

# Social competence in its nature and

*Despite the challenges and problems that confront young people today, many find their lives to be satisfying, rich and full. This article discusses the nature and antecedents of a key attribute which fosters wellbeing and interpersonal relationships – social competence.*

**S**ocial competence has been defined as “the ability to act wisely in human relations” (Thorndike 1920). More specifically, it has been described as “socially acceptable, learned ways of behaving that enable a person to interact effectively with other people” (Gresham and Elliott 1990), and refers to the individual’s repertoire of socially appropriate responses and behaviours. Some examples are sharing, helping, cooperating, initiating relationships, sensitively interacting with others, and handling conflict situations well.

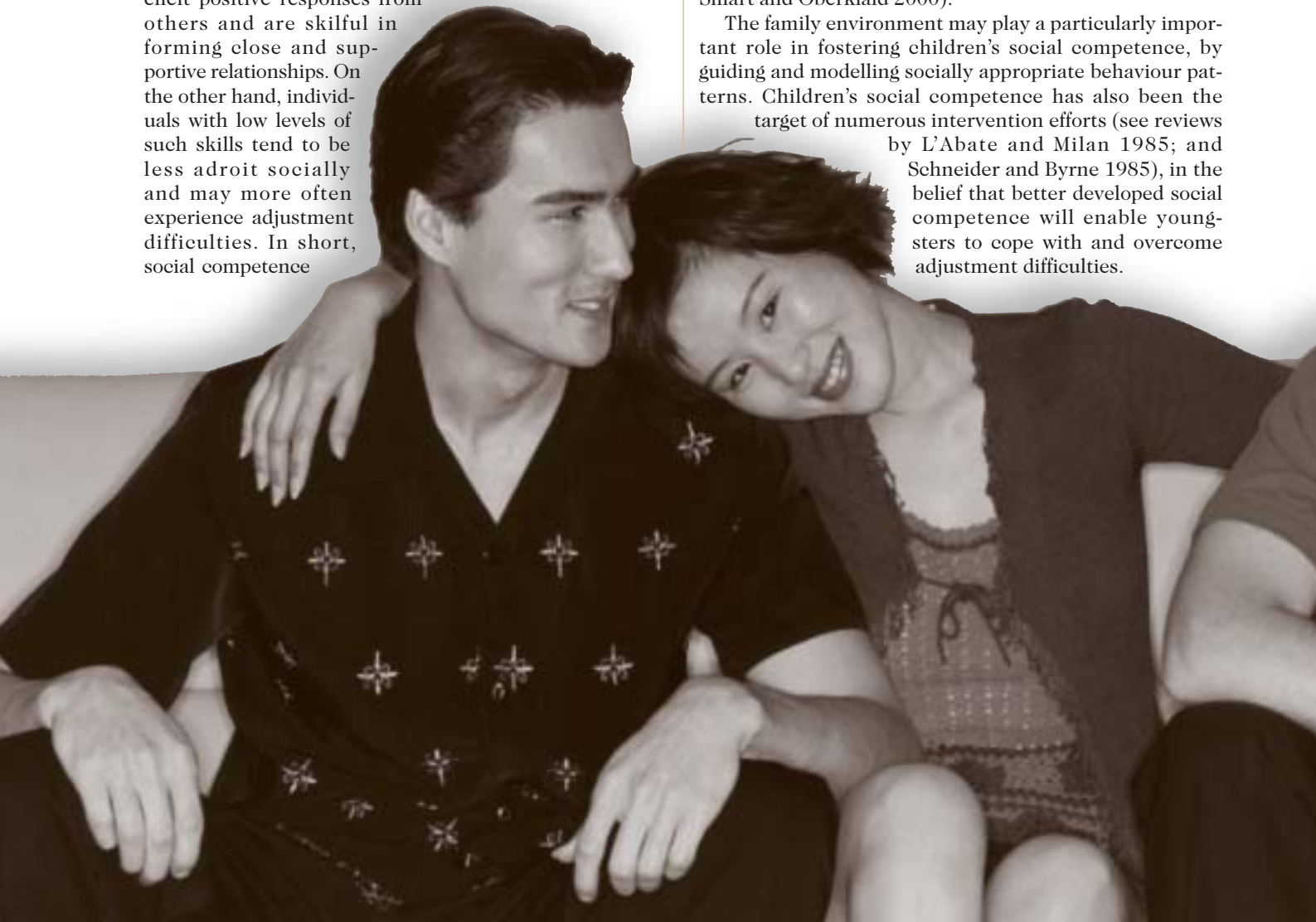
Individuals who are socially competent are able to elicit positive responses from others and are skilful in forming close and supportive relationships. On the other hand, individuals with low levels of such skills tend to be less adroit socially and may more often experience adjustment difficulties. In short, social competence

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is a valuable individual skill and resource, and is an indicator of positive mental health.

