Social Media as a Coping Mechanism during COVID-19 and Anxiety re-entering Social Situations

Louise Kavanagh

19389093

BA (Hons) Psychology

Submitted to the National College of Ireland, March 2022

Submission of Thesis and Dissertation

National College of Ireland

Research Students Declaration Form

(*Thesis/Author Declaration Form*)

Name: Louise Kavanagh

Student Number: 19389093

Degree for which thesis is submitted: BA (Hons) Psychology

Material submitted for award

(a) I declare that the work has been composed by myself.

(b) I declare that all verbatim extracts contained in the thesis have been distinguished by quotation marks and the sources of information specifically acknowledged.

(c) My thesis will be included in electronic format in the College Institutional Repository TRAP (thesis reports and projects)

(d) I declare that no material contained in the thesis has been used in any other submission for an academic award.

_____

(State the award and the awarding body and list the material below)

Signature of research student: Louise Kavanagh

Date: 11/03/2022

Acknowledgements

Firstly, I would like to thank everyone who participated in this study and made this research possible. I would also like to thank my thesis supervisor, Dr Conor Nolan, for his help and support throughout this process. To all my friends, thank you for the support throughout these last few months and for helping me to relax when I was overwhelmed. Last but not least I would like to thank my family, specifically my parents, Bob and Niamh, and my sister Hannah. Thank you for the constant encouragement and reassurance you have shown me not only during this process but my entire life.

Abstract

Aims: This study aimed to assess the extent to which the Irish population relied on social media as a coping mechanism during the COVID-19 lockdown periods by utilizing the Brief-Coping Scale. Secondly, this study aims to assess these individuals' anxiety levels as they re-entered social situations using the Social Interaction Anxiety Scale (SIAS). The ultimate aim of this study is to establish whether there is a link between the participants' Brief-Coping Scale scores and their SIAS scores. **Method:** An online questionnaire was used in this study, which included demographic questions, and adapted versions of the Brief-Coping Scale and SIAS. One hundred twenty-two participants in total were recruited. **Results:** This study found a positive correlation between an individual's Brief-Coping Scores and their SIAS scores, indicating that higher reliance on social media as a coping mechanism leads to higher social interaction anxiety levels. Gender was also found to impact SIAS scores, with females tending to score higher. However, age and the time an individual spends online did not appear to affect SIAS scores. **Conclusions:** The findings of this study provide greater insight into how the Irish population relied on social media as a coping mechanism throughout the COVID-19 lockdown periods. This study has practical implications for the potential positive uses of social media, which will be discussed.

Table of Contents

Introduction

The impact of the COVID-19 pandemic on individuals has been observed in many studies throughout the last two years. The stress associated with this period has been highlighted as having a detrimental effect on the physical and mental health of the population (Spoorthy et al., 2020). Social isolation and loneliness are becoming more prevalent in the general population, contributing to physical issues such as high blood pressure and drug use (Lin et al., 2020) and mental problems such as depression and anxiety (Lisitsa et al., 2020). Humans are dependent on social connections (Nausheen et al., 2007), which were altered or stopped altogether during the lockdown periods, possibly contributing to this decline in the population's well-being. However, the impact of coping mechanisms such as social media has been observed in many recent studies, highlighted in this review.

Social Media and Coping

There is plenty of evidence suggesting that individuals of all ages used social media to cope throughout the COVID-19 pandemic. Years of research have highlighted that social media plays a prominent role in the lives of young people, with one study indicating that 97% of young adults use at least one form of social media regularly (Woods & Scott, 2016). In recent years, there has also been a rise in older generations adapting to new technology and social media, with the rate of social media usage among individuals over 65 rising from 34% (Leist, 2013) to 40.9% during the COVID-19 lockdown periods (Wong et al., 2021). These figures suggest that social media usage in the general population increased during these lockdown periods. Based on this, further studies have been conducted to assess the role that social media played in the lives of individuals during these lockdowns.

As a result of the COVID-19 lockdown periods, social media became more heavily integrated into the general populations' daily lives. More than ever, individuals are using social media and the internet to consume important news media, access entertainment services, and connect with others (Garfin, 2020). One study suggests that over-engagement with social media is a 'psychological necessity', as it provides a means of staying connected and maintaining human interaction to come degree (Singh, 2020). Although these activities are critical coping strategies to deal with the pandemic, studies on previous public health crises show that increased media exposure during times of crisis is associated with heightened psychological distress and impaired functioning over time (Garfin, Silver, & Holman, 2020; Garfin, 2020).

Most studies on this topic have been carried out on young adults, as previous research on this age range shows that they typically experience the highest levels of loneliness and mental health issues due to stress (Choo & Marszalek, 2019; Lisitsa et al., 2020). This demographic has repeatedly been found to experience adverse mental health issues such as depression and anxiety due to their social media usage (Hawkley & Cacioppo, 2010, Lin et al., 2020), and social media is often regarded as a modern form of addiction among young people (O'Reilly et al., 2018). Loneliness in young people is often predicted by a lack of meaningful interactions, lack of social support and a change in the balance of sleep, work and recreation (Newswire, 2022), all of which were impacted by the lockdown periods. Contrary to research highlighting the adverse effects of social media, some studies have indicated that social media improves social connections between individuals and improves mental health outcomes (Lin et al., 2020; Escobar-Viera et al., 2018).

Social Media and Social Support

Researchers have started to investigate why these contradictions in findings exist, with one theory being that the way an individual engages with social media impacts their experience.

Passive use of social media involves scrolling through others' posts, while active use involves interacting directly with others (Keles et al., 2020). Younger people are most likely to engage with social media passively and are more likely to develop depressive symptoms (Frison & Eggermont, 2016). However, those who use social media more actively, meaning more direct interaction with others (Keles et al., 2020), were found to experience fewer symptoms of loneliness (Lin et al., 2020), presumably due to increased social support (Lisitsa et al., 2020). As a result, it is evident that social media can contribute to positive and negative mental health outcomes, depending on how an individual interacts with content online. Since these studies took place with young populations, the findings are not necessarily generalizable to other populations, as young people are known to have predominantly higher social media usage rates (Woods & Scott, 2016).

Alternate studies have been conducted to investigate how older people use social media as a means of social support. Contrary to young adults, research indicates that older people's interaction with social media helps decrease their feelings of loneliness and isolation (Lisista et al., 2020). One reason for this may be that this age group is more likely to engage actively with social media (Keles et al., 2020), resulting in fewer symptoms of loneliness (Lin et al., 2020). Another reason may be that older people are more likely to have a higher proportion of close friends to total friends on their social media profiles (Chang et al., 2015). This finding means that these individuals interact with those they know personally online, meaning these connections have a real-world element, thus decreasing their feelings of loneliness or isolation.

Another question that has arisen during the COVID-19 pandemic is whether an individual's use of social media impacts how they reintegrate into social situations after lockdown periods. Many studies have hypothesized that increased social media usage would

decrease in-person socialization skills (Akdag et al., 2018; Hassan et al., 2019). However, the main finding of this study is that excessive social media usage does have a slight negative impact on an individual's socialization skills, but this is not significant (Hassan et al., 2019).

Social Media and Mental Health

An individual's time spent on social media has long been believed to be a risk factor for developing mental health problems. However, there is conflicting evidence regarding whether there is a relationship between these two issues. One Australian study indicates no link between frequency of social media use and psychological distress (O'Dea & Campbell, 2011) or depression levels (Neira & Barber, 2014). Despite this, studies in Canada (Sampasa-Kanyinga & Lewis, 2015) and Europe (Tsitsika et al., 2014) have highlighted a positive correlation between heavy social media usage and depression and anxiety (Keles et al., 2020).

