

Understanding Social Anxiety and Self-Disclosure in Male Friendships: A Thematic Analysis

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Abstract

Background: Social anxiety (SA) is a condition that appears to impact an individual's ability to connect with others. Prior studies have suggested that socially anxious individuals (SAi) suffer from lower-quality friendships, which contribute to chronic feelings of loneliness and social isolation, as well as reduced well-being and life satisfaction. Individuals with SA seem to purposefully implement a communication style low in self-disclosure (SD) to avoid negative social outcomes. SAi also appear to have fewer social relationships and to disclose less within close relationships. Given the interpersonal nature of friendships and the social skills that are needed to develop and maintain friendships, individuals with SA may find it more difficult to cultivate meaningful friendships, which could lead to a higher risk of mental health problems. However, no research has yet investigated how SD within friendships is experienced by socially anxious university males; thus, leaving this groups needs unexplored.

Method: A thematic analysis using semi-structured interviews was chosen for this research. The participants included six university males aged 18–25 years who self-identified as socially anxious.

Findings: The findings showed that socially anxious university males experience difficulty self-disclosing in friendships, which appears to impact the quality and closeness within friendships. Lack of SD may have implications for impaired friendships, social support, and ultimately, maintenance of SA. Therefore, practitioners should consider employing psychotherapies that focus on cultivating interpersonal connectedness and SD (such as interpersonal therapy [IPT]) and should help males think critically about the unspoken rules they believe they must follow. Finally, current treatment model for SA should be evaluated to make sure it is being inclusive of every individuals experience and psychological needs.

Understanding Social Anxiety and Self-Disclosure in Male Friendships: A Thematic Analysis

This chapter begins with a reflexive statement that examines my potential assumptions that may have influenced the research, and I highlight ways I have attempted to bracket these assumptions. This statement is followed by a critical literature review, in which I will introduce and contextualise my research topic. I explore anxiety disorders and their prevalence and then move on to a specific anxiety disorder, SA. I discuss SA and the symptoms that accompany it. I then discuss how a diagnosis of SA is not always congruent with the individual's experience, and how this correlates with the core values of counselling psychology (CoP). This thesis explores the experience of males aged 18-25 and I will argue why it is important to focus on males within this specific life stage. I will highlight the relevance to counselling psychology (CoP). Finally, I will outline the gaps within the literature that guided me to my research question, and I will describe the aims of the research.

Reflexive Statement

Donati (2016) and Mcleod (2001) described reflexivity as an individual's ability to be self-aware through clarity and self-reflection. To attain reflexivity, I must clarify my role in the research process. Willig (2001) argued that reflexivity is fundamental because it shows how a researcher's values, beliefs, assumptions, and social identity have influenced the research process. Reflexivity also considers how the research has developed or changed the researcher as a person (Willig, 2001). Thus, the researcher must recognise how their presuppositions, assumptions, and personal interests influence their research at each stage (Kasket, 2012). In this section, I engage in reflective and bracketing practices to the best of my ability to understand my personal interests in the research and limit the impact they may have on the research (Spinelli, 2005).

First, I have felt emotionally connected with this research topic for several reasons. I am a 29-year-old female born in the United States of America. I first moved to the United Kingdom (UK) in September 2019 to continue my education and hopefully achieve a doctorate in CoP. Leaving my family and friends in my home country has been an invigorating and stressful experience; the excitement of moving to a new country alternates with feelings of guilt, anxiety, fear, and edginess. However, this is not the first time I have felt these intense emotions; rather, I have felt them most of my life, and I have grown accustomed to experiencing anxiety symptoms. Expressing and disclosing my feelings and thoughts to my family and friends have always been difficult for me. This personal struggle with anxiety and SD has led to my interest in this topic. As personal material inevitably impacts research, I am responsible for identifying this personal impact rather than denying or eliminating it and for attempting to contain it via bracketing.

Second, in 2018 and 2019, I worked as a school therapist at a high school in the United States. There, I encountered several individuals who suffered from anxiety. I worked with one particular individual who suffered from SA for eight months. Before this experience, I had no interest in SA and did not truly understand the depth and impact SA could have on an individual.

However, working with this individual allowed me to develop a strong therapeutic relationship with him. He was an adolescent male who was about to transition from high school to university. I felt extremely privileged that he allowed me to try to understand his reality. Hearing him describe what it felt like to develop and maintain friendships whilst being socially anxious sparked not only my curiosity but also a sense of sadness, as I also knew how difficult it can be to maintain friendships. I felt powerless when I heard his daily struggles when interacting with different relationships due to his struggle to self-disclose. Upon reflection, all I wanted to do was to save him from the internal battle with which I had

struggled most of my life. This individual truly ignited my passion to explore a way to alleviate the stress and difficulties that SA can have on males. The fact that a specific individual inspired me to explore this topic has certain implications; my investment in this topic could lead me to assume that every individual will have the same experiences that this individual had or that I had.

Third, when I began my professional doctorate in CoP in the UK, I thought about my research focus and kept remembering my struggles with self-disclosing as well as my experience working with the socially anxious adolescent male. I began to research SA to understand it more and determine whether a gap existed in the research. My research revealed that females are more likely to experience SA than males. However, the majority of studies have focused heavily on females, not on males. I perceived this as unfair and unjust; males seem to have been overlooked by SA research. Although studies have stated that SA might not affect males as much as it does females, our duty as counselling psychologists is to include men. Males are still affected by SA; counselling psychologist and other practitioners still need to understand their unique experiences and what could be beneficial to them in the therapeutic setting must still be examined.

Due to my involvement in this particular topic, I identified the biases that I may have, as well as the effect they may have on my research. Since the male adolescent I worked with had difficulties self-disclosing within friendships, I was assuming that all males had the same difficulty. When I began my literature search, I only looked for research that would help prove my argument, while overlooking other relevant literature. When I reflected upon my research, however, I realised that my personal assumptions were not bracketed. I was strictly focused on the experience of one individual and trying to help him, which was harming my literature search.

I attempted to contain my biases by using a strategy that involved entering various keywords into different search engines to find balanced literature related to the research topic. I attempted to bracket my emotions that connect me to this topic and reviewed an ample amount of literature to understand SA and how it affects relationships fully. As I conducted my critical literature review, I continued to reflect and ask myself whether I was bracketing my emotions and attending to the literature.

Reflexivity is intended to bracket the influences of my past experiences on the research process. However, removing all influences is impossible (Spinelli, 2005). I still have biases that males have difficulties self-disclosing within friendships. However, I anticipate I will be able to separate my personal feelings from my research and from writing my critical literature review by discussing my work with my personal therapist and supervisor, as well as keeping a research journal. Becoming more reflexive has allowed me to understand myself better, and ultimately, it will improve my research and its future impact.

Critical Literature Review

Anxiety

Anxiety is an interaction of biopsychosocial factors; therefore it could be argued that there is not just one way to understand anxiety. As a counselling psychologist, I have adopted a pluralistic perspective, thus, I believe it is important to explore and value all the different ways anxiety may be understood. Therefore, below we will explore a few ways anxiety may be understood from different perspectives.

Anxiety has existed since the earliest days of humanity and is considered a normal and healthy emotion experienced by every individual (Felman, 2020). When an individual encounters a potential or real-life danger, feelings of anxiety are normal and necessary for survival. According to Felman (2020), danger or stress sets off a warning in the body that allows the individual to act in order to avoid the danger. This reaction to stress or danger is

also known as the fight-or-flight response, which developed as a survival mechanism, allowing individuals to react quickly to life-threatening situations (Harvard Medical School, 2018).

According to Harvard Medical School (2018), the fight-or-flight response begins in the hypothalamus. The hypothalamus then communicates with the rest of the body through the autonomic nervous system, which controls body functions such as breathing, blood pressure, heartbeat, and the expansion or tightening of specific blood vessels and small airways in the lungs. The autonomic nervous system has two parts: the sympathetic nervous system and the parasympathetic nervous system. The sympathetic nervous system triggers the fight-or-flight response, providing the body with a surge of energy to respond to perceived dangers (Harvard Medical School, 2018). The parasympathetic nervous system triggers the rest response, which calms the body down after the danger has subsided (Harvard Medical School, 2018).

When the amygdala sends an alert, the hypothalamus activates the sympathetic nervous system by sending signals through the autonomic nerves to the adrenal glands. These glands then pump the hormone epinephrine (also known as adrenaline) into the bloodstream. As adrenaline moves throughout the body, various physiological changes occur: the heart beats faster, pushing blood to the muscles and other vital organs, and pulse rate and blood pressure begin to rise. The individual experiencing these changes may also begin to breathe more rapidly. Small airways in the lungs open wide to allow the lungs to receive as much oxygen as possible with each breath. The extra oxygen is then sent to the brain, increasing alertness. Meanwhile, adrenaline triggers the release of blood sugar and fats into the bloodstream from different areas in the body to provide energy to all areas of the body. These changes happen so quickly that most individuals are unaware of them.

We will now move away from the physiological understanding of anxiety towards a more psychological understanding. Barlow (2002) suggested individuals may develop psychological vulnerabilities to anxiety due to early life experiences. For example, one vulnerability is the lack of perceived control over stressful events. It is suggested that childhood experiences may influence an individual's perceived sense of control. For example, if a child continuously experience a lack of control in their life, they may begin to see the world as unpredictable and dangerous, which may lead to feelings of helplessness and a lack of control over their own emotions (Barlow, 2002). Therefore, they may begin to expect negative outcomes, no matter how hard they try to prevent them.

Various types of early life experiences can influence an individual's perception of control, one of these being parenting styles. An overprotective parenting style may communicate to the child that the world is a dangerous place, and it could potentially reduce their ability to develop coping skills (Chorpita & Barlow, 1998; Murray et al., 2009; Rapee, 1997). Whereas a more laid-back parenting style, may communicate to the child that there is no stability, and the world is filled with chaos and stress (Barlow & Ellard et al., 2014; Bowlby, 1980; Chorpita & Barlow, 1998; Gunnar et al., 2015). Other early life experiences that may impact the perception of control is the loss of, or separation from primary caregivers, and ongoing trauma such as childhood abuse (physical, emotional, or sexual; Kessler et al., 1997).

Furthermore, some children also may learn specific forms of distress, or learn that certain situations, objects, or internal experiences (e.g., thoughts, physical sensations) are potentially dangerous (Brown & Naragon-Gainey, 2013). They may learn these from watching their caregivers model fear over specific situations or objects or experiencing a heightened response or attention from their caregivers during perceived dangers or unwanted physical sensations (Brown & Naragon-Gainey, 2013).

Finally, Carl Rogers (1959) suggested anxiety may develop when an individual is unable to accept the person they have become. He also viewed childhood as a vital part of the development and speculated that when a child is exposed to harsh criticism and the standards of those around them are projected onto them, a child will try to adapt to these, despite their own personal beliefs and desires. These are just a few ways to understand and possibly explain why some individuals may be more prone to experience anxiety than others.

Prevalence of Anxiety Disorders

Recently, researchers have recognised “that anxiety disorders are highly prevalent, but also that the burden of illness associated with these disorders is often considerable” (Somers et al., 2006, p. 101). According to the 2013 Global Burden of Disease study, anxiety is the second most commonly diagnosed mental health problem worldwide (Vos et al., 2013), and approximately 264 million additional individuals are to suffer from anxiety but have not been diagnosed (World Health Organization (WHO), 2017). Since individuals who suffer from anxiety are not always diagnosed, focusing not only on the diagnosis but also the experience of the individual is imperative. Statistics have suggested that comorbid diagnoses of anxiety and depression are the most common mental health diagnosis in the UK (NICE, 2011), with anxiety disorders representing the second most commonly diagnosed mental health problem (McManus et al., 2016). This may indicate that anxiety impacts a large number of individuals not only in the United Kingdom, but also around the world.

The most common anxiety disorders are social anxiety disorder (SAD), specific phobias, agoraphobia, obsessive-compulsive disorder (OCD), and generalised anxiety disorder (GAD). Which anxiety disorder is the most common has not been agreed upon. According to Kessler et al., (2009), specific phobias are the most common anxiety disorder, with a prevalence between 6% and 12%. However, Kessler et al., (2005) argues that SAD is the most common anxiety disorder, with a prevalence between 7% and 13% (Fehm et al.,

2005; Kessler et al., 2005; Kessler et al., 2012; Magee et al., 1996). Agoraphobia without a history of panic disorder is estimated to have a prevalence of 2%, which is similar to that of OCD (2% to 3%). GAD is known to have a prevalence of 4% to 5% (Martín-Merino et al., 2009).

SA is not always diagnosed, and individuals living with an undiagnosed forms of anxiety disorder may represent a large portion of the population. In the past 10 years, more researchers have become interested in SA, partly due to the acknowledgement that the individual may be impaired by SA and face long-term impacts if avoided or ignored (Remes et al., 2016). Untreated, SA has been linked with more frequent visits to primary care offices, reduced productivity at work, unemployment, and impaired social relationships (Simpson et al., 2010). Counselling psychologists have moved away from formal diagnosis, which is consistent with the theoretical, philosophical, and epistemological underpinnings of CoP; CoP is primarily concerned with individuals' subjective experiences, feelings, and meaning making (BPS, 2010; Strawbridge, 2016). While the dividing line between SAD and SA is not always clear, in this paper, I use SAD to refer to individuals who have received a diagnosis, while I use SA to refer to individuals who experience SA symptoms but have not received a formal diagnosis.

Causes of Social Anxiety Disorder

The development of SAD can be understood as an interaction among various biopsychosocial factors (Tillfors, 2004).

Genetic factors seem to play a part in any mental health disorder; however, genes seem to influence the likelihood of developing anxiety or depressive disorder rather than developing SA in particular (NICE, 2013). Kendler et al., (1992) studied twins with SAD and suggested that if one twin experiences SAD, the other twin is more likely to experience SAD if the twins are genetically identical (monozygotic) than if the twins share only 50% of their

genes (dizygotic). Nevertheless, heritability contributes 25% to 50% of the risk for SAD, which suggests that environmental factors also play an important role in the development of the disorder.

Individuals who experience SA frequently report stressful social situations that occurred in early life, for example, being bullied, experiencing familial abuse, facing public embarrassment, or having their mind go blank during a public event (Erwin et al., 2006). Parental modelling of fear and avoidance in social situations, along with an overprotective parenting style, has also been associated with the development of SA (Lieb et al., 2000). Therefore, the study of SA and its development patterns has yet to link a strong indicator to genetics or environmental factors; rather, development of the disorder seems to be due to a combination of the two factors.

Social Anxiety

As stated above, SA appears to be the most frequent of the anxiety disorders, yet it tends to go undiagnosed. Fehm et al., (2005) suggested that SA can have long-term effect on your daily life. Therefore, in this section, I define SA and describe its symptoms.

Definition and Symptoms of Social Anxiety

According to the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5), 10 diagnostic criteria exist for SAD. The DSM-5 defines SAD as “excessive fear of being negatively judged by others” (American Psychiatric Association, 2013, p.202). This fear is typically associated with physical reactions that include sweating, trouble breathing, shaking, rapid heartbeat, and nausea (ADAA, 2014). Symptoms may differ in severity from manageable discomfort to severe fear that may penetrate all areas of an individual’s life (American Psychiatric Association, 2013). Another common characteristic of SA is distress and difficulties in interpersonal relationships, as well as difficulties relating to and with others. Besides being an anxiety disorder, SA could also be viewed as an

interpersonal or relational disorder, as distress arises in real or anticipated situations that involve social interaction and exchange (Alden et al., 2014).

SAi seem to experience difficulties in numerous areas of their life (Alonso et al., 2004; Kessler, 2003; Mendlowicz & Stein, 2000; Schneier et al., 1994; Stein et al., 2000) compared to individuals without SA. For example, SAi appear to be less financially independent (Schneier et al., 1992), less employable (Wittchen et al., 2000), less productive at work (Wittchen et al., 2000), and compensated at a lower level (Stein et al., 2000). SA may also impact an individual's education (Schneier et al., 1994), as they are less likely to complete their education compared to individuals without SA (Stein & Kean, 2000).

Additionally, SA appears to have a possible profound impact on social relationships (Alden & Taylor, 2004; Hudson & Rapee, 2009). Children who experience SA tend to be more reserved and are often ignored by their peers (Greco & Morris, 2005; Rubin et al., 2006). Erath et al. (2007) suggested that SA may reduce an individual's friendships and lead individuals to experience teasing and rejection. Furthermore, SAi are unlikely to be married or involved in a romantic relationship and tend to marry later in life if they do (Lampe et al., 2003; Sanderson et al., 1990). SAi also appear to initiate fewer conversations and self-disclose less (Pilkonis, 1977; Snell, 1989).

Moreover, individuals with SA tend to avoid negative social outcomes by developing a self-protective style of communication with limited SD (Clark & Wells, 1995; Cuming & Rapee, 2010). The difficulties of social interaction displayed by individuals who experience SA may be responsible for some of these difficulties. Thus, SA seems to influence multiple areas of an individual's life negatively.

Diagnosing Social Anxiety

Next, I will explore how SA is not experienced only by individuals who have been diagnosed with the disorder; regardless of the growing acknowledgement of SA as frequent,

impactful, and treatable, it remains regularly undiagnosed (Wittchen & Fehm, 2001). In 2014, the Office of National Statistics found that 36% of common mental health illnesses are not diagnosed (Korsakov, 2019). The National Institution for Health and Care Excellence (NICE, 2011) guidelines suggest that even when individuals with SA decide to consult their general practitioner, their SA tends to go unnoticed, partly due to the fact many individuals do not show signs of SA. Purdon et al., (2001) studied community samples and found that some individuals who experience SA are undiagnosed.

Cooper (2007) suggested that a core principle of humanistic practice is “a commitment to conceptualising and engaging with people in a deeply valuing and respectful way” (p. 11). Therefore, practitioners who align with humanistic values attempt to engage with clients “as human subjectivities who cannot be reduced to, or treated as, objects of scientific inquiry” (Cooper, 2009, pp.120 –121). According to Cooper (2009), this approach could lead practitioners to strengthen their understanding of clients, “beyond any particular label or category” (p.122). Thus, not the diagnosis but the experience of SA should be the practitioners’ focus. Henceforth, this thesis will refer to the experience of SA rather than the diagnosis of SAD.

Social Anxiety and University Students

The Student Experience

University students are at high risk of experiencing SA, as university stressors are compounded by the fact that the majority of mental illnesses present themselves during adolescence and early adulthood. Seventy-five percent of mental health issues emerge before the age of 24 (Kessler et al., 2005). In their New Zealand study, Gibb et al., (2010) suggested that up to 50% of young individuals in the transition from adolescence to young adulthood will experience at least one episode of mental illness, which may negatively impact their financial stability, educational outcomes, and formation of new relationships. However, this

age group (18 to 24 years old) possesses crucial opportunities for interventions, and early intervention could reduce difficulties (Khan, 2016).

Mental illness is often exacerbated or illuminated by major life transitions, such as entering university. University students are assuming a more independent role, usually miles from home. They are attempting to understand who they are, develop new relationships, and potentially make lifelong decisions. The number of university students seeking help for their mental health has grown in the past five years. According to Ben Locke, executive director of the Centre for Collegiate Mental Health at Pennsylvania State University, “demand for mental health services is growing five to six times faster than enrolment”.

Prevalence and Impact

Due to the challenges of transitioning from school to university, university students are at high risk for mental health issues (Khubchandani et al., 2015). Poor mental health of students in higher education is becoming an increasing concern for public health and policy (Hughes & Spanner 2019; Sivertsen et al., 2019; Storrie et al., 2010). A 2020 Insight Network survey of students from 10 universities suggests that ‘1 in 5 students have a current mental health diagnosis’ and ‘almost half have experienced a serious psychological issue for which they felt they needed professional help’— this is an increase from 1 in 3 in the same survey conducted in 2018 (Pereira et al., 2018). It is important to highlight that SA and the associated difficulties that an individual may encounter constitute merely a singular facet of their multifaceted identity.

University life is typically associated with the concepts of health and happiness. However, students regularly face changes and challenges when attending university. They may be far away from home, forming new friendships, and attempting to be academically successful. While many students handle this transitional period effectively, others may find it more difficult. A UK study suggested that levels of psychological distress may increase when

beginning university (Bewick et al., 2010) and that the prevalence of mental health difficulties among university students is growing (Sivertsen et al., 2019; Storrie et al., 2010). Thus, increasing the demand for services to support student mental health and some universities are finding the number of students accessing support has doubled (Thorley, 2018).

Attending university can involve a major change to new social groups, which may cause social difficulties for those who experience SA (Campbell et al., 2016). Students have described feeling limited by their SA (Hakami et al., 2017). More specifically, interpersonal difficulties include loneliness (Fernandez-Castelao et al., 2015), fewer friends or low-quality friendships (Soohinda & Sampath, 2016), unhealthy peer relationships (Tillfors & Furmark, 2007), and difficulty making friends (Clarke & Fox, 2017). It should be mentioned that the current literature on interpersonal difficulties is mostly quantitative in nature, relying heavily on self-report measures. Kampmann et al., (2018) suggested that self-reported measures may be more useful than other research methods for predicting SA and emotional avoidance. However, it could be argued that self-reported measures are limited in understanding, may lack specificity, and do not allow for a more in-depth exploration into the nature of the individuals' experience. Therefore, it could be argued that further exploration is needed to understand how individuals experience their SA using a qualitative methodology.

Several studies have found SA to be a barrier to developing social ties (Brook & Willoughby, 2015; Goguen et al., 2010). SA is also more prevalent in university students (10% to 33%) compared to the general population (7% to 13%; Parade et al., 2010; Russell & Shaw, 2009). Ahmad et al., (2017) suggested the prevalence rate of undergraduates who have SA is around eighty percent. However, Ahmad et al., (2017) continue to suggest there may be a hidden population of individuals who do not meet the diagnostic criteria of SA, that still exist. Furthermore, Topman and Russell (2012) suggested that 18% to 36% of university

students may experience difficulties forming relationships and discomfort in social situations. Moreover, Russell and Topham (2012) suggested that their student sample felt their SA was unrecognised and invisible, and thus acted as a barrier for seeking support. It is well documented that for the general population, SA brings daily functional difficulties (e.g., work, social life) which can impact the overall quality of life and well-being (Wersebe et al., 2018). However, attending university seems to also represent specific challenges for those who experience SA.

Supporting Students

Research has shown that university students struggle with mental health, and university students have suggested that universities could do more to provide support in this area. For example, students have suggested that universities could introduce mental health training for faculty and staff, as well as support groups and information on mental health (NAMI, 2012).

Students have also suggested that universities could do more to help students get to know each other better (Russell, 2008). University drama programmes spend an ample amount of time on trust-building activities among new students (Topham & Russell, 2012). These activities help disconfirm negative beliefs about being socially judged and reduce students' anxieties (Topham & Russell, 2012). The UK has begun to focus on the significance of students' social integration (Yorke & Longden, 2008). While research has clearly shown the impact SA has on university students, however, whether any gender differences exist remains unclear.

Sex Differences

Doering et al., (2019) suggests that anxiety is often the first mental health difficulty males may experience, and if their difficulty with anxiety is avoided or ignored it may leave males open to experiencing more difficulties, for example, depression, bipolar disorder and

psychosis. However, According to the DSM-5, females are more likely than males to experience SA (American Psychiatric Association, 2013), but why females have a higher prevalence of SA compared to males is unknown. Some researchers have suggested that females have a more positive view of help-seeking compared to males (Gonzalez et al., 2005; Rüschi et al., 2014). Psychological openness is defined as openness to acknowledging psychological difficulties and the need for help-seeking. It has been associated more with females and thus may explain sex differences in seeking mental health services (Mackenzie et al., 2006), revealing why females may be more likely to experience SA compared to males. However, whether female actually experience SA more than males or simply report more SA compared to males is unclear.

The American Psychiatric Association (2013) reported that males with SA are more likely than females to seek treatment. Theories addressing gender and sex role characteristics, such as rigid masculinity, have been suggested to explain sex differences in help-seeking among males and females (Gonzalez et al., 2005) and university students (Good & Wood, 1995). These differences in sex roles and gendered social expectations may explain why males who experience SA tend to seek treatment more often than females, as males may be expected to be more assertive and outgoing in social interactions compared to females, who conventionally have been encouraged to take a more passive position (Weinstock, 1999). Thus, when symptoms of SA hinder the ability to interact with individuals and perform in work, school, or social settings, these symptoms may impact males more than females.

Furthermore, the theory of gender role identification (i.e., the extent to which an individual identifies with traditional masculine and feminine characteristics) may be important when considering sex differences in psychological processes. Gender role identification is thought to begin in childhood and continue into adolescence, as individuals learn gendered roles and expectations from caregivers and peers (Maccoby, 1990). It is

suggested males develop independence and resilience by showing dominance through rough play and by helping with chores. Whereas, females develop skills for attending to the needs of others through friendships and caring for others. Therefore, females tend to align more with traditional feminine traits (i.e., conformity, and kindness), whereas males tend to align more with traditional masculine traits (i.e., assertiveness, and independence; Zentner et al., 2023). Studies have suggested that individuals with higher levels of masculinity appear to experience a lower level of SA, which may suggest that aligning with traditional masculine traits may be a protective factor (Moscovitch et al., 2005; Roberts et al., 2011; Sugihara & Katsurada, 2002). Gender role identification theory may be another way can conceptualise sex differences in SA.

Additionally, environmental influences such as gendered social expectations, may teach males and females to behave in certain gendered ways, which may help us understand sex differences (Fisher et al., 2021). Traditional masculine norms that value toughness, stoicism, self-reliance and emotional restrictiveness may be vital in understanding why males hide any anxieties they experience (Fisher et al., 2021). The inconsistencies between male anxiety and traditional masculine expectations is considered to be subjective and socially influenced (Gallegos et al., 2019). Males who experience anxiety may try to cope with their anxiety alone, rather than seeking formal mental health support (Clark et al., 2018). Drioli-Phillips et al., (2021) suggest this may be their attempt to avoid feelings of shame, self-blame and powerlessness. For males, showing certain emotions may not be socially acceptable, therefore, they hide certain traits that they feel do not align with gendered expectations of masculinity (i.e., decisiveness, rationality, and detachment; Brownlow, 2005; De Groof, 2008).

Regardless of the increased research into SA, little attention has been given to sex differences, whereas other research into depression and PTSD has investigated sex

differences in depth (Asher et al., 2017). Exploring sex differences in SA could offer significant information for researchers and clinicians (Schneier & Goldmark, 2015), as understanding the different effects of symptoms on each sex could guide sex-specific therapeutic interventions (Turk et al., 1998).

Males and Friendships

Friendships are considered a complex psychological phenomenon (Poplawski 1989). Traditionally it is suggested that males are less able and less interested than females in self-disclosing, therefore males are continuously struggling to develop closeness with friends (Migliaccio, 2010). It has been argued that actually “women and men experience and define intimate friendships in different ways, and neither should be judged by the standard of the other” (Messner, 1992, p. 93).

