lively	1	2	3	4	5

In this section you will see three sentences. After you have read each of the three sentences we

want you to decide which sentence is most true for you. Then underline that sentence.

There are no right or wrong answers, so just choose the sentence which is most true for you.

Example:

Which sentence is most true for you?

I read books all the time.
I read books once in a while
I never read books.

---

1. Which sentence is most true of you?
   I am sad once in a while.
   I am sad many times.
   I am sad all the time.

2. Which sentence is most true of you?
   I do not like painting.
   I like painting a bit.
   I like painting a lot.

3. Which sentence is most true of you?
   Nothing will ever work out for me.
   I am not sure if things will work out for me.
   Things will work out for me OK.

4. Which sentence is most true of you?
   I listen to music many times.
   I listen to music once in a while.
   I never listen to music.

5. Which sentence is most true of you?
   I do most things OK.
   I do many things wrong.
   I do everything wrong.

6. Which sentence is most true of you?
   I do not like football.
   I like football a bit.
   I like football a lot.

7. Which sentence is most true of you?
   I do not like myself at all.
   I do not like myself.
   I like myself.

8. Which sentence is most true of you?
   I cycle a lot.
   I cycle a bit.
   I never cycle.

9. Which sentence is most true of you?
   I feel like crying every day.
   I feel like crying many days.
   I feel like crying once in a while.
10. Which sentence is most true of you?

I never play computer games.
I play computer games once in a while.
I play computer games many times.

11. Which sentence is most true of you?
    Things bother me all the time.
    Things bother me many times.
    Things bother me once in a while.

12. Which sentence is most true of you?
    I do not like swimming.
    I like swimming a bit.
    I like swimming a lot.

13. Which sentence is most true of you?
    I look OK.
    There are some bad things about my looks.
    I do not like the way I look at all.

14. Which sentence is most true of you?
    I listen to the radio many times.
    I listen to the radio once in a while.
    I never listen to the radio.

15. Which sentence is most true of you?
    I do not feel alone.
    I feel alone many times.
    I feel alone all the time.

16. Which sentence is most true of you?
    I like chocolate a lot.
    I like chocolate a bit.
    I do not like chocolate.

17. Which sentence is most true of you?
    I have plenty of friends.
    I have some friends but I wish I had more.
    I do not have any friends.

18. Which sentence is most true of you?
    I run a lot.
    I run a bit.
    I never run.

19. Which sentence is most true of you?
    Nobody really loves me.
    I am not sure if anybody loves me.
    I am sure that somebody loves me.

20. Which sentence is most true of you?
    I watch TV many times.
    I watch TV once in a while.
    I never watch TV.

On the following pages you will be asked a number of questions dealing with how you behave. Please read the questions carefully and try to answer all of the items as openly and honestly as possible. This is not a test, and there are no right or wrong answers. In responding to the items, please circle the number on the scale that most closely represents your behaviour.

Not at all often 1 2 3 4 5 6 7 Very often

		Not at all often ←						→ Very often
1.	I behave in ways that make other people afraid of me.	1	2	3	4	5	6	7
2.	I use my size and strength to influence people when I need to.	1	2	3	4	5	6	7
3.	If I harm someone, I apologize and promise not to do it again.	1	2	3	4	5	6	7
4.	I offer explanations before doing something that others might think is wrong.	1	2	3	4	5	6	7
5.	I explain my behaviour so that others will not think negatively about me.	1	2	3	4	5	6	7
6.	I tell people when I do well at tasks that others find difficult.	1	2	3	4	5	6	7
7.	I use my weaknesses to get sympathy from others.	1	2	3	4	5	6	7
8.	I ask others to help me.	1	2	3	4	5	6	7
9.	I express the same thoughts and feelings as others so that they will accept me.	1	2	3	4	5	6	7
10.	When I believe I will not perform well, I offer excuses before I do it.	1	2	3	4	5	6	7
11.	I use flattery to win the favour of others.	1	2	3	4	5	6	7
12.	I get sick when I am under a lot of pressure to do well.	1	2	3	4	5	6	7
13.	I apologize when I have done something wrong.	1	2	3	4	5	6	7