A substantial amount of research has explored the factors which promote the development of social competence in childhood (Strain, Guralnick and Walker 1986). For example, in the Australian Temperament Project, temperament style, particularly low levels of “negative reactivity” (volatility, intensity and moodiness) and high levels of “persistence” (the ability to stay on task and see things through to completion), as well as high quality relationships with parents and peers, were powerful predictors of social competence in late childhood (Prior, Sanson, Smart and Oberklaid 2000).

The family environment may play a particularly important role in fostering children’s social competence, by guiding and modelling socially appropriate behaviour patterns. Children’s social competence has also been the target of numerous intervention efforts (see reviews by L’Abate and Milan 1985; and Schneider and Byrne 1985), in the belief that better developed social competence will enable youngsters to cope with and overcome adjustment difficulties.



# young adulthood, antecedents

Social competence could be expected to be an important contributor to wellbeing in many emerging arenas of young adult life, such as in the workplace and in forming intimate relationships. These new arenas also provide opportunities for the further development and refinement of these skills. However, in contrast to child research, much less attention has been given to the study of social competence at this developmental stage, and its contribution to wellbeing.

This paper reports on the use of a new measure of social competence developed for use with young adults to explore the connections between social competence and other forms of adjustment and wellbeing. Levels of social competence at 19-20 years of age, and gender differences, are described. As well, the paper reports the stability and antecedents of such skills from childhood to adulthood.

## **Australian Temperament Project**

The data come from the Australian Temperament Project, now housed at the Australian Institute of Family Studies. This is a longitudinal community study of Australian children's development (Prior et al. 2000). The project began in 1983 with the recruitment of a representative sample of over 2400 infants and families from urban and rural areas of the state of Victoria. Families have been followed up twelve times by mail surveys every one to two years,

beginning at four to eight months of age. The thirteenth data collection is currently underway at age 19-20 years.

Approximately two-thirds of the families are still participating in the study at this stage. While a number of families have dropped out over the years, and these include more from lower socio-economic or ethnic backgrounds, the remaining group of children closely resembles the original sample on all facets of infant functioning (see Prior et al. 2000 for further details). Hence, on the domains investigated in this study, sample attrition is unlikely to be a significant influence on the results.

Parents, teachers, maternal and child health nurses, and the young people themselves have provided information about the child's development across a wide range of domains, including child temperament, emotional and behavioural adjustment, school progress, health, social competence, relationships with parents and peers, parents' child-rearing practices, and the family's structural characteristics and experience of stress.

The data presented come from the 940 young people (41 per cent male and 59 per cent female) aged 19-20 years who have completed questionnaires in the thirteenth data collection of the study thus far. (It is estimated that this comprises 80 per cent of those who will eventually participate in this wave.) Among the questionnaires completed was an instrument developed by the research team to assess social competence. This measure was based on Gresham and Elliott's (1990) model of child and adolescent social competence, which

## **Model of child and adolescent social competence**

### **Assertion**

"Initiating behaviours, such as asking others for information, introducing oneself, and responding to the actions of others."

### **Cooperation**

"Behaviours such as helping others, sharing materials, and complying with rules and requests."

### **Empathy**

"Behaviours that show concern and respect for others' feelings and viewpoints."

