

Social Competence: A Review Analysis

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Abstract:

Social competence is defined as the ability to handle social interactions effectively. In other words, social competence refers to getting along well with others, being able to form and maintain close relationships, and responding in adaptive ways in social settings. Given the complexity of social interactions, social competence is the product of a wide range of cognitive abilities, emotional processes, behavioural skills, social awareness, and personal and cultural values related to interpersonal relationships. The present paper is aimed to examine the literature about social competence and its influence on various aspects of personality of individuals. The main objective of this paper is to explore the multi-dimensionality of social competence. The present study is the outcome of analysis and synthesis of various online and printed research papers, articles, and books.

Keywords: Social Competence, Society, Social Skills, Interpersonal Development.

Introduction:

Social competence can be characterized as the effectiveness of a child to engage in social interactions with peers and adults (Fabes et al., 2006; Rubin et al., 1998). It is the behavioural manifestation of a child's emotional and regulatory competencies while interacting with other people. Social competence does not represent a fixed quality but should be viewed as a construct that marks development. Society expects more sophisticated interactions with older children. When children are growing up, interaction contexts beyond the home environment gain importance and become increasingly broader. Moreover, being effective in a variety of social interactions requires children to master many skills that underlie social competence, such as perspective taking, social problem solving, and emotion regulation, which possibly also differ in developmental experiences. Knowledge about the underlying skills, the interaction contexts, and the developmental stadia all contribute to a better understanding of social competence, which is they are as relevant to dimensions and crucial building blocks of social competence.

Social competence refers to the ability to engage in meaningful interactions with others. It is a crucial skill potentially malleable to interventions. Nevertheless, it remains difficult to select which children, which periods in a child's life, and which underlying skills form optimal targets for interventions. Development of social competence is complex to characterized by nature context- dependent, subserved by multiple relevant processes that develop a child's life and index to a child's social competence. American Psychological Association (APA)-2018 defined Social Competence as "the effectiveness or skill in interpersonal relations and social situations, increasingly considered an important component of mental health. It involves the ability to evaluate social situations and determine what is expected or required; to recognize the feelings and intentions of others; and to select social behaviours that are most appropriate for that given context. It is important to note, however, that what is required and appropriate for effective social functioning is likely to vary across settings."

Skills of Social Competence:

The skills dimension is concerned with the foundational skills and motivations underlying social competence that are primarily individual in nature. It is at the skills level that developmental change might be considered most prominent and open to interventions (Rose-Krasnor, 1997). However, there is no consensus on what one considers vital skills, partly because it is often difficult to study apart underlying crucial skills from manifestations of social competence itself. For example, social perspective taking, which can be viewed both as an index of social competence, as well as a necessary skill from which social competence thrives.

The below mentioned table illustrates the various skills that are crucial for social competence Research studies conducted by Crick and Dodge, 1994; Halberstadt et al., 2001; Hay et al., 2004; Raver and Zigler, 1997; Rose-Krasnor, 1997; Rose-Krasnor, Denham, 2009 and Junge et al., 2020 identified the variety of skills involved in social competence.

Crick & Dodge, 1994	Encoding social situation Interpreting social situation Arousal regulation Response construction Response evaluation and selection Behavioural enactment
Halberstadt et al., 2001	Awareness Identification Working within social context Management and regulation
Hay et al., 2004	Joint attention Emotional regulation Inhibitory control Imitation Causal understanding Language
Raver & Zigler, 1997	Emotion regulatory skills Social cognition skills Thoughts, beliefs, and attitudes about relationships; Emotion labels; how children feel about themselves. Communicative behaviours (both verbal and nonverbal)
Rose-Krasnor, 1997	Perspective taking Communication Empathy Affect regulation Social problem solving
Rose-Krasnor & Denham, 2009	Self-regulation Social-problem solving Prosocial behaviour Social awareness Communication abilities Sociodramatic play
Junge et al., 2020	Social encoding Social problem solving Emotion regulation Communication Empathy

Review of Literature:

Gomez-Lopez, Viejo, Romera, & Ortega-Ruiz (2022) in a study indicated a strong correlation between social competence and psychological well-being, which advances the understanding of positive functioning during adolescence. Accordingly, the data indicated that encouraging social competence can be a useful strategy for reaching high psychological well-being levels and that encouraging psychological well-being can also have positive effects on the development of productive, fulfilling interpersonal relationships. Consequently, with respect to the implications of the research, the findings support the significance of planning and implementing educational programmes that teach adolescents to manage their interpersonal relationships skillfully, considering the advantages that social competence can have for wellbeing and social adjustment. Given the impact psychological well-being can have on healthy interpersonal development, it is imperative that these acts also incorporate psychological well-being development. Therefore, it is imperative to establish positive, healthy, and fulfilling relationships with others.