		Not at all often ←						→ Very often
14.	I lead others to believe that I cannot do something in order to get their help.	1	2	3	4	5	6	7
15.	I try to serve as a model for how a person should behave.	1	2	3	4	5	6	7
16.	I try to get the approval of others before doing something that they might perceive negatively.	1	2	3	4	5	6	7
17.	I try to make up for any harm I have done to others.	1	2	3	4	5	6	7
18.	In telling others about things that I own, I also tell them how much the things are worth.	1	2	3	4	5	6	7
19.	I point out to others why their choice of music is all wrong.	1	2	3	4	5	6	7
20.	I try to get others to imitate me by serving as a positive example.	1	2	3	4	5	6	7
21.	When telling someone about past events, I claim more credit for doing good things than I actually did.	1	2	3	4	5	6	7
22.	I tell people about my positive accomplishments.	1	2	3	4	5	6	7
23.	I try to set an example for others to follow.	1	2	3	4	5	6	7
24.	I give good reason before I behave in a way that others may not like.	1	2	3	4	5	6	7
25.	I try to get others to act in the same positive way I do.	1	2	3	4	5	6	7
26.	I have said bad things about others in order to make myself look better.	1	2	3	4	5	6	7
27.	I do favours for people in order to get them to like me.	1	2	3	4	5	6	7
28.	I accept blame for bad behaviour when it is clearly my fault.	1	2	3	4	5	6	7

		Not at all often ←						→ Very often
29.	I exaggerate the value of things I have done.	1	2	3	4	5	6	7
30.	I hesitate and hope that others will take responsibility for participating in group tasks.	1	2	3	4	5	6	7
31.	I threaten others when I think it will help me get what I want from them.	1	2	3	4	5	6	7
32.	I express thoughts and opinions that other people will like.	1	2	3	4	5	6	7
33.	I say negative things about unpopular groups of people.	1	2	3	4	5	6	7
34.	I try to convince others that I am not responsible when bad things happen.	1	2	3	4	5	6	7
35.	When things go wrong, I explain why it was not my fault.	1	2	3	4	5	6	7
36.	I act in ways I think that others should act.	1	2	3	4	5	6	7
37.	I tell others about my positive qualities.	1	2	3	4	5	6	7
38.	When I am blamed for something, I make excuses.	1	2	3	4	5	6	7
39.	I point out the positive things I do which other people do not notice.	1	2	3	4	5	6	7
40.	I do correct people who underestimate the value of gifts that I give to them.	1	2	3	4	5	6	7
41.	Poor health has been responsible for my getting mediocre grades in school.	1	2	3	4	5	6	7
42.	I help others so that they will help me.	1	2	3	4	5	6	7
43.	I explain why I am going to do something before I do it, when I believe that others might not like.	1	2	3	4	5	6	7

		Not at all often						Very often
44.	When others think my behaviour was bad, I explain why I did what I did, so that they will understand that I had good reason to behave the way I did.	1	2	3	4	5	6	7
45.	When working on a project with a group I make my contribution seem greater than it is.	1	2	3	4	5	6	7
46.	I exaggerate the negative qualities of people who compete with me.	1	2	3	4	5	6	7
47.	I make up excuses for poor performance.	1	2	3	4	5	6	7
48.	I offer an excuse for why I might not perform well before taking a very difficult test.	1	2	3	4	5	6	7
49.	I show that I am sorry and feel guilty when I do something wrong.	1	2	3	4	5	6	7
50.	I intimidate others.	1	2	3	4	5	6	7
51.	When I want something, I try to look good.	1	2	3	4	5	6	7
52.	I do not prepare well enough for exams because I get too involved in social activities.	1	2	3	4	5	6	7
53.	I tell others they are stronger or more competent than me in order to get them to do things for me.	1	2	3	4	5	6	7
54.	I claim credit for doing things that I did not do.	1	2	3	4	5	6	7
55.	I say negative things about people who belong to rival groups.	1	2	3	4	5	6	7
56.	I put obstacles in the way of my own success.	1	2	3	4	5	6	7
57.	Anxiety interferes with my performances.	1	2	3	4	5	6	7
58.	I do things to make people afraid of me so that they will do what I want.	1	2	3	4	5	6	7

