Abstract

Social Information-processing model conceptualized human's social behaviors as a function of sequential steps of processing, including encoding and interpretation of social cues, clarification of goals, response access or construction, response decision, and behavior enactment (Crick & Dodge, 1994; Dodge & Crick, 1990). The present study recruited a community sample of 651 adolescents (aged 13 to 15) in Hong Kong, who were given 25 items from the Chinese version of Achenbach's Youth Self-Report Form (YSR) measuring internalizing tendency (withdrawn, somatic complaints, and anxious / depressed), and 6 selfreported items adapted from the Teachers rating scale developed by Dodge & Coie (1987), measuring reactive and proactive aggression. Social information-processing patterns were assessed by having subjects read 12 hypothetical stories and rated on a likert scale concerning the followings: how much they agreed or disagreed with three attributions of intentions (hostile, benign, and self-blame); and five response evaluation statements (likelihood of tangible reward, likelihood of decreasing future aversive treatment, interpersonal consequence, quality of response, and how likely they would act in such a way or similar ways). Results from multiple regression and structural equation model supported the hypothesis that for internalizing disorder and reactive aggressive tendency, interpretation stage (self-blame and hostile interpretation respectively) was more important than response evaluation factors. While for proactive aggressive tendency, response evaluation factors (e.g. expectation of instrumental and relational reward) was more important than interpretation factors. Results were discussed with reference to the three hypothesis, the possibility of cognitive distortion, differentiation of the three types of disorders: internalizing disorder, reactive aggression, and proactive aggression, by the relative importance of the different social information-processing stages, and lastly the implication of present findings to intervention.