Caqueo-Urizar, A., Atencio, D., Urzúa, A., & Flores, J. (2022) in a study to examine how resilience and self-esteem, among other factors, mediate the relationship between life satisfaction and social competence in adolescents from northern Chile. 2277 pupils of the age group from 12 to 18 years comprised the sample. Self-report measures of resilience (Child

and Youth Resilience Measure, CYRM-12), social competence and self-esteem (System of Evaluation of Children and Adolescents), and life satisfaction (Satisfaction with Life Scale-Child, SWLS-C) were employed. Structural Equation Modelling was used to analyse the data. The findings indicated that resilience functions as a mediating variable in the relationship between resilience and life satisfaction, and that resilience and self-esteem have a direct impact on life satisfaction. Self-esteem is directly influenced by social competence, and life happiness is indirectly impacted by it. These findings implied that social competence interventions improve life satisfaction and self-esteem, and that resilience and self-esteem levels provide data for the development of intervention strategies targeted at raising child and adolescent satisfaction.

Devine & Apperly (2022) assessed indicators for language ability and executive function, namely receptive vocabulary, and spatial working memory. In regard to this, multi-informant assessments of children's social competence, such as direct observation might provide more specific information about the particular aspects of social competence that depend on children's theory of mind, even though teachers are a reliable source of knowledge of social competence of children. Furthermore, even while cross-sectional approaches offer developmental opportunity for research. The type of relationships that exist between theory of mind, social motivation, and social competence may become explicit through intervention research. Improvement in 9–10-year-old children's theory of mind have been associated to a decline in self-reported loneliness, according to recent research by adopting a short-term intervention. The results provide a framework for further examining developmental relations between theory of mind, social motivation, and social competence. The study explored new ground by integrating social motivation, theory of mind, and social competence. It has been demonstrated that individual differences in social competence are associated with both the capacity to understand the thoughts of others and the inclination to form and preserve social bonds. According to the findings, theory of mind and social motivation are different but linked concepts. This supported that individual differences in theory of mind are genuine and socially significant.

Alfred & Hillar (2021) investigated adolescent social skills and found differences in the group based on gender, the type of parents they resided with and the locale. Adolescents during their early developmental stages were used in the comparative analysis research. The tool used to collect data was a questionnaire, and the survey design was descriptive. According to the findings of the study, majority of the adolescents exhibited average social competence during interactions. The study found no difference in the social competence of male and female adolescents, or those living with real or pseudo parents. The findings indicated a significant difference in the social competence of the adolescents residing in rural, semi-urban, and metropolitan areas. The findings further showed that residential location has an impact on how socially competent adolescents become. The study suggests that more emphasis needs to be placed on rural residents than on residents of other areas in policies, strategies, and programmes aimed at enhancing adolescents' social competence in developing nations.

Romppanen, Korhonen, Salmelin, Puura & Luoma (2021) the results of the study confirmed the results that showed that social competence of adolescents plays an integral part in their mental health. The study further considered the risk and protective factors that influence the development of social competence and issues from childhood to adulthood. There is a need to determine whether programmes that help children and adolescents with their social skills, academic achievement, and extracurricular activities improve their mental health as they grow into adults.

