

An Initial Development of the Thai Version of the Social Anxiety – Acceptance and Action Questionnaire (SA-AAQ) for Undergraduate Students

Kunpariya Siripanit, Chulalongkorn University, Thailand
Kullaya Pisitsungkagarn, Chulalongkorn University, Thailand

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Abstract

Adjustment to college transition can be challenging. The challenges could compromise the benefits undergraduates could obtain from college learning. The anxiety that the undergraduates experience upon their social interaction could be one of such challenges. Recently, attempts have been made to alleviate such anxiety referring to the framework of Acceptance and Commitment Therapy. Relevant assessment measures based on this framework, however, is yet to exist within the Thai cultural context. The current study, hence, aims to develop a culturally-appropriate measure of psychological flexibility that helps inoculate individuals from social anxiety. The Social Anxiety – Acceptance and Action Questionnaire (SA-AAQ) (MacKenzie & Kocovski, 2010) was translated into Thai. Item-Objective Congruence Index was found satisfactory prior to the Thai-version SA-AAQ was administered in 105 undergraduates from two large universities in Bangkok. Forty-nine male and fifty-six female undergraduates, with the mean of age of 20.21 years, participated in the study voluntarily. Participants responded to the Thai version SA-AAQ and the measures of social anxiety (Brief Fear of Negative Evaluation Scale: BFNE). Initial data suggested satisfactory psychometric properties of the Thai-version SA-AAQ. Reliability analyses suggested good internal consistency, shown in the Corrected Item-Total Correlation ($p < .05$) and Cronbach's Alpha. Discriminant index was also satisfactory ($p < .05$). Concurrent validity was demonstrated through the negative association between the score on the Thai version SA-AAQ and the on the measure social anxiety ($p < .001$). Discussions were made regarding the Thai-version SA-AAQ psychometric properties and its potential applications within the research and clinical contexts.

Keywords: Cross-cultural Scale Development, Social Anxiety, Acceptance, Undergraduate Students

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Introduction

Undergraduate students have to adjust to college life--- they need to develop social skills in adapting to university activities (Martin & Fabes, 2009). However, some could have adjustment difficulties or might not successfully adjust to their academic environment. This could lead to compromised confidence and, in some cases, anxiety in social adjustment. When they cannot successfully manage the anxiety, maladaptive behaviors may ensue. These include avoiding new friends, being rejected by friends, and escaping from group activities or public performances. These aspects of anxiety, which could be viewed as social anxiety, is characterized by fear of eliciting negative evaluation from others in social interactions (Watson & Friend, 1969; Leary, 1983). Late adolescents are one of the population at risk who could suffer from such anxiety because, during this period, adolescents are particularly vulnerable to attending to and adjusting to others' evaluation (Erikson, 1968; Martin, & Fabes, 2009).

In the long run, social anxiety could lead to various limitations and prevent the undergraduate students from developing academically and socially, particularly from enhancing their social networking and social skills. Consequently, social anxiety could compromise their well-being. Furthermore, for some, this potentially leads to the risk in developing mental health problems (Jackson & Finney, 2002).

Formerly, social anxiety is viewed based on Cognitive Behavioral Model (Mayo-Wilson, Dias, Mavranzouli, Kew, Clark, Ades, & Pilling, 2014). Empirical evidence has accumulated and supported relevant intervention (Corey, 2012). However, reports emerge regarding the limited extent to which some individuals respond to CBT. Compromised long term effect of the treatment is similarly reported (Arch & Craske, 2009; Clark et al., 2006).

Recently, Acceptance and Commitment Therapy (ACT) (Hayes et al., 1999) has emerged as one of the therapeutic approaches that helps alleviate symptoms and avoidance behaviors relevant to social anxiety. ACT is the third wave of CBT and applies the concept of mindfulness existential approach into this mainstream treatment (Hayes, 2004). ACT aims to improve psychological flexibility that would increase the acceptance of thoughts and feelings. Hence, it helps clients to choose valued directions for their lives and to commit themselves to those values (Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

The Action and Acceptance Questionnaire (AAQ) has been developed for evaluating psychological flexibility in general. The AAQs has been applied to various specific contexts; namely, cigarette smoking (Gifford, Kohlenberg, Hayes, Antonuccio, Piasecki, Rasmussen-Hall et al., 2002), chronic pain (McCracken, Vowles, & Eccleston, 2004), and body image (Sandoz, 2010). Recently, many researchers become more interested in studying the outcomes of ACT intervention for social anxiety (e.g., Dalrymple & Herbert, 2007; Herbert & Cardaciotto, 2005; Kocovski, Fleming, & Rector, 2009; Kocovski, Fleming, Hawley, Huta & Antony, 2013; Koszycki, Benger, Shlik, & Bradwejn, 2007; Ossman, Wilson, Storaasli, & McNeill, 2006) so as to develop a relevant treatment that

helps reduce the effect of social anxiety symptoms within the ACT perspective. Therefore, a study of an instrument designed particularly to evaluate social anxiety based on this perspective becomes necessary. MacKenzie and Kocovski (2010) have purposed the instrument called Social Anxiety-Acceptance Questionnaire (SA-AAQ), which has been promising in measuring ACT-based social anxiety. The use of this instrument within the Thai cultural context, however, remains restricted, given the lack of proper scale development.