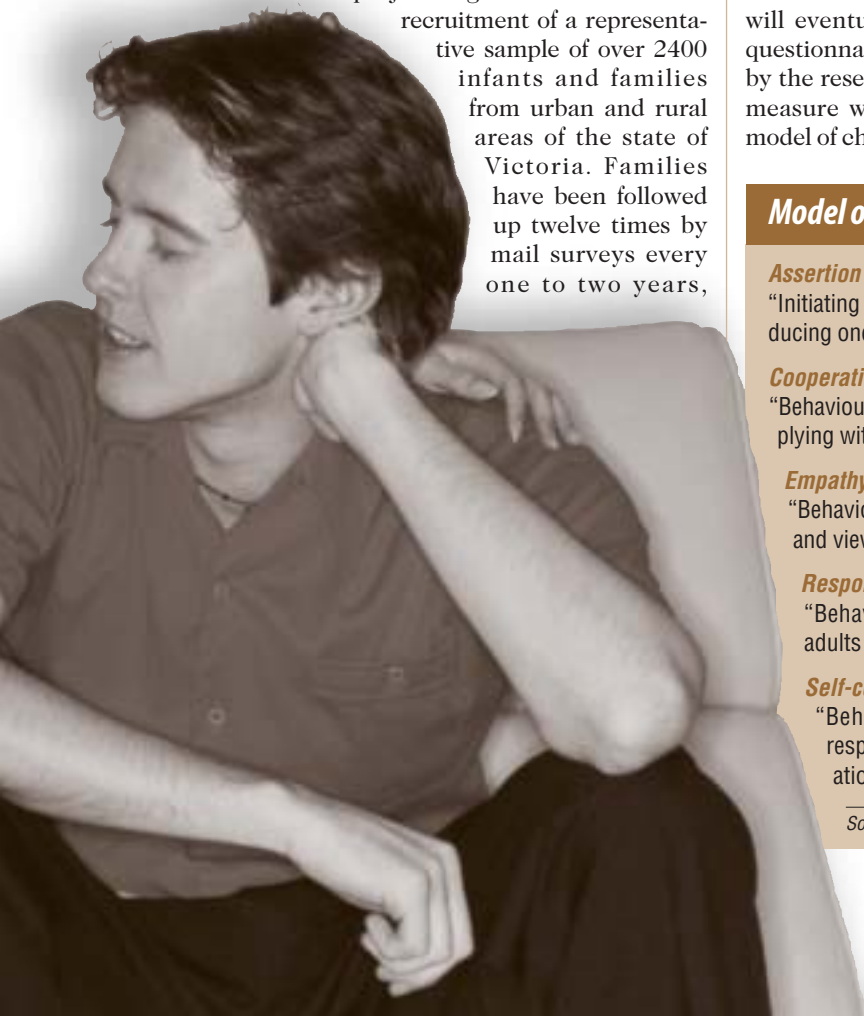
### **Responsibility**

"Behaviours that demonstrate ability to communicate with adults and regard for property or work."

### **Self-control**

"Behaviours that emerge in conflict situations, such as responding appropriately to teasing, and in non-conflict situations that require taking turns and compromising."

Source: Gresham and Elliott 1990.



proposes that cooperation, assertion, self-control, responsibility and empathy together form a broad social competence dimension (see accompanying box).

As noted earlier, there is little information at present about the predictors of social competence at this age. However, drawing on the findings about the correlates of children's social competence, it was hypothesised that aspects of functioning such as temperament style and psychological adjustment, relationships with parents and peers, and aspects of the family environment such as parent-child relationships and parenting style would be influential antecedents. Data from the concurrent and earlier survey waves are used to explore the influence of these factors.

### Nature and correlates of social competence

This section describes the characteristics and levels of social competence at 19-20 years of age. It looks at differences between young men and women, and connections between social competence and other forms of adjustment and wellbeing.

#### Nature of social competence

Regarding the components of social competence at 19-20 years of age, four clear factors emerged – assertion, self-control, responsibility and empathy. The items used to assess cooperation did not inter-relate, preventing the development of a cooperation scale. These items were dropped from subsequent analyses (although they are shown at the bottom of Table 1 for reader interest). Young

people's perceptions of their skills on the four facets of social competence are shown in Table 1.

#### Levels of social competence

Overall, most young people saw themselves as “often” or “always” possessing the attributes and behaviours measured, which suggests that levels of social competence were generally high. Young people's views of their responsibility and empathic skills tended to be a little more positive than their views of their self-control and assertiveness skills. Some behaviours – such as initiating conversations in groups, being considered a leader, being approached by others to share problems, being able to accept constructive criticism, and being able to negotiate and compromise in a conflict situation – were not as highly developed.