Collie (2020) introduced the Social and Emotional Competence School Model and stated that both the mechanisms and the expressions of social and emotional competence are acknowledged and included in the paradigm. The model's cyclical process for developing social and emotional competence comprises of three parts. More specifically, meeting fundamental psychological needs encourages social-emotional autonomous motivation, which in turn fosters emotionally and socially competent behaviour. Therefore, actions that are emotionally and socially competent create a feedback process by encouraging the fulfilment of needs. Need-support in the social context influences the associations found during the repeated steps. These relationships also depend on individual differences and the continuous growth of children and adolescents, as well as contextual features both within and between local environments. Indeed, need satisfaction and motivation may play a defining role in determining whether behavioural change can even be perceived. The Social and Emotional Competence School Model have implications for how much conformity and rewards-based social and emotional learning curriculum may obstruct the development of Social and Emotional Competencies. Most teachers and parents believe that it is undesirable for someone to use Social and Emotional Competencies exclusively when under observation. If the person is socially and emotionally competent whether they are being monitored over, is a better result of social and emotional development. For this reason, need-support, need-satisfaction, and autonomous motivation are critical (Roth et al., 2011) and should be considered during implementation. Hence, the Social and Emotional Competence School Model offers an innovative viewpoint on social and emotional development in the classroom and highlights several future possibilities for research and practice.

Luna, Guerrero, Rodrigo-Ruiz, Losada & Cejudo (2020) in the study assessed effects of educational intervention on social competence and social acceptance in adolescents. 106 participants were aged 12-15 years ($M = 13.41$ years; $SD = 0.81$ years). Two groups of participants, one for experimentation ($n = 69$) and one for control ($n = 44$), were randomly assigned. An intervention designed using the Sport Education Model (SEM) was implemented in the experimental group. For the control group, a Traditional Model of Direct Instruction (TM-DI)-based intervention was implemented. A pre-test and post-test measurement procedure were devised for the investigation. To evaluate social competence, the Adolescent Multidimensional Social Competence Questionnaire (AMSC-Q) was employed. An evaluation of peer social acceptance (SA) was conducted using the Guess Who (GW4) survey. According to the findings, compared to the control group's (TM-DI) results, the experimental group's (SEM-based) intervention supported statistically significant improvements in specific indicators of social competence and peer acceptance. It was confirmed that both boys and girls observed similar effects from the intervention. The Sport Education Model has potential when used with adolescents according to the preliminary results.

Perry, Dollar, Calkins, Keane & Shanahan (2020) found the relationship between parental emotion socialisation processes and children's eventual adaption is a central subject in developmental research. Only a small number of previous research have looked at this issue at various stages of development and analytical depth. This study investigated whether, through children's physiological and behavioural emotion regulation at age 10 ($N = 404$), mothers' supportive and non-supportive responses to their 5-year-old children's unpleasant emotions related to teacher and adolescent self-reported adjustment at age 15. The children's increased ability to regulate their emotions in a lab activity and in a composite of mother and teacher reports of emotion regulation at age ten was found to be correlated with mothers' supportive responses to their negative emotions. At age 10, maternal non-supportive responses to their children's negative emotions were linked to lower physiological regulation in the child as well as lower emotion regulation as reported by the mother and teachers. Conversely, by age 15, higher levels of teenage-reported social competence were linked to improved physiological regulation at age 10. Moreover, improved adolescent adjustment in all categories was linked to mother and teacher assessments of emotion management at age 10. When examined by bootstrapping, the mediating effects of supportive and non-supportive responses to adolescent adjustment were found to be significant. According to the findings, mothers' responses to their young children's negative emotions may have an impact on the way those children regulate their arousal in middle childhood, which may then have an impact on how well those children are able to control their emotions and behaviours as they grow older and navigate more challenging social situations.

Galbraith (2019) quoted a research study conducted by Norwegian University of Science and Technology. It warned that girls in the 6-12 age group who play video games are at a heightened risk of developing less social competence than boys. It was also found that 10-year-old girls who played games frequently had less social competence than 12-year-olds than girls who played less frequently. The study revealed that factors that might cause children to be socially insecure might additionally promote excessive gaming, focusing the emphasis on issues irrelevant to video games. A potential explanation for the tendency of adolescents to play video games for extended periods of time could be a lack of social skills. That is, because gaming is openly accessible and may be less complicated for adolescents who struggle socially than face-to-face encounters, they may be more likely to engage in gaming to fulfil their need for competence and a sense of belonging.