Therefore, the purpose of the current study is to development a Thai-version of the SA-AAQ, that helps assess social anxiety based on the ACT perspective. The development should provide an assessment instrument that paves the way for further researching and treatment of social anxiety based on the ACT perspective. The target population for the use of this instrument will be undergraduate students, given the pervasive impact that social anxiety could have on them as previously outlined.

Methods

Participants

Participants consisted of 105 undergraduates (Age range: 18-24; $M_{age} = 20.21$; $SD_{age} = 1.30$; 55.3% female) from two large universities from the Bangkok Metropolitan area, Thailand. Forty students were from a public university and 65 students from a private university. Participants were not diagnosed with any psychological disorders and were not receiving counseling/psychotherapy at the time of data collection.

Measures

Social Anxiety-Acceptance and Action Questionnaire (SA-AAQ) (MacKenzie & Kocovski, 2010) was used to measure social anxiety based on the ACT perspective (e.g., "If I am anxious in a social situation, I can still remain in it"). This seven-point Likert scale (1= Never true, 7= Always true) consists of 19 items with score reversal in 13 items (i.e., Items 5, 6, 7, 8, 10, 12, 13, 14, 15, 16, 17, 18, 19). Originally, the scale was examined factor analysis, correlational and regression analyses. Reliability analysis revealed a high degree of internal consistency as indicated by Cronbach's alpha ($\alpha = .94$).

Brief Fear of Negative Evaluation Scale (BFNE) (Leary, 1983) was also administered to examine concurrent validity of the Thai-version SA-AAQ. BFNE was used to assess participants' fears of others' negative evaluation in social situations (e.g., "I often worry that I will say or do the wrong things"). This five-point Likert scale (1= Not at all characteristic of me, 7= Extremely characteristic of me) consists of 12 items with score reversal in 4 items (i.e., Items 2, 4, 7, 10). Reliability analysis revealed a high degree of inter-item reliability of the BFNE as indicated by satisfactory Cronbach's alpha ($\alpha = .97$) and 2-week test-retest reliability ($r = .94$).

Procedure

Data collection proceeded only after the study proposal was approved by the department-level academic committee and after a permission for the scale usage was obtained from its developer. Then, the scale was translated into Thai and adapted to fit with the usage within the Thai cultural context. The original SA-AAQ consists of 19 items; however, an additional item, with semantic equivalence, was added to each translated item. As a result, the Thai SA-AAQ has 38 items. All of the items were reviewed and approved by a panel of three psychologist experts for their semantic equivalence to the original items. Then, the Thai SA-AAQ was administered to the participants together with the Thai-version BFNE, which has been translated into Thai and received a similar review, for data collection. Finally, psychometric property analyses were conducted. These included the validity analyses (i.e., content validity, discriminant analysis, and concurrent validity) and reliability analyses (i.e., Cronbach's alpha and CITC).

The expert review outcomes yielded overall satisfactory IOCs, the ratings from the three experts were at or beyond .66. Five items failed to meet this criterion and were excluded. Then, the remaining 33 items were tried out. Items with satisfactory validity and were closest semantically to the original items, were selected for the final scale.

Results

Validity Analyses

The expert review outcomes yielded an Item-Objective Congruence (IOC), which required that each IOC items had to be rated by the three experts as 0.6 and beyond. Five items failed to meet this criteria and were excluded. Then, the remaining 33 items remained for the tryout. Results from the validity analyses of items that were closest semantically to the original item reviewed were satisfactory. In discriminant analysis, those obtaining overall low (27th percentile) and high scores (73th percentile) displayed significant differences in all of the items ($p < .001$). Concurrent validity demonstrated that positive significant correlation between SA-AAQ and BFNE ($r = .55^{**}$, $p < .01$, 2-tailed).

Reliability Analyses

All of the items were found to have satisfactory internal consistency, as shown in the Corrected Item-Total Correlations, ranging .25-.74 ($p < .05$). Finally, the Cronbach's alpha estimate of an overall scale was .88, suggesting good internal consistency.

Discussion

The purpose of the current study is to evaluate the quality of the Thai version SA-AAQ when being used with undergraduate students in Bangkok, Thailand. Initial findings provided preliminary support for the validity of the Thai version of the SA-AAQ when used with undergraduate students. The Thai-version SA-AAQ is psychometrically sound

and its psychometric properties were comparable to those of its original version (MacKenzie & Kocovski, 2010).