Despite the negative features of social media noted above, the beneficial implications on mental health have been extensively investigated, with one study finding that social media can be utilized to assist mental health care (Naslund et al., 2017). One hundred thirty-five people who had stated publicly that they had a mental illness on Twitter were recruited to complete a 20-question survey that collected basic information about them, such as age, gender, education, and so on. According to this survey, over 70% of participants utilize social media at least once a week to connect with others who suffer from mental illness. Over half of the participants said they used social media to share and learn about mental health issues. This research supports the theory that social media can be a valuable tool for sharing personal tales and coping strategies (Naslund et al., 2014), as well as assisting people in finding support and information (Lal et al., 2016). This research implies that the content people consume online has an impact on their mental health. In comparison to the overall population, these participants had a very positive

perspective of social media, indicating that interacting with like-minded people online reduces the likelihood of negative social media consequences, such as cyberbullying.

The Current Study

Based on previous research, it is evident that social media usage has become more prominent in recent years in the general population than ever before (Garfin, Silver, & Holman, 2020; Garfin, 2020). Despite this recent spike in social media usage due to the COVID-19 pandemic, little research has been conducted to assess what repercussions this increased usage had on the populations' socialization skills and anxiety levels as they re-entered social situations. This study aims to address this gap in the literature.

The first aim of this study is to assess if there is a relationship between an individual's use of social media as a coping mechanism during the lockdown periods and their social anxiety levels. From the basis of existing evidence, highlighting that increased social media usage can contribute to mental health issues such as depression and anxiety (Hawkley & Cacioppo, 2010, Lin et al., 2020), the first hypothesis (H1) of this study is that the higher an individual scores on the Brief-Coping Scale, which indicates to what extent the individual relied on social media to cope during the lockdowns, the higher they will score on the SIAS.

Additionally, many studies have indicated differences between genders regarding their anxiety levels (Xu et al., 2012; Dell'osso et al., 2015; Deardorff et al., 2015; Pierce, 2009). Similarly, age has been found to impact how individuals interact with social media (Frison & Eggermont, 2016; Keles et al., 2020). However, none of these studies were conducted with an Irish population, so this study was conducted to bridge this gap in the research.

The second aim of this study is to assess the relationship between gender and social interaction anxiety levels, based on existing research that suggests women will score higher on

these measures (Xu et al., 2012; Dell'osso et al., 2015; Deardorff et al., 2015; Pierce, 2009). Due to this, this study's second hypothesis (H2) is that women will score higher on the SIAS than men.

The relationship between time spent online and anxiety levels have also been investigated in many studies, but these findings have mainly been contradicting as some studies have found a relationship exists between these variables (Gordon, Juang, & Syed, 2007; Mazalin & Moore, 2004), while others have not (Prizant-Passal, Shechner & Aderka, 2016; Campbell, Cumming, & Hughes, 2006; Madell & Muncer, 2006).

Based on these findings, the third aim of this study is to establish the nature of the relationship between these variables. Due to the inconclusive results of previous research, the direction of this relationship is not theorized. Instead, the third hypothesis (H3) is simply that there is a relationship between these variables.

The final aim of this study is to establish if there is a relationship between age and an individual's social interaction anxiety levels. This aim is based on research highlighting that younger individuals tend to experience more significant mental health issues such as depression and anxiety due to their social media use than older individuals (Keles et al., 2020; Frison & Eggermont, 2016). This study's third hypothesis (H4) is that younger people will obtain higher SIAS scores than older people.

Methods

Participants

The participants for this study were recruited using a snowball sampling technique. The link to this survey and a brief description of the study was posted on social media platforms, specifically Instagram and Snapchat. Some of the participants recruited this way then posted the survey to their own social media profile, thus reaching even further potential participants. This method of gathering participants helped ensure that those who took part in the study were social media users, which is a crucial factor in the study. The only requirement to participate in this study was for the participant to be 18 years old or older. After running G*Power in relation to the first statistical test of this study, a Pearson's r correlation, it was established that to have a significant effect size (>.50) 80% of the time, the study would require a sample of 132 participants. The following statistical test that must be carried out is an independent samples t-test. After using G*Power, it was found that to obtain a medium effect size (.50), 80% of the time, 102 participants would be needed to take part. Finally, a one-way analysis of variance (between groups ANOVA) must be carried out on the data. G*Power assessed that to obtain a medium effect size (.50) 80% of the time, a sample of 80 participants is necessary. Due to this, we can estimate that this survey will require a minimum of 132 participants as a sample. This study achieved a sample of 122 participants (76 females and 46 males), with a mean age of 24.8 years.

Measures

Demographics. The first section of this study involved obtaining basic demographic information such as the participant's age and gender. Participants were also asked to rate their daily social media usage over the lockdown periods (March - June 2020, October - November

2020, January - May 2021) on a Likert scale (0-3 hours, 3-6 hours, 6-9 hours, 9-12 hours, 12+ hours).

Brief-Coping Scale. The next section of the questionnaire featured six items from the Brief-Coping Scale, which measured how the participants used social media to cope during the pandemic. The items on this scale are scored on a Likert scale of 1 to 4, with (1 = rarely, 2 = not often, 3 = often, 4 = always). The maximum score one can score on this scale is 24, and the minimum possible score is 4. This scale was adapted by Cauberghe (2021) specifically to measure how individuals used social media to cope during the COVID-19 pandemic. The higher an individual scores in this measure, the more they used social media to cope during the pandemic. This scale has high reliability and validity, with a Cronbach's Alpha of .722 and .765 (Cauberghe et al., 2021).

Social Interaction Anxiety Scale. The final section of this survey will require the participants to complete 19 items from the Social Interaction Anxiety Scale (SIAS). These items are answered using a 5-point Likert scale, (0 = not at all characteristic or true of me, 1 = slightly characteristic or true of me, 2 = moderately characteristic or true of me, 3 = very characteristic or true of me, 4 = extremely characteristic or true of me). The minimum possible score on this scale is 0, while the maximum score a participant can obtain from this questionnaire is 80. The higher an individual scores on this scale, the higher their social anxiety levels surrounding social interactions are thought to be. This scale aims to assess social phobia fears in individuals, specifically fears of general social interactions (Mattick & Clarke, 1998). This questionnaire also has high reliability, as it has previously been used to assess university students, and this scale has a Cronbach's Alpha of .93 (Mattick & Clarke, 1998).

Design

This study uses a quantitative approach and follows a cross-sectional design, allowing the researcher to analyze many variables simultaneously. The first hypothesis of this study follows a correlational research design to compare the relationship between the participants' Brief-Coping Scale scores and their SIAS scores. A between-subjects design is in place for the second and third hypothesis to compare males and females on their SIAS scores and age groups on their Brief-Coping Scale scores. The independent variables (IV) in these hypotheses are gender and age group, while the dependent variables (DVs) are SIAS scores.

Procedure

The majority of participants will first become aware of the study through social media, as the link to the questionnaire was posted to the researcher's Instagram and Snapchat profile. Some participants also became aware of the study through word of mouth or as it was posted to additional social media accounts by other participants. However, all of these methods provided the participants with the same link inviting them to participate in the survey. Once the participant clicked the link, they were brought to a Google docs survey. The first thing they saw was an information sheet, which gave a brief description of the study and outlined the participant's rights regarding consent. After reading this document, the participant then decided to proceed with the study, understanding that they had the right to withdraw from the study at any point during its completion. The participant was first asked to provide basic demographic information such as their age group and gender. The participant then answered the six items from the Brief-Coping Scale and the 19 items from the SIAS. There was no time limit to complete this survey,

so the participant could take breaks during its completion if they wished. The entire questionnaire was expected to take approximately 5-10 minutes to complete.

Once the participant completed all the items on the questionnaire and submitted their data, their direct involvement in the study was completed. When the participant submitted their data, they were aware that they could no longer withdraw from the study. It would be impossible for the researcher to identify their information from all the data. This fact was highlighted on the information sheet and the debriefing sheet before submitting their data. The entire process for the participant was estimated to take 15-20 minutes, allowing them to read the information sheet and the debriefing sheet. The debriefing sheet informed the participants about the study's aims and what their data would be used for. The debriefing sheet also included some helplines that the participant could avail of if they became distressed because of taking part in this study. Finally, the participant could find the contact details of the researcher and their supervisor on the debriefing sheet in case they had any comments or questions relating to the research.

