



# I'm still socially anxious online: Offline relationship impairment characterizing social anxiety manifests and is accurately perceived in online social networking profiles



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## ABSTRACT

Prior research has identified the offline thoughts, feelings, and behaviors that lead to impaired relationships for individuals high in social anxiety (HSA; e.g., fear of conversation; interpersonal aloofness). We tested whether social anxiety manifests through visible online signals of relationship impairment that mirror these known offline indicators, and whether observers use these signals when judging social anxiety online. Facebook profile owners ( $n = 77$ ) reported social anxiety, their profiles were coded for objective features, and unacquainted observers ( $n = 6$ ) rated profile owners' social anxiety after viewing their profiles. HSA individuals' Facebook profiles were shown to contain signs indicating relationship impairment across the domains of social inactivity (e.g., few friends and photographs), close relationship quality (e.g., relationship status of *single*), and self-disclosure (e.g., absence of status updates), and observers inferred high levels of social anxiety in individuals' whose profiles showed these signs. These findings suggest that offline relationship impairment experienced by HSA individuals carries over into online contexts, and that online relationship impairment can be accurately perceived by unacquainted observers. Discussion considers whether integrating this knowledge into existing treatments – most notably online, self-guided protocols – could improve the identification and treatment of social anxiety.

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## 1. Introduction

High social anxiety (HSA; a disposition characterized by feelings of nervousness over managing one's impression when anticipating and engaging in social interactions; Gilbert, 2001; Leary, 2010) is associated with impairment in and dissatisfaction with social relationships in several ways. First, HSA individuals show relative social inactivity, such that they are more likely than less socially anxious individuals to have no close friends (Erwin, Turk, Heimberg, Fresco, & Hantula, 2004; Whisman, Sheldon, & Goering, 2000), and to feel dissatisfaction with their existing friendships (Rodebaugh, 2009; Rodebaugh, Fernandez, & Levinson, 2012). Second, HSA individuals have poor close relationship quality, such that they are more likely than less socially anxious individuals to be unmarried or to have no romantic partner (Erwin et al., 2004; Lampe, Slade, Issakidis, & Andrews, 2003),

and, when they do have a romantic partner, to feel dissatisfied with that relationship (Whisman et al., 2000). Third, HSA individuals have trouble self-disclosing, which can lead them to achieve less emotional intimacy in personal relationships (Sparrevojn & Rapee, 2009), and to be viewed as less pleasant individuals with whom to interact (Baker & Edelman, 2002; Meleshko & Alden, 1993).

Given the undesirable effects of high social anxiety on individuals' interpersonal relationships, an important research endeavor is to identify the specific thoughts, feelings, and behaviors that cause HSA individuals to experience relationship impairment and dissatisfaction. To date, researchers have made great progress in identifying three main classes of thoughts, feelings, and behaviors that affect HSA individuals' face-to-face relationships. First, HSA individuals adopt unpleasant beliefs about social interactions; they fear that others will evaluate them negatively during conversations (Mansell & Clark, 1999), leading them to ruminate and to overestimate the potential negative impressions that their conversational behavior may cause others to form (Alden & Wallace, 1995; Moscovitch, Rodebaugh, & Hesch, 2012; Norton & Hope, 2001). Second, HSA individuals adopt

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self-protective goals when conversing (e.g., trying not to draw attention to themselves; Wallace & Alden, 1997), due to a conflict between their desire to project a favorable social impression on others and their belief that they are unable to do so (Catalino, Furr, & Bellis, 2012). Third, HSA individuals engage in reticent behaviors during social interactions, such as displaying non-verbal signals that mark their conversational nervousness (e.g., increased physiological arousal, less fluent speaking styles; Baker & Edelmann, 2002; Mansell & Clark, 1999; Meleshko & Alden, 1993; Wallace & Alden, 1997), and showing signs that convey an underlying aloofness toward their interaction partner (e.g., decreased eye contact, low levels of warmth and generosity, less frequent self-disclosure; Baker & Edelmann, 2002; Fernandez & Rodebaugh, 2011; Rodebaugh et al., 2013; Wallace & Alden, 1997).

HSA individuals' thoughts, feelings, and behaviors in face-to-face social interactions, however, may represent only part of the reason why these individuals struggle to form meaningful relationships. Given that people spend an increasingly large proportion of their lives socializing through online media (of which Facebook is the most prominent; Wilson, Gosling, & Graham, 2012), a comprehensive understanding of the reasons for HSA individuals' relationship impairment and dissatisfaction must include online signs of social inactivity, poor close relationship quality, and lack of self-disclosure. The purpose of the present study was therefore to test whether HSA individuals' offline relationship impairment carries over into online contexts in the form of visible signs on Facebook profiles, and whether unacquainted observers use signs of online relationship impairment to identify HSA individuals.

