From socially prescribed perfectionism to problematic use of internet communicative services: The mediating roles of perceived social support and the fear of negative evaluation

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HIGHLIGHTS

- Socially prescribed perfectionism is associated with problematic internet use.
- The fear of negative evaluation mediates this association among males and females.
- Low social support mediates this association only among males.

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ABSTRACT

Background: The present study developed and tested a model that explains how people who believe that others have unrealistically high standards and exert pressure on them to be perfect (that is, people high in socially prescribed perfectionism) develop a problematic use of internet communicative services (GPIU). Following the perfectionism social disconnection model and previous evidence about the role that the online environment might play in the development of problematic internet use, low reported social support and the fear of negative evaluations in face to face interactions were hypothesized to mediate the association between socially prescribed perfectionism and GPIU.
Methods: A sample of 465 undergraduate students was recruited (240 F; mean age 21.91 ± 2.23 years), and the hypotheses were tested through structural equation modeling separately for men and women.
Results: Among men, the association between SPP and GPIU was fully mediated by the fear of being negatively evaluated and the perception of low social support. For women, we found a partially mediated model in which SPP affected GPIU indirectly through the fear of negative evaluations. The presence of a direct effect of SPP on GPIU was also found. Moreover, perceived social support was not found to be a significant mediator among women.
Conclusions: The findings suggest that problematic use of internet communicative services might be, at least in part, a defensive response to extreme social evaluation pressures.

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1. Introduction

Recent scholarship has noted a growing interest in the negative potential of the internet. Most of the literature regarding internet abuse or over-use considers it a behavioral addiction, classifying it as an impulse control disorder (Young, 1998). However, some scholars (e.g., Beard & Wolf, 2001) have criticized this perspective, claiming that the construct validity of computer addiction has yet to emerge. In most cases, excessive computer use might be just one symptom of other primary disorders. Indeed, this approach fails to account for what people are actually doing online — hence, what it actually is that people are addicted to. In this sense, internet addiction is misleading as a category in which to group all problems associated with excessive internet use (Wallace, 1999). Thus, in 2001, Davis proposed that problematic internet use should be classified as specific when the behavioral addiction concerns content-specific functions of the internet (e.g. gambling, viewing sexual material), and generalized (GPIU) when an individual develops problems due to the unique communicative context of the internet. According to Davis (2001), it seems reasonable to assume that content-specific dependencies — that is, specific problematic internet use — would exist in the absence of the internet, whereas GPIU would be a primary disorder linked to the experience of being online. GPIU is assumed to be related to social aspects of the internet and is characterized by a desire to remain in a virtual social life.

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Compared with the internet addiction perspective, Davis's cognitive behavioral model of GPIU emphasizes the role of dysfunctional cognitions as precursors of the behavioral symptoms. It has been specifically suggested that GPIU involves cognitive distortions (e.g., a preference for online social interactions) *and* dysfunctional behaviors (e.g., compulsive internet use or using the internet to alleviate negative emotions) that lead to negative outcomes in various areas of an individual's life (Caplan, 2010). The cognitive–behavioral model of GPIU outlined by Davis (2001) suggests that social isolation and/or lack of social support represents a proximal contributory cause of GPIU cognitions, behaviors, and negative outcomes. Davis (2001) clearly states that "one element that contributes to the causal pathway of GPIU is related to the social context of the individual," (p. 192) suggesting that the lack of social support from family or friends and/or social isolation are the key factors that permit a distinction, from an etiological point of view, between specific problematic internet use and GPIU. The association with GPIU is explained through the social compensation hypothesis, whereby internet mediated communication may be used as an attempt to compensate for poor interactions experienced offline (e.g., Beard & Wolf, 2001).