Results

Descriptive statistics

Descriptive statistics were obtained for the categorical demographic variables in this questionnaire, gender and social media usage frequency. The results of this analysis are presented in Table 1. Of the 122 participants (n =122), 76 (37.7%) were male and 46 (62.3%) were female. This analysis also found that 8 participants (6.6%) spent 0-3 hours a day online during the pandemic, 28 (23%) spent 3-6 hours online, 40 (32.8%) spent 6-9 hours online, 29 (23.8%) spent 9-12 hours online, and 17 (13.9%) spent 12+ hours online.

Table 1

Descriptive Statistics for all Categorical Variables

Variable	Frequency	Valid %
Gender		
Male	76	37.7%
Female	46	62.3%
Social Media Frequency		
0-3 hours	8	6.6%
3-6 hours	28	23%
6-9 hours	40	32.8%
9-12 hours	29	23.8%
12+ hours	17	13.9%

Descriptive statistics for the continuous variables age, total Brief-Coping Scale scores and total Social Interaction Anxiety Scale scores are presented below in Table 2. The participants had a mean age of 24.77 (SD = 8.81), ranging between 18 years old and 77 years old. The means (M), standard deviations (SD), medians (MD), and range for these variables were obtained, along with tests of normality. Preliminary analysis was performed on the data for the scale scores (total BCS score and total SIAS score), which indicated that all continuous variables followed the assumptions of normality. One aspect analyzed was the Kolmogorov-Smirnov statistic, where a non-significant result was found for all continuous variables ($p > .05$), which indicates the data is normally distributed. The histograms obtained in this analysis also revealed that these variables are normally distributed. The Q-Q plots produced for both variables also show that the variables are normally distributed as they form a straight line. Finally, the box plots produced for the BCS scores had no outliers, while the box plot for the SIAS scores only had one outlier.

Table 2

Decriptive Statistics for all Continuous Variables

Variable	*M* [95% CI]	*SD*	Range
Age	24.77 [23.19-26.35]	8.81	59
Total BCS scores	17.21 [16.74-17.68]	2.62	13
Total SIAS scores	33.7 [31.35-36.06]	13.16	69

Inferential statistics

Due to the analyses carried out previously, which indicates that this data is normally distributed and with a non-significant Kolmogorov-Smirnov result, a parametric Pearson's correlation coefficient was conducted. This test was conducted to assess the relationship between total Brief-Coping Scale scores and total Social Interaction Anxiety Scale scores. Preliminary analysis was conducted to ensure no violation of normality, linearity, and homoscedasticity assumptions. There was a small, positive, non-significant correlation between the two variables ($r = .15$, $n = 122$, $p = .11$), indicating that the two variables share approximately 2.25% of the variance in common. These results suggest that the higher an individual scores on the Brief-Coping Scale, the higher they will score on the Social Interaction Anxiety Scale.

Table 3

Pearsons Correlation between Continuous Variables

Variable	1.	2.	3.	4.
1. Total BCS scores				
2. Total SIAS scores	.15			

In order to investigate the second hypothesis of this study, which is to assess whether there is a difference in SIAS scores between men and women, an independent samples t-test was carried out. This test found that there was a significant difference in scores for males ($M = 30.96$, $SD = 10.13$) and females ($M = 35.37$, $SD = 14.50$; $t (122) = -1.97$, $p = .05$, two-tailed). The

magnitude of the difference in the means (mean difference = -4.41, 95% Cl: -8.84 to .02) was small (eta squared = .03).

This study is also interested in analyzing whether there is a relationship between the time an individual spent online during the lockdown periods and their SIAS scores. The participants were sorted into categories based on their social media daily usage over the lockdown periods (0-3 hours, 3-6 hours, 6-9 hours, 9-12 hours, 12+ hours). A one-way analysis of variance (between groups ANOVA) was carried out for this hypothesis. There was a non-statistically significant difference at the $p < .05$ level in SIAS scores for the five categories of social media usage: $F (4, 117) = 1.8$, $p = .13$. The effect size was calculated at 0.06, regarded as a medium effect (Cohen, 1988). Post-hoc comparisons using the Tukey HSD test indicated that the mean scores for the categories of social media usage did not differ significantly from each other (0-3 hours; M = 27.86, SD = 17.83), (3-6 hours; M = 29.46, SD = 15.27), (6-9 hours; M = 36.8, SD = 12.04), (9-12 hours; M = 35.07, SD = 12.71), (12+ hours; M = 33.82, SD = 8.1).

The final question this study is interested in investigating is whether or not there was a difference between the age groups in their Brief-Coping Scale scores. In order to assess this, each participant was sorted into an age group (18-25, 26-35, 36-45, 46-55, 56-65, 66+). As there was only 1 participant in the 66+ age group and no one in the 56-65 age group, these categories were excluded from the analysis. Another one-way analysis of variance (between groups ANOVA) was carried out for this hypothesis. There was a non-statistically significant difference at the $p < .05$ level in BCS scores for the four age groups: $F (3, 117) = .56$, $p = .64$. Despite reaching statistical significance, the difference in mean scores between the groups was quite

small. The effect size was calculated as 0.01. Post-hoc comparisons using the Tukey HSD test indicated that the mean scores for Group 1 (M = 17.28, SD = 2.68), Group 2 (M = 17.57, SD = .6), Group 3 (M = 16.25, SD = 2.31) and Group 4 (M = 16.5, SD = 3.7) were not significantly different from each other.

Discussion

One of the main aims of this study was to assess if individuals used social media to cope during the COVID-19 lockdowns and whether the degree of their usage impacted their anxiety levels as they re-entered social situations. Previous studies have indicated that social media usage in the general population increased because of the lockdown periods (Wong et al., 2021; Garfin, 2020). However, recent studies have also suggested that individuals rely more on social media to interact and stay connected with others than ever before, even to the point of addiction (Singh et al., 2020). Research has indicated that an individual who spends 35 hours a week or more online is experiencing internet addiction (van den Eijnden et al., 2008). The current study indicates that 79.6% of the participants met this criterion. As a result, it is evident that social media has become an important way of coping with the lockdown periods for these participants.

Previous research has also been conducted on how the internet and social media usage could impact an individual's socialization skills (Akdag et al., 2018; Hassan et al., 2019), primarily based on the reasoning that increased social media usage can lead to psychological distress and impaired functioning (Garfin, Silver, & Holman, 2020). However, these studies found that social media usage only led to a slight decrease in real-life socialization skills (Hassan et al., 2019).

Based on these findings, this study was interested in analyzing if there was a relationship between the degree a person relied on social media as a coping mechanism and their socialization skills. It was hypothesized (H1) that there would be a positive correlational relationship between an individual's social media usage as a coping mechanism and their social interaction anxiety levels.

A correlation analysis was conducted to assess this hypothesis, which highlighted a slight positive relationship between these variables, meaning the more an individual avails of social media as a coping mechanism, the higher their social anxiety levels. This result is consistent with previous studies' findings which indicate that social media usage impacts an individual's social skills (Akdag et al., 2018; Hassan et al., 2019). However, this study's findings are not as conclusive as previous research, as this study only found a slight correlation between these variables. There may be methodological reasons for this difference in findings, such as the different scales that were used in these studies to assess social media usage and social anxiety levels. Hassan et al (2019) devised their questionnaire to evaluate these measures, with the socialization measure having a Cronbach's alpha of .622, putting it in a questionable range. However, the Brief-Coping Scale had a Cronbach's alpha of .722 (Cauberghe et al., 2021), and the Social Interaction Anxiety Scale had a Cronbach's alpha of .93 (Mattick & Clarke, 1998), giving these measures high validity and reliability.