Bank and Hansford (2000) suggest that male friendships struggle due to emotional restraint, masculine hierarchies and homophobia. It is suggested that the twentieth-century culture has influenced males’ emotional boundaries to be more rigid and distant (Anderson 2014; Connell 1995; Hruschka 2010; McCormack 2012). Fehr (1996) describes how males have chosen to align with traditional masculine expectations, even if, internally they desire open, emotional, and physical contact with other males. Notably cultural constraints on males’ emotions and behaviours have impacted their ability to show emotion and self-disclose (Bowman 2008), thus reducing their ability to cope with internal conflicts such as depression, anxiety, and suicidal thoughts (Cleary 2012; Scourfield 2005).

Reid and Fine (1992) highlight that males want to self-disclose more in their friendships (Reid & Fine, 1992) and desire more SD within their friendships (Cordova et al., 2005; Patrick & Beckenbach, 2009). Komarovsky (1974) observed that male’s exhibit a proclivity to employ SD as an attempt to mitigate sensations of loneliness. Furthermore, Komarovsky (1974) hypothesised that experiences of loneliness may act as a catalyst,

motivating males to increase their engagement in SD as a coping strategy. For example Komarovsky (1974) suggested that a males desire to evade feelings of loneliness, manifest in a compelling need to share their thoughts and emotions with other individuals. Conversely, Sullivan (1953) suggests loneliness could also be experienced as frightening and could bring about feelings of hopelessness and uselessness, which may hinder any attempt to create closeness through SD

Research suggests “men would benefit from adopting women’s more intimate style” (Fehr, 1996, p. 141), still, research suggests males choose not to engage in a more intimate style of friendship, as this may be correlated with more feminine behaviours, which may not align with gendered expectations of masculinity (Patrick & Beckenbach, 2009). However, more recently it has been suggested that the millennial generation is advocating for a more inclusive culture (Adams 2013; McCormack 2012; Thurnell-Read 2012). The idea of bromance has been recently used to describe a new form of friendship between males: one based on intimacy. The term has been used by different researchers (DeAngelis 2014; Thompson, 2015). DeAngelis (2014, p. 1) describes a *bromance* as “a term denoting an emotionally intense bond between straight men,” and Davies (2014) suggests a bromance may exceed the romantic closeness that males may share with their significant others. Even so, this does not mean that males are no longer concerned about gendered expectations, but perhaps instead they can be more flexible in the way they relate, develop, and maintain their friendships.

Social Anxiety and Males

The true breadth and depth of males anxiety is unknown, which is particularly concerning given undetected and untreated anxiety can predict future mental health experiences (Doering et al., 2019). Epidemiological findings are mainly confined to sex differences, comparing *all males* to *all females*. This implies anxiety disorders may be less

prevalent in males and by extension have a less impact on males overall wellbeing, social, and emotional functioning (Craske, 2003; McLean et al., 2009; McLean et al., 2011). Such sex difference analyses limit, and at times distract from thoughtful consideration of males unique experiences of SA.

Merikangas et al., (2002) suggested that males with SA experience higher social difficulties compared to females with SA. Furthermore, males with low or sub-clinical levels of SA symptoms have been found to report greater distress compared to females with these symptoms. According to Asher and Aderka (2018), males are less likely to get married and more likely to experience difficulties when developing romantic relationships than females. While Xu et al., (2012) indicated that males and females were both likely to pursue treatment for SA, they found that females were more likely to have received pharmacological treatment. Additionally, the National Comorbidity Survey (Rodebaugh et al., 2012) found that SA in males and females impacted the quality of friendships. In summary, socially anxious males are as likely to experience impaired social relationships as females. Evidence related to sex differences seems to be mixed, and to my knowledge, no male-specific research on SA exists.

Interpersonal Processes

Interpersonal Processes in Social Anxiety

SA may influence relational functioning; therefore, some researchers may describe it as an interpersonal problem (Alden & Taylor, 2004, 2010). SA is suggested to be connected to fewer friendships (Vernberg et al., 1992) and romantic relationships (Hart et al., 1999; Leary & Dobbins, 1983; Schneier et al., 1994). One main aspect of SA is the avoidance of important social interactions (Alden & Taylor, 2004; Rodebaugh, 2009). Individuals with SA may experience more difficulty engaging in or maintaining relationships (Kashdan et al.,

2007; Rodebaugh, 2009) and may utilise maladaptive strategies, mainly in close relationships, that may lead to interpersonal distress.

It is suggested that even when a SAi develops a close relationship, it appears to be less meaningful and stable, compared to a non-SAi (Thompson, 2022). Individuals who experience SA describe receiving lower social support from family and friends (Aderka et al., 2012; Mendlowicz & Stein, 2000; Wong et al., 2012). SAi also described experiencing less satisfaction in relationships, and frequent feelings of isolation (Aderka et al., 2012; Mendlowicz & Stein, 2000; Wong et al., 2012). This is also true for individuals who self-report experiencing SA but are not given a diagnosis of SAD (Davidson et al., 1994; Fehm et al., 2008; Stein et al., 2000).

Due to experiencing reduced feelings of satisfaction and isolation, SAi may engage in behaviours (consciously or unconsciously) that push others away. For example, Davila and Beck (2002) suggested that SAi engage in more maladaptive behavioural strategies in close relationships compared to non-SAi. These may include non-assertiveness and the avoidance of expressing emotions (Davila & Beck, 2002). Moreover, research shows SAi are more likely to experience difficulties in reciprocating intimacy, SD, and responding to criticism in romantic relationships (Porter & Chambless, 2014; Porter et al., 2017; Porter et al., 2019).

SAi may depend more on avoidance behaviours (i.e., safety behaviours) when in social situations to avoid any unwanted experiences, thus, possibly influencing their ability to bond with others (Piccirillo et al., 2016). While SAi may recognise safety behaviours as a way to protect themselves (e.g. preventing a catastrophic outcome), these behaviours do not tend to lessen anxiety and also seem to negatively influence how others may perceive them (Piccirillo et al., 2016).

Research shows that individuals who observed SAi described them as poor at socializing, inexpressive, unassertive, and visibly anxious (Stravynski et al., 2010). Other

studies explored how objective observers and close friends described SAi. They described SAi as being less pleasant, less warm, and less intelligent compared to non-SAi or individuals with low SA (Gough & Thorne, 1986; Stangier, et al., 2006; Voncken et al., 2008, 2010). Additionally, Creed and Funder (1998) explored how university students viewed their friends who experience SA. This study suggested that university students described their socially anxious friends as fearful, moody, self-pitying, and sensitive (Creed & Funder, 1998). Finally, research studies that have utilised the 'getting acquainted' conversation model, between a SAi and their friends showed that their friends perceived the interaction with a SAi as less interesting compared to a non-SAi or individuals with low SA (Alden & Wallace, 1995; Langer & Rodebaugh, 2013; McManus et al., 2008; Meleshko & Alden, 1993; Plasencia et al., 2011). Furthermore, they also viewed SAi as being disinterested and expressed less of a desire for future interactions with them (Alden & Wallace, 1995; Langer & Rodebaugh, 2013; McManus et al., 2008; Meleshko & Alden, 1993; Plasencia et al., 2011).

Overall it seems as though SAi adopt certain maladaptive interpersonal strategies, such as avoidance, lack of warmth, and non-assertiveness (Cain et al., 2010; Cooper & Anderson, 2019; Girard et al., 2017). However, some SAi experience difficulties with hostility, self-centeredness, distrust of others, and expressions of anger in response to criticism and negative evaluation (Erwin et al., 2003; Kachin et al., 2001; Kashdan et al., 2009; Versella et al., 2016). While some SAi view themselves as excessively transparent, extremely trusting, and easily taken advantage of (Cain et al., 2010; Cooper & Anderson, 2019; Kachin et al., 2001). Therefore, it could be argued that the interpersonal difficulties a SAi may experience are very subjective and unique to the individual.

Interpersonal Problems and Social Anxiety

The octant circumplex of interpersonal problems (Horowitz, 1979) is one of the most predominant models used to understand dysfunctional interpersonal tendencies. Research has

suggested inconsistency with the interpersonal problems of a socially anxious individual, which may span from unassertiveness, fear, and social avoidance to vindictiveness (Kachin et al., 2001), criticism (Jones & Briggs, 1984), and anger (Erwin et al., 2003). SAI may fall into two categories of interpersonal positioning: “warm” (e.g., submissive, non-assertive, overaccommodating) or “cold” (e.g., hostile, angry, vindictive; Kachin et al., 2001).

Frandsen et al., (2020) suggested that individuals who experience SA fall into three categories: non-assertive, friendly-submissive (interpersonally warm), or cold-submissive (interpersonally cold). They proposed that non-assertiveness and submissiveness, which may be seen as warm or cold in nature, are common interpersonal tendencies for individuals with SA.

Interpersonal Approach and Social Anxiety

Alden and Taylor (2004; 2010) suggested that SA can interrupt the development of meaningful relationships. To improve their understanding of SA, individuals can utilise the concepts from the interpersonal approach (Alden & Taylor, 2004; 2010). While the interpersonal approach and cognitive-behavioural approach have similarities, they differ in what they highlight. According to Alden and Taylor (2004; 2010), the cognitive-behavioural model focuses on thoughts, behaviours, coping skills, and dysfunctional beliefs, whereas the interpersonal approach examines how SA interrupts the development of relationships, thereby perpetuating SA. Overall, the interpersonal approach holds the beliefs that individuals are fundamentally social creatures and that developing relationships is important for mental and emotional health.

Adults who experience psychological symptoms that contribute to greater interpersonal difficulties may experience poorer treatment outcomes (Levy et al., 2018; Strauss et al., 2017). In their study on CBT with a relational focus, Alden et al., (2018) compared exposure to a relaxation intervention with a waitlist control group. The relationship

satisfaction of individuals who received CBT with a relational focus improved, likely due to a reduction in safety behaviours (Alden et al., 2018). However, this research mainly focused on changes in social approach behaviours and relationship satisfaction (Alden et al., 2018; Alden & Taylor 2011) and group treatment. Whether CBT is effective in reducing dysfunctional interpersonal patterns for individuals with SA and whether these interpersonal problems can predict treatment outcomes remain unknown (Swee et al., 2021).

Attachment Patterns and Social Anxiety

SA has also been linked with insecure attachment (Manning et al., 2017), which is logical since insecure attachments are connected to interpersonal problems (Berry et al., 2006). The research has established connections between SA and two well-known subtypes of insecure attachment: fearful and preoccupied (Darcy et al., 2005; Davila & Beck 2002; Gajwani et al., 2013). These attachment subtypes are characterised by relational dispositions that span from avoidant to dependent. While some SAI display a secure attachment, they experience less difficulty and anxious symptoms than individuals with insecure attachments (Eng et al., 2001). Next, I will explore the therapeutic modalities that are used when conceptualising SA.

Models of Social Anxiety

According to the NICE guidelines (2013), cognitive behavioural therapy based on models by Clark and Wells (1995) and Rapee and Heimberg (1997) is the recommended treatment for SA. These cognitive behavioural models are used to understand the components of SA and why it is maintained. To inform counselling psychologists and other professionals working with SAI, understanding the approach of each model is important. In the next section, I explain the models and then highlight any neglected aspects of SA.

Clark and Wells (1995) Cognitive Model

According to Clark and Wells' model (1995), when SAI enter a social situation, they begin to predict what they think might happen. Their thoughts begin to form negative images of themselves in that situation, and they often begin to imagine past failures or rejections and project these images onto the future. Typically, SAI completely avoid social situations to avoid evaluation. If they decide to enter a fearful situation, they may become focused on themselves, not attending to situational cues given by other individuals that may contradict their internal thoughts. Whilst focusing on themselves, they rely on their physical reactions to determine how they are performing (e.g., my face is red; therefore, everyone knows I am nervous). These physical reactions typically confirm their beliefs about their social skills. The individual will try to reduce being negatively assessed by engaging in safety behaviours (e.g., avoiding eye contact), which may lead to inadequate social interactions. Once the individual leaves the situation, they may engage in post-event processing, re-playing the situation in detail and identifying negative perceptions of the encounter.

SAI tend to use safety behaviours, which are often hidden acts, to reduce or avoid a threat (Salkovskis, 1991). These behaviours are used to reduce anxiety in the short term, but they tend to maintain anxiety over the long term (Thomas, 2010). Clark and Wells (1995) defined anything individuals engage in that will avoid preventing their SA as a safety behaviour.

Clark and Wells' (1995) model is just one way to understand SA. An important component of this model is the use of behavioural experiments, which are used to evaluate individuals' beliefs and behaviours during social interactions (Clark & Wells, 1995). While exploring relationships may be implicit in this model, the model does not sufficiently capture the experience of SA within an individual's relationships.

Rapee and Heimberg's (1997) Cognitive Behavioural Model

Rapee and Heimberg's (1997) cognitive behavioural model suggests that SAi see an altered image of their outward appearance and behaviours when they enter a social situation. These individuals believe this altered image is what everyone else sees. The individuals focus on their image, as well as possible threats in the environment. During this stage, it is difficult for the individual to stay present, which can lead to inadequate social interactions that confirm their negative self-image. According to Sluis et al., (2017), the possibility of being negatively judged is predicted by the individual's physical reactions (e.g., red face), negative thoughts, and behaviours (e.g., avoiding eye contact). These symptoms maintain SA.

Rapee and Heimberg's model (1997) also suggests that SAi fear both positive and negative appraisals. The individual may believe that any successful social interaction causes their audience to have higher standards of them in future interactions. However, the model may not account for how relationships influence the development and maintenance of SA. In addition to safety behaviours, individuals with SA also develop a style of communication low in SD to avoid negative social outcomes (Clark & Wells, 1995; Rapee & Heimberg, 1997; Cuming & Rapee, 2010). While Rapee and Heimberg's model (1997) reveals how individuals fear situations, it does not explain individuals' experience when self-disclosing information in these situations.

These cognitive behavioural models provide different perspectives of SA. However, viewing SA only from the lens of these models overlooks other aspects of the disorder, such as friendships, relationships, and the value of SD in relationship development. Overall, SA has been conceptualised through different frameworks, but it is currently conceptualised mainly through cognitive behavioural models. These cognitive models overlook the relational aspects of SA. Therefore, I explore the literature on the connection between SA and relationship development in the next section.

SA has been linked with clear interpersonal difficulty, but how those interpersonal difficulties manifest across different relational contexts it important to explore, in the next section we will look at how SA may be understood in the concept of friendship.

Social Anxiety and Friendship

The link between high-quality friendships and an individual's well-being has been well documented (Blieszner, 2014; Lewis et al., 2015; Pietromonaco & Collins, 2017). The quality of friendships positively correlates with mental and physical health (Umberson & Karas-Montez, 2010); a recent review of the literature suggested that friendships are the most important predictor of health outcomes (Dunbar, 2018). For example, high-quality friendship improves individuals' immune systems, reduces the effects of stress on their bodies, and improves their cardiovascular health (Dunbar, 2018; Holt-Lunstad et al., 2007).

Given the interpersonal nature of friendships and the social skills needed to develop and maintain friendships, individuals with SA may be particularly vulnerable to difficulties in this domain, as SA can deter the ability to develop social relationships (Ruscio et al., 2008; Alden & Taylor, 2004). Previous research has indicated that SA makes friendship development more difficult (Davidson et al., 1993). According to Giles et al., (2005), individuals with lower-quality friendships have a higher risk of mental health problems and mortality. These individuals also describe greater feelings of loneliness (Falk-Dahl & Dahl, 2010), lack of social support (Cramer et al., 2005), and greater use of health care resources (Stein et al., 1999). Thus, SA may also have a harmful impact on the individuals' current friendships.

Rodebaugh (2009) highlighted that SA is the only mental health disorder that may be linked to a decreased view of friendship quality. Additionally, Rodebaugh (2014) showed that when two friends were invited into a laboratory, SAi tended to rate their friendships lower in quality than their friends, while individuals with low SA rated their quality of

friendship similarly to their friends. Despite these recent studies, the literature on SA, friendship development, and satisfaction is limited, as most of the research on SA has focused on social performance situations and first-meeting encounters. Thus, much is unknown about the friendship characteristics of SAi and the possible factors that may cause discrepancies in perceptions of friendship quality. To better understand the processes that prevent SAi from developing satisfying friendships, I next explore the literature on the development of close relationships.

Relationship Development

Positive relationships are essential to physical, mental, and emotional health and have been connected with a lower risk of mortality (Holt-Lunstad et al., 2010) and a stronger immune system (Jaremka et al., 2013). Furthermore, they may decrease the risk of mental illness (Fratiglioni et al., 2000).

To better understand how the development of relationships can affect SA, how relationships form between those who are not socially anxious is useful to consider. The interpersonal process model of intimacy (Reis & Shaver, 1988) suggests that relationships develop when one individual discloses “personally relevant and revealing information to another person” (p. 1239). Intimacy is described as a feeling of closeness that occurs when two individuals disclose personal information (Perlman & Fehr, 1987). Given the impact of social relationships on physical and mental health, researchers should explore methods to help SAi develop these relationships through SD.

The Reis and Shaver (1988) model of intimacy focuses on two parts of intimacy: SD and the partner’s response. The SD aspect of the model includes intentional SD through thoughts, opinions, or emotions and unintended SD through facial expressions and body language (Reis & Shaver, 1988). Overall, according to Collins and Miller (1994), the likability of an individual may be related to SD, provided the SD is not negative.

The second part of the Reis and Shaver model relates to how a partner responds to SD. Reis and Shaver (1988) suggested that an individual is more likely to consider an interaction as intimate if the response is understanding and supportive. Reis (2007) described this experience as felt understanding: the feeling of being accurately understood and supported. If a partner's response to SD is indifferent, then the individual who self-disclosed may feel as though they were not understood or supported. In turn, the development of the friendship is affected. An important concept from the model of intimacy is the idea that an individual's expectations and fears can affect how the response is interpreted, especially if the response is indifferent (Reis & Patrick, 1996).

Thus, SD is an aspect of intimacy, a trait of a high-quality relationship that potentially differentiates SAI from non-socially anxious. Thus, I will next explain the link between SD and SA.

Social Penetration Theory

The level of SD has been shown to correlated with the quality of the friendship (Graham et al., 2008; McCarthy et al., 2017). The social penetration theory is used to describe different patterns of SD among different relationships. This theory suggests that both the breadth and depth of SD in a relationship are linked with the intimacy of a relationship (Altman & Taylor, 1973; Taylor, 1968). The breadth of information refers to the number of topics discussed, whereas depth refers to the degree of intimacy within the topics (Carpenter & Greene, 2015). The social penetration theory suggests that superficial SD happens in the early stages of friendship development (Carpenter & Greene, 2015). Then, it deepens as more intimate topics, such as political views and social attitudes, are addressed, followed by even more intimate topics, such as spiritual values, deep fears, and personal goals (Carpenter & Greene, 2015). Therefore, an increase in the breadth and depth of information disclosed is linked to improved quality and a higher sense of closeness in relationships and may be

important for the maintenance of social connections (Carpenter & Greene, 2015; Morry, 2005).

Self-Disclosure and Social Anxiety

Individuals with SA experience increased loneliness, depression, and displeasure within their interpersonal relationships (Sparrevohn & Rapee, 2009). This lack of displeasure accounts for their likelihood to avoid people or situations, thereby influencing the interpersonal difficulties they may experience (Papsdorf & Alden, 1998). Therefore, SA symptoms have been connected with introversion, lower self-confidence, and difficulties with trust (Bienvenu et al., 2004). Particularly, these factors can be related to a personal characteristic, difficulty with SD. SD involves “any information exchange that refers to the self, including personal states, dispositions, past events, and plans for the future” (Derlega & Grzelak, 1979, p.152). The ability to express personal feelings and thoughts to another individual has been connected to various positive outcomes, such as greater adjustment to stressors (Moreno et al., 2021), greater life satisfaction (Stanton et al., 2000), and increased psychological resilience (Eldeleklioglu & Yildiz, 2020). For example, several studies have highlighted the relationship between low SD and other mental health symptoms, such as depression, anxiety, and suicidal behaviours (Kahn & Garrison, 2009; Levi et al., 2008; Levi-Belz et al., 2014). Low SD has also been linked to an increase in somatization, depression, anxiety, hostility, and a negative sense of self (Arslan, 2018).

The first study to explore the relationship between SD and SA directly was conducted by Levi-Belz and Elis in 2017. This study suggests that SD is negatively linked with anxiety and avoidance symptoms of SA. It also suggested that SD with significant others is an important resilience factor for individuals with SA. Levi-Belz and Elis (2017) suggested two possible explanations regarding why a lack of SD can increase SA. One originates in Sullivan’s (1953) interpersonal theory, which suggests that healthy relationship development

depends on the ability to develop intimacy with another individual. SD may help the development of social relationships, thus allowing individuals to obtain help and support their needs.

Social support and belonging have been associated with resilience factors in most mental health illnesses (Turner & Brown, 2010). Therefore, SD seems to be linked with reduced levels of anxiety and avoidance. SD may serve as an indicator that an individual's need to belong is being met, which is considered a fundamental psychological need (Van Orden et al., 2010). If the need to belong is not met, anxiety and avoidance of social interaction may increase. Overall, in other mental health illnesses, SD seems to help individuals address loneliness and detachment and experience feelings of belonging and confidence (Levi-Belz & Elis, 2017).

Pennebaker and Chung (2007) suggested that self-disclosing information may help individuals develop a new understanding of their behaviour, attitudes, emotions, and fears. Similarly, Pennebaker and Keough (1999) proposed that “SD helps people to gain meaning about their experiences, reframe these experiences as non-threatening, and assimilate them into the self” (pp. 109–110). Therefore, by engaging in SD, individuals may better understand their behaviours and develop a different outlook on social interactions that they tend to avoid because they cause a sense of anxiety. In turn, this new perspective reduces these individuals' anxiety and avoidance behaviours in social interactions.

Compared to a control group, it has been suggested that SAI engage less in conversations, avoid discussing personal topics, and tend not to meet their partner's level of SD (Sparrevohn & Rapee, 2009). Multiple studies have explored (Sparrevohn & Rapee, 2009; Cuming & Rapee, 2010; Levi-Belz and Elis, 2017) the involvement of SD and the symptoms of SA. However, SD has mostly been examined in the context of romantic

relationships, thus neglecting another type of relationships— friendship. Which will be reviewed in the next section.

At the root of SA is a fear that perceived personal deficits will be exposed to the evaluation and criticism of others (Moscovitch, 2009). This suggests that individuals with SA may be more cautious to engage more intimate levels of SD within their relationships. Therefore, this specific characteristic aids the development of high-quality, intimate relationships. To better understand how SD may impact SAi from cultivating deep and meaningful friendships, I next discuss studies on both friendships and romantic relationships.

Critiques of Research on Self-Disclosure in Socially Anxious Individuals

Recent Literature Critiques

According to Ketay et al., (2019), the depth of SD appears to be an important component of intimacy. This depth appears to be connected with the emotional impact of a social interaction and may decide if a socially anxious individual displays avoidant behaviours in close relationships (Ketay et al., 2019). SAi tend to conceal parts of themselves from others (Potoczniak et al., 2007; Rodebaugh, 2009) and are unlikely to return the level of SD shown by a friend (Meleshko & Alden, 1993). Below, I discuss three recent studies that have investigated SA, interpersonal relationships, and SD.

Cuming and Rapee's (2010) quantitative study included 75 males and 237 females ranging from 18 to 74 years of age. They used self-reported measures to determine if individuals with higher SA adopted a communication style characterised by low SD and low disclosure of positive and negative emotions in close friendships and romantic relationships. The authors suggested that SAi are more hesitant to self-disclose personal and intimate topics within their relationships. Cuming and Rapee (2010) further explained that once depressive symptoms had been considered, socially anxious females were just as likely to self-disclose to their romantic partners as non-socially anxious females. Furthermore, they suggest socially

anxious females were just as likely to not self-disclose positive or negative emotions or other personal information to close friends as non-socially anxious females.

Cuming and Rapee (2010) suggest that even though socially anxious females seem to self-disclose less to their close friends, this does not impact the quality of friendships. They explain this is due to friendships being less intimate, therefore the lack of SD has less of an impact on friendships compared to romantic partners. They continue to suggest that there may be other aspects besides SD that may moderate the link between SA and the quality of friendship. For example, social support or one's belief of worthiness.

Cuming and Rapee (2010) emphasise that their results indicate the lack of a connection between SA and SD in males and should be considered carefully. The sample of males was significantly smaller than that of females, meaning the statistical power may not have been adequate to recognise significant links. Another consideration is that sex differences may be explained by socially defined and gendered expectations, of how males and females should behave. Finally, a connection between SA and SD may have failed to emerge in males due to the 'floor effect'. Cuming and Rapee (2010) highlight that overall the research shows that males tend to SD less than females (Dinidia & Allen, 1992; Reis, 1998). Therefore, in relationships where males do not engage in SD, it is possible that SA does not have as much of an influence because the level of SD cannot be reduced any further (i.e. 'floor effect'). However, Cuming and Rapee (2010) seem to express scepticism or reservations about the validity or persuasiveness of this argument. Therefore, it may be important to explore how SA males experience SD. A floor effect is when a majority of the participants score very low on a specific task or measure, therefore, skewing the data and making it difficult to get an accurate representation of the individuals' scores (APA, 2018). Therefore, since Cuming and Rapee (2010) suggest that overall men tend to self-disclose less than females, their self-reported measures may have produced artificial floor responses by

participants having to choose from specific responses, rather than allowing the participants to fill in their actual responses. Allowing participants to fill in their own responses may have provided more sensitive measures and increased the likelihood that the participants would provide their true experiences allowing the researchers to better understand the participants' experiences with SD without extremely low SD being masked from the responses.

Cuming and Rapee (2010) state that their research sheds light on how SA may interfere significantly with females' close interpersonal relationships. They emphasise that focusing on SD in the context of developing close relationships, is an important aspect for treatment.

Sparrevohn and Rapee (2009) conducted a quantitative study to examine emotional expression and SD between people with social phobia and their romantic partners. This study employed self-reported measures in 64 individuals who met the Diagnostic and Statistical Manual of Mental Disorders criteria for a diagnosis of social phobia (DSM-IV-TR; American Psychiatric Association, 2000), as well as 58 community controls. When they compared the level of SD and the quality of a romantic relationship between individuals diagnosed with SAD and the control group, the authors suggested that people with SAD reported poorer-quality relationships, even within their main romantic relationships. They also discovered that individuals with SAD reported less emotional expression and SD than the community control group.

Sparrevohn and Rapee (2009) explain that this is consistent with previous studies which indicate SAi are less likely to develop romantic relationships than others (Alden & Taylor, 2004; Hudson & Rapee, 2008). Twenty-five percent of initial participants had to be excluded because they had never been in a romantic relationship. Even after these had been excluded from the study, they explained that only a small amount were married or in a current relationship. Therefore, showing how SA, may influence the development of

romantic relationships (Sparrevohn & Rapee, 2009). Sparrevohn and Rapee (2009) also emphasise that the results of their study highlight that even if SAi develop and maintain a relationship, it will not be as close of a relationship when compared to individuals who do not experience SA.