The current findings help take away the initial concerns regarding cultural specificity of the SA-AAQ, given its initial development for usage within the Western culture. In the process of developing the Thai SA-AAQ, the main focus was not only to keep the semantic equivalence of its original items but, meanwhile, also to adapt the scale to accommodate to the Thai culture and language. Some behaviors which are regarded as symptoms of social anxiety within the Western culture could be expressed differently within the Eastern culture. For instance, being careful with emotional expression is likely to be more desirable in Eastern collectivistic culture and is less congruent with the individual emotional expression, which is more encouraged in Western individualistic culture (Hofstede, 1980; Markus & Kitayama, 1994).

In addition, these initial findings provide preliminary evidences promising of the use of the Thai-version SA-AAQ for the assessment of social anxiety within Thai undergraduates. This should help pave the way for research endeavors and therapeutic intervention. Given the reports in the recent years of increased incidents of social anxiety in the adolescents in Asian countries (Lai, Mak, Watanabe, Jeong, Kim, Bahar, Ramos, Chen, & Cheng, 2015), the possibility that the SA-AAQ could be employed and developed for use within these contexts is promising.

Despite these promises, it is important to recognize the preliminary nature of the current findings. Future research could bring about improvement for the current findings various ways. For instance, the increase of sample size, the more comprehensive use of criteria for validity analysis, and the more sophisticated data analysis, as well as the use of test-retest analysis should bring about increased information regarding the psychometric properties of the SA-AAQ.

Appendix

Corrected Item-Total Correlation (CITC) of the Social Anxiety-Acceptance Questionnaire (SA-AAQ) Thai Version (N=105)

Item of the SA-AAQ	CITC
1. ถึงแม้ว่าฉันจะรู้สึกวิตกกังวลในการเข้าสังคม ฉันยังคงสามารถรับมือได้	.456
2. แม้ฉันมีความวิตกกังวลในการเข้าสังคม ฉันก็สามารถอยู่ในสถานการณ์เช่นนั้นได้	.406
3. ฉันไม่ค่อยปล่อยให้ความวิตกกังวลในการเข้าสังคมมาหยุดฉัน จากการทำอะไร	.565
4. ความวิตกกังวลในการเข้าสังคมไม่ได้รบกวนการดำเนินชีวิต ประจำวันของฉัน	.465
5. ความวิตกกังวลในการเข้าสังคมเป็นอุปสรรคที่ทำให้ฉันดำเนิน ชีวิตอย่างที่ต้องการไม่ได้	.766
6. ฉันยินดีที่จะสละสิ่งสำคัญๆ ในชีวิตไปเพื่อให้หยุดกังวลเมื่อต้องเข้าสังคม	.324
7. ฉันห่วงมากเกินไปว่าฉันจะรู้สึกกังวลหรือไม่ เมื่อต้องเข้าสังคม	.498
8. ฉันกลัวว่าจะไม่สามารถควบคุมความกังวลของตนเองเมื่อเข้า สังคม	.651
9. แม้ฉันจะวิตกกังวลเมื่อต้องเข้าสังคม ฉันยังคงทำตามเป้าหมายที่ตั้งใจไว้ได้	.557

10.	ความกังวลเมื่อเข้าสังคมของฉันต้องลดลงก่อนที่ฉันจะเริ่มต้น ทำอะไรที่สำคัญๆ ในชีวิตได้	.415
11.	ความวิตกกังวลในการเข้าสังคมไม่ได้ขัดขวางการใช้ชีวิตของ ฉัน	.550
12.	ฉันคิดซ้ำๆ ถึงความวิตกกังวลในการเข้าสังคมของฉัน	.759
13.	ดูเหมือนว่าฉันกำลังต่อสู้กับกับความวิตกกังวลในการเข้าสังคม ของฉัน	.640
14.	ฉันคิดซ้ำๆ ถึงความวิตกกังวลในการเข้าสังคมที่ฉันมีอยู่	.760
15.	ฉันบอกตัวเองว่า ไม่ควรคิดถึงความวิตกกังวลในการเข้าสังคมอย่างที่คิดอยู่	.251
16.	ฉันไม่พอใจที่ตนเองวิตกกังวลในการเข้าสังคมอย่างไม่สมเห ตุสมผล	.696
17.	ฉันคิดว่า การมีความกังวลในการเข้าสังคมเป็นสิ่งที่ผิดปกติหรือไม่ดี และฉันไม่ควรรู้สึกเช่นนั้น	.580
18.	ฉันขี้เขินกว่า ความวิตกกังวลในการเข้าสังคมของฉันเป็นสิ่งที่ดีหรือไม่ต่อตัว ฉัน	.527
Item of the SA-AAQ		CITC
19.	ฉันรับมือไม่ได้ที่ตนเองรู้สึกกังวลเมื่อต้องเข้าสังคม	.633
		$\alpha = .88$

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Contact email: siripanit.fah@gmail.com