#### Were the different aspects of social competence related?

The facets of social competence were significantly related, suggesting that scores on the four aspects could be combined to form an overall social competence score. This composite score can then be used as an indicator of the broad range of social skills possessed by an individual.

#### Did young men and young women differ in social competence?

Young women were significantly higher than young men on all facets of social competence except self-control. There were powerful sex differences on empathy, and moderate sex differences on responsibility and overall social competence. Gender differences on assertiveness, while significant, were weak.

**Table 1** Young people's perceptions of their social competence at 19-20 years

	Never	Seldom	Some times	Often	Always
	%	%	%	%	%
<b>Assertion</b>					
■ I find it easy to make friends	0.7	5	27	44	23
■ I invite others to join in social activities	1	5	19	48	28
■ I initiate conversations in groups	2	10	35	39	14
■ I am considered to be a leader	4	18	39	30	9
■ I express my wishes clearly, and give reasons for my actions and positions	0.2	4	33	49	14
<b>Empathy</b>					
■ I try to understand how my friends feel when they are angry, upset or sad	0.4	3	17	43	37
■ I try to be a kind and caring person	0.2	1	9	39	50
■ People come to me to share their problems	1	8	35	40	16
■ I feel sorry for others when bad things happen	0.5	1	11	48	40
■ I show my concern for others when they experience difficulties	0.5	1	18	50	30
<b>Responsibility</b>					
■ I behave in a responsible way	0.2	2	13	54	30
■ I am punctual in meeting task deadlines set by others	0.4	4	18	41	36
■ I fulfil my obligations	0.1	2	18	57	23
■ I can be relied on to do things right	0.1	1	12	55	32
<b>Self-control</b>					
■ I can assert my opinion without fighting or arguing	0.4	5	30	50	14
■ I negotiate and compromise with people when we have disagreements	0.7	7	41	44	7
■ I accept constructive criticism	2	6	39	41	12
<b>Cooperation*</b>					
■ I accept direction from people in charge	0.1	3	16	50	30
■ I am good at working in a team situation	0.4	2	16	50	31
■ I put my own needs before the needs of others	4	21	55	17	3
■ I show courtesy to others	0.1	1	9	52	39

\*Note: These items did not show good internal consistency and are not treated as a scale in subsequent analyses

### Was social competence related to other forms of adjustment?

Young people with high social competence were slightly less likely than other young people to feel depressed, anxious or stressed. They were also somewhat less likely to have engaged in antisocial behaviour, and considerably more satisfied with the way their lives were progressing.

Those who were highly socially competent had stronger ties to their parents, perceiving they received greater emotional and material support; they had better communication, were less alienated, and experienced slightly less conflict with parents. Likewise, they tended to have better quality friendships, feeling their friends gave them greater emotional and material support, that they communicated better with friends, and felt less alienated from them. Socially competent individuals also held slightly more positive attitudes towards society, such as trust in social institutions, and the justice system (trust in the courts, and trust in police) than less competent individuals.

In summary, it seemed that, as we might expect, social competence was most closely linked to interpersonal relationship experiences, with highly competent individuals tending to have more satisfying and supportive relationships. In addition, those with high social skills tended to be better adjusted and to have slightly more positive attitudes towards societal institutions. Those with poorer social skills tended to be faring less well on all these aspects.

### Stability of social competence from childhood to adulthood

Similar measures of social competence had previously been obtained from the young people at the ages of 11-12 years, 12-13 years, and 13-14 years. The items used at the various time points were not identical, reflecting the evolution and development of these skills from childhood to adulthood. On the whole, there was modest to moderate continuity between earlier and later social competence (correlations ranged from .14 to .41).

Empathic skills were the most stable, and assertiveness and overall social competence were also moderately stable. The smaller the time interval, the stronger the stability, although there was still significant continuity over the longer time spans of seven and eight years.

The young people's perceptions of their social competence at 19-20 years were moderately linked to parents' and teachers' earlier evaluations as well as their own earlier views of their social competence. Thus, these skills appeared to be reasonably stable, and it seemed that parents, teachers and the young people themselves could reliably report on them.

### Antecedents of young adult social competence

Each wave of the Australian Temperament Project data set was examined in turn to explore the antecedents of social competence and to determine the age at which antecedents could first be identified (details of the multiple regression analyses are available from the authors). Variables were included if they predicted 1 per cent or more of the variance in social competence.