In contrast to previous studies, Sparrevohn and Rapee (2009) observed that both males and females with a diagnosis of SAD engaged in less SD and lower intimacy (e.g., Cuming & Rapee, 2010). Sparrevohn and Rapee (2009) suggest the lower intimacy reported by SAi may be linked to the reduced support they receive from their social connections. And eventually to increased loneliness and depression. They also suggested there could be other factors that contribute to lower SD and less intimacy, for example, general neuroticism was not taken into consideration. Finally, Sparrevohn and Rapee (2009) suggest that due to the cross-sectional design of the study, it is not certain whether SA may exacerbate relationship difficulties, whether relationship difficulties may exacerbate SA, or whether there is another variable. They continue to suggest that clinicians who may work with SAi should focus on improving communication styles, increasing SD and emotional expression to enhance quality of life.

Although Cuming and Rapee's (2010) and Sparrevohn and Rapee's (2009) studies elucidated the SD of individuals with a high level of SA within the framework of close relationships, why SAi self-disclose less remains unclear. Furthermore, how these individuals experience SD within relationships is also unclear, as both studies used self-reported measures which may have limited the participants' ability to express themselves accurately. SD is a complex and important issue and using self-reported measures may only provide a brief and limited view of the individual. Furthermore, the studies' findings on whether SA has a negative impact on SD within relationships on males is conflicted. Therefore, how SA males experience SD within relationships is also unclear.

Levi-Belz and Elis (2017) conducted a quantitative study to investigate the contribution of SD to SA symptoms in a non-clinical sample. This study included self-reported measures in 159 females and 29 males ranging from 18 to 46 years of age. Levi-Belz and Elis (2017) suggested that SD is negatively connected to SA and avoidance symptoms in a non-clinical population. They observed males and females in the general population.

Levi-Belz and Elis (2017) results emphasise the role that SD plays in SA and highlight the significance of self-disclosing personal information with others as a resilience factor for SA. Levi-Belz and Elis (2017) present two possible explanations as to why SD may have a positive impact on SA. One explanation stems from the interpersonal theory of Harry Stack Sullivan (1953), which suggests that healthy development stems from the ability to create intimacy with others. If an individual is able to engage in SD this may aid in the development of friendships, thus helping an individual to receive the help and support they may need (Jourard, 1964). A second explanation focuses on the idea that self-disclosing personal information may help individuals gain new perspectives on their behaviour, attitudes, emotions, and even fears (Levi-Belz & Elis, 2017).

Levi-Belz and Elis (2017) suggest that their study has implications for clinicians who may work with this population. They suggest since SD may act as a buffer against SA, it is important to focus on SD and the avoidance of SD.

Although this study illuminated an area of literature that has not received much attention, it had some limitations. First, the use of self-reported measures may cause reporting bias (e.g., social desirability), particularly when exploring sensitive topics like SD. Thus, the quantitative focus in this study offered a limited understanding of how individuals experience SD in terms of their own unique inner world. Second, this study focused on both males and females in the general population, with more female participants compared to males. According to the literature, university students are more likely to experience SA compared to

the general population (Parade et al., 2010; Russell & Shaw, 2009), and males have greater difficulties with social interactions than females (Merikangas et al., 2002). Levi-Belz and Elis' (2017) study provides a narrow view on individuals' unique experiences and possibly neglects the subjectivity of a homogeneous group of individuals.

Barnet et al., (2021) conducted a quantitative study to examine whether communication styles facilitate the relationship between SA and social support amongst males and females. This study utilized self-reported measures in 580 females and 233 males from 18 to 30 years of age. However, the self-reported measures may have limited the participants' ability to express in depth their experience with SA and communication styles. Thus, a quantitative approach may help better understand socially anxious males' experience with SD, as a quantitative approach will give the participants a voice to share their experience in their own words.

Furthermore, Barnet et al., (2021) discovered that communication styles of SAi may impact their perception of social support. Moreover, this study supported previous research that suggested no sex difference in the prevalence of SA (McLean et al., 2011; Stewart & Mandrusiak, 2007). However, the study's findings did differ from those of previous research in that females experienced more SA symptoms (Asher et al., 2017; Beesdo et al., 2007; Kessler et al., 2012). Furthermore, the study suggested sex differences for all six communication styles investigated. One important finding of the study was that socially anxious males and females may perceive themselves as having lower social support because they view themselves as less expressive and as contributing less to social interactions. The fact that this was the case amongst both males and females is noteworthy given that previous research has suggested that females are more expressive (Basow & Rubenfeld, 2003).

Barnet et al., (2021) also suggested that socially anxious males believe that they have fewer substantive things to say, or they feel that they do not possess the ability to

communicate in an organised way. Barnnet et al., (2021) suggest this is due to the gender stereotypes that guide individuals' expectations in communication. By not following those expectations can lead to social and/or professional consequences (Lindsey & Zakahi, 2009; Palomares, 2009). This could possibly explain why males disclose less than females, and highlights the need for a more phenomenological approach, which would allow the unique experience of socially anxious males and their SD to be explored. Overall, this study suggested that females are not the only ones impacted by SA, nor are their social support and relationships the only ones to be impacted by communication styles. Instead, the study supported the argument that socially anxious males also require attention, with a more specific focus on certain communication styles (i.e., SD). This is also a gap I wish to explore.

Barnnet et al., (2021) suggested clinicians should keep in mind that individuals with SA may feel like they have less social support and therefore their communication styles may influence their perceptions. Barnnet et al., (2021) also recommend psychotherapy as a way where individuals can learn communication skills and acquire the confidence to use them more effectively. Overall the results of this study suggest that both socially anxious males and females may increase their perceived social support by increasing their expressiveness.

Summary of the Review and Identified Knowledge Gap

SA is understood as a deep-rooted fear of being negatively evaluated by others which is normally accompanied by extreme distress or functional difficulties (American Psychiatric Association, 2013) and is recognised as the second most commonly diagnosed mental health problem worldwide (Vos et al., 2013). However, it is suggested that there are approximately 264 million additional individuals who experience anxiety but have not been diagnosed (WHO, 2017). These individuals are sometimes regarded as the hidden population (Lee et al., 2022). These are individuals who experience SA, however, do not meet the clinical criteria

for a diagnosis of SAD. Russell and Shaw (2012) highlight even individuals who do not meet the clinical criteria for a diagnosis of SAD still may experience significant difficulties.

SA can impact an individual's life (Ruscio et al., 2008; Stein & Kean, 2000; Wittchen & Fehm, 2001), as SAi appear to be employed less (Wittchen et al., 2000), underpaid (Stein et al., 2000), and experience educational difficulties (Jangmo et al., 2019; Leach & Butterworth, 2012; Van Ameringen et al., 2003). Additionally, SA appears to influence close relationships (Davila & Beck, 2002), including romantic relationships (Sparrevohn & Rapee, 2009), friendships (Davila & Beck, 2002; Schneier et al., 1994), and familial relationships (Schneier et al., 1994). Consequently, some of the most profound impacts of SA are on social relationships (Alden & Taylor, 2004; Hudson & Rapee, 2009). At its core, SA is an avoidance of social interactions (Sparrevohn & Rapee, 2009).

University students appear to be at high risk for experiencing SA, due to the difficulties of transitioning from school to university (Khubchandani et al., 2015), which may include changes to their social group, moving away from home, and becoming more independent. Bewick et al., (2010) suggested that psychological distress may increase for individuals when beginning university. Attending university can involve a major change to new social groups, which may cause social difficulties for those who experience SA (Campbell et al., 2016). Various studies (Hakami et al., 2017; Fernandez-Castelao et al., 2015; Soohinda & Sampath, 2016; Tillfors & Furmark, 2007; Clarke & Fox, 2017) suggested that SAi feel limited due to their SA, which tends to leave them feeling lonely, having fewer or more low-quality friendships, and experiencing difficulties in making and maintaining friends.

Furthermore, it is suggested that the majority of mental health difficulties tend to present themselves during adolescence and early adulthood, with seventy-five percent of mental health issues emerging before the age of 24 (Kessler et al., 2005). A research study

examining SA and university students suggests that around 80% of undergraduate students may experience SA (Ahmad et al., 2017). Furthermore, it is suggested that 18% to 36% of university students may experience difficulties forming relationships (Topman & Russell, 2012). Additionally, it has been suggested that students felt their SA was unrecognised and invisible and thus acted as a barrier to seeking support (Russell & Topham, 2012). Some research suggests that individuals in the general population who experience SA may experience difficulties in their professional and social lives, and these difficulties could have a negative effect on their overall quality of life and well-being (Wersebe et al., 2018). University seems to represent specific challenges for those who experience SA.

The DSM-V suggests that females are more likely than males to experience SA (American Psychiatric Association, 2013). Some studies suggest this may be due to different gendered expectations, for example, rigid masculinity (Gonzalez et al., 2005). Social expectations of specific genders may also play a role in why it seems more females compared to males experience SA. As social expectations tend to teach males and females to behave in certain gendered ways (Fisher et al., 2021). For example, traditional masculine norms that value toughness, stoicism, self-reliance and emotional restrictiveness may be vital in why males may hide SA (Fisher et al., 2021). The conflict between male anxiety and traditional masculine norms is subjective and socially influenced (Gallegos et al., 2019). Males who experience anxiety may try to cope with their anxiety on their own, instead of seeking support (Clark et al., 2018). This may be their effort to avoid feelings of shame, self-blame and powerlessness (Drioli-Phillips et al., 2021). It may be considered socially unacceptable for males to show emotions related to SA; thus, they hide certain emotions that they feel do not align with gendered expectations of masculinity (Brownlow, 2005; De Groof, 2008).

Conventionally research states that males are less able and less interested than females in self-disclosing, which hinders them from developing closeness with friends

(Migliaccio, 2010). However, it has also been argued that females and males experience and define closeness and SD differently, and neither males nor females should be compared to each other (Messner, 1992). Various research studies suggest male friendships struggle due to the influence the current culture has on males' emotional boundaries, which may influence them to be more rigid and distant (Anderson 2014; Bank & Hansford, 2000; Connell 1995; Hruschka 2010; McCormack 2012). It is suggested that males may internally desire more SD within friendships (Cordova et al., 2005; Patrick & Beckenbach, 2009), and more openness, emotions, and physical contact with others (Fehr, 1996). However, cultural expectations may constrain them from showing emotions and engaging in SD (Bowman 2008), as this could be linked to more feminine behaviours, which may not align with gendered expectations of masculinity (Patrick & Beckenbach, 2009). Therefore, lessening their ability to cope with internal conflicts (Cleary 2012; Scourfield 2005).

The true breadth and depth of males and SA is unknown. Research suggests that anxiety may be the first mental health difficulty males experience, and if not understood or explored it could lead to further mental health difficulties (Doering et al., 2019). Despite the increased research into SA, little attention has been given to sex differences (Asher et al., 2017). Thus, exploring the overlooked area of socially anxious males will allow counselling psychologists to understand these individuals' unique experiences (DuPlock, 2010). Furthermore, understanding the different experiences and impact on each sex could guide sex-specific therapeutic interventions (Turk et al., 1998).

SA is more than just experiencing anxiety-related symptoms. SA may result in difficulties in relational functioning leading, some researchers to describe it as an interpersonal problem (Alden & Taylor, 2004, 2010), which may result in SAi experiencing difficulties developing and maintaining relationships. Arguably it is understood that SAi have fewer social relationships compared to non-SAi. Several research studies (e.g., Aderka et al.,

2012; Kashdan et al., 2007; Mendlowicz & Stein, 2000; Rodebaugh, 2009; Vernberg et al., 1992; Wong et al., 2012) show that SAi have fewer friends and romantic partners, experience less satisfaction in relationships, have frequent feelings of isolation, and experience more difficulty engaging in or maintaining relationships. This is also true for individuals who self-report experiencing SA but are not given a diagnosis of SAD (Davidson et al., 1994; Fehm et al., 2008; Stein et al., 2000).

Overall, it seems SAi tend to adopt maladaptive interpersonal strategies (e.g., less expressive, unassertive, difficulties in reciprocating intimacy, and SD; Davila & Beck, 2002; Porter & Chambless, 2014; Porter et al., 2017; Porter et al., 2019). They may employ these strategies as a way to avoid any unwanted experiences, however, these strategies may come at a cost. By employing these maladaptive interpersonal strategies they are possibly influencing their ability to bond with others (Piccirillo et al., 2016). SA has been linked with introversion, lower self-confidence, and difficulties with trust (Bienvenu et al., 2004). These factors can be related to a personal characteristic, or difficulty with SD. SD involves “any information exchange that refers to the self, including personal states, dispositions, past events, and plans for the future” (Derlega & Grzelak, 1979, p.152).

Since friendships are largely based on spending time together in mutually pleasant and satisfying ways, the types of social activities in which friends engage matter (Demir & Weitekamp, 2007; Gillespie et al., 2015; Oswald, 2017). Given the interpersonal nature of friendships, as well as the social skills important to both establishing and maintaining friendships, individuals with SA are particularly vulnerable to difficulties in this area. One aspect of interpersonal functioning that has been shown to relate closely to friendship quality is SD (Graham et al., 2008; McCarthy et al., 2017). However, previous research has only explored SA in the context of close relationships, seeming to neglect friendships. Cuming and Rapee (2010) and Sparrevohn and Rapee (2009) suggested that higher levels of SA are linked

to lower levels of SD within close relationships. However, questions remain on how socially anxious university males experience SD in the context of friendships.

No literature, to my knowledge, examines the complexity of socially anxious university males' and their experiences with SD and friendships. From an exploratory and holistic viewpoint, a qualitative research method seems necessary in this less-explored field (Lyons & Coyle, 2007), as it could offer significant involvement when working with the psychological needs of this group and could provide them with a voice to express their subjective experiences and psychological and treatment needs.

Overall, the existing literature, research and treatment guidelines in this particular field provoke questions, such as 'how do university males experience SA?', 'how do socially anxious university males make sense of SD, 'how do socially anxious university males experience friendships' and 'SA seems to influence an individual's ability to SD and maintain friendships, but how do these individuals experience this, how do they make sense of it?' To answer these questions, an in-depth study into individuals' experiences is required. The main research questions that the study will seek to explore are:

1. What are the challenges experienced by university males, aged 18-25 years, who self-identify as socially anxious, when self-disclosing within friendships?
2. What are the therapeutic and counselling needs of socially anxious male university students when facilitating self-disclosure within friendships?

First I aim to produce knowledge surrounding males' experience of SD within a friendship dynamic. I hope to add value to the way SA is currently understood and modelled.

Second, I aim to generate research that focuses on the individual's subjective experience and gives a voice to socially anxious university male students' needs during their time at university. I hope this qualitative approach will allow socially anxious university male

students to provide an in-depth account of their experiences. Additionally, this knowledge may help aid universities in supporting male students who experience SA effectively.

Finally, I also aim to provide clinicians and other professionals helpful insights into how best to support socially anxious university males, who may experience difficulties self-disclosing within friendships. This may allow practitioners to tailor their interventions to meet this group's needs more effectively. This research may help practitioners understand more about the particular interpersonal difficulties of socially anxious males. Douglas (2016) reported that tailoring interventions to an individual's specific needs is a central practise of CoP and could improve the therapeutic relationship between therapists and clients, thereby enhancing the client's mental health. Consequently, this may help create treatment options that are more effective and specific to the individual by including skills designed to cultivate friendships and focus beliefs and abilities.

Methodology

In this chapter, I outline the basis for the methodology and research design chosen for this thesis. I further discuss the reasoning for the data analysis method chosen and present my reflections on my epistemology and ontology. Finally, I end the chapter by discussing the research's validity.

Rationale for the Qualitative Approach

Based on the critique of the existing literature and the phenomenon I wanted to study, I chose the qualitative approach. Qualitative studies accentuate the understanding of individuals' subjective experiences and thus may offer insights into how individuals' make sense of their experiences (Willig, 2013).

I believe the qualitative approach was more suitable than the quantitative approach since the latter could not have helped me capture the essence of this research. Moreover, I

aim to explore the challenges that socially anxious university males experience when self-disclosing within friendships and aim to identify their therapeutic and counselling needs.

Furthermore, the current understanding of socially anxiety and relationships appears to be limited to females and romantic relationships. Thus, clarity on the experiences of SD and satisfaction within close friendships is lacking. Therefore, I intended to explore the complexities and nuances of the individual subjective accounts of my participants' experiences, with a specific focus on the role of SD. In this regard, the qualitative approach allowed me to explore my participants' experiences (Willig, 2013).

Additionally, the qualitative research methodology appears to coincide with the principles of CoP, which involve exploring individuals' subjective experiences (BPS, 2010). Attempting to understand the internal world of socially anxious university male students, I aimed to create research that could be valuable to CoP, which shares with the qualitative viewpoint the aspiration to understand the meanings that certain situations have for individuals' experiencing them (McLeod, 2001). Lastly, applying qualitative research to attempt to understand socially anxious university male students' individual subjective needs seemed appropriate, since the knowledge generated thus could be used to educate not only counselling psychologists, but anyone who may work with this population (Orleans & Van Scoyoc, 2009).

Reflexivity

My choice of a qualitative approach signifies a shift that I had experienced in my epistemological and ontological position. Since the beginning of my psychological journey, there has been a strong emphasis on statistical data and measuring variables within research. Professors emphasised how important it was to gather information in order to group individuals in diagnostic categories. The American mental health environment I learned in was grounded in the medical model, where the main focus seemed to be on diagnosing,

medication, and the reduction of symptoms. Although the experiences I gained are extremely valuable to my personal and professional development, I believe the unique experience of individuals in distress was being unseen. My experience of the mental health world in America led me to believe that this was the norm for all mental health environments, and my educational pathway only reinforced this.

My education continued to favour a positivist view, which led me to believe that within research one has to be able to measure and control variables in order to uncover reality, thus, reflecting an epistemology of 'naïve realism', in which views reality as "it is"—as objective reality. My perspective began to broaden after I lived in other parts of the world and ultimately decided to continue my education in the UK. After being immersed in different and diverse social and cultural contexts, I began to develop a more open-minded, accepting perspective. Immersing myself in different environments allowed me to see that individuals are more than measurable and controlled variables; people are complicated.

My training in CoP has allowed me to step away from the comfortable positivist empiricist framework. Although stepping away from this perspective caused anxiety, I knew that this anxiety was caused by the unpredictability of the world, which statistical analysis is aimed to address. However, when considering the world and the different individuals I had met, adhering to a framework based on comfort seemed fatuous. Therefore, I have adopted a perspective that draws on critical realism. Whilst sticking to critical realism, I believe that a reality can exist independently of our consciousness (Finlay, 2006). To understand this reality, I believe one has to attempt to closely consider the accounts of the individuals consciously experiencing it (Giorgi, 1994).

While adopting a qualitative approach at times seemed difficult, after reflecting on what I believe, I realised I had to learn to accept unpredictability. Through this acceptance I

could begin to explore the complexities and unpredictability of individuals and only thus hope to understand a specific phenomenon and the individuals experiencing them.

It is also worth mentioning that while I believe there has been an internal shift in the way I view and understand not only individuals but the world, that does not completely eliminate the positivist stance that I spent the majority of my life living and learning in. I know that my positivist stance may come through at times within my research as this is residual from my past education and training environment, however, I have tried my best to bracket that position. For example, my choice to use self-reported measures (e.g., . GAD-7; Spitzer et al., 2006; LSAS; Liebowitz, 1987; PHQ-9; Kroenke et al., 2001). This choice was reflected on considerably, even though self-reported measures can be very limited in scope and do not allow for a more in-depth exploration into the nature of the individuals' experience. The self-reported measure (e.g., LSAS; Liebowitz, 1987) was used as a recruitment tool, not a diagnostic tool, to generate a fairly homogenous sample to ensure the study holds relevance and allows for an in-depth exploration into a specific group of individuals who have experienced a particular phenomenon.

The Liebowitz Social Anxiety Scale (LSAS; Liebowitz, 1987; Appendix E) was chosen to be used as a recruitment tool in this study as it is considered the most studied scale regarding its psychometric proprieties when compared to the other SA scales (Osório et al., 2009). I understand the use of LSAS (Liebowitz, 1987) as a recruitment tool may have had an impact on my study. For example, using self-reported measures may have limited the phenomenon being explored as it may have overlooked individuals who still identify as socially anxious, but the LSAS did not capture their unique experience.

By using the LSAS as a recruitment tool, and not a diagnostic tool I aimed to provide my study with a group of participants that shared a contextual perspective on a certain phenomenon. In thematic analysis (TA) studies, it is common to collect data from a

homogeneous group, especially when working with a small number of participants (e.g., 10 participants or fewer). Homogeneity, which can be based on various factors such as demographics, experience, or other relevant characteristics (Robinson, 2014), and may help to facilitate the development of coherent and meaningful themes. Which is why I chose for participants to complete the LSAS to see if they experienced a certain level of SA. I also choose the cut-off for the participants as needing to score a 30 or higher. I carefully chose 30 as this is the lowest score an individual may receive on the LSAS which may indicated some experiences of SA. I deliberately chose the lowest score, as this tool was used only to help provide a homogenous group of participants. Furthermore, by using semi-structured interviews to collect my data, the participants were still able to use their voices to share their experiences of the phenomenon being explored.

Upon reflection, it becomes apparent that employing the LSAS in my research, particularly when seeking participants who self-identify as experiencing SA, may present conflicts. I acknowledge that many questionnaires target specific symptoms, thoughts, or emotions and are typically correlated with diagnostic criteria. Initially, when designing my research proposal, the aim was to assemble a homogenous participant group, leading to the initial selection of the LSAS as a recruitment tool.

It is pertinent to note that, in the current study, no participants were excluded based on their LSAS scores, as every participant scored a 30 or above. However, I do wonder what it might have been like for the participants to complete the LSAS. Even though they self-identify as socially anxious, after the completion of the LSAS they may have observed indications of moderate or severe SA. I am left wondering what this experience may have been like for them and whether it had any impact on them.

In hindsight, it may have been better to eschew the inclusion of the LSAS and instead focus on exploring how participants conceptualize their own experiences of SA. Such an approach would likely have better aligned with the overarching research questions,

I accept and acknowledge there may be potential biases within my research. For example, my background has always favoured a positivist view. This also may partially account for why I choose to use self-reported questionnaires as a recruitment tool. The use of the self-reported measures was discussed with my supervisor, to help challenge any pre-conceived beliefs or biases I may have, as stepping away from my comfortable positivist empiricist framework with measures and controlled variables felt chaotic and overwhelming. I was stepping into an unknown world of subjective experiences that both TA and CoP are interested in, and these emotions of being overwhelmed and confused would attempt to push me back into what I was familiar with. Therefore, it was important for me to continuously check in with myself, my supervisor, individuals in my cohort, and with my personal therapist to attempt to bracket these biases.

I have also reflected carefully on every decision I made with my supervisor, individuals in my cohort, and in personal therapy, in hopes it will help bracket these biases. The choices made throughout this research were all carefully considered in order to align as closely with the study's qualitative and TA foundation.

Thematic Analysis

TA is widely used in qualitative research to identify, analyse, and capture themes within data (Braun & Clarke, 2006). Braun and Clarke (2006) suggest that TA is a foundational method for qualitative analysis, providing researchers with core skills useful for conducting many forms of qualitative analysis. TA is acknowledged and accepted as a method in its own right, particularly in psychological research (Braun & Clarke, 2006). Braun and Clarke (2006) outlined six phases for conducting TA, detailed in Table 1.

TA is used to identify, capture, and analyse patterns of meaning in a dataset (Braun & Clarke, 2006). It is theoretically flexible, not tied to a particular research framework, and can be used to analyse most forms of qualitative data, such as interviews (Braun & Clarke, 2006). TA's flexibility makes it suitable for addressing a critical realist research question, assuming that there is knowledge of the phenomenon being studied. Joffe (2012) suggests that TA is best suited to capture the specific nature of the phenomenon being explored. Furthermore, Willig (2013) suggests that research questions focusing on how individuals think about a phenomenon are particularly suited for TA. Thus, TA matches the current research question exploring the challenges that socially anxious university males experience when self-disclosing within friendships and aiming to identify their therapeutic and counselling needs.

Braun and Clarke (2006) emphasise that the researcher must decide what counts as a theme and how the data will be analysed to identify themes. A theme can be defined as capturing something significant within the data that is linked to the research question, representing a patterned response or meaning within the data (Braun & Clarke, 2006). Themes can be identified by two primary methods in TA. First, an inductive approach which means themes are strongly linked to the data (Patton, 1990). However, it is important to note that the researcher's own bias, knowledge, and personal views will inevitably influence the data (Braun & Clarke, 2006). Second, a deductive approach, which produces themes driven by the researcher's theoretical interest (Patton, 1990). Due to the exploratory nature of the current study, an inductive approach was deemed most suitable.

Furthermore, Braun and Clarke (2006) recommend that the researcher should decide at which level themes are identified: semantic or latent level. A semantic level approach indicates the themes identified originated from the explicit, surface level meanings shown in the data and align closely to the participant's words and expressions (Braun & Clarke, 2006). Moreover, a latent level approach goes beyond the semantic approach and attempts to

uncover underlying ideas, assumptions, and conceptualisations (Braun & Clarke, 2006). A critical realist stance allows for the researcher to identify and code themes at both a semantic and latent level (Joffe, 2012). It is important to note that it is impossible for research to be free from all assumptions or biases (Braun & Clarke, 2006). Therefore, researchers should attempt to identify any assumptions, biases, or personal views they may have, rather than ignoring them. Bracketing was continuously engaged in throughout the research process via reflective journals and supervision.

In conclusion, TA was selected as the appropriate method due to its alignment with the primary research aim: exploring the challenges that socially anxious university males experience when self-disclosing within friendships and aiming to identify their therapeutic and counselling needs. TA provides a rich overall description and summary that is useful to the practice of counselling psychology.

Table 1: Phases of Thematic Analysis

Phase	Description of process
1. Familiarising self with the data	Transcribing data, reading and re-reading the data, noting down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code
3. Searching for themes	Reviewing codes and beginning to collate these into potential themes across the data set, gathering all data relevant to each potential theme.
4. Reviewing themes	Checking whether the data supports the themes, i.e. at the level of the coded extracts and across the data set, generating an initial map of themes.
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.

6. Writing the analysis

Selection of vivid, compelling extracts
examples, final analysis of selected extracts,
relating back of the analysis to the research
question and literature.

Other Qualitative Methods Considered

I considered other qualitative methods before settling on TA, such as grounded theory (GT; Glaser & Strauss, 1967), discourse analysis (DA), and Interpretative Phenomenological Analysis (IPA). However, TA seemed best suited for this study considering both the research questions and my personal epistemological position.

Grounded Theory

GT and TA have numerous similarities; for instance, they emphasise capturing an individual's or group's understanding of the world, identifying themes, and categorising those themes to determine the structure of a phenomenon. Nonetheless, GT focuses majorly on social processes and prioritises development of theory to understand a phenomenon (Payne, 2007). Therefore, I deemed TA more suited to the main aim of the research, that is, to explore the challenges that socially anxious university males experience when self-disclosing within friendships and aim to identify their therapeutic and counselling needs, rather than developing an explanatory theory. Thus, GT was deemed not suitable for this study.