The relationship between gender and social anxiety has also been investigated in many studies, with the overall findings concluding that women are more likely to experience a social anxiety disorder (Xu et al., 2012; Dell'osso et al., 2015; Deardorff et al., 2007; Pierce, 2009). Women tend to score higher on social interaction-related anxiety measures, such as talking to authority or speaking in front of a group (Dell'osso et al., 2015). These interactions were stopped or moved to an online setting throughout the lockdown periods, meaning people lost practice in face-to-face social situations. Due to this, re-entering social situations may have heightened these pre-existing feelings of anxiety.

This research on gender and social anxiety helped form the second hypothesis for this study (H2), which assumes that there will be a relationship between gender and social anxiety

scores, specifically that women will score higher than men in measures of social interaction anxiety levels. This study found that there was a significant difference between males and females in their SIAS scores, with females having a higher mean score, which supports the findings of previous studies (Xu et al., 2012; Dell'osso et al., 2015; Deardorff et al., 2015; Pierce, 2009). However, this analysis provides a mean score for SIAS scores overall and does not specify the particular areas in which men and women differ. A future study could assess the differences between men and women in each item of the SIAS to see what specific situations trigger the most anxiety in each gender.

Another interesting topic this study presents is the impact of time spent online on levels of social anxiety. Although existing research suggests that factors such as loneliness and depression tend to increase when internet use increases (Kraut et al., 2002; Selfhout et al., 2009), there is conflicting evidence regarding how time spent online impacts social anxiety levels. While some studies have indicated that there is a positive correlation between these factors (Gordon, Juang, & Syed, 2007; Mazalin & Moore, 2004), others have suggested that there may be a negative correlation (Prizant-Passal, Shechner & Aderka, 2016; Campbell, Cumming, & Hughes, 2006; Madell & Muncer, 2006).

The third hypothesis (H3) was devised based on this existing evidence, which assumes that there will be a relationship between the time an individual spends online and their social anxiety levels. Due to the inconclusive results of previous research, the direction of this relationship is not theorized. A one-way analysis of variance (between groups ANOVA) was conducted to investigate this relationship, which indicated no significant relationship between time spent online and SIAS scores, despite a medium effect size being calculated. Therefore, this study cannot support nor dispute the previous evidence of a correlation between these two

variables (Gordon, Juang, & Syed, 2007; Mazalin & Moore, 2004; Prizant-Passal, Shechner & Aderka, 2016; Campbell, Cumming, & Hughes, 2006; Madell & Muncer, 2006).

The impact of age on a person's likelihood of using social media as a coping mechanism was also of interest in this study. This fourth and final hypothesis (H4) assumes that there will be a relationship between an individual's age and the degree to which they used social media as a means of coping during lockdown periods, specifically that younger people used social media as a means of coping more than older people. Based on previous research, it is theorized that older individuals may not have relied on social media to manage as much as younger individuals, as 97% of young adults are believed to use social media frequently (Woods & Scott, 2016) compared to only 40.9% of older adults (Wong et al., 2021). In order to test this hypothesis, another one-way analysis of variance (between groups ANOVA) was conducted. This analysis found no significant difference between the age groups in their Brief-Coping Scale scores, indicating that all age groups used social media as a coping mechanism to relatively the same degree.

Although this finding contradicts our prediction based on previous research, some theories might explain this variance in results. One of these theories is that older adults who engage with social media tend to use it more productively than younger adults. Older adults are more likely to engage actively with social media, whereas younger adults often use social media more passively (Frison & Eggermont, 2016; Keles et al., 2020). Active engagement with social media involves directly engaging with others online, which helps substitute for the reduction in real-life interaction during the lockdown periods (Lisista et al., 2020). Another theory is that older individuals tend to interact primarily with those with whom a real-life connection exists (Keles et al., 2020). As a result, these individuals' perceived social support increases,

highlighting that social media operates as a form of coping with limited social interaction during the lockdowns (Lisista et al., 2020).

Implications

At present, this study provides a unique perspective as to how individuals self-perceived their use of social media as a coping mechanism throughout the lockdown periods. This investigation was a novel use of the Brief-Coping scale, with no prior research indicating that this scale had been used to assess social media usage over lockdown periods. Due to the findings that individuals relied highly on social media to cope during these periods, it is evident that periods of isolation and loneliness contribute to social media usage. This reliance comes with risks, as previous research indicates that heightened social media usage can lead to mental health issues such as depression and anxiety (Hawkley & Cacioppo, 2010, Lin et al., 2020). However, research has proven that social media can be an essential tool for sharing personal stories and coping strategies (Naslund et al., 2014) and helps people find support and information (Lal et al., 2016). Therefore, it is evident that those experiencing periods of isolation could benefit positively from connecting with others on social media. For instance, research has indicated that maintaining contact with friends and family through periods of isolation helps ease distress and anxiety (Hwang et al., 2020; Xiong et al., 2020).

Based on these findings, it is evident that the traumatic effects of the COVID-19 pandemic can harm the well-being of the population. To prevent this trauma from progressing to more hazardous levels, policies should be implemented by the government or institutions such as colleges to support individuals during these stressful times (Ho et al., 2020). Due to the limited accessibility of in-person services during this period, greater emphasis should be placed on developing remote mental health services such as online consultations and hotlines (Liu et al.,

2020; Xiong et al., 2020). Individual efforts can also be made to help reduce the psychological distress experienced by the general population. Regular exercise and a healthy diet have been shown in many studies to ease or prevent mental health issues (Carek et al., 2011; Lassale et al., 2019).

Strengths and Limitations

One strength of this study is its use of well-established scales with high reliability and validity. The Brief-Coping Scale has a Cronbach's alpha of .722, while the SIAS has a Cronbach's alpha of .93. Another strength of this research is that this study provides insight into a gap in existing research regarding how social media usage as a coping mechanism can impact social anxiety levels, specifically regarding the lockdown periods. The effects of the lockdown periods of the COVID-19 pandemic is currently a popular field of research, and this study provides a novel take on this period with an Irish population.

This study has some limitations that should be addressed. Firstly, this study did not reach the number of participants that G*Power computed would be needed for some of the statistical analyses in this investigation. This study achieved a population of 122 participants, despite G*Power indicating that 132 participants would be required. This small sample size may have contributed to why significant relationships were not found for some of this study's hypotheses. Additionally, the vast majority of participants fell into the 18-25 years age range, likely due to the use of convenience and snowball sampling. As a result, the results obtained from this study may not reflect the general population, limiting the findings' generalizability.

Another limitation of this study is that this study followed a cross-sectional design rather than a longitudinal design. This design meant that data was only collected for one point in time, which was how an individual behaved during the lockdown periods. This study may have

benefitted from a longitudinal design, where data on social media usage and social anxiety levels could have been collected before the lockdown periods and again afterwards. This design would allow the researcher to assess whether there was a difference in the individuals' scores between these periods.

Conclusions

This study highlights a positive relationship between social media usage as a coping mechanism and social interaction anxiety levels, which is a unique perspective for a study to assess. This study provides a unique perspective on how social media usage during the lockdown periods changed and highlights the impact on the population's social anxiety levels. The findings of this study support existing evidence that highlights that an increase in social media and internet usage can contribute to mental health issues such as anxiety (Akdag et al., 2018; Hassan et al., 2019). Additionally, this study found that gender can be a predictor of social interaction anxiety levels in individuals, which supports previous research that shows women are more susceptible to social anxiety disorders (Xu et al., 2012; Dell'osso et al., 2015; Deardorff et al., 2007; Pierce, 2009). However, this study differs from previous research, as no significant relationship was observed between age and social interaction anxiety levels, which was also the case for the relationship between time spent online and social interaction anxiety levels. These inconclusive results may be due to some of the limitations of this study, such as the study not reaching the sample size suggested by G*Power, and the fact that the majority of participants fell into the youngest age range (18-25). A future study could ensure that a roughly even number of participants was selected for each age range and follow a longitudinal design to assess whether BCS scores and SIAS scores differed before and after a traumatic global event such as COVID-19.