Cillessen & Bellmore (2014) in a chapter looked at two different definitions of social competence: perceived popularity, controversial status, or being labelled as bistrategic, and sociometric popularity, acceptance, and preference by peers. The correlation was assessed between these two definitions of social competence in the behavioural skills and social cognitive skills domains of children's social skilfulness. It is impossible to define social competence in terms of only one domain or set of behaviours. The objective was to clearly distinguish between two forms of social competence to broaden the conceptualization of that concept. There are two distinct approaches to being successful or competent in the peer system: acting in a way that encourages acceptance from peers and going above and above to achieve one's objectives. The examined research supported the validity of this differentiation. It might be conceivable to debate which definition of social competence is more accurate, but it could be more beneficial to acknowledge them both as distinct expressions or aspects of social competence.

Halberstadt, Denham, & Dunsmore (2001) described a theoretical framework for affective social competence. The three interconnected and dynamic components that constitute affective social competence (ASC) are sending affective messages, receiving affective messages, and experiencing affect. Each component's core and interrelated skills include emotion awareness and identification, managing and regulating, and functioning in a complex and dynamic social situation. Possible mediating mechanisms were highlighted and the dynamic integration of the components was emphasised. Each component of the model was explained in terms of how it will improve future research and is situated

within the framework of affective social competence theory and previous research studies. The significance of affective social competence in social connections was emphasised through research involving special children, and the ASC model holds great potential for future investigation and implementation.

Cavell (1990) examines the widely used yet elusive idea of social competence. Though intricate, it does not have to be difficult to understand or manage. Children and adolescents frequently respond to maladaptive social behaviour to satisfy their developing demands. For researchers and clinicians looking to predict, change, or explain how children behave in social situations, a tri-component model that views social competence as a multilevel construct consisting of social skills, social performance, and social adjustment can be a helpful approach.

Hops (1983) studied the conceptual, assessment, and procedural levels, the ideas of social competence and social skill and their interactions. Evaluations of social competence offer a comprehensive analysis of a child's social functioning and represent the subjective opinions of social agents in the child's surroundings. Finding out which, observable social behaviours contribute to social competence was the main goal of research. A cross-situational taxonomic view was compared with a situation-specific one. Assessment and treatment issues related to sex differences and maturation were examined. From an empirical standpoint, three main strategies for social skills intervention were investigated: modelling, coaching, and reinforcing.

Conclusions:

Social and emotional competence is greatly influenced by the social environment, and as a result, the development of Social and emotional competence is supported in different environments. Rose-Krasnor and Denham (2009) assert that social support is critical for social and emotional competence because more experienced individuals offer scaffolding to support the growth of students' motivations, behaviours, and social-emotional skills (e.g., encouraging a child to think of alternative social strategies when an interpersonal interaction is not going well). "Social and emotional competence is not a trait that resides within a child," according to Rose-Krasnor and Denham (2009, p. 164). Social and emotional competence, on the other hand, emphasizes transactions between individuals. It is dependent on an individual's capacity to take care of their own needs while fostering strong relationships.

Developing social competence reduces the likelihood of behavioural and emotional issues and it is necessary for future social functioning. There is, in fact, an array of research indicating that differences in social competence during childhood are associated with abilities in various aspects of life. For example, those who have an easy time forming positive relationships with others as children are more likely to have better health as adults as they live longer, are more resistant to mental health issues, and perform well in society (Luthar, 2006; Masten and Coatsworth, 1995). Children who are socially competent are more likely to express being happier or achieve progress in education (Caprara et al., 2000; Denham, 2006; Wentzel, 1991 & Ryan and Deci, 2001). On the other hand, abnormalities in social competence can indicate several types of psychopathology that manifest during early childhood development. Many additional problems typically occur if social competence seems abnormal, including bullying and aggression (Warden and Mackinnon, 2003; Happé and Frith, 2014; Trentacosta and Fine, 2010), social anxiety (La Greca and Lopez, 1998), and peer rejection (in ADHD; Larson et al., 2011). therefore, every aspect in the line of the social competence concept is an important factor contributing to the understanding of individual differences in the child populations i.e., both typical and atypical.

In nutshell, social competence is essential to the overall development of adolescents. It builds healthy relationships, enhances emotional wellbeing, and gives them the skills they need to handle challenging interpersonal situations. It also lays foundations for their future, impacting their quality of life overall, mental health, and academic success. As a result, developing social competence in adolescents is not only advantageous but also crucial. It is an investment in their future, that will help them develop into well-rounded people who can make valuable contributions to society.

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