Discourse Analysis

DA is concerned with the role that discourse plays when one attempts to understand reality (Potter, 2012). It helps one explore and understand how individuals use language to understand their worlds. If this was used within the current research, there would be a focus on socially anxious males' construction of language to talk about their experience of SD within friendships. However, the aim of the research, is to explore the challenges that socially anxious university males experience when self-disclosing within friendships and aim to identify their therapeutic and counselling needs. There is no interest in exploring the

language used to discuss this and embedding it within a wider social context. Consequently, DA was not considered suitable for this study.

Interpretative Phenomenological Analysis

IPA has roots in phenomenology, hermeneutics, and idiography (Smith & Eatough, 2016). It has been argued that IPA is closely linked to TA (Larkin & Thompson, 2012), as both IPA and TA aim to go beyond the surface-level aspects of the data to explore its deeper meanings and complexities (Joffe, 2012). Consequently, IPA was not chosen as it focuses more on how individuals interpret their subjective experiences, with researchers immersing themselves in participants' lifeworld's and producing a narrative account (Brocki & Wearden, 2006). Given the aims of the current research to explore the challenges that socially anxious university males experience when self-disclosing within friendships and aim to identify their therapeutic and counselling needs, I considered IPA unsuitable.

Procedure

Data Collection and Recruitment

The recruitment process involved producing flyers (Appendix A) and distributing them via email to various universities across England. I also asked university lecturers to forward the recruitment flyers to their students. In addition, I posted on university websites, university Facebook groups, and Instagram. Due to the COVID-19 pandemic I was unable to post my flyers on university campuses, therefore I had to recruit via online platforms. Interested individuals were invited to contact me via email and ask any questions they had regarding the research study.

Participants who emailed me and confirmed their interest were sent a participant information sheet (see Appendix B). Next, they were invited to complete the Patient Health Questionnaire-9 (PHQ-9; Kroenke et al., 2001; Appendix C) and Generalized Anxiety Disorder-7 (GAD-7; Spitzer et al., 2006; Appendix C), a form related to previous psychiatric

diagnoses and psychoses (Appendix D), and the LSAS (Liebowitz, 1987). After the prospective participants submitted the above, I checked their scores and invited those who were eligible for an interview.

Before conducting the interviews, I provided eligible participants with the consent form (Appendix F), which informed them about confidentiality, data protection, and their rights as participants. During the interviews I used an interview schedule (Appendix G) and an audio recorder to record the exchanges. After each interview, the participant received a debriefing form (Appendix H) mentioning agencies that could offer further support. In the next section, I will define the inclusion and exclusion for the current study.

Inclusion criteria

1. Participants will self-identify as experiencing SA. The term ‘self-identifying as experiencing SA’, within this research is defined as an individual who does not have a formal diagnosis of SA, instead they identify themselves as experiencing SA. WHO (2017) suggest there are roughly 264 million people who suffer from anxiety and do not have a formal diagnosis. Furthermore just because an individual is given a formal diagnosis does not mean they align or identify with that diagnosis; therefore they might not be able to make sense of their experience. Which is why it is not important to focus on the diagnosis of SA, but the experience of SA.
2. Participants will be asked to complete the LSAS (Liebowitz, 1987; Appendix E). The LSAS is only used as a recruitment tool, and not a diagnostic tool, I aimed to provide my research with a group of participants that shared a contextual perspective on a certain phenomenon. In order to be included in the study participants must have scored a 30 or above on the LSAS, which indicates the participants will experience an element of shared reality. A more in-depth exploration and reflection on why I chose

to use the LSAS in my inclusion criteria with individuals who self-identify with SA can be found under my methodology reflexivity.

3. Enrolled in a UK University: SA is also more prevalent in university students (10% to 33%) compared to the general population (7% to 13%; Parade et al., 2010; Russell & Shaw, 2009). Ahmad et al., (2017) suggested prevalence rates of SA up to 80% in undergraduates.
4. Participants must be males whose gender identity aligns with their biological sex at birth. The decision to narrow the scope to assigned male at birth individuals is not to undermine or devalue the experiences of transgender males or females. Rather, the intent is to specifically explore the dynamics and unique challenges faced by this particular demographic, given the sociocultural norms and expectations placed upon them from birth. By concentrating on individuals who were assigned male at birth, this study seeks to provide a deeper, nuanced understanding of how such formative experiences interact with SA within the realm of friendships. The decision to focus specifically on males in this study is driven by the need to address a notable gap in the existing research literature. While SA is a prevalent and well-studied phenomenon, there has been comparatively less attention given to understanding how it manifests within male friendships. This choice is particularly relevant considering the potential differences in how SA may be expressed, experienced, or managed by males as compared to females. By narrowing the scope to males, this research aims to contribute valuable insights into the unique challenges, coping strategies, and dynamics that males encounter within their friendships, ultimately shedding light on an underexplored area of SA research.
5. Self-identifying that SA is influencing their ability to SD within friendships. Research thus far has focused on SD within romantic relationships. Thus there is a paucity of

research directly examining friendships, meaning this phenomenon is relatively unexplored.

6. Adult participants, 18 – 25 years of age. As the majority of MH difficulties present themselves during early adulthood, 75% of mental health difficulties occur before the age of 25 (McGorry, 2018). Research has suggested earlier intervention is important to an individual's overall well-being as well, if we can implement intervention when they are quite vulnerable to experience difficulties' it may improve their overall well-being.

Exclusion:

1. Score 0 on PHQ-9: Participants were asked to fill out an online Patient Health Questionnaire-9 (PHQ-9; Kroenke et al., 2001; Appendix B) and Generalized Anxiety Disorder-7 (GAD-7; Spitzer et al., 2006; Appendix B). Due to the sensitivity content of the interviews participants who score above 0 on the suicidality question on the PHQ-9 will be excluded and will be given a list of counselling and support services they can access (Appendix H).
2. Symptoms of Psychosis: Active or previous symptoms of psychosis were excluded. As participants who have symptoms of psychosis might not be considered capable of consenting to the study. Furthermore, I wanted to make sure participants' experiences of SD within friendships were linked to SA and could not be better explained by their psychosis. Finally, some of the topics that will be discussed may induce distress, therefore in order to safeguard all the participants, psychotic participants will not be included in the study.

Participants

The suggested sample size for medium-sized TA research, including a professional doctorate thesis, is between 6-15 participants (Braun & Clarke, 2013). Following these guidelines, I recruited six participants (see Table 2).

I had 10 interested individuals in total who contacted me. However, only 6 were deemed suitable for the current research study. Three of the individuals were not suitable due to scoring above a zero on the suicidality question on the PHQ-9, those individuals were then given a list of counselling and support services they could access (Appendix H). One individual was deemed not suitable for the current study as even though they identified as a male, they were not assigned a male sex at birth.

I sought out participants who self-identified as experiencing SA, meaning they need not have a formal SA diagnosis, as many individuals may never receive a diagnosis (NICE, 2013). Moreover, a formal diagnosis was not required because it does not necessarily mean the individual identifies as being socially anxious; therefore, they may not be able to make sense of such experience. Thus, it was more important to focus on the experience of SA than on the diagnosis of SA.

Braun and Clarke (2022) suggest that when working with smaller participant groups (e.g., 10 interviews or fewer) in TA, maintaining homogeneity based on factors such as demographics, experience, and other characteristics (Robinson, 2014), can facilitate the development of themes. Given my smaller sample size, I believed it was important to ensure a shared reality among participants to achieve homogeneity. This is why I asked participants to fill out the LSAS. Additionally, employing a self-identification strategy aligns with the values upheld by counselling psychology, avoiding pathologizing (e.g., labeling or diagnosing) and instead embraces individuals' experiences.

Thus, prospective participants were required to fill out the LSAS questionnaire and score higher than 30. The LSAS is considered the most widely used clinician-administered scale for social phobia assessment (Liebowitz, 1987). When using the LSAS, Mennin et al., (2002) suggest setting a cut-off of 30 for an individual's experience of SA. Thus, prospective participants needed to score 30 or above to be considered eligible to participate in the study. I understand that using self-reported measures may not capture every possible perspective, however, it does allow for a considerable level of inclusivity. Furthermore, is worth mentioning that, despite its limitations, the methodology adopted is reflective and has been chosen after careful consideration to align as closely as possible with the study's qualitative, TA foundation.

Table 2

Summary of the Participants' Demographics

Participant	Age	Sex	LSAS Scores	Year in University
Alex	23 years old	Male	74	Master's
Trevor	21 years old	Male	54	Master's
William	18 years old	Male	68	1 st year
Joshua	18 years old	Male	60	1 st year
Jack	21 years old	Male	98	3 rd years
Thomas	20 years old	Male	71	3 rd years

Interviews

Qualitative interviews aim to provide insight into a phenomenon by allowing participants to reflect and respond (Folkestad, 2008), which aligns with the nature of TA. In line with this, semi-structured interviews were deemed the most suitable, as it enables participants to respond using their own words and meanings (Willig, 2008). Semi-structured

interviews provide topics and questions to the participants while allowing them the freedom to express their views and opinions on the topic of interest. Semi-structured interviews are designed to elicit genuine responses from participants rather than leading them towards predetermined choices (Cohen & Crabtree, 2006). Furthermore, semi-structured interviews allow the opportunity for participants and researchers to explore any tangents or new avenues that may emerge during the conversation (Willig, 2013), thus enabling both participants and researchers to delve deeper into emerging themes and enriching the qualitative data.

The interviews were conducted over a videoconferencing platform, which lasted approximately 1 hour each and included a set of questions that arose from my review of the general literature on SA and relationships. The interviews contained open-ended questions with prompts to help participants understand the questions and expand on their answers (Willig, 2013). A funnelling method was utilised when devising the interview schedule, working gradually towards the potentially more sensitive and personal questions, moving from a broader exploration of SA and SD to a more specific focus of one's own experiences of SA, and SD within friendships.

During the development of the interview schedule, it was important to 'bracket' assumptions that could have shaped the interview questions, thus shaping the responses from the participants. For example, I tried to not make assumptions that each participant would experience difficulties with SD and that it would have an impact on their friendships or that males in general wanted or needed a more meaningful friendship. Instead I tried my best to acknowledge that I held these assumptions in my mind. As I was aware if I did not try to understand and acknowledge my assumptions, the participants' subjective experiences may have been influenced. Therefore, not only did I keep a reflective journal throughout my entire research process to be transparent, as suggested by Kasket (2013), but I also utilised my supervisor and peers in my cohort. I found that discussing my interview questions with others

and getting their perspective and feedback was extremely helpful. However, what I found most helpful when bracketing my assumptions while developing my interview schedule was to take a break, and then come back to it later. I found that this enabled me to bracket my assumptions and to be willing to consider different questions that may be more open and may allow the participants to explore and expand on their own experiences better. However, it is impossible to 'bracket' all of my assumptions and biases, I am aware that I still have most likely influenced the interview questions and therefore my participants in some way.

It is interesting to note after the interviews were completed, I spent time with the participants discussing how they found the interview. None of the participants expressed any concerns with the interview and there were no signs of distress. Interestingly, the participants seemed more concerned with whether they had answered the questions 'correctly' or answered what I was "looking for." They also seemed genuinely interested in my study, expressing enthusiasm regarding the topic of socially anxious males and SD within friendships, the need for further research and exploration. Although the participants seemed to have a positive response after the interview, I did wonder if they would perhaps worry about their responses in the interviews. Therefore, I made it clear that they could contact me if they had any further questions or concerns.

Data Analysis

During data analysis, I followed the six phases of TA proposed by Braun and Clarke (2006), as seen in Table 1 above.

The first phase of analysis involved reading and transcribing each interview verbatim (Braun & Clarke, 2006). This step is crucial for familiarizing oneself with the data (Bird, 2005). All interviews were recorded on a dictaphone and then transcribed manually (see Appendix I for an example).

In phase two, the transcripts were read and re-read exhaustively, with interesting codes noted in the right-hand margin (Appendix I). Comments were noted regarding any significant thoughts or emerging points. When reading the transcriptions, I aimed to identify extracts at an explicit level (Braun & Clarke, 2006). Later, these extracts and themes would progress from description to interpretation, where broader meanings and implications would be drawn. Throughout this TA process, I tried my best to maintain Braun and Clarke's (2013) concept of 'analytic sensibility,' which involves producing insights into the data's deeper meanings and recognizing patterns that connect to broader psychological, social, or theoretical concerns.

In phase three, transcripts were read line by line and extracts of meaningful text were highlighted, with emerging codes noted in the left-hand margin (Braun & Clarke, 2006). The initial list of emerging codes, which included the line numbers, for easy location in the transcript (see Appendix J for an example), was typed and printed out. At this stage, I compared the initial lists of emerging codes and grouped similar ones in clusters. I found it helpful to print out the typed codes and physically move them around. This physical manipulation of data often felt messy and overwhelming, reflecting the subjective nature of experiences that TA and CoP aim to capture. Eventually, these clusters were developed into themes. The codes were then clustered based on their similarity (Appendix L).

During this stage, some initial codes were discarded or merged due to overlapping with other codes. The emergent codes were then compared against the research questions to ensure that only the codes that significantly contributed to the research questions were pursued. These codes were considered, and overarching themes and sub-themes were developed from the coding groups, linking the data together and meaningfully connecting back to the research questions. The themes were arranged according to the semantic content of the codes, followed by a deeper exploration of their meaning.

In phase four, a preliminary thematic map was created for each participant (see Appendix K for an example). During this phase, additional codes were discarded following the guidelines of Braun and Clarke (2006). Boyatzis (1998) describes a theme as ‘a pattern found in the information that at the minimum describes and organises possible observations or at the maximum interprets aspects of the phenomenon’ (1998, p.67). Braun and Clarke suggest that deciding on themes “is a question of prevalence, in terms both of space within each data item and of prevalence across the entire data set” (2006, p. 82). While there needs to be a number of extracts for a theme across the data set, a higher prevalence does not necessarily make the theme more important to the research. Braun and Clarke (2006) argue that there is no set rule for the proportion of data or number of themes. Prevalence should not be the deciding factor in whether to include a theme; instead, the researchers judgment determines the themes included. Braun and Clarke suggest that themes should capture “something important in relation to the overall research question” (2006, p. 82). However, it is important to note that for the current research, prevalence was considered in terms of how many participants expressed similar experiences, and themes and subthemes were not created from quotes of just one or two participants.

Following this stage, themes were further reviewed and enhanced. Some themes were discarded or merged together to ensure that participants’ experiences were not lost. This constant revisiting of transcripts and initial codes ensured rigour. Braun and Clarke advise that, "data within themes should cohere together meaningfully, while there should be clear and identifiable distinctions between themes." (2006, p.91). Coded extracts were re-read in the context of the theme to identify patterns. Ultimately, three main themes with three sub-themes each were identified. Themes were named based on the perceived meaning and representation of the codes. The data analysis was a recursive process, involving back-and-forth movement through all six phases (Braun & Clarke, 2006). This iterative process

allowed for a deeper understanding and refinement of the themes, ensuring the final themes were robust and well-supported by the data.

Throughout the analysis process, I maintained an open mind, revisiting the data and analysis over several weeks to ensure an iterative approach. This is important in TA to capture the nuances and meanings within the data. Additionally, I kept a reflexive journal to bracket my assumptions and increase the rigor of the research. To further ensure rigor, I had my supervisor and individuals in my cohort review each step of the process. For example, I felt the need to bracket my expectations that participants were experiencing distress or loneliness due to their SA impacting their friendships. Additionally, I needed to bracket the negative lens I had on, as I struggled to see any positive experiences the participant might share. Keeping the research question in front of me served as a constant reminder throughout the process.

Many discussions with my supervisor took place, to help decide on a meaningful way to conduct my analysis and present my results that would give justice to the unique and subjective experiences of the participants. Therefore, this represents one possible way to analyse and make sense of the participants' accounts, from my personal perspective.

Ethical Considerations

Ethical approval for this research was sought and obtained from the research ethics review panel of the psychology department at London Metropolitan University (Appendix M). Moreover, I conducted the research considering and adhering to the British Psychological Society's ethical guidelines (BPS, 2018) and the Health & Care Professions Council standards of conduct, performance, and ethics (HCPC, 2018).

Informed Consent, Confidentiality, and Data Protection

Signed consent forms were collected from all participants before the interviews, and copies of the same were provided to the participants. Each participant was informed that they

could withdraw from the study at any point during the three-week period after their interview. However, they would not be allowed to withdraw after this period, due to the difficulty of separating their individual responses from the analysis.

Furthermore, participants were told that the data collected would be summarised and anonymised and would be used for this published thesis and in other articles. Further, I guaranteed their confidentiality by removing any identifying information and giving each participant a pseudonym to ensure anonymity. The interviews were recorded using an audio recorder and were transferred to my password-protected computer, which I either kept with myself or stored in a locked room. The interview material will be retained for five years after the completion of the study, and all the data will be processed per Article 5 (e) of the General Data Protection Regulation (GDPR, 2018).

Monitoring Distress

I monitored the participants' psychological and emotional state throughout the interviews. No distress arose during the interviews; nevertheless, a distress protocol (Appendix N) was formulated and kept ready for launch if needed. Before the interviews, I assessed prospective participants' well-being based on the forms they had filled regarding PHQ-9, GAD-7, and previous psychiatric diagnoses and psychoses. Due to the sensitivity of the interviews and sharing their experiences, those who scored above 0 on the suicidality question on the PHQ-9 were excluded. These individuals were then given a list of counselling and support services. Some of the topics discussed in the interview may have induced distress; thus, for their safety, prospective participants were asked to provide information on their previous psychiatric diagnoses and psychoses. Psychotic respondents and those with symptoms of psychosis (current or past) were excluded from participation. Thus, vulnerable or at-risk individuals were not included in the study.

Research Validity

To assess the validity of my qualitative research, I followed Yardley's (2000, 2008) guidelines comprising four key elements: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance.

Sensitivity to context can be demonstrated through awareness of the relevant literature, participants' sociocultural contexts, and the social context of the relationship between the researcher and participants. I displayed sensitivity to context through being consciously informed by the existing literature on this research topic, as demonstrated in the literature review. I also stayed mindful of my own biases, which could have impacted the data collection, interview process, and findings. For example, I was aware of being a female researcher interviewing male participants. Moreover, having grown up in a medicalised setting in America, I was also conscious of the cultural differences between me and my participants.

Commitment and rigour in research relate to prolonged engagement with the study topic, development of skills, thoroughness of data collection, and in-depth analyses. I embodied these elements through conducting in-depth interviews and carefully undertaking an in-depth analysis of each transcript. Further, to ensure that the main themes and subthemes, were grounded in the data, a peer review was conducted with three fellow counselling psychologist trainees. The initial feedback indicated that my analysis lacked sufficient detail. In response, I slowed down and examined the transcripts more closely to better recognise different patterns and themes, ensuring these were linked to the data and aligned with the research questions. Subsequently, my analysis was judged to be clear and well-grounded in the data.

Transparency in qualitative research ensures that the reader can see how the themes were derived from the data. In this regard, I carried out an in-depth analysis of each

transcript. Further, following Yin's (1989) proposal, I filed all data carefully to ensure that there was an evidence trail right from the initial stage to the final report.

I also continued to show transparency by being reflexive throughout my research. I was conscious of my own experiences, which may have impacted the data collection, interviews, and analysis. During the analysis, it was important to 'bracket' assumptions that could have shaped how I understood the participants' accounts. I thus maintained a reflective journal (see Appendix O for extracts from the reflexive diary) to be transparent in the process identify themes, as suggested by Kasket (2013). There were times during this process when I noticed myself becoming caught up in my own expectations of this study. For example, I needed to bracket my assumption that the interviewed males were experiencing distress or loneliness due to their SA impacting their friendships and that they wanted to self-disclose these feelings to create more meaningful friendships. Moreover, I needed to bracket my expectation that socially anxious males have been overlooked in research, which I view as unjust.

Lastly, the element of impact and importance requires all research to generate knowledge that is useful. I hope that the findings and knowledge from this research fill the gap in the literature and influence how practitioners engage with socially anxious university males and SD amongst friendships. Furthermore, I hope the information gained from this research opens up future research avenues and adds value to the way SA and SD is understood and modelled.

Analysis and Results

In this chapter, I will present the findings that emerged from the in-depth analysis of six semi-structured interview transcripts. Analysis of the transcripts highlights the challenges that socially anxious university males experience when self-disclosing within friendships and identifies their therapeutic and counselling needs. Three main themes and nine sub-themes

were constructed from the analysis. The relevant quotes presented were selected due to how effectively they captured the themes' unique meaning. The summary of these main themes and their subthemes and appropriate extracts can be found in Table 3.

It is important to note, that many discussions took place with my supervisor and peers to choose a meaningful way to construct my main table of themes, in a way that would give justice to the participants' experience. Therefore, the current organisation of my main table of themes and the ensuing results section represents one of the many ways in which the data could have been processed.

I am aware the results may portray a particularly negative perspective of the participants experience. It is important to note that during my analysis I decided to focus on themes that I felt, as a researcher were more insightful. I understand another researcher, may have decided to focus on other themes. Several conversations with my supervisor, peers, and colleagues took place when constructing my main table of themes, to try and present my themes in a balanced and meaningful way. It is important to note, this is just one way of many the data could have been analysed.

Table 3*Summary of Themes and Sub-themes with Relevant Quotes*

Main Themes	Sub-Themes	Relevant Quotes
The irresistible force of distancing	A self-imposed trap of isolation	<i>When someone tries to get a bit more like, get to know me, again it's more deflect, deflect.'</i> Alex [669-670]
	Powerlessness over wanting to feel closeness	<i>'I just kind of sat there on the sofa being really quiet. And I really wanted to tell people like what was actually, happening in my head. Thomas [981-983]</i>
	The aftermath of not being able to feel closeness	<i>'I just don't talk to him about emotional stuff. I don't it's not even that it's not a conscious decision, I just can't do it'</i> William [519-521]
I was just constantly worried	The craving for acceptance	<i>Wanting people to like you and feeling like they wouldn't accept you if you acted like yourself.'</i> William [867-878]
	The mask we have to wear	<i>Males just don't do that... I don't know if there's this, there's still this feeling of oh I have to be tough or something. I have to deal with it myself.'</i> Jack [873-876]
	The ghost of worthlessness	<i>'If I haven't talked to some of my friends for a while, I get a bit anxious. And I start thinking about, what if I'm not as important as I was and stuff like that? So, it makes it more difficult for me to be myself or talk properly to them.'</i> Joshua [155-162]
A deep-seated fear of being hurt	The pain of self-disclosing	<i>The floodgates, honestly, it was like when you start unearthing, all these psychological problems, that you've been kind of burying for so long, um, it like the kind of feelings can get a bit more intense, and because you're talking about it doesn't mean that these problems are going to go away. That's not the case. And sometimes you can actually find problems that you didn't really know where there because they were buried down so deeply.'</i> – Thomas [1206-1214]
	Automatic mistrust of others	<i>I don't want to disclose everything...I'd say cuz because I vet people. You never know, someone might end up using it against you.'</i> – Alex [800-802]
	Fear, avoidance, and loss of uncertainty	<i>'A lot of the times the people obviously will make you very happy, of course, there's always the potential for that sort of flipside (Trevor, p.22, 606-609).</i>

Main Theme One: The Irresistible Force of Distancing

Theme One highlights the participants' experience of being distant from their friends. It contains three sub-themes: a self-imposed trap of isolation, powerlessness over wanting to feel closeness, and the aftermath of not being able to feel closeness.

Subtheme One: Self-imposed Trap of Isolation

In this sub-theme, the participants discussed some of the implications they experienced from SA and from not self-disclosing to their friends. In general, the participants appeared to have a strong emotional responses to these implications. For example, William expressed:

But obviously [not disclosing] you just kind of feel lonely, right?

(William, p. 34, 966–967).

William described feelings of loneliness due to not being able to self-disclose, therefore, implying a sense of being lonely due to not self-disclosing. During the interview, his voice dropped a little lower, and he spoke more slowly when describing his experience with loneliness. This could be understood as the participant experiencing a sense of sadness and loneliness, possibly due to the consequences of not self-disclosing.

A similar experience was shared by Alex:

When someone tries to get a bit more, like, get to know me, again, it's more deflect,

deflect. (Alex, p. 24, 669-670).

Alex explained what happens when he perceives that others are attempting to get to know him. The words “deflect, deflect” could be understood as the act of getting close to

another individual only to repel that closeness. His use of deflection may be used to protect himself from another individual's closeness, which could point to the presence of fear.

Alex's experience could be understood as a "push and pull" mechanism of wanting closeness but experiencing distance, as he deflects, a mechanism that may keep Alex stuck in what appears to be a self-imposed trap. This self-imposed trap could be understood as Alex choosing to be distant from others (i.e., he constantly deflects when others get close). This self-imposed trap could ultimately leave Alex alone and isolated, as he deflects anytime anyone tries to get closer to him.

Thomas expressed a similar position:

I guess I can find it pretty difficult to kind of assess what my relationships are actually like. And I think that's just because of my experiences of being so distant from people, from kind of being bullied when I was younger, by my kind of so-called friend. Um, it can be hard to understand, and what sort of behaviours are healthy and what aren't? ... Because there can be people I speak to quite often, and who I think are really nice, and I have really good conversations with and get along with, but I still have these kinds of emotional barriers, um, towards them. (Thomas, pp. 16–17, 489–501)

Thomas addressed the difficulty he experienced when attempting to understand his relationships and how he tended to be distant from others due to not understanding healthy behaviours in friendships. Thomas recognised the distance between himself and others, describing emotional barriers that keep him at a distance from others. This dynamic possibly created a sense of isolation, loneliness, and confusion. As he finds it difficult to understand healthy behaviours, evaluate his currently relationships, and seems to always have a barrier between himself and others. Thus, Thomas possibly chose to keep himself distant from others

(i.e., emotional barriers) while also feeling possibly lonely that he was not able to have the relationships he desired. As there are “nice” people he has “good conversations” with, yet he still employs these emotional barriers. Therefore, he was unable to break away from the self-imposed trap of being distant from others.

Jack similarly described a sense of being distant from others:

Yeah, I think I think I'd really like that. I've never really had, like, close friendships. I still feel it's been superficial. I don't know if I'm expecting too much or anything, but I know, it feels as though I have never really had that close friend or someone I can call a best friend. (Jack, p. 17, 798–803).

Jack's description of all his friendships as being “superficial” suggested a lack of depth and breadth in his friendships. He shared that he had never had a best friend or any close friendships. Jack's experience of never having a close friend seems important, as this could be a sign of him feeling distant from others, as he has never had a close friend or someone to call a best friend, and all his friendships feel superficial to him.

A sense of melancholy permeated Jack's words when describing his lack of close friendships, as he began to speak softer, slower, and in a low voice. I also notice when he was describing his lack of close friendships, he tended to look away from the camera and off to the side or down at his hands. This possibly suggested a longing to experience closeness. He also seemed disappointment in himself, as he may be “expecting too much” from friendships. This emphasised his desire to cultivate deeper friendships, illustrating the “push and pull” mechanism of wanting closeness but experiencing distance. Jack's words ‘yeah, I think, I

think I'd really like that' is a response to wanting deeper friendships, which may suggest he feels as though he is missing something, by not having someone he can call a best friend.