Table 2 shows the aspects of functioning which predicted later social competence, the strength of these predictors (that is, the amount of variance the set of measures accounted for), and the relative importance

of the individual measures (listed in order from the most to the least powerful).

Some general trends are noticeable across these various time points.

First, some temperament and personality traits were consistent precursors of social competence, particularly sociability or outgoingness, persistence (the ability to stay on task), and conscientiousness (being careful, organised). There was even a weak trend for

**Table 2** Antecedents of social competence

	Per cent of variance explained
<b>19-20 years</b>	<b>42.9</b>
Emotional control	
Sociable temperament	
Parents' emotional support	
Persistent temperament	
Civic engagement	
<b>17-18 years</b>	<b>32.6</b>
Readiness for intimacy	
Oppositional behaviour (low)	
Optimism about the future	
Political awareness	
Sociable temperament	
Aggressiveness (low)	
<b>15-16 years</b>	<b>30.0</b>
Assertiveness	
Conscientiousness	
Attraction to risk taking (low)	
Extraversion	
Oppositional behaviour (low)	
High friendship quality	
Persistent temperament	
<b>13-14 years</b>	<b>22.0</b>
Attachment to peers	
Assertiveness	
Cooperation	
Empathy	
Delinquency (low)	
<b>11-12 years</b>	<b>14.5</b>
Persistent temperament	
Empathy	
Responsibility	
High self-concept about peer relationships	
<b>9-10 years</b>	<b>5.3</b>
Good parent-child relationship	
Shy temperament (low)	
Hyperactivity (low)	
<b>7-8 years</b>	<b>7.2</b>
Aggressiveness (low)	
Sociable temperament	
Hyperactivity (low)	
<b>5-6 years</b>	<b>1.8</b>
Aggressiveness (low)	
<b>3-4 years</b>	<b>1.6</b>
Aggressiveness (low)	
<b>1-3 years</b>	<b>1.2</b>
Reactive temperament (low)	
<b>4-8 months</b>	<b>1.3</b>
High family socio-economic background	

those who were less reactive or volatile toddlers to be more socially competent in young adulthood. Similarly, the ability to control emotions was the most powerful correlate at 20 years.

Second, externalising behaviour problems such as aggressiveness, oppositional behaviour, delinquency and hyperactivity during childhood and adolescence were associated with lower social competence in young adulthood. Connections between aggressiveness and later social competence were evident from as young as four years of age, although relatively weak over such a long time span.

Third, as might be expected, childhood and adolescent social competence were powerful precursors of social competence in young adulthood, suggesting a progressive development of these skills from childhood onwards.

defined factors of empathy, assertion, responsibility and self-control. However, a cooperation sub-scale was not identifiable, suggesting that the attributes selected (following directions, working in a team situation, being courteous, and being self-sacrificing) did not necessarily co-occur at this age, although they generally do among younger children. All but the last type of behaviour were quite common, but being high on one type of behaviour did not imply being high on another.

Regarding the four facets of social competence identified, it was found that competency in one aspect was related to competencies in others, leading to the development of a broad measure of social competence. This broad measure predicted other aspects of adjustment and functioning in expectable ways. Individuals with high social competence were less likely to experience depression or engage in antisocial behaviour, more likely to feel satisfied with their lives, and more likely to have closer and more satisfying relationships with parents and friends than those who were less socially skilled.

While there was considerable variability within each sex in levels

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Fourth, citizenship behaviours such as civic engagement at 20 years, and high political awareness at 18 years, were more characteristic of those with high social competence. Those with high social competence were more optimistic about the future and appeared readier for intimate relationships when they were 18 years of age.

Fifth and finally, interpersonal relationships appeared to be important building blocks for the development of social competence. For example, supportive and close peer relationships from 11-12 to 15-16 years were significant precursors. Likewise, high quality parent-child relationships at several time points (9-10 and 19-20 years) were associated with better developed social competence. Family socio-economic background during infancy also featured, although weakly.

Using the selected predictor measures, it was possible to predict young adult social competence from late childhood with some accuracy (14 per cent or more of variance), and more strongly from mid adolescence (30 per cent or more of variance). Even in very early childhood, some connections were shown between child and family characteristics and later social competence, although these were relatively weak.