References

Akdag, S., Bicen, H., Basari, G., & Savasan, A. (2018). The Impact of Using Social Media on University Students Socialization: Statistical Reasoning. *13Th International Conference On Theory And Application Of Fuzzy Systems And Soft Computing* — ICAFS-2018, 404-409. https://doi.org/10.1007/978-3-030-04164-9_54

Campbell, A., Cumming, S., & Hughes, I. (2006). Internet Use by the Socially Fearful: Addiction or Therapy?. *Cyberpsychology & Behavior, 9*(1), 69-81. https://doi.org/10.1089/cpb.2006.9.69

Carek, P., Laibstain, S., & Carek, S. (2011). Exercise for the Treatment of Depression and Anxiety. *The International Journal Of Psychiatry In Medicine*, *41*(1), 15-28. https://doi.org/10.2190/pm.41.1.c

Cauberghe, V., Van Wesenbeeck, I., De Jans, S., Hudders, L., & Ponnet, K. (2021). How Adolescents Use Social Media to Cope with Feelings of Loneliness and Anxiety During COVID-19 Lockdown. *Cyberpsychology, Behavior, And Social Networking*, 24(4), 250-257. https://doi.org/10.1089/cyber.2020.0478

Chang, P., Choi, Y., Bazarova, N., & Löckenhoff, C. (2015). Age Differences in Online Social Networking: Extending Socioemotional Selectivity Theory to Social Network Sites. *Journal Of Broadcasting & Electronic Media, 59*(2), 221-239. https://doi.org/10.1080/08838151.2015.1029126

Choo, P. Y., & Marszalek, J. M. (2019). Self compassion: A potential shield against extreme self-reliance? Journal of Happiness Studies, 20, 971–994. https://doi.org/10.1007/s10902-018-9978

Deardorff, J., Hayward, C., Wilson, K., Bryson, S., Hammer, L., & Agras, S. (2007). Puberty and Gender Interact to Predict Social Anxiety Symptoms in Early Adolescence. *Journal Of Adolescent Health, 41*(1), 102-104. https://doi.org/10.1016/j.jadohealth.2007.02.013

Dell'Osso, L., Abelli, M., Pini, S. (2015). The influence of gender on social anxiety spectrum symptoms in a sample of university students. *Riv Psichiatr* (50),295–301

Escobar-Viera, C., Shensa, A., Bowman, N., Sidani, J., Knight, J., James, A., & Primack, B. (2018). Passive and Active Social Media Use and Depressive Symptoms Among United States Adults. *Cyberpsychology, Behavior, And Social Networking, 21*(7), 437-443. https://doi.org/10.1089/cyber.2017.0668

Frison, E., & Eggermont, S. (2016). Exploring the relationships between different types of Facebook use, perceived online social support, and adolescents' depressed mood. Social Science Computer Review, 34, 153–171. https://doi.org/ 10.1177/0894439314567449

Garfin, D. (2020). Technology as a coping tool during the coronavirus disease 2019 (COVID-19) pandemic: Implications and recommendations. *Stress And Health,* 36(4), 555-559. https://doi.org/10.1002/smi.2975

Garfin, D., Silver, R., & Holman, E. (2020). The novel coronavirus (COVID-2019) outbreak: Amplification of public health consequences by media exposure. *Health Psychology,* 39(5), 355-357. https://doi.org/10.1037/hea0000875

Gordon, C., Juang, L., & Syed, M. (2007). Internet Use and Well-Being Among College Students: Beyond Frequency of Use. *Journal Of College Student Development*, *48*(6), 674-688. https://doi.org/10.1353/csd.2007.0065

Hassan, M., Saha, A., Saba, N.,Tuhin, R.A., & Das, A.K. (2019). Impact of Social Media on Socialization of University Students (A study on East West University's Undergraduate

Students). *2019 2nd International Conference on Applied Information Technology and Innovation (ICAITI)*, Bali, Indonesia

Hawkley, L., & Cacioppo, J. (2010). Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. *Annals Of Behavioral Medicine, 40*(2), 218-227. https://doi.org/10.1007/s12160-010-9210-8

Ho, C., Chee, C., & Ho, R. (2020). Mental Health Strategies to Combat the Psychological Impact of CoronavirusDisease 2019 (COVID-19) Beyond Paranoia and Panic. *Annals Of The Academy Of Medicine, Singapore*, *49*(3), 155-160. https://doi.org/10.47102/annals-acadmedsg.202043

Hwang, T., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020). Loneliness and social isolation during the COVID-19 pandemic. *International Psychogeriatrics*, *32*(10), 1217-1220. https://doi.org/10.1017/s1041610220000988

Keles, B., McCrae, N., & Grealish, A. (2020) A systematic review: The influence of social media on depression, anxiety and psychological distress in adolescents. International Journal of Adolescence and Youth, 25, 79–93. https://doi .org/10.1080/02673843.2019.1590851

Kraut, R., Kiesler, S., Boneva, B., Cummings, J., Helgeson, V., & Crawford, A. (2002). Internet Paradox Revisited. *Journal Of Social Issues, 58*(1), 49-74. https://doi.org/10.1111/1540-4560.00248

Lal, S., Nguyen, V., & Theriault, J. (2016). Seeking mental health information and support online: experiences and perspectives of young people receiving treatment for first-episode psychosis. *Early Intervention In Psychiatry*, *12*(3), 324-330. doi: 10.1111/eip.12317

Lassale, C., Batty, G., Baghdadli, A., Jacka, F., Sánchez-Villegas, A., Kivimäki, M., & Akbaraly, T. (2018). Healthy dietary indices and risk of depressive outcomes: a systematic review and meta-analysis of observational studies. *Molecular Psychiatry*, *24*(7), 965-986. https://doi.org/10.1038/s41380-018-0237-8

Leist, A. (2013). Social Media Use of Older Adults: A Mini-Review. Gerontology, 59(4), 378-384. https://doi.org/10.1159/000346818

Lin, S., Liu, D., Niu, G., & Longobardi, C. (2020). Active Social Network Sites Use and Loneliness: the Mediating Role of Social Support and Self-Esteem. *Current Psychology*. https://doi.org/10.1007/s12144-020-00658-8

Lisitsa, E., Benjamin, K., Chun, S., Skalisky, J., Hammond, L., & Mezulis, A. (2020). Loneliness Among Young Adults During COVID-19 Pandemic: The Mediational Roles of Social Media Use and Social Support Seeking. *Journal Of Social And Clinical Psychology*, *39*(8), 708-726. https://doi.org/10.1521/jscp.2020.39.8.708

Liu, S., Yang, L., Zhang, C., Xiang, Y., Liu, Z., Hu, S., & Zhang, B. (2020). Online mental health services in China during the COVID-19 outbreak. *The Lancet Psychiatry*, *7*(4), e17-e18. https://doi.org/10.1016/s2215-0366(20)30077-8

Madell, D., & Muncer, S. (2006). Internet Communication: An Activity that Appeals to Shy and Socially Phobic People?. *Cyberpsychology & Behavior, 9*(5), 618-622. https://doi.org/10.1089/cpb.2006.9.618

Mattick, R., & Clarke, J. (1998). Development and validation of measures of social phobia scrutiny fear and social interaction anxiety. *Behaviour Research And Therapy*, 36(4), 455-470. https://doi.org/10.1016/s0005-7967(97)10031-6

Mazalin, D., & Moore, S. (2004). Internet Use, Identity Development and Social Anxiety Among Young Adults. *Behaviour Change, 21*(2), 90-102. https://doi.org/10.1375/bech.21.2.90.55425

Naslund, J., Aschbrenner, K., McHugo, G., Unützer, J., Marsch, L., & Bartels, S. (2017). Exploring opportunities to support mental health care using social media: A survey of social media users with mental illness. *Early Intervention In Psychiatry*, *13*(3), 405-413. doi: 10.1111/eip.12496

Naslund, J., Grande, S., Aschbrenner, K., & Elwyn, G. (2014). Naturally Occurring Peer Support through Social Media: The Experiences of Individuals with Severe Mental Illness Using YouTube. *Plos ONE*, *9*(10), e110171. doi: 10.1371/journal.pone.0110171

Nausheen, B., Gidron, Y., Gregg, A., Tissarchondou, H., & Peveler, R. (2007). Loneliness, social support and cardiovascular reactivity to laboratory stress. *Stress*, *10*(1), 37-44. https://doi.org/10.1080/10253890601135434

Neira, B. C. J., & Barber, B. L. (2014). Social networking site use: Linked to adolescents' social self-concept, self-esteem, and depressed mood. Australian Journal of Psychology, 66(1), 56–64

Newswire, M. (2022). Cigna Takes Action To Combat The Rise Of Loneliness And Improve Mental Wellness In America. *MultiVu.* Retrieved 11 March 2022, from https://www.multivu.com/players/English/8670451-cigna-2020-loneliness-index/.