In contrast, Joshua and Trevor had different experiences of being distant from others:

I like to do things myself, so like, I mean I'm talking about, like, I don't really go out of my way to seek help from people. (Joshua, p. 10, 297–299.)

But yeah, I can confide in people, but I choose not to unless I have to about certain things. (Trevor, p. 31, 876–877)

Both Joshua and Trevor seemed to experience a strong urge to be emotionally self-reliant rather than relying on others or needing to confide in others.

Joshua expressed that he does not seek help from others, as instead he prefers to do things himself. This idea of preferring to do things himself, may highlight that Joshua values his ability to be independent and rely on himself. Joshua goes on to describe how he does not 'really go out of' his way to 'seek help from people.' He uses the word 'really' which could suggest that he is able to ask others for help, however, possibly his value of being self-reliant or independent, is very important to him. It seems Joshua values his ability to make his own choices.

Furthermore, Trevor alluded something similar to Joshua. Trevor described the ability to self-disclose to others, but choosing not to unless he has to. His statement "I choose not to unless I have to" implies that he would rather not have to rely on others and instead possibly his values of being independent or self-reliant are very important to him. Furthermore, Trevor

described he knows he has a choice when it comes to self-disclosing (e.g., *I choose not*), he knows he can choose to self-disclose to others or choose not to, ultimately it is his choice.

Subtheme Two: Powerlessness Over Wanting to Feel Closeness

The participants appeared to be “trapped”, finding it difficult to break away from this cycle. The difficulty was encapsulated in the sense of powerlessness to feel closeness.

Thomas explained his desire to express to his friends how he feels:

I just kind of sat there on the sofa, being really quiet. And I really wanted to tell people, like, what was actually happening in my head. (Thomas, p. 32, 981–983)

Thomas described being unable to self-disclose his feelings in a social context (at his university house with his flatmates) despite desiring to do so. He indicated his desire to self-disclose, as he really wanted to tell his friends what was going on internally. However, he was unable to get the words, emotions, or thoughts out of his head, which could be understood as Thomas being stuck in the trap, as instead of expressing himself he sat on the sofa quietly. He wanted to get out but had no voice to be heard, no key to open the door. His phrase “I really wanted to tell [...]” possibly suggested disappointment and perhaps a sense of frustration and helplessness, as even though he wanted to self-disclose, something prevented him.

Alex voiced a similar experience:

I tried to become more of, I guess, the dominant figure in the group. Because I was so desperate to break out of this, this funk, I guess, of always not getting involved in stuff

or doing stuff because I'm too scared. ... Um, I then sort of went the wrong way, in the other direction. ... I don't think it's leaders and followers, but I tried to be that guy that did everything. I was like, we should do this, you know, I'm booking this, let's do this. And it was, it probably had a negative effect, because I was then desperate to try not to appear socially anxious; I was pushing people away. (Alex, p. 22, 615–626)

Alex described how his friendship dynamics began to shift after going to university. Instead of being a follower in the group, he assumed a more dominant role in the group due to his desire to be more involved rather than being scared all the time. Alex's repetition of the word "desperate" emphasised the distress he experienced within his friendships and how trapped he felt as a "follower" in the group. This experience possibly created an internal conflict as he attempted to fight against his SA ("I was then desperate to try not to appear socially anxious"); however, the harder he tried not to appear socially anxious to others, the more he was "pushing people away".

Therefore, he was possibly equally dissatisfied in the end, as he did not think friendships should be 'leaders and followers.' However, it appeared he was still getting stuck in those dynamics of either being a follower and 'always not getting involved in stuff or doing stuff because I'm too scared' or becoming more a leader which had a 'negative effect' because he was then 'desperate to try not to appear socially anxious' and 'was pushing people away.' For Alex, it seems he was trying his best to find the balance instead of the extremes of between being socially anxious, while also trying to not let it impact his friendships.

William also expressed a similar feeling of being left powerless and alone:

I find it exhausting because that's what I do all the time [deflect]. But I want to not do it in certain situations. ... I want to be able to turn it off for a while, take a break from that and ... allow yourself to take yourself seriously for a moment. (William, p. 21 596–604)

William described feeling exhausted as he redirected focus away from him, even when he did not want to in certain situations. He wanted to self-disclose and allow himself to be more intimate; however, he felt stuck, and his constant struggle of deflecting but not wanting to deflect, left him feeling drained, as he wanted “take a break from that”. William was left exhausted and frustrated by his experience, as he wants to be able to ‘take a break’ and ‘turn it off for a while.’ But for William, it seems for some reason he is unable to ‘take a break’ and ‘turn it off for a while’ instead he continuous to deflect, even if he may not want too.

Jack described similar feelings of conflict and powerlessness:

It was a harsh reality. It wasn't something I liked [being called a chameleon]. ... Although I find it easier to fade into the background. I don't really want to do that. I want to be able to express myself in conversations and, like, show people who I am. ... But I think it's easier not to. (Jack, p. 13 375–379)

Jack was reflecting on a social interaction in which someone referred to him as a chameleon who fades into the background and never expresses himself in conversation. Jack found this to be a “harsh reality” and not something he liked to hear. He wanted to be able to

express himself in conversations, but something seemed to get in the way, as he found it easier not to.

His sentence “I think it’s easier not to” suggests the enormity of the task of self-expression and SD. During this part of the interview, I noticed his voice become slower, lower, and softer, perhaps indicating a sense of sadness at the situation in which he found himself. For Jack, something seems to stop him from self-disclosing or expressing himself, as he stated he does not want to be a chameleon, he wants to be something else, but possibly it seems too difficult. This may have left him feeling worse about himself and his situation, resulting in his keeping to himself. Thus, he is trapped in a cage that is difficult to escape.

Conversely, Joshua described what happened when he managed, even if rarely, to connect with others:

I think that part about opening up too easily is because maybe I am not as outgoing with people as I would want to be. So I’m only getting that connection with a few people. So when I get that connection, I kind of overinvest. (Joshua, p. 15, 455–459)

Joshua spoke about how he only receives this sense of connection with a few people; therefore, when he achieve another connection, he tended to open up quickly and over-invest. For Joshua, the statement “I am not as outgoing with people as I would want to be” highlighted how the way he wanted to be and the way he was did not seem to align. Like other participants, Joshua appeared to find it difficult to self-disclose and connect with others, therefore not obtaining the connection that he desired and needed.

When Joshua “gets that connection”, he seems to “overinvest”, or open up “too easily”, as he normally is “not as outgoing” as he would like to be. Joshua may have

overextended when he felt a connection to hold onto that connection for as long as possible to feel a sense of satisfaction.

Subtheme Three: The Aftermath of Not Being Able to Feel Closeness

This sub-theme discusses the consequences of not being able to self-disclose. It focuses on the feelings experienced by the participants as a result of giving up on their attempts and thus giving in to the inevitable distancing from others.

Thomas described his difficulties:

I don't know; I suppose there's a lot of things I'm just not comfortable talking about, um, but I think that will probably always be the case. (Thomas, p. 40, 1217–1219)

Thomas described the difficulty he experienced with SD and how it seemed definite for him. The words “that will probably always be the case” suggest that he felt that things would never change for him or were unlikely to change for him. These feelings of definite or things being unchangeable are similar to the physical experience of wading through mud, which makes an individual feel stuck, immovable, and isolated.

For Thomas, not being able to self-disclose and possibly giving in to the foreseeable distance he might always experience (i.e., not being comfortable to talk about things) possibly leaves him feeling frustrated and hopeless, as his view is he will never be comfortable talking about things and that will always be the case. For Thomas, he does not see another path, and instead see the future as definite or unchangeable .

Likewise, Trevor articulated hopelessness regarding SD:

I'm reluctant to say anything, because I feel like the answer will be either, you know, just sort of yes, man ... or yeah, it is awful. As opposed to a solution, which is kind of what I am after, which obviously, I know not everybody has, including myself.

(Trevor, p. 29, 812–816)

Trevor described his unwillingness to self-disclose to friends. He was concerned with how others would respond to his SD. He used the word “reluctant” to convey his hesitance to self-disclose, as he believed no one (including himself) would have a solution, which is what he is after. Instead if he self-disclosed his friends would just give superficial or unhelpful responses of ‘yes man’ or ‘yeah that’s awful.’ Therefore, he wondered about the purpose of self-disclosing, as he does not feel like he will get what he wants from self-disclosing.

Jack also reflected on the sense of helplessness he felt after not experiencing closeness:

Without social anxiety ... I'd be more open towards disclosing. ... Like during the conversation, I know how people say to focus on the other person. But then I focus on them. ... But then, after a while, they're done with what they are saying. ... Then they kind of look to me to say something. And I don't have really anything to say. ... So, I think, you know, so social anxiety, and thinking like that has definitely held me back a

lot. (Jack, p. 18, 571–583)

Jack believed SA was the reason for his lack of SD. He felt that he would be more likely to engage in SD without SA, as SA has held him back a lot.

Without social anxiety he may more open towards self-disclosing to others, which would then allow him to cultivate friendships.

Jack conveyed a sense of helplessness and defeat in his words, as he described “not having anything to say” when in a conversation with friends. This may have suggested a sense of giving up and giving in to the belief that he was unable to self-disclose due to SA, thus possibly igniting the distance he feels with others, as others will ‘look at him’ and he will not have ‘anything to say.’ This then causes him to feel ‘held back’ in terms of developing friendships. This further illustrated the helplessness he experienced; if only he did not have SA, things would be different, better.

William reflected on the aftermath of experiencing a conflict between wanting to feel closeness and not being able to:

I just don't talk to him about emotional stuff. I don't, I don't, it's not even that it's not a conscious decision, I just can't do it. (William, p.19, 519–521)

William described the difficulty he experienced with self-expression and SD with one of his close friends. The words “I just can't do it” indicate his belief that he might not ever be able to discuss emotional “stuff”. This highlights the cycle in which he gets stuck: wanting to self-disclose and feel closeness while feeling he will not ever be able to do so, as if having a handicap. For William, he feels as though his difficulty with self-disclosing emotional content, is not even his choice anymore, as it is not a conscious decision. Possibly leading him to feel as though it is out of his control, and this is something he just cannot do or change.

Joshua spoke of some consequences he experienced due to over-investing with others who show him a connection:

I kind of blindside myself; I don't really see the negative. So, if something negative happens ... then I kinda start overthinking a lot and kind of doubt my own judgements. (Joshua, p.14, 442–445).

Joshua described the impact of self-disclosing quickly when he felt a connection with another individual. He stated that this led him to ignore any negative qualities about the person, for example, an uninterested facial expression, abuse of trust, lack of validation or support after self-disclosing, or questions regarding what he has self-disclosed. Joshua avoided noticing these negative qualities to satisfy his desire to feel a connection, ultimately leaving him feeling 'blinded sided.'

However, this overlook of the negative qualities of others left him doubting his own judgements. Thus, he seemed stuck in the cycle of disclosing quickly with others, ignoring any negative qualities, getting hurt, and then blaming himself for the misstep. Self-blaming may be a powerful maintenance mechanism for convincing him that it is better to not self-disclose and connect with others at all.

Main Theme Two: I Was Just Constantly Worried

This theme explores the different elements that play a role in the participants' ability to disclose within friendships. It contains three subthemes: the craving for acceptance, the mask we have to wear, and the ghost of worthlessness. These will be explored below.

Subtheme One: The Craving for Acceptance

In this sub-theme, the participants discussed some of the emotional responses they experienced due to their desire to be part of the group and the impact this may have had on SD. Joshua expresses this in the following excerpt:

It would be overthinking about being accepted ... like, for example, if you're cracking a joke with a friend, and nobody laughs, so that's something in the back of your mind. ... I shouldn't have done that. (Joshua, p.10, 288–291)

According to Joshua, he engages in overthinking about being accepted during social engagements, for example, questioning the things he says and watching for how his friends respond. Thus, Joshua possesses a sense of wanting to belong and be accepted. He describes “overthinking about being accepted.”

He used the phrase “I shouldn't have done that” to emphasise the idea that he had done something “wrong” that could result in him being outcast by the group. His fear of rejection seemed to be linked to a need for acceptance and belonging. It seems as though for Joshua the idea of being accepted by his friends was constantly in the back of his mind. As he was constantly overthinking about being accepted, but also constantly on guard of doing something ‘wrong.’

Likewise, Thomas reflected on his experience of wanting to be accepted:

I wouldn't disclose how ... the way they spoke to me made me feel insecure, for example, because that would cause such a problem in the house; it would cause so many arguments; I would feel like shit. I feel anxious because I've got something out in the open that ordinarily, I would try to hide away. And you know that upsets social boundaries that already exist, because now it's like, well, how do I interact with them? Now, this piece of information is out there; this changes everything.

(Thomas, pp.41–42, 1257–1265)

Thomas explained that he would not self-disclose to his friends with whom he lives with because he feared the implications of doing so, for example, causing conflict or arguments with others.

He used the phrase “now this piece of information is out there; this changes everything” which illustrates a massive sense of worry. Thomas believed he had to “hide away” his thoughts or emotions or else he would not know how to interact with them afterwards. He was worried that if he self-disclosed it would change the “social boundaries” amongst himself and the group. Thus, these “social boundaries” that Thomas felt he has to follow are linked to what he believed was acceptable and not acceptable, and therefore, he considered self-disclosing unacceptable. Furthermore, his statement illustrated his desire to belong even if it meant putting his emotional needs aside. This leads to the question of whether the sense of belonging or suppressing his emotions have more impact on Thomas.

Alex voiced a similar position:

I'm so worried about expressing my opinion. ... they might stop talking to me.

(Alex, p. 22, 606–608)

Alex described the worry he experienced about self-disclosing to friends and the subsequent consequences. He was worried that if he self-disclosed the dynamic of his friendships would be altered: his friends would stop talking to him, and he would be left alone. Keeping his thoughts, emotions, and opinions to himself may have appeared to be the best option because it was a place of safety. Although Alex felt distant from his friends due to the lack of SD, at least he was accepted by the group and receiving some fulfilment.

A similar experience was shared by Jack:

If I was to [disclose], just change their whole view of me. And that is, that just terrifies me because I didn't know if they'll still like me afterwards, or whether they want to be my friend. So I think it's very hard. (Jack, p.27, 819–825).

Jack addressed the fear he experienced with self-disclosing and the fear that he may not be liked by his friends after he self-disclosed. He worried that if he were to self-disclose, it would “change their whole view of me”. This indicated that expressing what is going on internally for him, would rupture the current dynamic Jack has with his friends, as they would see Jack differently, possibly not like him anymore, or want to be his friend. Thus, Jack, like the other participants, would rather be part of the group and feel that sense of belonging, even if it means not expressing themselves. Perhaps, for Jack, being accepted is a more powerful force than expressing himself, even if it leaves him feeling alone.. He uses the phrase “I think it's very hard” to signify a state of uncertainty; he wants to self-disclose and feel that closeness, but he is fearful it will lead to him being even more alone, as his friends will not want to be his friend anymore.

William also described the desire to be accepted:

Wanting people to like you and feeling like they wouldn't accept you if you acted like yourself. (William, p .31, 867–878)

William addressed the belief that if he were to show people his true self, with self-expression and SD, then he would not be accepted. The fear of rejection and the desire for

acceptance are apparent in his words “they wouldn’t accept you if you acted like yourself”. This phrase illustrates his belief that if he expressed himself, he would be outcast from the group. This not being “liked” or “accepted” would be devastating for him. Thus, he made a compromise: avoiding what he imagines would be this deep rejection by choosing not to get any closer. However, this ultimately leaves him frustrated, an experience similar to that of Alex, which was expressed above.

Subtheme Two: The Mask We Have to Wear

This sub-theme explores the participants’ experience of “fitting in” and how it can impact their ability to self-disclose with their friends. Trevor demonstrated this in the following excerpt:

If I meet up with friends, generally speaking, I'd rather go in like a group ... because then there's someone to sort of bounce off, you know, and actually, if you're not talking, then they'll start talking about something. It almost, it gives you, like, a cover ... and there are some things I would worry about doing for sort of fear of embarrassment or saying something wrong. (Trevor, pp.6–7, 168–176)

Trevor described the discomfort he felt when meeting with friends one-to-one. He preferred to meet with friends in a group to ease his discomfort and fear of saying something wrong. Trevor talked about being able to use the group as his “cover”, implying that without the group he would be forced to show who he truly was, to “expose” himself, to start a conversation, to take “risks”. These risks would result in him “saying something wrong” or “embarrassing”—a risk he was not willing to take. Perhaps Trevor was embarrassed or fearful to show who he truly was or saying the wrong thing, and possibly risking his friends’

not accepting him. The group appeared to be his mask or cover, where he was able to “fit in” and be accepted; without the group, he would be exposed.

Interestingly, Thomas felt as though he did not fit in with others:

Socially, what you're taught to be like ... you're kind of supposed to be, and I suppose how do you define masculinity, and then assertiveness, you know, to an extent aggressive, but that's never been me. You have a bit of an identity crisis ... everyone is trying to kind of work out what their identity is. And that, for me anyways, it was like, well, I don't really align with this kind of traditional idea of what it means to be a man. Um, so that definitely caused a lot of anxiety when I was younger. Especially at the start of uni. (Thomas, p.6, 167–174)

Thomas discussed what he was taught about being a man and masculinity, and the impact this had on him (e.g., ‘caused a lot of anxiety’), as he felt he did not align with those traditional ideals. This indicated feelings of being a misfit and experiencing ‘a bit of an identity crisis.’. Thomas’s difficulty in expressing himself could be understood as follows: if others discovered he was different from the traditional ideals of what it means to be a man, they would not accept him, as socially men are taught how they are supposed to behave, and he does not align with these traditional ideals. This difficulty could be understood as a coping mechanism in which a façade is needed to interact with others in an attempt to avoid rejection.

Thomas used the phrase “I don’t really align with this kind of traditional idea of what it means to be a man”, implying the pressure he had experienced, as he has ‘socially been taught’ how he is ‘supposed to be’. He mentioned trying to figure out his “identity”, which

illustrates the important role that masculinity plays in his identity. Thus, Thomas may have felt as though he was expected to act as a traditional male, and since he did not he experienced ‘a lot of anxiety.’

A similar view was expressed by Jack:

“Males just don’t do that. ... I don’t know if there’s this, there’s still this feeling of, oh, I have to be tough or something. I have to deal with it myself. ... It shouldn’t be like that. It should be that anyone should be able to express or say what they want.

(Jack, p.29, 873–878)

Jack voiced his belief regarding what is acceptable and unacceptable behaviour for a man based on what he was taught. He used the phrase “males just don’t do that”, which hinted at the traditional expectations he experienced as a male. He further explained the pressure he felt to conform as a male, having to be “tough” and to “deal with it myself”. For Jack, there seemed to be an expectation of how he should and should not be as a male, which further pushed him away from self-disclosing and from being his true self (as males just don’t do that). The expectations Jack felt as a male also illustrate how masculinity was an important component of his identity and of what he thinks he is expected to be like.

He used the phrase “anyone should be able to express or say what they want”, which illustrated the conflict he experienced between wanting to self-disclose but fearing rejection if he did not meet the expectations he perceived that males should meet. Thus, he put on a mask of being tough and not needing to self-disclose to fit in with societal pressure.

Similarly, Alex described how he attempted to fit in:

I really struggled with the idea of meeting, especially with groups of people, putting myself in a situation where, umm, I had to, I guess, I put on a show in a way of who I was. Umm, I was really worried of how people would sort of react to even the smallest things that I would do. ... I think anything, which I felt I could be judged on, I felt people would judge me on. (Alex, p. 2, 48–55)

Alex spoke of the struggle he experienced when meeting with a group of people and the worry of how they would react to anything he would do or say. He described “putting on a show”, implying putting on a mask in front of others. Thus, Alex may feel he has to live up to certain expectations that he perceives others have of him, as he is constantly worried how others will react to him. If he does not “put on this show” of whom he is supposed to be, then others will “judge” him. This arguably does not allow him to express himself but rather pushes him further away from his true self. Instead of Alex being his authentic self he “put on a show” of who he was, to make sure others did not judge him.

William voiced a similar experience:

I find it really hard to open up to people; I think is basically the same thing. I think honestly, my problem was maybe performance is just a symptom. I think my problem is mostly just wanting to really keep up with people's expectations. So yeah, so you have, like, an image of basically being, I don't know, this calm, safe, self-sustaining kind of person, and then it's hard for you to get out of that situation, to this situation, partly because you don't want to because that's what people think you are and that's

how you act. And you don't want to disappoint them; you're kind of afraid that you're going to annoy people. (William, p.17, 471–487)

William described the difficulty he experienced when opening up to people due to feeling the need to “keep up with people’s expectations” and the consequences if he does not meet those expectations. William held the belief that people view him in a certain light, which are seen in his words ‘so you have, like, an image of basically being, I don’t know, this calm, safe, self-sustaining kind of person, and then it’s hard for you to get out of that situation.’ This then forced him to behave in a certain way to avoid disappointing others and risking that they would not accept him. This illustrates the mask he wears.

According to William, he has to show others he is a “calm, safe, and self-sustaining” person. However, he does not believe he encapsulates any of these qualities, as he is not able to “get out” of pretending to be this person. He is frustrated that he is not able to self-disclose and be his authentic self. William indicated an internal conflict between wanting to shed his mask and worrying about what the consequences would be if he does. For William, wearing the mask everyone expects him to wear is safer than revealing his vulnerabilities and true self. This belief seemed to push him further away from self-disclosing and connecting with his friends on a deeper and more meaningful level.

In contrast, Joshua stated:

I mean, not opening up would be bottling up for me. And I know that isn't healthy for me. So, I will try my best to keep myself healthy. And, of course, it can backfire. Of course, everything can backfire. But that is the first step. I think I try to do where I mean, be a part of being myself. And being authentic is not keeping stuff to myself.

People should want you to be yourself; people should know who you are, but the right people. (Joshua, p. 22, 673–680)

Joshua describes how if he were to not self-disclose to his friends then that would mean he would keep all his emotions and thoughts to himself. He uses the phrase ‘bottling up’ which refers to suppressing your innermost feelings. Joshua goes on to express that he understands by keeping his inner most feelings to himself is not healthy for him, therefore he does his best to self-disclose his thoughts and feelings to others. This is an interesting concept as instead of trying to put on a ‘mask’ and ‘fit in’ with others, Joshua instead attempts to possibly face his fears and show his true self (including his innermost feelings). He seems to understand and accept that there might be consequences to this, as he states this could ‘backfire.’

According to Joshua, friends should know an individual’s authentic self and should want that person to be themselves. He believed that there are instances in which people can show “who you are”, but only the ‘right people.’ However, he also describes that trying to self-disclose and be yourself is ‘the first step.’ This could be understood as Joshua experiencing some apprehension or fear when self-disclosing and showing his authentic self (as it could backfire), there is another side to him, that understands by hiding your innermost self, you are only harming yourself. It appears Joshua chooses to take the first step and try his best to not hide his innermost self, despite the possible consequences.

Subtheme Three: The Ghost of Worthlessness

This subtheme discusses the lack of self-belief or self-worth the participants’ experienced, as well as the impact this has on SD. Jack described this as follows:

I always felt kind of like a ghost in the conversation because I wasn't able to, um, impose myself as much as I would like to. Um, I don't know why. But I think, I don't know, it's just me thinking whether, um, do I have something worthwhile to say. (Jack, pp.3-4, 91–95)

According to Jack, during conversations with friends, he feels as though he is invisible or possibly not present, as he never adds anything to the conversation due to feeling that his thoughts are not valuable. Jack uses the word “ghost” to possibly illustrate that he does not feel as though he is noticed by other people.

He believes he has nothing “worthwhile to say.” This sense of unworthy possibly transforms him into a ghost who might desire contact with others but simply lacks the basic physical requirements to achieve this, as if, like a ghost, he lacks a physical body or a voice to be heard. Perhaps just like a ghost this sense of having nothing worthy to say follow Jack around, impacting his ability to self-disclose to others.

Alex shared a similar position:

[if I self-disclosed] I'll just be laughed at because I haven't got anything valuable to bring. (Alex, p.7, 197–199)

Alex voiced his fear that his friends would laugh at him if he did self-disclose, as he was convinced that anything he said was not important or valuable. Alex described how he believed his friends would “laugh” at him for possibly SD. Thus possibly confirming some fear of his. This idea that he does not bring anything ‘valuable’ to his friendships or the

conversations arguably highlights a lack of self-esteem and self-worth, which ultimately holds him back from self-disclosing.

Likewise, Thomas shared the worry that others would judge him:

[A] Key aspect to what my social anxiety is about. Um it's complicated... I think there's kind of things that I haven't even explored before... difficulties in getting close to people because of trust issue. Probably difficulty in just meeting new people. And another part of that, as well as that I think this is quite typical, as well. It's just, um, kind of constantly fretting about being worried about what people are thinking and sort of being judged. that's an interesting one, because I do feel like quite a confident person, you know, but if you put me in the wrong situation, it's not our mindset completely flips, and I can kind of bound between, like happy and sad or anxious and confident. But kind of feeling a little unstable around new people is definitely one of those. (Thomas, p.4, 105–121)

Thomas described his difficulty getting close to people and meeting people, due to difficulty with trust, constantly being worried about how others perceived him, and continuously being worried if he was being judged by others. He spoke about being consciously aware that he carried around this worry, which possibly aids in the difficulty of meeting new people.

However, Thomas goes on to express how he does feel like a confident and happy person. However, there are certain situations where his confidence seems to be stripped away from him, and he flips and possibly becomes insecure, sad, and anxious. When he is put into a situation where he has to meet new people, he notices himself flipping between the

stable, happy, and confident version of himself, to an anxious and unstable version of himself, as he does not want others to judge him.

Similarly, Williams stated that he gained his self-esteem almost entirely from other people:

Honestly, my problem was that I'm going to, I kind of take my self-esteem completely from outside factors. And so, if people don't give me like, the, like, validation for certain things that are important to me, or that I think are important parts of myself, which, again, I completely take from other people, then I think it would kind of, I would have to rethink how I view myself, which doesn't have to be a bad thing, but it's an exhausting thing to do. (William, pp. 35–36, 1003–1014)

According to William, his self-esteem seems to come almost entirely from outside factors, such as his friends' giving him validation. If he were not to receive this validation, he would have to re-think how he views himself. Thus, he has learned that his fundamental sense of self-worth comes not from within but from others, and so he constantly seeks others' approval or attention. William also described having to rethink how he views himself as a possible consequence of not getting validation from others. He described this does not have to be a bad thing, but for William it would be an exhausting thing. For William, seeking validation and self-worth from others seems easier and less exhausting than having to look inward.

Joshua described being fearful of not being important to his friends:

If I haven't talked to some of my friends for a while, I get a bit anxious. And I start thinking about, what if I'm not as important as I was and stuff like that? So, it makes it more difficult for me to be myself or talk properly to them. (Joshua, pp. 5–6, 155–162)

Joshua described experiencing anxiety when he had not spoken to his friends for a while. This anxiety led him to question his importance to his friends, which then made it more difficult for him to engage in self-expression or SD. Thus, he seems to experience self-doubt and low self-esteem if he is not in constant contact with his friends. He perceives the lack of contact as implying a lack of interest or negative perception from others, which prompts him to take a defensive position and not self-disclose. However, he equally desires further contact, which is made less possible by not self-disclosing or seeking others.