1.1. Generalized problematic internet use: the direct and indirect roles of socially prescribed perfectionism

According to the social skill model of GPIU (Caplan, 2003, 2005), the lack of social support and an enhanced appreciation of the unique communicative context of the internet are consequences of a self-perception of social incompetence, which causes a preference for online social interaction, which, in turn, leads to a compulsive use of internet communicative services (Caplan, 2010). Social anxiety (Caplan, 2007; De Leo & Wulfert, 2013; Lee & Stapinski, 2012), low self-esteem (Fioravanti, Dèttore, & Casale, 2012), and reduced social–emotional intelligence (Casale, Tella, & Fioravanti, 2013) have been found to be associated with cognitive or behavioral symptoms of GPIU, confirming the hypothesis that individuals who perceive themselves as having social skill deficits in face to face contexts are more likely to be attracted to the unique features of internet communication. One possible explanation for these associations comes from the hyperpersonal model (Walther, 1996). This model argues that the limited information transmitted online is an interpersonal advantage for people with psychosocial problems, since evaluative verbal and non-verbal cues are not present in computer mediated communication. Online communication is believed to allow greater control over self-presentation, which may create a sense of security (Valkenburg & Peter, 2011). This is consistent with Papacharissi and Rubin (2000), who claimed that Web space is an ideal setting for the self-presentation of individuals, as users can manipulate information, choosing what to disclose and what to hide. Growing empirical evidence supports this theoretical perspective, showing that CMC entails greater control over self-presentation and impression formation and less perceived social risk. Lee and Stapinski (2012) found that online communication is associated with perceptions of greater control and decreased risk of negative evaluation when communicating online. O'Sullivan (2000) found that people's preferences for different interpersonal communication channels (e.g., CMC, FtF, telephone) varied depending on the extent to which they appraised a self-presentational situation as threatening or supportive. Mediated interpersonal channels, such as CMC, was found to be preferred when one's own self-presentation was threatened, confirming the perception of a greater control with respect to face to face contexts. Some studies (e.g., Casale et al., 2013; Fioravanti et al., 2012) have found significant correlations between the perceived relevance of the reduction of non-verbal cues and major controllability and various internet problematic use symptoms, such as preference for online social interactions. This is also consistent with previous evidence suggesting that those who feel less comfortable interacting in face to face contexts tend to use the internet for social purposes, whereas those who feel more comfortable with offline relationships tend to use the internet to accumulate information

(Papacharissi & Rubin, 2000). Generally speaking, a consensus has emerged regarding the fact that people with low social skills tend to have a greater appreciation of CMC, as revealed by statistical comparisons with those who do not report high levels of social anxiety or loneliness (e.g., Peter & Valkenburg, 2006; Young & Lo, 2012).

In keeping with both the social skill deficit model of GPIU and the hyperpersonal perspective, it is logical to suppose that socially prescribed perfectionism (SPP; Hewitt & Flett, 1991) is a possible and plausible risk factor for the development of GPIU. Socially prescribed perfectionism "entails people's belief or perception that significant others have unrealistic standards for them, evaluate them stringently, and exert pressure on them to be perfect" (Hewitt & Flett, 1991, p. 457). The belief that other people hold unrealistically high standards for the subject, the marked fears of rejection and fear of looking foolish, and the self-worth that depends on meeting other people's expectations (that is, high levels of SPP) might predispose the individual to develop a preference for online social interaction. Due to the greater control and less perceived social risk offered by CMC for those with low social skills, the internet environment might be seen by people with high levels of SPP as a more comfortable communicative context.

Socially prescribed perfectionism has already proven to result in a variety of negative consequences. Because individuals with high levels of SPP are concerned with meeting others' standards, they exhibit a greater fear of negative evaluation. Significant positive correlations between SPP and the fear of being negatively evaluated have been reported in the initial research conducted to develop the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991). Another investigation by Flett, Hewitt, and DeRosa (1996) confirmed that there is a positive association between SPP and concerns of negative evaluation among students. Fee and Tangney (2000) also measured these variables as part of a broader investigation of procrastination and shame. Although they did not report a link between fears of negative evaluation and SPP, socially prescribed perfectionism was linked with shame, which, in turn, had a robust link with fears of negative evaluation. More recently, Flett, Coulter, and Hewitt (2012) established an association between SPP and fears of negative evaluation among early adolescents in grades seven and eight. This finding accords with other evidence linking socially prescribed perfectionism with a fear of negative evaluation that ultimately produces social anxiety (for a review, see Flett & Hewitt, in press).

Whereas empirical evidence about the association between SPP and social anxiety, on the one hand, and social anxiety and GPIU, on the other, have been reported, neither a direct nor mediated effect of SPP on GPIU has been tested. This study represents a first step to fill this research gap by investigating the relationship between SPP, the fear of being negatively judged, and GPIU. We therefore hypothesize that:

H1. SPP is a positive predictor of the fear of negative evaluation levels.

H2. The fear of negative evaluation is a positive predictor of GPIU levels.

H3. There is a positive indirect relationship between SPP and GPIU levels that is mediated by the fear of negative evaluation.

Moreover, one trend to emerge from the SPP literature is that interpersonal aspects of perfectionism generate subjective and objective disconnections from the social environment. According to the perfectionism social disconnection model (PSDM; see Hewitt, Flett, Sherry, & Caelian, 2006), the sense of detachment from other people mediates the relationship between SPP and psychopathology. Dunkley, Blankstein, Halsall, Williams, and Winkworth (2000) found that a construct representing evaluative concerns perfectionism was associated with lower levels of perceived social support among college students, which was related to higher levels of distress. SPP was one of three measures that comprised the evaluative concerns perfectionism composite. Related research by Dunkley, Sanislow, Grilo, and McGlashan (2006) found that perfectionism (as measured by the Dysfunctional Attitude Scale) was