O'Dea, B., & Campbell, A. (2011). Online social networking amongst teens: Friend or foe? Annual Review of CyberTherapy and Telemedicine, 9(1), 108–112

O'Reilly, M., Dogra, N., Whiteman, N., Hughes, J., Eruyar, S., & Reilly, P. (2018). Is social media bad for mental health and well-being? Exploring the perspectives of

adolescents. *Clinical Child Psychology And Psychiatry, 23*(4), 601-613. https://doi.org/10.1177/1359104518775154

Pierce, T. (2009). Social anxiety and technology: Face-to-face communication versus technological communication among teens. *Computers In Human Behavior, 25*(6), 1367-1372. https://doi.org/10.1016/j.chb.2009.06.003

Prizant-Passal, S., Shechner, T., & Aderka, I. (2016). Social anxiety and internet use – A meta-analysis: What do we know? What are we missing?. *Computers In Human Behavior, 62*, 221-229. https://doi.org/10.1016/j.chb.2016.04.003

Sampasa-Kanyinga, H., & Lewis, R. (2015). Frequent Use of Social Networking Sites Is Associated with Poor Psychological Functioning Among Children and Adolescents. *Cyberpsychology, Behavior, And Social Networking*, *18*(7), 380-385. https://doi.org/10.1089/cyber.2015.0055

Selfhout, M., Branje, S., Delsing, M., ter Bogt, T., & Meeus, W. (2009). Different types of Internet use, depression, and social anxiety: The role of perceived friendship quality. *Journal Of Adolescence, 32*(4), 819-833. https://doi.org/10.1016/j.adolescence.2008.10.011

Singh, A., Khess, C., KJ, M., Ali, A., & Gujar, N. (2020). Loneliness, social anxiety, social support, and internet addiction among postgraduate college students. *Open Journal Of Psychiatry & Allied Sciences,* 11(1), 10. https://doi.org/10.5958/2394-2061.2020.00002.6

Spoorthy, M., Pratapa, S., & Mahant, S. (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic–A review. *Asian Journal Of Psychiatry, 51*, 102119. https://doi.org/10.1016/j.ajp.2020.102119

Tsitsika, A., Tzavela, E., Janikian, M., Ólafsson, K., Iordache, A., & Schoenmakers, T. et al. (2014). Online Social Networking in Adolescence: Patterns of Use in Six European Countries and Links With Psychosocial Functioning. *Journal Of Adolescent Health*, *55*(1), 141-147. https://doi.org/10.1016/j.jadohealth.2013.11.010

van den Eijnden, R., Meerkerk, G., Vermulst, A., Spijkerman, R., & Engels, R. (2008). Online communication, compulsive internet use, and psychosocial well-being among adolescents: A longitudinal study. *Developmental Psychology*, 44(3), 655-665. https://doi.org/10.1037/0012-1649.44.3.655

Wong, F., Liu, T., Leung, D., Zhang, A., Au, W., & Kwok, W. et al. (2021). Consuming Information Related to COVID-19 on Social Media Among Older Adults and Its Association With Anxiety, Social Trust in Information, and COVID-Safe Behaviors: Cross-sectional Telephone Survey. *Journal Of Medical Internet Research*, *23*(2), e26570. https://doi.org/10.2196/26570

Woods, H., & Scott, H. (2016). #Sleepyteens: Social media use in adolescence is associated with poor sleep quality, anxiety, depression and low self-esteem. *Journal Of Adolescence*, *51*, 41-49. doi: 10.1016/j.adolescence.2016.05.008

Xiong, J., Lipsitz, O., Nasri, F., Lui, L., Gill, H., & Phan, L. et al. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal Of Affective Disorders*, *277*, 55-64. https://doi.org/10.1016/j.jad.2020.08.001

Xu, Y., Schneier, F., Heimberg, R., Princisvalle, K., Liebowitz, M., Wang, S., & Blanco, C. (2012). Gender differences in social anxiety disorder: Results from the national epidemiologic sample on alcohol and related conditions. *Journal Of Anxiety Disorders, 26*(1), 12-19. https://doi.org/10.1016/j.janxdis.2011.08.006

Appendices

Appendix A

Information Sheet

Study Description:

This study is being carried out to assess the impact that social media has had as a coping mechanism for adults, specifically during the COVID-19 lockdowns and restrictions. The ultimate aim of this study is to establish if there is a relationship between an individuals use of social media as a coping strategy and their anxiety as they re-enter social situations. We are also interested in assessing whether there are differences between genders in their anxiety levels, and what age groups are most likely to use social media as a coping strategy. This research is being conducted by Louise Kavanagh, a final year student in the BA in Psychology programme at National College of Ireland, as part of the independent research project. Before agreeing to take part in this study, you must read this document in its entirety.

What is involved?:

To provide data for this study, participants will complete a questionnaire, which aims to measure anxiety levels and social media usage. The participant will also be asked to provide basic demographic information such as their age group and gender. You will then be asked to complete 25 items in a questionnaire, which are all multiple choice. This process is expected to take approximately 5-10 minutes to complete in its entirety. This questionnaire will involve questions relating to the COVID-19 pandemic, and feelings of anxiety. If you are particularly sensitive to either of these topics, then you should not participate in this study. You will also have the opportunity to take breaks if needed, as this survey will not be timed.

Inclusion and Exclusion Criteria:

This study is open to anyone who is 18 years old or older.

Participation:

Participation in this study is entirely voluntary, and you will face no consequences if you do not wish to take part. While you are completing the study, you also have the right to withdraw from participating at any point without penalty. You can withdraw from the study up until the point you submit your final data. Once this data is submitted, you will be unable to request to withdraw from this study. This is because the data are being collected anonymously, meaning it would be impossible to identify an individual's specific data.

Benefits:

As a participant of this study, you will receive no direct benefits as a result of taking part in this research. However, your data will play a huge role in allowing the researcher to learn more about the connection between social media as a coping mechanism and anxiety levels. This will be a great help to the researcher completing her final year research project

Risks:

This study comes with the slight risk that some participants may experience minor distress as a result of some of the items included in the questionnaire, such as those items related to anxiety and COVID-19. If you are affected by this, you may stop and take a break from the questionnaire or stop completing the questionnaire altogether. Helplines will also be included at the end of this study if you need someone to talk to as a result of taking part in this survey. The researcher and their supervisor's contact information can also be found below.

Contact Information:

If you have any questions or comments about this questionnaire, please contact me through email at x19389093@student.ncirl.ie, or my supervisor Dr. Conor Nolan at Conor.Nolan@ncirl.ie

Appendix B

Debriefing Sheet

Thank you for choosing to participate in my research study regarding social media usage and anxiety levels. The main aim of this study is to establish if those who used social media as a coping mechanism experienced a decrease in their anxiety levels as they re-entered social situations post-lockdowns.