For Joshua, any distance from his friends seems to spark a belief that he is unimportant, or possibly that his friends will forget about him, which intensifies his anxiety. Thus, his sense of importance is aligned with the frequency of social contacts, as if that were the measure of his self-worth. This view of his being unimportant or forgotten about traps him and pushes him further away from SD.

Main Theme Three: A Deep-Seated Fear of Being Hurt

This theme explores the participants' instinctive fear of being hurt by others, the participants' thoughts and feelings when self-disclosing, and how this possibly impacts their ability to self-disclose in their friendships. The theme contains three subthemes: the pain of self-disclosing, automatic mistrust of others, and fear, avoidance, and loss of control. All these will be explored in detail below.

Subtheme One: The Pain of Self-Disclosing

This sub-theme explores the risk the participants believe they take if they self-disclose, as well as the painful consequences that may come with that risk. Thomas described this in the following excerpt:

The floodgates, honestly, it was like when you start unearthing all these psychological problems that you've been kind of burying for so long, um, it's like the kind of feelings can get a bit more intense, and because you're talking about it doesn't mean that these problems are going to go away. That's not the case. And sometimes you can actually find problems that you didn't really know were there because they were buried down so deeply. (Thomas p. 40, 1206–1214)

Thomas expressed the difficulty of self-disclosing and the consequences he may experience. He used the word “floodgate”, indicating that not self-disclosing may act as a barrier for his emotions and thoughts; the moment he self-discloses to someone, he risks opening up the “floodgates”. Perhaps when this happens, his repressed emotions and thoughts, that have been buried down so deeply, will overwhelm him as he is forced to experience them all in one moment. Furthermore, once the floodgates are open, he may feel he is unable to close them, as the flood is too powerful. Thus, he does not self-disclose to avoid drowning in his own emotions and thoughts. This becomes a vicious cycle he is unable to escape.

Thomas also seems to be concerned with the idea, that even though you may self-disclose to others about psychological problems, it does not mean these difficulties will go away. Instead these feelings can become more intense, or maybe you will even find other problems you did not know were there in the first place.

Alex described a similar position:

I definitely think as I started to become more anxious about myself, that definitely started to become more of a thing. Umm, if I'd agreed to see someone outside of school, umm, I would start to worry ... when I started to get more friends ... I start to panic that they will just try to trick me, So, they could pull some prank on me and stuff like that. A bit of paranoia, I would start to be worried about, you know, why are they trying to be my friend ... Umm I definitely definitely started to get more and more worked up before this situation than in the situation.. (Alex, p. 5, 133–155)

Alex addressed the uncomfortable emotions and thoughts he experienced when others try to get closer to him. When others attempted to get close to him or try to include him it elicited an intense feeling of worry—almost paranoia—that others might be tricking him or wanting to pull a prank on him. He experiences an overwhelming thought of “why are they trying to be my friend”. Perhaps he does not understand why anyone would want to be his friend, which elicits uncomfortable thoughts and emotions.

When others want to be Alex's friend, he questions his worth, value, and what he brings to the friendships, as he does not understand why others want his friendship. Instead his mind seems to go to worst case that they do not want to be his friend, instead they want to prank him. These thoughts and emotions are uncomfortable and seem to cause Alex to become more anxious before the social situation and possible during the social situation as well.

William and Joshua expressed similar experiences regarding the painful emotions they experience when trying to self-disclose:

I'm scared, basically, of disappointing people and showing them that their standard for me is not correct. (William, p.9, 245–246)

I mean, the fear, I think would be like obviously, the fear of rejection. (Joshua, p.6, 189–190)

Both William and Joshua described the fear of not being good enough, of “disappointing” others, and ultimately of being rejected or having others be disappointed with them. This fear, which seemed unbearable to them, held them back from self-disclosing. They would rather avoid self-disclosing and keep all their emotions and thoughts bottled up than experience the pain and discomfort that might come with self-disclosing. For both of them, self-disclosing is a painful and uncomfortable experience; others may see their true selves in a negative light. Thus, William and Joshua avoid SD at all costs.

In the next passage, Jack described a similar experience:

I haven't spoken to them in over a year ... the longer it drags out, I think, oh, should I call them? Or should I text them? Um, you know, I'm always thinking that, you know, are they, do they still want to be my friend? I think, um, were they, my friends, in the first place? Um, I get, I think that's stopping me from maintaining friendships. (Jack, p.19, 560–566)

Jack expressed the thoughts and emotions he experienced due to not speaking to his friends for over a year. The longer he goes without contact, the stronger those emotions and thoughts become, for example, should I contact them or were they really my friends? Perhaps Jack wished to feel wanted and needed by his friends, for example, wanting them to call or text him. Perhaps he used the phrase “do they still want to be my friend” to highlight the need to feel wanted and accepted. However, he experiences a sense of fear that they possibly were never his friend in the first place, which stops him from reaching out. This appears to be too great of a risk for Jack, as the consequences of self-expression seem too unknown and daunting.

Subtheme Two: Automatic Mistrust of Others

This sub-theme explores the participants’ lack of trust towards others and how this may influence their likelihood to self-disclose within friendships. Trevor expressed an example of this in the following excerpt:

Disclosing things can be a danger. ... I disclosed some rather personal stuff to him ... and there was a paranoid part of me that was like, oh, God, you know, is he gonna use that? (Trevor, pp.33-34, 947–954)

Trevor described the sense of danger he experiences when self-disclosing to friends. He assumed that by self-disclosing he was exposing himself to being hurt. He used the word “paranoid” to imply that he recognises that part of him is not being rational. However, Trevor thinks he is threatened in some way by self-disclosing personal information to his friend, as he worries if they are going to ‘use that.’ Perhaps this illustrates the fear that anyone he self-discloses to is going to betray him; therefore, it is safer not to self-disclose.

Likewise, Alex expressed a similar position:

But I think sometimes you don't want to tell everyone. You know, um it's good to speak on mental health, but at the same time, I don't want to disclose everything. ... because at the same time, I'd say I vet people. You never know, someone might end up using it against you ... I can disclose to people that I really trust. (Alex, p.28, 798–805)

For Alex, he seems to understand that self-disclosing to others is helpful, simultaneously, he does not want to self-disclose everything to everyone. Perhaps there is a balance for Alex, some things are not meant for sharing with others.

According to Alex, he does not want to self-disclose everything to his friends, as he needs to make sure he can trust them first. Perhaps there is a sense of mistrust or keeping others at a distance, as he stated his need to 'vet people' before he can self-disclose any information. Rather, he checks for authenticity or that they have met his requirements to be considered trustworthy. Alex used the phrase "you never know", portraying an image of never fully trusting someone, even after he has vetted them. Thus, Alex feels a sense of mistrust towards others and always keeps a bit of himself protected and hidden.

William explained the only time he can trust another individual:

It was easy talking to him because ... he's not going to tell anyone anything about you, it's like a therapist thing. (William, p.28, 785–786)

William discussed how "easy" it was for him to self-disclose personal information to a counsellor at school. He suggested it was easy due to the existence of a confidentiality

agreement (“like a therapist thing”). This shows the mistrust or caution he has for others, as it seems difficult for him to self-disclose personal information unless the other person is ethically bound to keep his information safe. Friendships are based off an unspoken agreement in which both parties benefit from being vulnerable while accepting the risk of this vulnerability. However, for William, it seems there is little chance to start the friendship, as he is unable to take a risk and be vulnerable with others.

Perhaps William finds it difficult to self-disclose to friends because there is not disciplinary action for leaking his personal information. This may lead him to wonder what would stop his friends from spreading his personal information and illustrates the fear of betrayal that he experiences.

Thomas explained the conflict between trusting and mistrusting others:

I must be in a position where I know that he's not going to use it against me, he's not going to gossip about me. ... But I guess that's how you know you trust someone. They show interest, and yet you know they're not vindictive. (Thomas p.38, 1151–1155).

Thomas described the necessary factors for him to trust another individual and self-disclose. He used the phrase “they show interest in you ... they’re not vindictive”, which he seems to interpret as his friends’ not being out to harm him. Consequently, in order for Thomas to be able to self-disclose he needs to be “in a position” where he can be certain his friends will not “use” his personal information against him.

Thomas also talks about trusting others. He expresses there is a balance between others not being vindictive and also showing interest in you, which seems to allow him to

trust others. Perhaps Thomas, looks for certain cues (i.e., others showing interest) that allow him to trust others and then he is able to self-disclose. It seems trust may be an important part in the ability to self-disclose.

Joshua expressed the role that others play when it comes to trust:

They misuse your trust, and they do not like, they are not whom they portray themselves to be. (Joshua, p.19, 572–576)

Joshua described how his friends had abused his trust in the past when they turned out not to be the people he thought they were. He used the phrase “they misuse your trust”, which appears to mean that individuals have betrayed him in the past. He expressed putting his trust in his friends only to find out his friends were not who they “portray themselves to be”. This indicates a sense of disappointment and of being let down by his friends. This disappointment fractured Joshua’s ability to trust anyone who gets close to him, including friends, and therefore reinforced the belief that others should not be trusted.

Jack described the impact of trusting another person:

I’ve really opened myself up to someone, and they’re really supportive and helpful at the time. So, I think, I think that was really good. But I don’t know if I’d do that again. Because I haven’t heard from them in over a year. And so, I don’t know if I can open up that much. (Jack, pp.23-24, 701–706).

In contrast to the other participants, Jack described how trusting someone enough to self-disclose was a helpful experience for him and allowed him to feel supported. Knowing what factors allowed Jack to feel as though he was able to trust this individual would be interesting. Nevertheless, his words highlighted the difficulty of adopting flexibility in his thinking, a trait often seen in SA. He was unable to discuss how he got “hurt” by the friend, and the lack of contact may have been the cause of his pain, as he has not talked to them in over a year. Thus, he may self-disclose very little while being hypervigilant to its negative consequences, immersed in the uncertainty then even when the SD goes well and brings benefits, such an event cannot be compartmentalised, accepted, and cherished as a positive example.

Instead, Jack stated that he does not know if he could self-disclose to another friend again. This indicated the disappointment, hurt, and betrayal that he felt. He seems to have interpreted the lack of contact as a sign that he should not have self-disclosed, even while acknowledging its positive impact. He is cautious of self-disclosing again—a maladaptive maintenance mechanism.

Subtheme Three: Fear, Avoidance, and Uncertainty

This sub-theme reveals some of the participants’ mechanisms that were deployed when they tried to avoid their anxiety and fear. Thomas described this as follows:

I’ve got this kind of personal, intimate, or intimate kind of situation. Where I have these people that I’ve lived with for a very long time. But I won’t say anything to them, it’s weird. Yeah, it’s strange. It’s almost, like, the closer I get to someone, um, you know, sometimes it can actually put-up barriers, like, maybe it depends on the person. I don’t know. Um yeah, I mean that’s a bit complicated. (Thomas p.37, 1026–1032).

Thomas expressed that the closer he gets to someone, the further away he feels catapulted as he puts up more barriers. He also expressed that there is a possibility he only puts up these barriers with certain people, as it may 'depend on the person' This possibly suggests there are people who these barriers do not get put up.

For Thomas, there seems to be these intimate situations where he is unable to self-disclose to others. He seems possibly unsure as to why he puts up these barriers with personal or intimate situations. I wonder if the more intimate the situation is, the more vulnerable Thomas feels, thus, he employs barriers to protect himself.

Alex expressed the avoidance he experiences:

Um for whatever reason, and you sort of expected to become quite intimate with each other fairly quickly .. and then people will like, oh, well, you don't tell me about this, or you don't say this to me. And in my head, I think what? Because I can't, you know I don't actually know .. For me It's very much avoiding getting hurt, you know, emotionally, physically, mentally, whatever. (Alex, p.27, 746–756)

According to Alex, individuals are expected to self-disclose personal information in friendships very quickly, but this is when he felt his most vulnerable. He described his need to avoid getting hurt, the need to protect himself at all costs. The only way he can avoid being hurt and experiencing anxiety and uncertainty is controlling the only thing he feels is in his power, self-disclosing. However, by implementing an avoidance strategy, he pushes himself further away from others, thus leaving himself hurt regardless.

Jack voiced a similar position:

I think like a lot of things go through my mind [before disclosing] ... oh, what if I catch them at a bad time? ... If they're busy, or I don't really want to disturb them. They might be doing something else ... those kinds of questions really, like, hold me back from calling someone. (Jack, p.26, 779–787)

Jack described his experience before self-disclosing to a friend and the impact doing so might have on his choice to self-disclose and develop friendships. Jack views the idea of his self-disclosing as a possible inconvenience to his friends, as he may catch them at a bad time or disturb them. This causes him to avoid reaching out to his friends. Jack attempts to understand the mind of his friends to determine whether it is the right time to self-disclose. This arguably points to the fear of a negative outcome. He begins to deploy strategies to calm the uncertainty and anxiety, but ultimately, this fulfils his prophecy of getting hurt.

Joshua addressed what happens to his SD when he feels as though he likes someone:

I am someone who if I do kind of, like a person, so I kind of get really open with them very fast ... and I, like, kind of blindside myself in a way that I can't really see the negatives. (Joshua, p.13, 410–413)

Joshua described how he tends to open up and become vulnerable with certain people quickly, becoming almost blind to their negative qualities. Joshua overexposes himself to the potential of being hurt because he becomes open with others very quickly. When he meets another individual that he likes, he possibly forgets about that possible vulnerability. This highlights his underlying need to unleash suppressed material. He then realises he is even more vulnerable to being hurt due to having opened up too much. This also highlights another side, Joshua's ability to be open with others, and that ability to develop friendships. It

may be that Joshua needs to possibly find a balance between opening up very quickly or not at all.

Trevor addressed the fear of getting hurt:

A lot of the time, the people obviously will make you very happy, of course, there's always the potential for that sort of flipside. (Trevor, p.22, 606–609)

Trevor spoke about how friendships always have a good and a bad side. The good side makes individuals feel happy, supported, and able to self-disclose. However, the flipside causes the individual to be hurt, anxious, or embarrassed. It is possible that Trevor has experiences both positives and negatives within friendships. Trevor seems to understand the benefits of self-disclosing and creating those deeper friendships. However, it is possible that the potential of being hurt influences him in some way.

Discussion and Conclusion

In this chapter, I discuss the findings of my analysis in relation to the existing literature and the implications of these findings for clinical practice and the wider community. I have divided the discussion into subsections that consecutively examine each main theme. Finally, I discuss the limitations of this research, while also indicating possible avenues for future research.

First Main Theme: The Irresistible Force of Distancing

The participants expressed a sense of isolation and loneliness as a result of being unable to self-disclose within their friendships, which possibly led to feelings of hopelessness because they felt they would never be able to change and feel close to someone else. This finding is consistent with Kashdan et al., (2007) and Rodebaugh (2009), who found that

individuals who experience SA also experience more difficulty engaging in and sustaining relationships with others and, therefore, may develop and employ maladaptive coping techniques that lead to interpersonal distress. Alden and Taylor (2004) suggest that good social relationships are linked to an individual's well-being and poor social relationships potentially contribute to psychopathology. The participants seem to find it difficult to develop good and meaningful friendships because they have difficulty self-disclosing personal information, which is an important factor in the quality and maintenance of social connections (Carpenter & Greene, 2015).

The participants also described feeling trapped in a cycle of isolation. They described their desire to cultivate friendships and experience a sense of closeness. However, the participants appeared to be caught in a self-imposed trap of isolation and loneliness owing to their difficulty with self-disclosing to their friends, and this was encapsulated in Subtheme 1: a self-imposed trap of isolation. The participants' difficulty with self-disclosing to their friends appeared to immobilise them within this cycle of isolation, leaving them dissatisfied. This outcome seems to be consistent with Perlman and Peplau (1981), who suggest that individuals who perceive their friendships as unsatisfying are possibly more likely to experience a sense of loneliness. This combined sense of dissatisfaction and loneliness may leave the participants feeling exhausted and frustrated, as they want to feel closeness with others but also feel as though they do not possess the key to unlock the cage in which they appear to be trapped. Eventually, this frustration and exhaustion leads the participants to give up, to stop trying to be close to others, and to surrender to a deep and vast sense of powerlessness.

This current study corresponds with previous research stating that SAi display a decreased level of SD. The participants described feelings of loneliness and helplessness because although they want to experience a sense of closeness with friends, they also distance

themselves from others by not self-disclosing, which only seems to perpetuate this vicious cycle of isolation. In line with the current research, Alden and Taylor (2004) suggest that socially anxious individuals experience a lack of SD as a self-protective technique. The participants seem to be aware of the isolation and loneliness they experience possibly due to their lack of SD but appear to be unaware that they could conceivably escape their self-imposed traps if they allowed themselves be vulnerable and self-disclose with others.

This finding does not entirely support the research by Moscovitch et al., (2009) that suggests individuals with SA do not understand the processes that impact their relationships and attribute their isolation to a global sense of personal inadequacy. In this study, the participants seemed to be aware of their emotional barriers or their proclivity to deflect from themselves, and, to an extent, it appeared they were also aware of the impact of these actions on themselves and their friendships. However, the participants' seem to find it difficult to see it is possible to escape the isolation in which they are in. The participants appear to want to be able to self-disclose and allow themselves to be more intimate with others. However, they seem to feel stuck in this cycle of isolation and constant struggle.

It appears that socially anxious males, such as the participants in this study, experience a desire and a need to develop meaningful friendships which will ultimately allow them to feel a sense of closeness. The participants in this study found it difficult to self-disclose to their friends, thus, possibly creating distance between themselves and others and ultimately leaving them isolated. This finding is in line with previous research suggesting that SD appears to aid in an individual's ability to combat loneliness and detachment (Levi-Belz & Elis, 2017). Loneliness can be harmful to an individual's health (Valtorta et al., 2016), and lonely individuals tend to view themselves more negatively (Tsai & Reis, 2017), which may explain the self-imposed isolation trap in which the participants find themselves.

Furthermore, if the participants are unable to engage in SD, their fundamental psychological human need for feeling close to others will not be met (Van Orden et al., 2010). If this need is unmet, the likelihood of experiencing anxiety and avoiding SD will be significantly higher (Levi-Belz & Elis 2017), thus, perpetuating feelings of isolation and detachment in socially anxious males. Therefore, one could argue that SD appears to assist individuals with reducing loneliness and detachment and satisfying a sense of belonging.

The current study seems to be consistent with previous research that emphasises how SAi may adopt maladaptive mechanisms to cope with difficult emotions, thoughts, or self-beliefs. Cognitive theorists tend to highlight the importance of maladaptive self-beliefs and SA (for reviews, see Gkika et al., 2018; Gregory et al., 2016; Wong & Rapee, 2016). Most of the participants seemed to try and avoid SD as a way to arguably avoid activating their underlying beliefs. SA is characterised by fear and anxiety in social and interpersonal situations, and individuals who experience SA avoid such situations (Leichsenring & Leweke, 2017), which may explain why most SA research focuses on fear and avoidance as maladaptive coping mechanisms. The participants seemed to try and fight against their self-beliefs they hold and their SA. However, similar to the avoidance of SD, this mechanism seems to be self-defeating by arguably making them less likeable to their friends (Alden & Bieling, 1998; Meleshko & Alden, 1993) and thus ultimately pushing their friends away. The participants seem to move between extremes, as they either avoid SD all together due to fear or self-disclose too much too quickly, they seem to find it difficult to find the balance. In this way, they fulfil the prophecies of their original self-beliefs and either way remain trapped in a vicious cycle.

It appears SAi value developing meaningful friendships, as whether they are avoiding SD or self-disclosing too quickly, their aim appears to be the same: be accepted into the group and experience some type of connection. However, finding the balance of what others

may deem acceptable SD or behaviours seems to be difficult. The cognitive behavioural model of SA suggests that one of the core aspects of SA is the unbalanced evaluation between how SAi perceive social expectations and how they view themselves in social situations, normally, misrepresenting both areas, thus, activating the continuous monitoring of their selves and others (Rapee & Heimberg, 1997). This may lead to reduced quality of life by increasing the difficulty in building and viewing positive events, and memories, and being part of emotional and meaningful experiences (Kashdan et al., 2006).

Overall, it seems that the participants experience a lack of closeness with their friends due to either avoiding SD or self-disclosing too much, too quickly. This lack of closeness seems to create a sense of loneliness for the participants, and they appear to become trapped in this vicious cycle of isolation. They do not seem to be aware that they hold the key to escaping from this cage that they have made. If they were to stop avoiding SD and confront their self-beliefs, they might be able to emerge from this trap and experience closeness with others.

Second Main Theme: I Was Just Constantly Worried

The participants expressed a sense of fear about being rejected by their friends, and how distressing that rejection would be for them if they had self-disclosed any personal information. Although humans are a clever species, we have evolved to live in cooperative societies and been dependent on groups for our survival for the majority of our existence. Similar to hunger or thirst, our need to be accepted emerged as a mechanism for survival (Weir, 2020). The participants fear that if they do self-disclose information about themselves, they will be ostracised from the group. While individuals may be able to physically survive a solitary existence in today's modern society, one could argue that such an existence is unlikely to be a happy one or arguably an expression of asceticism as a defence mechanism (Freud, 2018). Asceticism is defined as a mature defence mechanism that aims to eliminate

pleasure from an individual's life. Eisenberger et al., (2003) suggest that social rejection activates many of the same brain regions activated in physical pain; arguably, this is a way to understand why individuals want to avoid social rejection. Therefore, it is possible that the participants' difficulty with SD may be driven by fear, which is ultimately linked to their desire to belong.

The participants' accounts illustrate their fear of being rejected due to their SD, which ultimately illuminates their desire to be accepted into the group. This is consistent with previous research emphasising that SAI adopt a communication style that may be low in SD in an attempt to avoid negative social outcomes (Clark & Wells, 1995; Rapee & Heimberg, 1997) such as being rejected from the group. One could argue that adopting this type of communication style and avoiding discussing their own personal thoughts, feelings, or opinions in order to be accepted actually attracts more attention and disapproval (Alden & Bieling, 1998; Meleshko & Alden, 1993). Thus, it is possible that the very occurrence the participants are trying to avoid is what they accidentally end up triggering.

The participants all described the desire to fit into the group, along with the belief that if they were to self-disclose any personal information about themselves, they would not fit in. Therefore, in a way the participants have to put on a mask to hide who they truly are, which is captured in Subtheme 2: The mask we have to wear. It appears that they are unable to be their authentic selves, that is, they find it difficult to be vulnerable and express their opinions, fears, hopes, and thoughts. The participants' difficulty to reveal their authentic selves compromises their ability to express their feelings and motives (Kernis & Heppner, 2008), thus, they put on a 'mask' or embody an artificial persona (Plasencia et al., 2011) that they perceive to be more socially acceptable (Cuming & Rapee, 2010; Plasencia et al., 2011).

The current study provides some important new insights regarding the impact that prevailing social expectations have on males. The participants shared insights into which

behaviours they felt were encouraged and praised, and which behaviours were discouraged and met with criticism, as captured in Subtheme 2: The mask we have to wear. SD is seen as the latter. Two of the participants described feeling pressure to conform to the ubiquitous messages about what they are taught a male should look and behave like. We must remember masculinity is a complex and fluid construct involving various behaviours, attitudes, and personality traits (Gough, 2022). From a young age, males learn to evaluate their adequacy based on their ability to behave in line with expected male gender norms. These norms are shaped and influenced by society, which is communicated to individuals through social learning and influenced by group characteristics (e.g., socioeconomic status and race) and individual characteristics (e.g., sexual identity; Levant & Pollack, 1995; Wong & Rochlen, 2008). Masculine stereotypes suggest boys should be tough, emotionally stoic, and self-sufficient (Chu et al., 2005). We incorporate what our culture deems to be masculine into our mindsets every day, even though this binary view of sex does not reflect the experiences of many people, as shown by our participants' individual experiences. Drawing from sex role theory, Wester et al., (2007) suggest that male friendships may be limited because seeking support or expressing emotions contravenes traditional male expectations, which emphasise strength and emotional restriction. Males are likely to experience negative consequences when they do not align with the expected gendered norms (Vandello & Bosson, 2013). Furthermore, research suggests one of the main practices of many males is to avoid SD or sharing their emotions (Cleary, 2005; River, 2018) because they fear being judged as emotionally vulnerable, weak, and unmasculine (Cleary, 2005). This behaviour has negative implications for males sense of closeness and mental well-being.

Nonetheless, by the time individuals have reached adulthood, most of them have internalised these expectations, whether they want to or not. This belief that they have to conform to society's standards of masculinity seems to cause them anxiety and conflict.

When a male believes they have gone against their gendered expectations, this can lead to real and/or imagined psychological consequences and gender role strain (Pleck, 1995).

Gender role conflict (O'Neil, 1981) is considered a result of gender role strain, and it can occur when an individual's socialised gender norms stop them from behaving in a specific way or cause them to feel negative for doing so (O'Neil, 2008). Masculine gender role strain has been linked to males' support of rigid and restrictive masculinity beliefs and behaviours to numerous personal, relational, and societal problems (Levant & Richmond, 2016; Moore & Stuart, 2005; O'Neil, 2015)

The participants believe they do not align with the traditional ideals of what it means to be a male, thus causing them conflict and strain. They do not believe anyone should have to live their lives conforming to society's expectations. They feel that any individual should be able to express their thoughts and feelings if they want to. Thus, it seems that, for these participants, masculinity may add another layer that affects their SA. In other words, how they define masculinity versus how society defines masculinity does not appear to be aligned, as according to social standards males are meant to be neither vulnerable nor self-disclosing. Instead, they are meant to be 'tough' and cope with issues on their own. Male gender roles are contradictory and inconsistent. For example, crying is assumed to defy traditional masculine norms in terms of emotional control, while in certain contexts (e.g., winning or losing a sports match), males can view tears as an appropriate response (Wong & Rochlen, 2005; Wong et al., 2011). These conflicting views possibly make it difficult for males to be congruent between society's views of what it means to be a male and their own beliefs about masculinity. For our participants, an inner conflict is created for males who want to SD yet are fearful society may reject them if they do not fulfil traditional male expectations. Consequently, they feel as though they have to adopt this façade or risk the possibility of being ostracised from the group. The prospect of facing ostracism from the social group due

to a perceived deviation from traditional male norms can evoke heightened levels of anxiety and present males with difficulties. Reigeluth and Addis (2016) suggested that when males perceive an inability to conform to traditional male expectations, they encounter a sense of masculinity threat. This conceptual framework was initially examined within the context of gender role harassment, where males faced mockery or exclusion for being deemed “not man enough” (Funk & Wehun, 2022, p.13) due to their behaviours or emotional expression (Funk & Wehun, 2011). Moreover, this phenomenon appeared to exert a noticeable impact on male’s self-esteem (Berdahl et al., 1996; 2007).