Identifying online signs of social anxiety may help improve the relationship quality of HSA individuals for two reasons. First, pinpointing the visible signs of social anxiety online could lead to improvements in the identification of HSA individuals, which could be a useful tool to refer HSA individuals to treatment they would not otherwise seek. Although self-guided, internet-based treatment protocols for social anxiety have begun to garner empirical support as a way to help HSA individuals who would otherwise not seek treatment (e.g., Berger et al., 2011), nationally representative survey research has suggested that rates of treatment-seeking among individuals diagnosed with social anxiety disorder may be as low as 20% (Grant et al., 2005). This may be due in part to HSA individuals' not recognizing that they have social anxiety symptoms that could be alleviated by treatment (Olfson et al., 2000), or to the fact that HSA individuals may fear the interpersonal interactions that inevitably arise during treatment (Griffiths, 2013). As a result, means of identifying HSA individuals through online mediums may improve treatment rates.

Second, identifying the manifestations of social anxiety online could further the development of treatment protocols that may help HSA individuals improve their online relationships. Prior work has shown that observers form somewhat negative impressions of HSA individuals during face-to-face conversations (Alden & Wallace, 1995; Norton & Hope, 2001), in part due to the visible behavioral signs characteristic of social anxiety (Baker & Edelmann, 2002; Meleshko & Alden, 1993), and it seems plausible that similar online signs may cause observers to form negative impressions. Treatments that help eliminate online signs of social anxiety may therefore help improve the impressions that HSA individuals give off to others, thereby helping facilitate the initiation of quality relationships.

### 1.1. Will relationship impairment inherent to social anxiety manifest and be perceived online?

We anticipated that the offline relationship impairment inherent to social anxiety would translate into visible online signs, given that individuals' online environments reflect their offline

dispositions (Gosling, Gaddis, & Vazire, 2008). We further anticipated that observers would infer relationship impairment from visible online signs of social anxiety, given that offline relationship impairment inherent to social anxiety should manifest in visible Facebook signs, and that observers often link similar offline signs to social anxiety (Baker & Edelmann, 2002; Mansell & Clark, 1999). One prior study provided initial clues regarding the potential similarities between online and offline manifestations of social anxiety; Fernandez, Levinson, and Rodebaugh (2012) found that Facebook profiles contain some visible signs indicative of online social anxiety (e.g., fewer Facebook friends) that are similar to offline manifestations of social anxiety (e.g., lack of and dissatisfaction with offline friendships). However, no prior research, has examined whether observers use Facebook signals in specific domains related to offline relationship impairment to form judgments of a profile owner's social anxiety. Notably, Fernandez and colleagues (2012) did find that unacquainted observers achieved moderate levels of accuracy when judging social anxiety levels of Facebook profile owners, simply from viewing the owners' profiles, suggesting that observers may be able to correctly use Facebook signals to infer social anxiety. We endeavored to build upon this research by examining manifestations and perceptions of social anxiety across three distinct domains relevant to HSA individuals' offline functioning: *social inactivity*, *close relationship quality*, and *self-disclosure*. We also examined whether the presence of signs of relationship impairment across these three domains allowed observers to accurately judge Facebook users' levels of social anxiety.

#### 1.1.1. Social inactivity

Offline relationship impairment inherent to social anxiety may lead online signs of social inactivity to emerge for multiple reasons. First, HSA individuals may experience a similar reticence about engaging in interpersonal interactions online as they do offline (Mansell & Clark, 1999; Moscovitch et al., 2012), and therefore may act in a reclusive, passive manner when navigating social media (Erwin et al., 2004). Second, HSA individuals tend to report a lack of quality friendships offline (Erwin et al., 2004; Whisman et al., 2000), and prior work has suggested that online media may facilitate socialization primarily among individuals who have existing, offline relationships (Valkenburg & Peter, 2009). As a result of these factors, HSA individuals' Facebook profiles may not accumulate the markers of social activity that accrue from engagement in active online socialization with existing friends (e.g., Facebook friends and photographs).

Additionally, prior work examining perceptions of HSA individuals in offline settings suggests that observers may be able to infer high social anxiety by observing Facebook profiles which lack signs of social activity. In offline conversational settings, observers who interact with HSA individuals are known to use signals of anxiousness and fear of negative evaluation to infer social anxiety (e.g., Baker & Edelmann, 2002; Mansell & Clark, 1999). This knowledge may lead observers to infer that HSA individuals have few offline friends with which to socialize online, and that they will experience the same reticence when attempting to interact with others online as they do offline; observers may in turn infer that Facebook signs indicating social inactivity reflect a profile owner's high level of underlying social anxiety. In line with the expectation that HSA individuals' will socialize relatively infrequently online, and that observers will use signals of this social inactivity to infer high social anxiety, we predicted that HSA individuals' Facebook profiles would show fewer friends, photos, photo albums, and videos, and that these signs would lead observers to rate profile owners as higher in social anxiety.

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