This questionnaire is anonymous, meaning that as mentioned before, submitted responses cannot be removed from the data as an individual's data cannot be identified. The information gathered in this research will solely be used to complete my final year thesis, and will be stored securely by the researcher

If you experience distress as a result of participating in this study, please feel free to contact the researcher Louise Kavanagh (x19389093@student.ncirl.ie) or my supervisor Dr. Conor Nolan (conor.nolan@ncirl,ie). You may also avail of the helplines listed below if necessary:

Samaritans: (01) 872 7700

Aware Support Line: +35316766166

Again, thank you for taking the time to participate in this study. If you know anyone else who may fit the criteria to participate in this study, please feel free to send the link on to them.

Appendix C

Basic Demographic Questions

1. Select the age range you belong to
    a. 18-25 years old

b. 26-34 years old

c. 35-44 years old

d. 45-54 years old

e. 55-64 years old

f. 65+ years old

2. Select the gender you identify as

a. Male

b. Female

c. Non-Binary

d. Other

3. How frequent would you rate your daily social media usage during COVID-19 lockdowns?

a. 0-3 hours

b. 3-6 hours

c. 9-12 hours

d. 12+ hours

Appendix D

Brief-Coping Scale

How often did you use social media to:

1. Motivate others to take action
2. Search what measures you needed to follow
3. Reframe the situation in a different, more positive way

4. Accept what is currently happening
5. Compensate for the missing of friends
6. Talk with family and friends
7. Stay updated with family and friends' lives

Marking Scheme: 1 = rarely, 2 = not often, 3 = often, 4 = always

Appendix E

Social Interaction Anxiety Scale (SIAS)

Please rate these statements on how often they have applied to you in the last month:

1. I get nervous if I have to speak with someone in authority (teacher, boss, etc)

2. I have difficulty making eye-contact with others

3. I become tense if I have to talk about myself or my feelings

4. I find difficulty mixing comfortably with the people I work with

5. I tense-up if I meet an acquaintance in the street

6. When mixing socially I am uncomfortable

7. I feel tense if I am alone with just one other person

8. I am at ease meeting people at parties, etc.

9. I have difficulty talking with other people

10. I find it easy to think of things to talk about.

11. I worry about expressing myself in case I appear awkward

12. I find it difficult to disagree with another's point of view

13. I have difficulty talking to attractive persons of the opposite sex

14. I find myself worrying that I won't know what to say in social situations

15. I am nervous mixing with people I don't know well

16. I feel I'll say something embarrassing when talking

17. When mixing in a group I find myself worrying I will be ignored

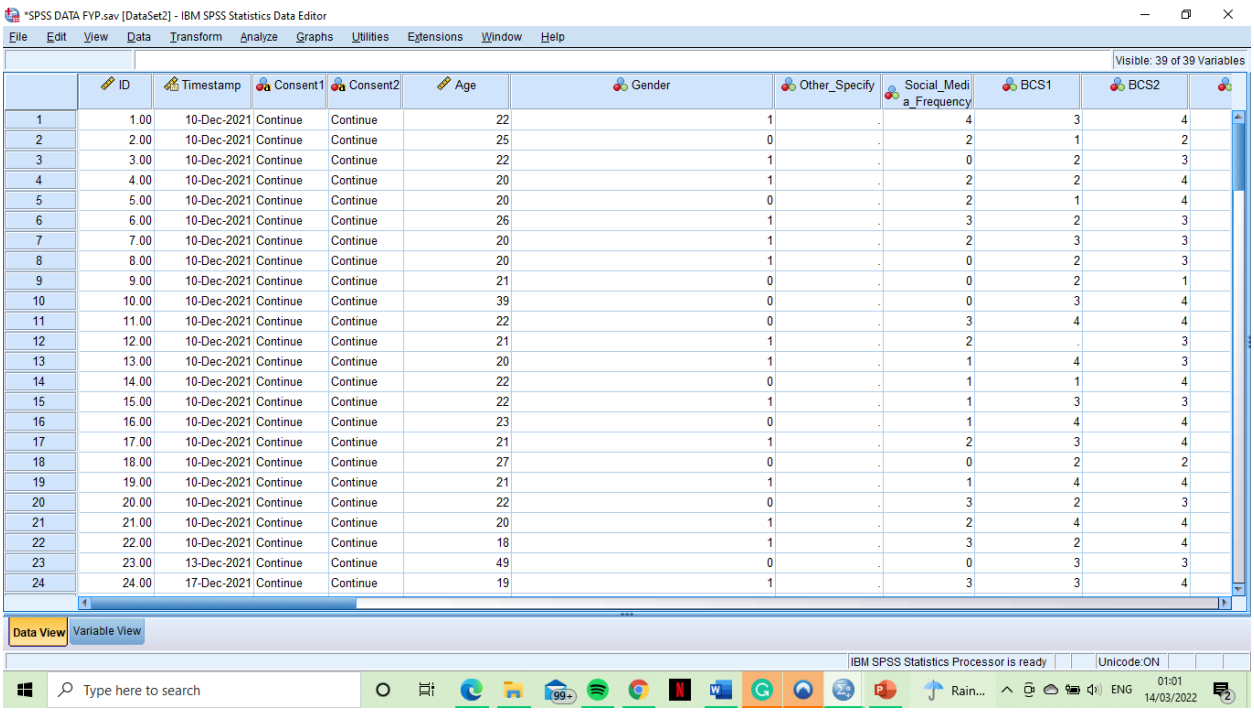
18. I am tense mixing in a group

19. I am unsure whether to greet someone I know only slightly

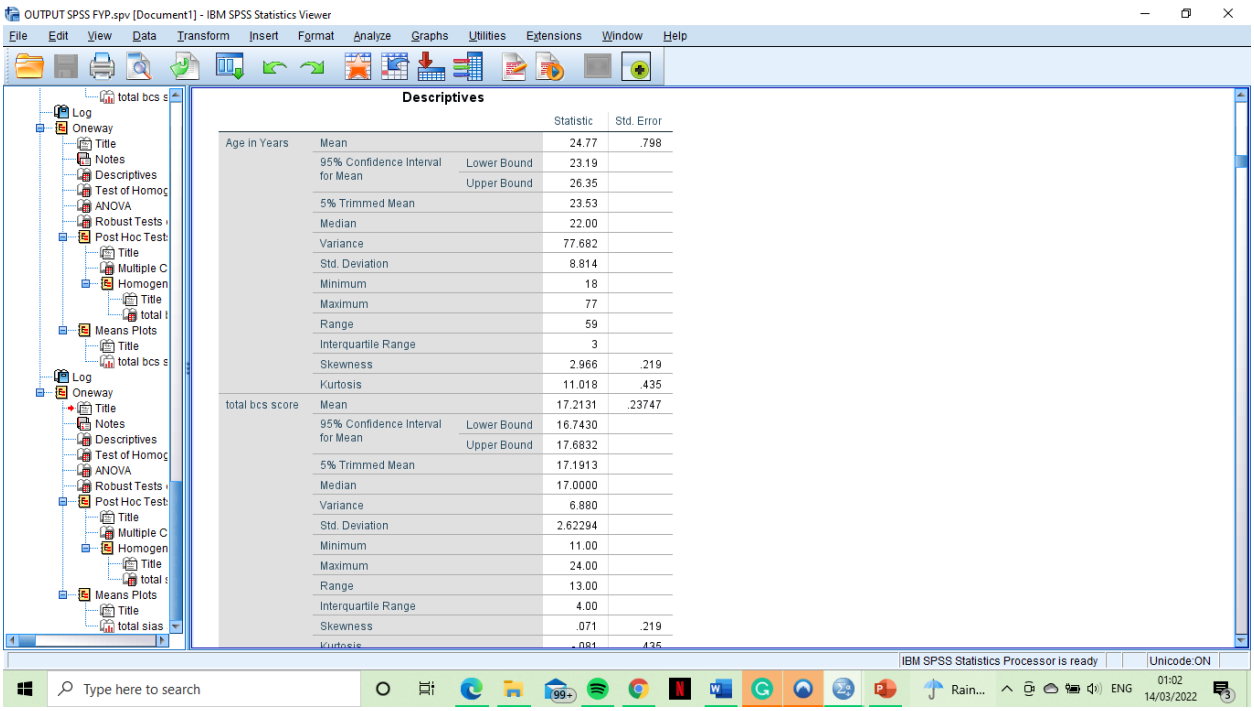
Marking Scheme: (0 = not at all characteristic or true of me, 1 = slightly characteristic or true of me, 2 = moderately characteristic or true of me, 3 = very characteristic or true of me, 4 = extremely characteristic or true of me)