The anxiety the participants experienced caused by not aligning with this traditional idea of what it means to be a man demonstrates the pressure they feel from society to act a certain way. This social pressure regarding what it means to be a man (i.e., tough, coping with things alone) appears to create an inner conflict, as they do not believe it should be this way. However, it is possible they do not know how to navigate acting in line with their values, which may go against the values society says are acceptable. If they violate the traditional ideals of what it means to be a man, they may experience negative criticism, either from themselves or from others (O’Neil, 2008). It is suggested the experience of Gender Role Conflict can also exacerbate interpersonal or intrapersonal difficulties (O’Neil, 2008). Perhaps this pressure to act in a certain gendered way undermines their sense of self and identity because it appears that masculinity plays an important role in their identities, more or less guiding how they should act even if it conflicts with how they want to act. This conflict results in anxiety, withdrawal, and lack of SD. Oliffe (2019) suggests that masculine norms have mainly been considered in the context of males and depression, with certain behaviours viewed as failing to represent masculine standards (e.g., stoic, self-reliant). However, as seen by the participants in this research (i.e., Jack and Thomas), similar gendered conflicts also appear to be linked to males and SA.

Brownlow (2005) and De Groof (2008) suggest that there seems to be a sense of shame around the self and social acceptability for socially anxious males, leading to their concealment of the characteristics they perceive to be unaligned with gendered expectations of masculinity. This assertion corresponds with the current research, which suggests that for males self-disclosing, being vulnerable, and not being 'tough' enough to deal with their emotions, problems, or thoughts themselves are behaviours that males just do not do. Traditionally in Western culture males have been socialised to perceive central anxious features, such as fear and worry, as unwanted and unacceptable (McLean & Anderson, 2009; Stevenson-Hinde & Shouldice, 2013). These features, therefore, undermine their male identity as they have to adopt a fearless attitude to cope with their anxiety in a way that does not compromise their masculine status (Brownlow, 2005; Goodey, 1997) by internalising their emotions and avoiding SD. Previous research has suggested that males have limited knowledge and skills around emotional communication (Ogrodniczuk et al., 2017).

However, the participants referenced wanting to self-disclose to their friends, but seemed to fear contradicting traditional masculine expectations. One could infer this makes it difficult to SD and possibly became an important factor within each participant's identity and sense of self. Although traditionally males may believe they are being watched and constrained by traditional masculine norms (e.g., restricted emotions, competitiveness, and strength; Kimmel, 1994), with a specific fear of being criticised if they self-disclose personal information (Felmlee et al., 2012). Research has shown that males are able to self-disclose, although it may be indirectly (Lefkowich et al., 2017). Furthermore, self-disclosing does seem to involve individuals making complex compromises around how they present their masculinity (Mackenzie et al., 2017), as the participants may be trying to navigate between society's views of traditional masculine expectations and their own personal expectations with SD.

The participants also expressed low self-esteem and self-worth, which may be linked to their low levels of SD within their friendships. Self-esteem and self-worth are similar concepts, however, there is a small and important difference between them. Rosenberg (1965) describes self-esteem as one's attitude toward oneself, while self-worth is more of a global recognition that we are valuable humans beings who are worthy of closeness and love (Hibbert, 2013). The participants in this study discussed both their low self-esteem and low self-worth. Low self-esteem is often considered an associate feature of SA (APA, 2013). However, for the participants in this study, their low self-esteem may be closely connected to their sense of worthlessness that seems to follow them around.

The interviews revealed Subtheme 3: The Ghost Of Worthlessness, in which the participants felt like a ghost in conversations and were left wondering whether they had anything worthwhile or valuable to add to the conversations or to their friendships. Thus possibly highlighting the struggles they experience with their beliefs that they are neither valuable nor worthy as individuals. It seems the participants might be less likely to self-disclose any emotions, thoughts, opinions, or experiences that they believe will show their friends their authentic selves because they possibly perceive themselves to be unworthy. The idea of displaying their authentic self might be anxiety-provoking for them, as they possibly believe it might provide their friends with a reason to reject them. Previous research has suggested something similar (Cameron et al., 2009), highlighting that individuals with low self-worth are unable to disclose negative emotions to their romantic partners for fear they will reveal their flaws and be rejected. It is noteworthy to mention that most research has focused on self-worth with romantic partners, however, the current study has shown that feelings of worthlessness also may play a role in the ability to self-disclose within friendships. This may then influence the development to create and maintain meaningful friendships. It could be argued this difficulty with SD possibly stems from the participants'

sense of worth. Therefore, this finding could provide important new insights regarding socially anxious males and their ability to cultivate meaningful friendships.

Moreover, it appears the participants' decisions to not engage in SD could be viewed as a maladaptive coping strategy to protect their self-worth. Such strategies are consistent with previous research suggesting that it is almost axiomatic for individuals to seek mechanisms that maintain, enhance, and protect their self-worth (Allport, 1955; James, 1910; Rogers, 1961; Rosenberg, 1979). Human beings are highly selective concerning the domains on which they stake their self-worth (James, 1890). Individuals sense of self-worth is entirely dependent on what we deem is important, for example, self-worth may be dependent on others' approval, competition, academic performance, appearance, family support (Crocker et al., 2003), friendship (Cambron et al., 2010), or relationships (Knee et al., 2008). In this case, it appears that one of the most important factors for the self-worth of these participants is being accepted into the group.

However, even when the participants are accepted into the group, a threat to their self-worth still seems to exist. Although the participants have been accepted into the group, they fear that showing their true selves may result in being ostracised because they are constantly worried about what people are thinking and being judged. In order to protect themselves from being rejected by the group, the participants opt to protect their sense of self-worth by not self-disclosing or showing others their true selves. For the participants, it appears it is more important to protect their self-worth than to risk SD. One could argue that if they were to take a risk, self-disclose, and be rejected, the experience would shatter their self-worth.

Eisenberger and Lieberman (2005) suggest that the human brain experiences social pain in the same way as physical pain. Therefore, we can see why it may be difficult to take a risk and show our deeper, more private selves to another, as it involves being vulnerable and

trusting that others will not hurt us. Perhaps this risk avoidance is why the participants' friendships never fully develop into the meaningful friendships they are seeking.

Furthermore, the participants' self-worth appears to be highly dependent on others, hence, being rejected could be detrimental to their self-worth. This seems to represent a very superficial sense of self-worth, which may be linked to lower levels of psychological well-being when compared to individuals whose self-worth is not reliant on external factors and thus relatively unconditional. It appears the participants sense of worth is conditional upon receiving approval and avoiding disapproval or rejection, which means their behaviour (i.e., self-disclosing) is restricted because they are only able to act in ways they feel will be acceptable to others. Carl Rogers (1959) introduced the theory of conditional worth, which suggests external factors (i.e., being validated by friends or being accepted) can impact how individuals view their self-worth based on their ability to meet certain conditions they deem to be essential. It seems the participants need for approval, validation, and acceptance is so great that they would rather assume a 'mask' (i.e., Subtheme 2: The Mask We Wear), and not SD their true thoughts and emotions, than risk rejection by disobeying the conditions that they perceive determine their acceptability.

In addition, the participants in this study suggested that low levels of SD were linked to any disclosure that they deemed to be negative or that may change the dynamic of their friendships, change how others perceive them, or upset social boundaries. Previous research suggests that low self-esteem has consistently been linked to low SD and especially the disclosure of negative emotions and failures (Wood & Forest, 2016). However, the participants expressed difficulty with self-disclosing for fear of upsetting social boundaries. This finding seems significant as it potentially highlights the existence of these default boundaries within the participants, for example, that self-disclosing is unacceptable. These are akin to core beliefs (Beck, 1979) concerning what is acceptable and what is unacceptable,

and it seems plausible that by self-disclosing the participants believe they are doing something unacceptable, thus, maintaining their anxiety and keeping them trapped in their self-imposed cages.

Overall, it appears the participants have a strong need to belong, be accepted, and validated by their friends. If they were to be vulnerable and SD their true emotions or thoughts and show their authentic selves, they believe they risk being ostracised from the group. This anticipated rejection from the group is likely to cause their sense of self-worth to deteriorate further, as their worth appears to be dependent on others. Furthermore, it appears that, for some of the participants, their sex and experience with masculinity appears to add an additional layer to their SA and self-worth. It appears masculine stereotypes potentially heighten their SA, and if practitioners do not address the unhelpful stereotypes of masculinity or the participants' core beliefs of what are acceptable and unacceptable ways to behave, then we may never get to the root of their SA. Hence, they will remain fixed in this trap of isolation, which will further impact their mental and physical health.

Third Main Theme: A Deep-Seated Fear of Being Hurt

The participants spoke of the significant emotional responses they experienced to self-disclosing and the impact of those responses on themselves and their friendships. It emerged from the subtheme 'The Pain Of Self-Disclosing' that the participants were fearful of self-disclosing to friends because they were fearful of the consequences that would follow a SD, and how painful those consequences might be. The underlying argument in the SD literature is that individuals benefit greatly from getting secrets, personal failures, and shortcomings 'off their chests' (Knapp & Vangeslisti, 1991), as self-disclosing can result in an emotional release (Derlega et al., 2008). However, the participants in this study feared that self-disclosing would force them to confront certain emotional burdens that they may have been trying to suppress or avoid for a long time. For the participants, having to confront these

emotional burdens seems unbearable and painful because they do not believe they are able to cope with the discomfort. Heimberg et al., (2010) expanded on the maladaptive emotional regulation strategies used by SAI. Across the stages of emotion regulation (see Heimberg et al., 2010 for a review), SAI often rely heavily on a single strategy and are therefore unable to flexibly employ a variety of strategies, which can be problematic (Heimberg et al., 2010). SA has been linked with underuse of cognitive reappraisal and overuse of emotional suppression (Jazaieri et al., 2014). It appears the fear of experiencing difficult and painful emotions and not being able to feasibly self-regulate impacts the participants' ability to form and maintain friendships, as well as develop a sense of closeness with others. The participants would rather avoid and suppress their emotions than face the pain that may accompany SD.

The participants appear to want to be able to cultivate and maintain deep friendships, however, they are unable to perceive how self-disclosing in itself could be a step in the right direction. SD is an essential component of building intimacy and trust (Holmes, 1991; Reis & Shaver, 1988) and is linked with enhanced relationship quality as well as enhanced physical and psychological health (Pennebaker, 1989). The participants voiced how SD would force them to feel and confront painful and difficult emotions from which they have been hiding. Therefore, even though they want to have these deep and meaningful friendships, the pain they may have to experience to achieve such friendships appears to be perceived as too risky. As a result, they seem to enter into a destructive cycle based on a perceptual error: they fear that by self-disclosing they will ultimately experience painful emotions, and these emotions will be too powerful to cope with. It seems their distress derives from two sources: the fear of SD itself and the emotions they anticipate accompany SD. Paradoxically most of the participants have avoided SD, thus, never giving themselves the chance to test their theory that self-disclosing would end in rejection or cause them to experience emotions that have been avoiding. These avoidance strategies are enhancing their anxiety and fear, as their

anxiety and fear seem to override reason or desire. When the participants experience anxiety, their coping strategy is to suppress, avoid, or fight against it, however, this only seems to amplify their anxiety and distress, and they remain trapped in a destructive cycle.

The participants in this study emphasised the difficulty they experience when trusting others with personal information, as emerged from Subtheme 2: Automatic Mistrust Of Others. They appear to always expect the worst of people, which manifests as fear, paranoia, or suspicion and ultimately impacts their ability to self-disclose and develop deeper friendships. This finding is consistent with previous research suggesting that interpersonal trust is a major cause of emotional problems such as SA (He X, 2022). Within interpersonal relationships such as friendships, trust is developed by behaviours such as self-disclosing personal thoughts or feelings, sharing negative information about oneself, or seeking input or help on difficult issues, despite the risk of rejection, disapproval, and betrayal (Currall & Judge, 1995; Gillespie, 2011; McEvily & Tortoriello, 2011). The participants may have an automatic belief that their friends will misuse their trust or use their personal information against them. These beliefs lead the participants to believe it is not safe to self-disclose to others, thus, maintaining their difficulty to trust and cultivate friendships.

Furthermore, the participants voice a sense of suspicion with regard to trusting their friends enough to self-disclose personal information. This distrust leads them to believe their friends will use their personal information against them, ultimately leaving them hurt and betrayed. Trust ‘presupposes a situation of risk’ (Luhmann, 1988, p. 97), where the person self-disclosing is ‘vulnerable to the actions of the other’ (Gilson et al., 2005) but believes in ‘compatible agendas or interests [...] which enables positive expectations’ (Brown and Calnan, 2016, p. 288). However, our participants appeared unwilling to take that risk, as with no trust there can correspondingly be no betrayal. The participants seem to be entrenched behind emotional barriers that maintain the appearance of safety, while simultaneously

keeping everyone else at a distance. In this way, our participants are left isolated and alone, which they appear to regard as less intense consequences than those associated with the pain of betrayal.

For the participants, low trust in others may reinforce a negative view of SD that produces an approach of extreme self-defence, for example, suspicion of others (He X. 2022). The participants of this study appear to mainly focus on the negative consequences of SD (e.g., using personal information against them or leaking their information to others), and this partial perspective does not allow them to imagine anything positive transpiring, which, in turn, leads to an abundance of negative emotions that promote anxiety over SD.

A significant finding from this study, which could be considered controversial in the existing literature, is that males in the current study experienced a low level of SD, which seemed to influence their ability to experience intimacy and closeness with their friends. This echoes the findings that socially anxious males show lower levels of intimacy and interpersonal communication in their romantic relationships (Cozby, 1973; Sparrevohn & Rapee, 2009), however, in contrast to previous research this study focused solely on males and friendships.

The participants voiced a desire to create meaningful friendships. Yet, the participants at times appeared to be fearful of either getting too close to others, getting hurt, or inconveniencing their friends. This behaviour may highlight a key finding, which is that the male participants (and possibly others in similar situations) do desire a sense of closeness with their friends, however, their fears may influence their SD, as an attempt to possibly control their anxiety and uncertainty. It is an interesting paradox, as resisting their instinct to avoid SD and intimacy, and thus acting counterintuitively, may represent the very silver bullet they are seeking to break this vicious cycle. Intimacy is a quality ascribed to relationships with patterns of closeness, communication, and trust (Timmerman, 1991). In

order to feel a sense of closeness, the participants may need to try and accept we might not be able to control everything, and instead allow themselves to experience a level of vulnerability and uncertainty, which may align themselves with what is important to them, creating and maintaining meaningful friendships.

In addition, the participants expressed a tendency to avoid SD and ‘put up barriers’ because they seem to fear becoming too close to their friends. This finding supports Sparrevohn and Rapee (2009), who suggest individuals who experience SA engage in less SD and experience a lower level of intimacy overall within their relationships. However, in this current study it seems the participants not only experience a lower level of intimacy and closeness, but a fear of intimacy as well. This fear of intimacy may cause the participants to avoid SD as a way of supposedly not being rejected and left hurt. Fear of intimacy has been defined as ‘the inhibited capacity of an individual, because of anxiety, to exchange thoughts and feelings of personal significance with another individual who is highly valued’ (Descutner & Thelen, 1991, p. 219). According to the interpersonal process model of intimacy (IPM; as named in Laurenceau et al., 1998), individuals must self-disclose emotions (not facts), and the repetition of this behaviour is what leads to feelings of closeness (Reis & Shaver, 1988). By fearing intimacy, the participants deploy self-protective methods such as ‘putting up barriers’ to avoid the behaviours (e.g., SD) necessary to cultivate meaningful friendships. Thus, they are unable to engage in the dyadic interaction in which vulnerable behaviours, such as SD, are displayed thereby preventing the development and maintenance of closeness. It seems the participants' fear of intimacy influences their SA, which ultimately impacts on their ability to feel a sense of closeness. In this way, they maintain themselves within this self-imposed trap of isolation and loneliness.

Overall, with regard to SD, it appears the participants' fear derives from two sources, perhaps simultaneously, the fear of performing the act of self-disclosing and the emotions

they anticipate will arise from self-disclosing. Due to these fears they try to avoid SD at all costs, including erecting barriers and suppressing their emotions and thoughts. Consequently, the participants leave themselves trapped in a cycle of isolation and loneliness because this seems less daunting than the pain of betrayal, rejection, or SD.

Implications for Clinical Practice and the Wider Community

This study's perspective on the relationship between SD and SA has several important implications for clinical practice. Reducing or not engaging in SD appears to act as a protective factor against SA symptoms (e.g., negative self-evaluation and low self-esteem), hence, it seems important to focus on SD skills within psychotherapies that address avoidance or anxiety symptoms. Purposely, employing psychotherapies that focus on cultivating interpersonal connectedness and disclosure (such as interpersonal therapy; IPT; Klerman et al., 1984; Weissman et al., 2000) would be useful for individuals suffering from SA symptoms (Markowitz et al., 2014). Even though research has shown that IPT can reduce anxiety symptoms (Markowitz et al., 2014), IPT still faces a challenge with respect to anxiety disorders, and that is the universal prevalence of CBT. It may be helpful for practitioners in a therapeutic setting to encourage SD in general, acknowledging its role as a resilience factor (Satici, 2016) for various psychological difficulties, such as SA, avoidance, loneliness, and self-esteem. Individuals who engage in SD may have a more positive attitude toward seeking counselling (Vogel & Wester, 2003; Vogel et al., 2005) and also benefit more from counselling (Kahn et al., 2001) compared to individuals who tend to conceal their emotions and avoid SD. Overcoming difficulties in communication may allow individuals to comfortably disclose information about themselves and gain new perspectives, along with changing their view of distressing social situations and of the social world.

This study also provides useful insights into the relationship between SA, males, and their desire for SD to friends in order to experience closeness. Researchers have suggested

that the lower prevalence rates of SA in males does not mean that males overall experience less anxiety. Instead, their expression of those symptoms are possibly limited by hegemonic masculinities that favour behaviours, for example self-reliance and restrictive emotionality (Addis & Mahalik, 2003; Mahalik & Rochlen, 2006; Robertson et al., 2016). It seems that despite stereotypes of socially anxious males, there are circumstances in which some males may be willing to, and want to, self-disclose personal information to their friends. To echo Lomas (2013, p. 177), 'restrictive emotionality is not inevitable in men ... when men are given permission and safety to talk, they are well capable of insightfully analysing and sharing their emotions'. Clinicians working with male individuals with SA may incorporate into their practice an awareness that issues surrounding masculinity may place an additional challenge on their client's ability to self-disclose and in general exacerbate and contribute to maintaining their SA. This could be addressed by incorporating elements of a 'humanistic value-base' (Joseph, 2008; Orlans & Van Scoyoc, 2009; Walsh & Frankland, 2009) and focusing on the subjective experience, values, and beliefs of an individual (Strawbridge & Woolfe 2003), which counselling psychologists are well suited to do. Additionally, incorporating elements of interpersonal therapy may be helpful, for example, dynamic interpersonal therapy (DIT; Lemma et al., 2011). An interpersonal approach can be especially valuable in helping males rebuild a valued sense of self and either redefining their roles within hegemonic masculinity or distancing themselves from it altogether (Emslie et al., 2006). Hegemonic masculinity does not leave a lot of room for reflection and vulnerability (Dognin & Chen, 2018) and DIT aims to evade these deeply entrenched elements concerning what an individual thinks and feels about themselves and others and instead focuses on how the individual thinks about themselves and others (Dognin & Chen, 2018). The individual learns to identify how their internal models have worked to influence their responses to others (Lemma et al., 2011).

Furthermore, it may be beneficial when working with these individuals to focus on their psychological inflexibility. Psychological flexibility emphasises an individual relating differently to their psychological experiences (e.g., thoughts, feelings, physical sensations) rather than attempting to change those experiences (Hayes et al., 2012). The opposite of psychological flexibility is psychological inflexibility, which is characterised as ‘the rigid dominance of psychological reactions over chosen values and contingencies in guiding action’ (Bond et al., 2011, p. 678), and this often arises when individuals attempt to avoid experiencing difficult or unwanted psychological experiences (i.e., engage in ‘experiential avoidance’, Hayes et al., 1996,). Psychological inflexibility can increase psychological dysfunction and reduce quality of life (Hayes et al., 1999, 2006). In this regard, the current study highlights how the participants were so fearful of experiencing being hurt, rejected, or betrayed when self-disclosing that they avoided it all together to avoid experiencing those difficult emotions, which has kept them stuck within a cycle of loneliness and isolation. Practitioners can help individuals stay in contact with the present moment, regardless of unpleasant thoughts, feelings, and sensations, while choosing and developing their behaviour based on personal values (Hayes et al., 1999). Practitioners can guide individuals to behave in line with their values by increasing their level of acceptance for unpleasant internal experiences. As practitioners it might be beneficial to encourage individuals to ‘accept’ and tolerate their inner experiences, rather than addressing the avoidance behaviours by interrupting self-focused attention and altering or challenging their negative thoughts, such as in the cognitive model of Clark and Wells (1995; Clark et al., 2003). Simultaneously it is important for practitioners to be mindful of whether the client is in a place in which they are able to be challenged and able to experiment with moving from avoidance to the exposure of emotions. It is important for practitioners to be aware that for clients to move from avoidance to exposure requires considerable courage and trust, thus, it seems obvious that a strong

collaborative relationship between patient and practitioner is necessary for successful treatment (Langhoff et al., 2008), a facet for which a counselling psychologist is well positioned.

Despite research suggesting SA may hinder an individual's ability to develop social relationships (Ruscio et al., 2008; Alden & Taylor, 2004), the current UK NICE guidelines (NICE, 2013) treatment recommendations for SA rarely make references to friendships or attempts to increase an individual's well-being by specifically addressing deficits within their friendships (i.e., due to a lack of SD). CBT is considered the gold standard for the treatment of SA (as it is the recommended treatment according to NICE guidelines). Although research shows that implementing CBT when working with SA improves quality of life (QoL) ratings even without a particular focus on friendships (Eng et al., 2001), it has also been shown that the QoL of SAi in social functioning post CBT treatment is not maintained over a 12-month follow-up (Watanabe et al., 2010). The current research study emphasises the interpersonal difficulties individuals with SA may experience, highlighting that more attention should be placed on the interpersonal aspects of SA, including the centrality of friendships. Hence, individuals with SA may benefit from a more formal and clearer focus on friendships within treatment protocols. This could translate into incorporating a relational and interpersonal circumplex component into existing CBT treatments for SA (for a review see Alden & Taylor, 2011; Alden et al., 2018) or devising a separate, individualised treatment protocol that clinicians could use when working with an individual who suffers from friendship or relational difficulties. Overall, it is my sincere hope that the current research will encourage NICE guideline decision makers to reflect on the adequacy and consequences of the current treatment recommendations for SA.

Limitations and Suggestions for Future Research

In this section I evaluate the limitations of this research, alongside possible avenues for future research.

Firstly, the current study focused specifically on individuals whose gender aligns with the sex that was assigned to them at birth (i.e., male). While this adds to the homogeneity of my sample, it also limits our understanding of how gender identity can impact SA and SD among friends. Research suggests transgendered individuals suffer from more frequent and severe mental health difficulties compared to heterosexual or cisgender individuals (Pitts et al., 2009; Rotondi et al., 2011). There were individuals whose gender did not align with their sex given at birth who did volunteer for the study. However, the current research focused on individuals who identify as the sex they were assigned at birth (i.e., male). Therefore, future research should include socially anxious transgender males.

Secondly, given that the current sample was educated, it is important for future research to determine whether the present findings hold in less educated and possibly more distressed populations. Social inequality and low education levels have consistently been associated with mental health problems (Fryers et al., 2003; Lahelma et al., 2006; Duchaine et al., 2017).

Thirdly, the reliability and validity of TA have been questioned in the past, as TA has been criticised for being vague or poorly defined (Holloway & Todres, 2003). It has been suggested that the data collection and analysis stages of TA are blurred (Attride-Stirling, 2001) and that TA allows the researcher to select certain extracts that support specific themes, aligning with their own biases or agenda, thus lessening the validity of the research. Within TA, the researcher attempts to bracket their assumptions, however, ultimately, the data will be influenced by the researcher to some extent. How I may have influenced the process and results of the current study will be explored in more detail the next section.

Moreover, the analysis aimed to understand subjective experiences, instead of forming hypotheses about what may be discovered; therefore, the findings were data driven. This allowed me to try and understand the participants' experiences (Moret et al., 2007).

Furthermore, the current studies results may have portrayed a particularly negative perspective of the participants experience. While there may have not been much light on the positive experiences of the participants, this is because SD was the focus of the research questions, and SD was explored through the analysis, therefore at times, it was not appropriate to include positive experiences, if they did not align with the research question. Moreover these positive experiences were unlikely to emerge with such a focus. As a researcher, I choose to focus on certain themes that I believed were more helpful and insightful and aligned with the research questions. As mentioned, this is just one way the data could have been analysed, as is the nature of TA. However, there possibly could be other interesting factors to consider, for example, future research could explore if socially anxious males at university identify any strengths in terms of being male, self-identifying as socially anxious, and self-disclosing within friendships that may allow them to identify a life of meaning and purpose—to live a life that aligns with their personal values. However, where appropriate I did try to include a more balanced view of the participants' experience with SD within friendships.

Finally, this study specifically aimed to explore the challenges that socially anxious university males experience when self-disclosing within friendships and aimed to identify their therapeutic and counselling needs. During the interviews some participants shared that they were sometimes able to self-disclose to friends; however, at other times they seemed to struggle with SD. Therefore, future research should explore why socially anxious males at university can adopt mechanisms that allow them to cope with the anxiety at times, while at other times they struggle. Thus, hopefully allowing clinicians to develop a more specific

protocol in order to support this group's needs more effectively. In the next section I will provide a reflexive statement discussing my own personal assumptions and expectations that may have influenced my research.

Reflexive Statement

My reflexive statement at the beginning of this thesis examined the CLR and explored my preresult reflections and thoughts. In contrast, I will now focus on my reflections concerning the analysis and findings of this research. During my research process, I have reflected on my own personal assumptions and beliefs about the world, individuals, SA, SD, friendship, masculinity, and on the impact that my biases may have had on this study.

After I concluded all six of the interviews, I felt a new sense of excitement and was eager to begin transcribing the interviews as soon as possible. However, my excitement soon dwindled as I began the analysis and realised how daunting this process would be. I felt overwhelmed by the amount of data there was and noticed myself at times excessively focused on reading the transcripts, but I was not actually moving forward with the analysis. I also noticed at times I found myself sitting in my study surrounded by participants words and themes that I had printed out feeling as though I would never be able to make sense of this data and would ultimately let down my participants.

While I was conducting the analysis, I noticed that the analysis seemed to live constantly in my head – whether I wanted it to or not. My full-time job at this time was my thesis, therefore, I felt at times as though I was in a deep, dark tunnel in which I could only think about my analysis, the interviews, and the themes. I even noticed that my dreams were becoming plagued with the analysis and words of my participants. In the depths of the analysis, I began to wake in the middle of the night with ideas or insights that would come to me when I was dreaming. The next morning I would wake up to either emails to myself or voice notes about my ideas and insights. When I noticed my sleep being disrupted due to my

analysis, I knew I had to force myself to take some time away from it. I knew if I was too close to the data, I would not be able to notice how I might be influencing it and I knew I needed time to develop and understand my thoughts.