### ***Young adults and social competence***

The facets of social competence which emerged were conceptually similar to the Gresham and Elliott model of childhood and adolescent social skills, with clearly

of social competence, these skills tended to be more developed among young women than among young men, particularly empathic skills. These gender differences were evident from late childhood onwards (Prior et al. 2000), and continued to be apparent at 20 years of age. While it is beyond the scope of the study to explain these trends, there are several likely explanations.

Social norms and expectations for girls to be cooperative and responsible may foster the development of social competence among girls. Similarly, family socialisation processes and child-rearing practices may encourage girls' emotional development and empathic capacities, while boys may be encouraged to be emotionally reserved. After a review of this research, Brody (1985: 102) concluded that "with development, boys increasingly inhibit the expression and attribution of most emotions, whereas girls increasingly inhibit the expression and recognition of socially unacceptable emotions, for example, anger".

Peer relationships may also be important. For example, young girls' friendships tend to be more intimate and supportive than those of young boys (Buhrmester and Praegner 1995). Girls' peer interactions tend to be oriented to joint concerns and needs, which may facilitate the practice and development of self-disclosure and emotional support skills (Buhrmester 1996).

It is also possible that girls' earlier developing language skills (Prior, Smart, Sanson and Oberklaid 1993) facilitate and strengthen the acquisition of socially skilled



behavioural styles. Some have also suggested that subtle biological and genetic gender differences (such as brain hemispheric functioning, neurological and hormonal processes) may have a powerful effect on children's emotional development (see Brody 1985 for an overview).

Social competence was moderately stable across the eight years in which it was assessed. This time span crosses several developmental stages – childhood, adolescence and young adulthood. Thus, the roots of young adult competence could be seen in childhood. However, stability was far from absolute, suggesting most children fluctuated to some extent. The moderate stability found may be a result of maturational or life experience differences (for example, the timing of puberty or an early transition to working life), changes in the number and type of settings in which social competence is a critical attribute (for example, romantic relationships), or differences in the evolving nature of social competence itself as young people move through these developmental stages (reflected in changes in the items used at the different time points).

A range of individual, family and peer factors were important antecedents of social competence, and a number of these featured at several time points. Among these were temperament style, with more sociable, outgoing individuals, and individuals with good control of their emotions and attention, tending to be more socially competent later on. There was also a less powerful trend for young people who engaged in community work and were active participants in societal endeavours, as well as those with an interest in politics, to be more socially skilled.

Conversely, problematic behaviours, such as aggression, delinquency, and hyperactivity, even from very early childhood, were associated with lower social competence. The findings of links between earlier temperament, adjustment, citizenship behaviours, and later social competence have not, to our knowledge, been shown before, and extend our understanding of the developmental pathways involved.

High quality family and peer relationships emerged as important precursors, suggesting that these relationships play a critical role in the acquisition and ongoing development of an individual's social skills. These findings are consistent with other research. For example, Bell, Avery, Jenkins, Feld and Schoenrock (1985) reported that emotional closeness to parents was related to high social competence among a sample of United States college students. In a more recent exploration of this issue, Bell and colleagues showed that broader aspects of family functioning, such as connectedness and support, were powerful correlates of social competence among young adults (Schoenrock, Bell, Sun and Avery 1999).

Interestingly, this United States study found that family autonomy (low restrictiveness, low intrusiveness, but a high focus on family rules) was an important predictor of social competence among young men, but not young women. Similar gender-specific findings were also reported by Kenny and Donaldson (1991), who found that parental marital conflict, and concern about marital separation, were related to lower levels of social competence among female, but not male, American college students. These gender-specific findings are intriguing and worthy of further exploration.

The connections between social competence and interpersonal relationships may also be bi-directional

and reciprocal. For example, while social competence may have contributed to the development of positive relationships with others, earlier positive interpersonal relationships might in turn have promoted the further development of these skills.

## Conclusion

In conclusion, the repertoire of social skills possessed by this group of young Australian men and women was shown to be an important resource that was related to their adjustment and wellbeing. Social competence appeared to have its developmental origins in childhood, and tended to be moderately stable from this time onwards. Both individual characteristics (for example, temperament style) and family and peer relationships were important antecedents.

Families can play a dual role in helping children to develop these capacities; by guiding the development of socially skilled behaviour patterns within the context of family life, and by arranging peer experiences and fostering friendships which enhance children's emerging social skills.

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