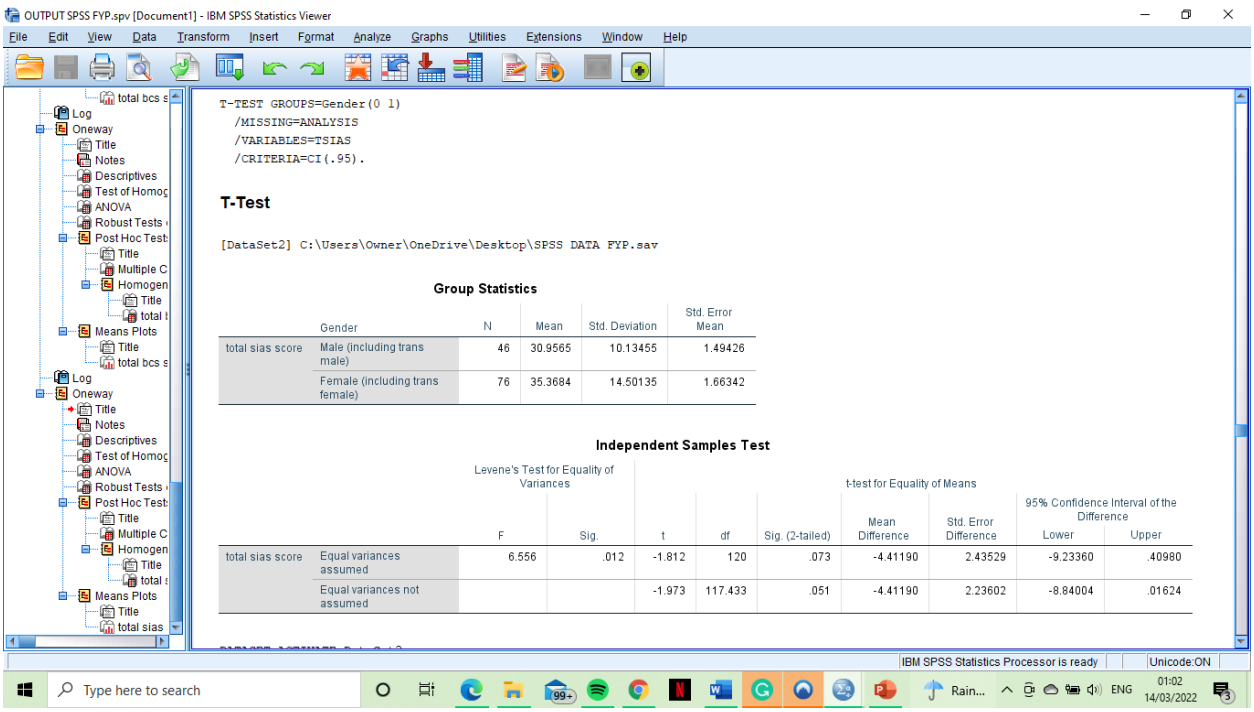
Appendix F

Evidence of SPSS and data output



	ID	Timestamp	Consent1	Consent2	Age	Gender	Other_Specify	Social_Media_Frequency	BCS1	BCS2
1	1.00	10-Dec-2021	Continue	Continue	22	1		4	3	4
2	2.00	10-Dec-2021	Continue	Continue	25	0		2	1	2
3	3.00	10-Dec-2021	Continue	Continue	22	1		0	2	3
4	4.00	10-Dec-2021	Continue	Continue	20	1		2	2	4
5	5.00	10-Dec-2021	Continue	Continue	20	0		2	1	4
6	6.00	10-Dec-2021	Continue	Continue	26	1		3	2	3
7	7.00	10-Dec-2021	Continue	Continue	20	1		2	3	3
8	8.00	10-Dec-2021	Continue	Continue	20	1		0	2	3
9	9.00	10-Dec-2021	Continue	Continue	21	0		0	2	1
10	10.00	10-Dec-2021	Continue	Continue	39	0		0	3	4
11	11.00	10-Dec-2021	Continue	Continue	22	0		3	4	4
12	12.00	10-Dec-2021	Continue	Continue	21	1		2		3
13	13.00	10-Dec-2021	Continue	Continue	20	1		1	4	3
14	14.00	10-Dec-2021	Continue	Continue	22	0		1	1	4
15	15.00	10-Dec-2021	Continue	Continue	22	1		1	3	3
16	16.00	10-Dec-2021	Continue	Continue	23	0		1	4	4
17	17.00	10-Dec-2021	Continue	Continue	21	1		2	3	4
18	18.00	10-Dec-2021	Continue	Continue	27	0		0	2	2
19	19.00	10-Dec-2021	Continue	Continue	21	1		1	4	4
20	20.00	10-Dec-2021	Continue	Continue	22	0		3	2	3
21	21.00	10-Dec-2021	Continue	Continue	20	1		2	4	4
22	22.00	10-Dec-2021	Continue	Continue	18	1		3	2	4
23	23.00	13-Dec-2021	Continue	Continue	49	0		0	3	3
24	24.00	17-Dec-2021	Continue	Continue	19	1		3	3	4


OUTPUT SPSS FYP.spv [Document1] - IBM SPSS Statistics Viewer
File Edit View Data Transform Insert Format Analyze Graphs Utilities Extensions Window Help
Descriptives
Statistic Std. Error
Age in Years Mean 24.77 .798
95% Confidence Interval for Mean Lower Bound 23.19
Upper Bound 26.35
5% Trimmed Mean 23.53
Median 22.00
Variance 77.682
Std. Deviation 8.814
Minimum 18
Maximum 77
Range 59
Interquartile Range 3
Skewness 2.966 .219
Kurtosis 11.018 .435
total bcs score Mean 17.2131 .23747
95% Confidence Interval for Mean Lower Bound 16.7430
Upper Bound 17.6832
5% Trimmed Mean 17.1913
Median 17.0000
Variance 6.880
Std. Deviation 2.62294
Minimum 11.00
Maximum 24.00
Range 13.00
Interquartile Range 4.00
Skewness .071 .219
IBM SPSS Statistics Processor is ready
Unicode:ON
Type here to search
ENG 01:02 14/03/2022


OUTPUT SPSS FYP.spv [Document1] - IBM SPSS Statistics Viewer
File Edit View Data Transform Insert Format Analyze Graphs Utilities Extensions Window Help
T-TEST GROUPS=Gender(0 1)
/MISSING=ANALYSIS
/VARIABLES=TSIAS
/CRITERIA=CI(.95).
T-Test
[DataSet2] C:\Users\Owner\OneDrive\Desktop\SPSS DATA FYP.sav
Group Statistics
Gender N Mean Std. Deviation Std. Error Mean
total sias score Male (including trans male) 46 30.9565 10.13455 1.49426
Female (including trans female) 76 35.3684 14.50135 1.66342
Independent Samples Test
Levene's Test for Equality of Variances
t-test for Equality of Means
95% Confidence Interval of the Difference
F Sig. t df Sig. (2-tailed) Mean Difference Std. Error Difference Lower Upper
total sias score Equal variances assumed 6.556 .012 -1.812 120 .073 -4.41190 2.43529 -9.23360 .40980
Equal variances not assumed -1.973 117.433 .051 -4.41190 2.23602 -8.84004 .01624
IBM SPSS Statistics Processor is ready
Unicode:ON
Type here to search
ENG 01:02 14/03/2022