		Not at all often ←						→ Very often
59.	When I succeed at a task, I make sure that others know how important the task was.	1	2	3	4	5	6	7
60.	I offer good reasons for my behaviour no matter how bad it may seem to others.	1	2	3	4	5	6	7
61.	To avoid being blamed, I let others know that I did not intend any harm.	1	2	3	4	5	6	7
62.	I compliment people to get them on my side.	1	2	3	4	5	6	7
63.	After a negative action, I try to make others understand that if they had been in my position they would have done the same thing.	1	2	3	4	5	6	7

Appendix E. Self-Presentation Tactics Questionnaire Modified Items

Excuses

Item	Original	Modified
35	When things go wrong, I explain why I am not responsible	When things go wrong, I explain why it was not my fault
34	I try to convince others that I am not responsible for negative events	I try to convince others that I am not responsible when bad things happen

Justification

Item	Original	Modified
43	I offer socially acceptable reasons to justify my behaviour that others might not like	I explain why I am going to do something before I do it, when I believe that others might not like it
44	When others view my behaviour as negative, I offer explanations so that they will understand that my behaviour was justified.	When others think that my behaviour was bad, I explain why I did what I did so that they will understand that I had good reason to behave the way I did
05	I justify my behaviour to reduce negative reactions from others	I explain my behaviours so that others will not think negatively of me.

Disclaimer

Item	Original	Modified
24	I justify beforehand actions others may not like	I give good reasons before I behave in a way others may not like.

Self-handicapping

No modifications

Apologies

Item	Original	Modified
49	I express remorse and guilt when I do something wrong	I show that I am sorry and feel guilty when I do something wrong

Ingratiation

Item	Original	Modified
09	I express the same attitudes as others so they will accept me	I express the same thoughts and feelings as others so that they will accept me

Supplication

Item	Original	Modified
30	I hesitate and hope others will take responsibility for group tasks	I hesitate and hope others will take responsibility for participating in group tasks

Entitlement

Item	Original	Modified
21	When telling someone about past events, I claim more credit for doing positive things than was warranted by the actual events	When telling someone about past events, I claim more credit for doing good things that I actually did

Enhancement

Item	Original	Modified
59	When I succeed at a task, I emphasize to others how important the task was	When I succeed at a task, I make sure others know how important the task was
29	I exaggerate the value of my accomplishments	I exaggerate the value of things I have done
18	In telling others about things I own, I also tell them of their value	In telling others about things that I own, I also tell them how much things are worth

Blasting

Item	Original	Modified
55	I make negative statements about people belonging to rival groups	I say negative things about people who belong to rival groups
26	I have put others down in order to make myself look better	I have said bad things about others in order to make myself look better
19	I point out the incorrect positions of the opposing political party	I point out to others why their choice of music is all wrong

Exemplification

Item	Original	Modified
20	I try to induce imitation in others by serving as a positive example	I try to get others to imitate me by serving as a positive example

Appendix F. Participant Information Sheet

Hello!

I am conducting research into the things that young people think and do in different situations and would be extremely grateful if you could take some time to fill in the attached pages. This should only take about 20 minutes to do. Your participation will further our understanding about how young people think and feel and the things that they do in different situations.

By completing the following pages you are consenting to take part in our study and to the use of your data, which will be kept confidential. If you agree to participate, but feel at any stage that you would like to withdraw, you are free to do so at any time. If you have any queries after taking part in this study or would like feedback on the results, you are welcome to contact me on the email address below.

Thank you in advance for your invaluable contribution to my research.

Mandy Dimmer

mandy.dimmer.2013@live.rhul.ac.uk

Appendix G. Participant Consent Form

Social Development Lab
Department of Psychology

Royal Holloway, University of London
Egham, Surrey, TW20 0EX, UK
www.pc.rhul.ac.uk

Dr Dawn Watling
Tel. +44 1784 443706
Fax +44 1784 434347
Email: Dawn.Watling@rhul.ac.uk
www.pc.rhul.ac.uk/sites/social_development

Informed Consent Form

You have been asked to participate in a study looking at the way you think, feel, and behave. This research is being carried out by Mandy Dimmer under the supervision of Dr Dawn Watling, Royal Holloway, University of London.

Have you (please circle):

Read the information sheet about the study?	yes	no
Had an opportunity to ask questions?	yes	no
Got satisfactory answers to your questions?	yes	no
Understood that you're free to withdraw from the study at any time, without giving a reason and without it affecting your education?	yes	no
Do you agree to take part in the study?	yes	no

Please sign: _____-
Date: _____

Name in block letters: _____