During the analysis I also noticed I was being influenced by the other research I was reading. I began to notice myself comparing the themes that were emerging from my research to the other findings I was reading about. Rather than simply allowing myself to follow what was emerging from the data, I began to excessively focus on themes I knew were consistent with the existing data. Personally, for me, knowing that my data was consistent with other data made me feel as though I was conducting the analysis correctly. As there seemed to be many unknowns and uncertainty in the analysis process, I think I was looking for some type of confirmation that I was not doing this all wrong. When I recognised I was at times avoiding themes in my research that were not consistent with past findings, I realised I was not allowing the data to speak truthfully, and I was not allowing my participants' voices and experiences to be heard.

Furthermore, I noticed myself being influenced by the content of the research. The research and literature I was reading was heavily focused on an individual's negative experiences and how SA, low SD, or being a male may have had a negative influence on their life. For example, research studies stated that males with fewer close friendships may experience poor self-esteem and impaired psychological health (Helgeson & Lopez, 2010; Mendelson & Aboud, 1999; Santos et al., 2013) and pressure to follow masculine expectations which may contribute to poor self-esteem and impaired psychological health (Santos et al., 2013). Also, students often state feeling disabled by their SA (Hakami et al., 2017). Furthermore, a core feature of SA itself is the fear of being negatively evaluated (APA, 2013), thus, emphasising the focus on the negative.

I became caught up in how SA could negatively impact an individual, and this may have unconsciously influenced my analysis. After being aware of how the literature is heavily focused on negative aspects, I began to reflect on this individually, with my supervisor, with my cohort, and with my colleagues. Being able to discuss this with others helped me bracket my own biases and reflect on how this had possibly influenced my research.

Upon reflection, I found it challenging to transition between being a practitioner and a researcher. Throughout my thesis, I consistently found myself concurrently engaged in clinical placements, while also working full-time on my research. This dual role may have influenced the analytical process. In the clinical setting, my primary focus revolved around exploring the origins of an individual's distress, attempting to understand the possible consequences of their distress, and elucidating associated cognitive, emotional, behavioural, and somatic manifestations. This became somewhat of a reflex action, leading to a potential bias when I possibly approached the analysis phase of my research as a clinician rather than as a researcher.

Consequently, I undertook a meticulous review of my analysis. I sought external validation, and I solicited feedback from colleagues who reviewed segments of my analysis. This iterative process aimed to ensure my analysis was grounded in the participants' words, maintained focus on the research question and bracketed any avoidance or exclusive focus on the participants' distress or impact.

In order to manage this, I had to focus on bracketing my expectations, but this is not a very easy thing to do. I discovered that discussing the data with other individuals in my cohort, including my supervisor and personal therapist, and obtaining their perspectives was extremely helpful. I also found it extremely helpful to return to my reflexive journal throughout this process and write down my thoughts and emotions, as this allowed me to then return and reflect on how things might be influencing me. However, what I found the most

beneficial was to stop getting stuck in the deep, dark research tunnels. To do so, I would take a break from my analysis, escape the research environment I had set up in my home for a change of scenery, take a walk in the fresh air, and then return to my analysis later. This allowed me to bracket my assumptions and helped me to be more willing to consider any and all themes as they emerged from the data.

The remainder of my research journey was filled with highs and lows. At times I felt completely filled with satisfaction and eagerness, and other times I felt completely depleted, alone, and frustrated. These feelings sometimes would arise within minutes of each other or within months of each other. However, most of the time they were due to an intrapersonal process (usually me questioning myself), but sometimes caused by other life events (i.e., COVID-19).

Coming to the end of my thesis has led me to reflect on not only the process of this research but the journey of my doctorate. There were times during my doctorate and this research that I truly did not know if I was capable of completing it. During some of my personal therapy sessions, I expressed how impossible this doctorate and research felt, how it seemed to be consuming all aspects of my life, how alone I felt at times, and how at times I believed that I was not smart enough, as though I had been accepted onto this course by accident. My personal therapist always remained calm, empathetic, and encouraging, which is exactly what I needed when my life already felt utterly chaotic. She provided me with the steadiness I sought.

In conclusion, it is unavoidable that my own personal experiences are likely to have impacted the outcome of this thesis. For this reason, it is extremely important to discuss reflexivity within this thesis and explore my own journey throughout this process and the biases that I have inevitably brought to this thesis.

Conclusion

In this thesis I have attempted to shed light on the experiences of a group of individuals who seem to have otherwise been overlooked. This study is, to my knowledge, the first to explore socially anxious males at university and their experience with SD within friendships. The existing literature suggested there were links between socially anxious males and SD within friendships that were unexplored. Therefore, I investigated to explore the challenges that socially anxious university males experience when self-disclosing within friendships and aimed to identify their therapeutic and counselling needs, rather I selected an TA method in order to identify patterns and themes across the participants experiences in relation to a shared phenomenon.

This study offers practitioners a new understanding of the therapeutic needs of socially anxious males at university in terms of SA and SD and the impact these may have on their friendships. My findings revealed that the participants want to feel a sense of closeness in their friendships, but their fear of SD, vulnerability, intimacy, and showing their authentic selves keeps them trapped in a cycle of isolation. The participants believe showing vulnerability and self-disclosing will lead to rejection and betrayal and confirm their pre-existing beliefs of being unacceptable. Ultimately the idea of rejection and betrayal may cause them to have to confront their worst fear – that they are worthless.

Based on the results of this study, I suggest that any practitioners who may work with this population should pay more attention to the interpersonal aspects of SA, for example, utilising IPT or DIT. It may be helpful for practitioners to encourage SD in general and focus more heavily on cultivating interpersonal connectedness. Practitioners should also explore the role of masculinity and the impact this may have on SA and SD within friendships; for example, helping males redefine their roles within hegemonic masculinity or distancing themselves from it altogether. Finally, practitioners and policy makers should ensure they are

adequately meeting the psychological needs of socially anxious males at university by making sure that the current treatment model is inclusive of all individuals and not one size fits all.

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Appendix A

Flyer advertising the study

**ARE YOU A MALE BETWEEN THE AGES OF 18-25
YEARS OLD?**

**DO YOU EXPERIENCE SOCIAL ANXIETY AMONG
YOUR FRIENDSHIPS??**

**DOES YOUR SOCIAL ANXIETY INFLUENCE HOW
YOU TALK ABOUT YOURSELF WITHIN YOUR
FRIENDSHIPS?**

If YES, then you could volunteer for my study!!

I am a Doctorate in Counselling Psychologist Trainee working on my doctoral thesis about exploring what challenges do socially anxious university males experience when self-disclosing within friendships and identifying their therapeutic and counseling needs. If you decide to participate in my study, you will be invited for an interview via video chat where you will talk about your experiences as a socially anxious male and how you feel it affects your friendships. During the interview you will have the opportunity to be listened to and be given a voice to tell your experiences. You will also have the opportunity to contribute to the development of new knowledge and support other socially anxious males.

If interested, please send an email to KAC0627@my.londonmet.ac.uk and I'll get back to you. Thank you!

Appendix B

Participant Information Sheet

To whom it may concern,

I am a trainee counselling psychologist at London Metropolitan University and am currently carrying out research to discover more about socially anxious university males and their experience with disclosure among friendships.

Very little is known about males and social anxiety, even less is known about how self-disclosure can affect friendships. It is reported that between 10-16% of university students experience social anxiety and demand for mental health services is growing five to six times faster than university enrolment.

My hope is that by carrying out this research we will be able to gain a better understanding of how to inform therapeutic Interventions. By informing therapeutic interventions practitioners will be able to tailor these interventions more specifically to better meet the needs of the clients.

I am writing in the hope that you will be interested in helping me in this journey and share your experience as a university male and how social anxiety may affect your friendships by participating in a Skype interview. The interview would last approximately 1 hour and will be audio-recorded. Data from your interview will be used for my Doctoral level counselling psychology project.

Participation is entirely voluntary. If you choose to participate you are free to withdraw at any point (up until ... three weeks prior) without question. Interviews will be voice recorded and strictly confidential. All recordings will be kept securely and destroyed once the project is completed.

Before you decide to participate it is more important that you understand that the interview will be discussing a sensitive topic and therefore may evoke some distressing and

difficult feelings for you. Therefore, please take your time in deciding whether or not you wish to take part. You will have the opportunity to discuss any feelings evoked at length post interview with the researcher. Additionally, in case you feel distressed at the time of the interview or after, a list of organizations and their contact details can be found on the other side of this form.

Thank you so much for your time, if you have any further questions, please do not hesitate to contact me by email: KAC0627@my.londonmet.ac.uk

Kind Regards,

Katelyn Connolly

Appendix C

Patient Health Questionnaire-9 & Generalized Anxiety Disorder-7

PATIENT NAME: _____ DATE: _____

PHQ-9

Over the last 2 weeks , how often have you been bothered by any of the following problems?		Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
		PHQ9 total score: <input type="text"/>			

Q6 CORE10	I made plans to end my life in the last 2 weeks	NO	YES
--------------	---	----	-----

GAD-7

Over the last 2 weeks , how often have you been bothered by any of the following problems?		Not at all	Several days	More than half the days	Nearly every day
1	Feeling nervous, anxious or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it is hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3
7	Feeling afraid as if something awful might happen	0	1	2	3
		GAD7 total score: <input type="text"/>			

Appendix D

Previous Psychiatric Diagnosis and Psychoses Questions

Title of the Study: Understanding Social Anxiety and Self-Disclosure in Male Friendships: A Thematic Analysis

I would like to thank for participating in my study. This study is a part of my Doctoral project that I am conducting.

Please read each statement below and sign and date the bottom to confirm that the information you provided was accurate.

- Have you been diagnosed with any psychiatric disorder? Yes or No
- If yes, what was the diagnosis or what is the diagnosis? _____
- Are you currently being treated for a psychological or a psychiatric condition? Yes or No
- Do you hear any voices? Yes or No

It is important to note that participants who have or have had symptoms of psychosis in the past will not be included in this research study.

Participants name: _____

Participants signature: _____

Date: _____

Appendix E

Liebowitz Social Anxiety Scale

liebowitz social anxiety scale (lsas-sr)

name: _____

date: _____

This measure assesses the way that social phobia plays a role in your life across a variety of situations. Read each situation carefully and answer two questions about it; the first question asks how anxious or fearful you feel in the situation; the second question asks how often you avoid it. If you come across a situation that you ordinarily do not experience, we ask that you imagine "what if you were faced with that situation", and then rate the degree to which you would fear this hypothetical situation and how often you would tend to avoid it (using the 0 to 3 scales below). Please base your ratings on the way that situations have affected you in the last week (or other agreed time period).

fear or anxiety none mild moderate severe
 0 **1** **2** **3**

avoidance never (0%) occasionally (1-33%) often (33-67%) usually (67-100%)

		anxiety	avoidance
1	telephoning in public (p)		
2	participating in small groups (p)		
3	eating in public places (p)		
4	drinking with others in public places (p)		
5	talking to people in authority (s)		
6	acting, performing or giving a talk in front of an audience (p)		
7	going to a party (s)		
8	working while being observed (p)		
9	writing while being observed (p)		
10	calling someone you don't know very well (s)		
11	talking with people you don't know very well (s)		
12	meeting strangers (s)		
13	urinating in a public bathroom (p)		
14	entering a room when others are already seated (p)		
15	being the centre of attention (s)		
16	speaking up at a meeting (p)		
17	taking a test (p)		
18	expressing a disagreement or disapproval to people you don't know very well (s)		
19	looking at people you don't very well in the eyes (s)		
20	giving a report to a group (p)		
21	trying to pick up someone (p)		
22	returning goods to a store (s)		
23	giving a party (s)		
24	resisting a high pressure salesperson (s)		
	total performance (p) subscore		
	total social interaction (s) subscore		
	total score		

Liebowitz, M. R. (1987) "Social phobia" Modern Problems in Pharmacopsychiatry
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Appendix F**Participant Consent Form**

Title of the Study: Understanding Social Anxiety and Self-Disclosure in Male Friendships: A Thematic Analysis

Please read each statement below and initial the box next to the statement to confirm you understand your rights as a participant in this study.

Please Initial Box

1. I have read and that I understand the information sheet for this study and received a copy.

☐

2. I confirm that I had the chance to understand the information about the study, and to ask questions.

☐

3. I confirm I have been given enough information about the study to allow me to decide if I want to participate or not.

☐

4. I understand that any information I discuss will be kept confidential

☐

5. I understand that confidentiality cannot be kept if the information disclosed will harm myself or to others.

☐

6. I understand that this study will be carried out in accordance with both the London Metropolitan

☐

University's Code of Good Research Practice, and the British Psychological Society's ethical guidelines.

7. I understand that I and the researcher has the right to stop the interview if I experience excessive distress.

☐

8. I understand that I have the right to not answer questions I do not feel comfortable with.

☐

9. I understand I have the right to withdraw from the study for up to three weeks after the interview. If I decided to withdraw my interview and information will be taken out of the study.

☐

10. I understand that I will participate a video conferencing interview that will last one hour. The interview will be audio-recorded.

☐

11. I understand that the researcher will use parts of my interview in the writing-up and the publication of the study.

☐

12. I understand that any personal information will be kept anonymous and that no personal information will be revealed at any time during the study.

☐

13. I understand that that once the researcher's study has been approved my personal information will be deleted.

☐

14. Please initial the box if you would like to receive
by e-mail a summary of the results of the study.

☐

I hereby agree to take part in this study:

Name of participant: _____ Date: _____

Participants Signature: _____

Name of Researcher: _____ Date: _____

Researchers Signature: _____

Appendix G

Interview Questions

1. Can you explain to me what your experience is with social anxiety?

Prompts: What physical reactions do you experience? What thoughts occur when you experience social anxiety, before and after a specific situation? Does it ever limit your abilities to do things you want to do (i.e., hang out with friends, go to parties). Do you avoid certain situations, if so, what situations do you avoid and why?

2. Can you describe to me the last time you experienced social anxiety?

Prompts: Where were you and/or what were you doing? Who were you with? What thoughts occurred, before and after? Did you experience any physical reactions? How did you cope with the social anxiety/what did you do when you experienced this?

3. Can you tell me what friendship looks like to you?

Prompts: Is maintaining good friendships important to you? What types of qualities does a good friendship have? What types of qualities does a bad friendship have? What do you personally get out of a good friendship?

4. Can you tell me how you experience feelings of anxiousness around others?

Prompts: If so, how has it influenced your friendships? Do you think your friendships would be different if you did not experience social anxiety? If so, how? Has a friendship ever had an impact on your social anxiety (i.e., made your social anxiety lessen or worsen)? If so, how?

5. Can you tell me what it is like for you getting to know someone?

Prompts: Tell me about a time getting to know someone went well? Why did it go well? Tell me about a time getting to know someone did not go well? Why did it not go well? What thoughts did you have? What physical reactions did you experience?

6. Can you tell me about a time in which you wanted to self-disclose personal information about yourself to a friend, but you felt that you were not able to?

Prompt: If so, what information did you feel like you could not self-disclose? What stopped you from self-disclosing this information? What kind of impact do you think this has had on your friendships?

7. Can you tell me about a time you were able to self-disclose information about yourself to a friend?

Prompt If so, what information did you feel like you could self-disclose? Why do you feel like you were able to self-disclose this information? What kind of impact do you think this has had on your friendships?

8. Overall, can you tell me about your experience with self-disclosure in your friendships

Prompt: How much or often do you self-disclose to your friends? What thoughts do you have surrounding self-disclosure? What impact do you think self-disclosing or not self-disclosing has emotionally on your well-being?

9. Is there anything to do with social anxiety, self-disclosure, and friendships that I have not asked you about, but you think would be important to share?

End of interview questions:

- Is there anything else you would like to discuss that you feel is significant that I did not ask you about? If so, would you like to discuss it now?
- How are you feeling about the topics that were discussed?
- How has your experience been with participating in this interview?
- Is there anything else you would like to discuss before we conclude this interview?

Appendix H

Debriefing Form

Title of the Study: Understanding Social Anxiety and Self-Disclosure in Male Friendships: A Thematic Analysis

I would like to thank you for participating in my study. This study is a part of my Doctoral project that I am conducting. If you would like a copy of your interview transcript and summary of the findings, please let me know and I will email these documents to you. Also, if you have any questions or concerns about the study, please let me know.

You are able to contact me at any time regarding questions about the interview or study. My email address is: KAC0627@my.londonmet.ac.uk. I will be checking my emails daily. Please remember that if you wish to withdrawal from this study it should be done three weeks prior to the submission date.

If you experience any concerns, issues, or distress that you wish to discuss further, I have provided a list of organizations below that will be able to support you.

I. TAP - Team Around the Practice:

Barnes House 9-15 Camden Road London NW1 9LQ Tel: 0207 911 0822 Web:
www.mindincamden.org.uk/services/tap

- Individual and/or group sessions for over 18s, who are living in and accessing a GP in Camden.
- Social space to meet others and make friends in a supportive environment.

II. The Inner-City Centre for Psychotherapy:

Locations throughout London Tel: 020 7247 1589 Web: www.icclondon.org.uk

- Reduced fee daytime weekly sessions
- There is no specific time commitment in terms of therapy duration

III. **Anxiety UK - CBT helpline** is open Monday to Friday on 03444 775 774

Text Service: 07537 416 905 Web: www.anxietyuk.org.uk

- Therapy can be face-to-face, phone or webcam. Offers CBT, hypnotherapy, counselling
- There is an annual membership fee, and fees are based on a sliding scale depending on your income

IV. **Care First** - telephone and online support. Tel: 0800 197 4510

- Telephone service from Monday to Friday 5pm-9am. It is 24 hours at weekends
- Qualified Care First counsellors provide guidance on a range of issues, from things happening at home to university life

V. **Samaritans** - 24-hour confidential support. Open every day, Tel: 116 123

Web: www.samaritans.org

VI. **Nightline** - free confidential support and practical information for students 6pm - 8am

term time. Tel: 0207 631 0101 Email: listening@nightline.org.uk

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Appendix I

Section of one transcript with notes

Thomas

557 think. And I would struggle to call someone, my friend, if they

558 were kind of resisting things about me, even if they

559 disagreed, you know, as long as they kind of accept and kind

560 of have a positive disagreement about something, um, I can

561 really get along with those sort of people, or if they if they

562 kind of resist those things, and it's kind of simmering in the

563 background, and they don't like this about me, um and they

564 won't accept it. That's when I kind of really struggle to get

565 along with people. Um one, those are a few more points, I

566 guess. It's difficult to pin down I think it is quite hard

567 question. I would say.

568 I: I think you answered it quite well, actually. Um, I do have

569 kind of just jumping off of that. So, I know you mentioned

570 what it sounds like to me. Openness is one of the biggest

571 things. So being able to kind of really be yourself really kind

572 of have your sense of humour, people be able to understand

573 that you're joking, hopefully, maybe have the same kind of

574 humour as you find it funny. Um not being able to hide

575 yourself. So, I'm wondering that cuz I know you mentioned

576 earlier as well, kind of trust issues a bit.

577 P: Yeah, yeah.

578 I: So, wondering how you how you, kind of managed maybe

579 getting past some of those maybe boundaries or trust

580 issues, you have to that openness that you're mentioning,

581 that kind of sounds like that is important quality for a

582 friendship, if that question makes a bit of sense.

583 P: Yeah, no, it does. Um so, I mean, the main thing is, so

584 that that kind of emotional barrier that is kind of a trust issue,

585 is very kind of all encompassing, and it applies to everyone

586 that I meet. So, in a way, I guess, it's almost like a sort of

587 traumatic response, you know, um, you know, it's my brain

557 could not maintain
friendship if felt
he was not being
accepted.

562 Feels he can't
be true self, leaves
him feeling rejected

584 Cannot trust
anyone & leaves
him feeling alone/
disconnected

Struggle to call someone
friend if they didn't
accept all parts.
- True self.

Accepting

- Resist parts

Resist parts of me
it simmers in background

Struggle to get along

difficult to pin down.

Emotional barrier
trust issue

all encompassing
- blanket emotion

traumatic response
- Protection?

588 kind of putting up that defence barrier. Um, but I am aware of *defence mechanism*
 589 that, that's the main thing. And so, to an extent, when I have *aware of it*.
 590 these feelings, I am aware that they are just feelings, and *aware of thoughts/feelings*.
 591 they are a little bit artificial. You know, it's just the way that *feelings are artificial*
 592 my brain is making me interpret the world. And it's not *brain is making him see the world*
 593 actually how things are, you know, necessarily, maybe
 594 sometimes, it's right, I don't know, some people are not very *Some ppl aren't nice*
 595 nice. Um, so, I guess recognising that is the first thing. Um,
 596 but that's, I think the main thing that helps you break it down,
 597 though, is generally just spending time with someone, *Consistence w/ someone*.
 598 consistently over time. So, I've got this friend anyway, called
 599 *friend name* and actually, a photo of him staring at me on
 600 the wall reminded me. So, what did he tell you? When I first
 601 met him, I'd say it's probably not the sort of person I thought
 602 I'd be friends with, because he's kind of like laddish, but at
 603 least so I thought, anyway. Um, kind of as I've just spent, *consistant time w/ friend*
 604 like, loads of time with him eventually. And I speak to my
 605 most nights anyway. Um, yeah, the barriers have just *barriers disappeared*
 606 completely disappeared. And he's not that laddish really,
 607 he's quite soft. But I guess the point really is, you know, um,
 608 my kind of first impressions of people, and when I put up that *coming up alot*
 609 kind of everything, no, I don't trust you sort of barrier. Um *I don't trust you*
 610 that's it, it's just kind of artificial, it doesn't actually reflect *barriers are artificial*
 611 what's happening. So, I recognise that, and then, I mean, I *doesn't reflect reality*
 612 suppose I build friendships with people by just consistently *- contradicts self? - internal battle.*
 613 spending time with them. And the barriers kind of drop, *build friendships by consistently spending time together.*
 614 because you realise, you know, something terrible isn't going *realise nothing bad will happen*
 615 to happen, you know, they're not going to, you know, ruin *they won't ruin your life or torment you.*
 616 your life or torment you generally. And occasionally, I do still *- Past experience.*
 617 meet people who are like that. There's always going to be
 618 people like that anyway. But, you know, if you're spending

time allows
for trust to develop
+ feelings of
closeness.

lack of trust
allows for him to
distance himself &
not feel closeness.

time allows
for trust to develop
+ feelings of
closeness w/ others.

time allows
for him to see a
person's true self
and develop trust.

619 time with people, you know, you genuinely, you learn what
620 sort of person they are. Um, but there's no, there's no kind of No magic trick
621 magic trick to it. Um, you know, it takes a lot of time, I'd say, takes time
622 which is quite difficult, because when it comes to, you know,
623 say, people at work, who you only see maybe once a week,
624 or one hour a day, often one hour a day is actually quite

625 long, but it's more that you know, people you don't interact PP1 you don't interact and
626 with a lot, it can be pretty difficult to kind of break those W/ difficult to break
627 barriers down. Because you're not having a sort of personal those barriers.
628 relationship with them it's more kind of association, or kind of Personal vs Professional
629 more professional relationship. So, it can be hard to break it relationship.
630 down with them but, um, I'm conscious about rounding the hard to break down
631 question of properly, would you be able to repeat the barriers.
632 question, just so I can.

633 I: No, your fine. yeah. So, I was just curious how you, I
634 guess, almost maybe get over that emotional barrier, and it
635 kind of sounded like you kind of answered it a bit. So how
636 your kind of, I guess kind of, you know, there's kind of maybe
637 the emotional barrier that you have, like you said, it's kind of
638 just a blanket that you have for every individual you meet.

639 P: Yeah yeah.

640 I: So how your kind of, I guess get break that down a bit and
641 kind of get into that what sounds like a bit more of a deeper
642 friendship?

643 P: Yeah. So, I guess just to reiterate, the first step is just
644 recognising in my own. So, me recognising that it's, you recognising it's in my head
645 know, it's in my head. And then I suppose building deeper self-evaluation
646 friendships, is just spend time with them really over time. deeper friendships is
time.

647 And then I don't know my friendships just kind of happened
648 accidentally, you know, I'm not, I don't meet someone and friendships happen
649 say, oh, I'm going to be really good friends with that person, accidentally
doesn't set out friends?

619 time with people, you know, you genuinely, you learn what
620 sort of person they are. Um, but there's no, there's no kind of No magic trick
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648 accidentally, you know, I'm not, I don't meet someone and friendships happen
649 say, oh, I'm going to be really good friends with that person, accidentally
doesn't set out friends?

Will not seek out friends & developing trust, leaves him alone.

650 I'm going to actively go out my way to spend loads of time with them. Um, I don't know if people do do that. Um

651 Questioning others behaviour

652 personally, I don't think I've ever done that, I just kind of I

653 don't know, I just fall into friendships, I would say. Fall into friendships

654 I: Definitely and do you think maintaining a, sorry, do you

655 think maintaining good friendships is important to you?

656 P: Um in principle, I would say yes. Because I know how

657 important it is my mental health but it's very easy for me to

658 suddenly become distance from people. Because it's almost

659 like I get back to that breathing space, that makes me feel

660 quite safe. Um so it's, it's very easy for me to withdraw from

661 those things. But, um, that's not to say that, in theory, you

662 know, friendships aren't important. Um it's just difficult to kind

663 of maintain in practice. Um but yeah, I would say maintaining

664 good friendships, is important to me. Um even though

665 sometimes I might not put enough effort into it. I would say,

666 but to answer your question, yeah.

667 I: And kind of just piggybacking off of that, so I know, you

668 mentioned that sometimes, maybe you don't put enough

669 maybe effort into it.

670 P: Yeah, yeah.

671 I: Any specific reason, maybe at times, while you why you

672 don't feel as though you put enough effort into maybe

673 maintaining some of those friendships.

674 P: Hmm So, I mean, there's probably a few points that I can

675 draw from it. Um I mean, the first one that popped into my

676 head, is I don't know what the social boundaries are for a

677 proper friendship. And so, I'm always kind of second

678 guessing myself and thinking, have I spoken to this person

679 enough? Like did I did I reply to that text in the right way?

680 You know, the last time I spoke to that person, was my tone

Finds it easier to withdraw from others and feel lack of closeness.

Frustrated w/ self that he doesn't put effort into feeling close to friends.

Questions own judgement in maintaining boundaries.

Will not go out of way to develop trust. - feels lonely?

Easy to distance from people - old habits.

breathing space = safe.

Very easy to withdraw alone - isolate.

theory friendships are important - Real life?

difficult to maintain in practice - struggles to keep friends

Maintaining friendships is important. - struggles to maintain

Feels he doesn't put enough effort into it sometimes. - Self-blame.

doesn't understand social boundaries for proper friends - What's acceptable?

questioning / second guessing self.

681 wrong? Because sometimes I feel that that kind of anxiety anxiety makes him
 682 makes me a little bit off standish. You know, to some people, stand offish.
 683 I can come off completely the wrong way. Um but, it's just distant
 684 the way kind of words come out. Um but then, I mean, all the comes off wrong way?
 685 time, I feel like because I withdraw from social situations so withdraws from social
 686 much. You know that that can also extend to little things like situations.
 687 replying to texts in time, um not times, not as in deadlines alone - lonely - distant
 688 but quickly enough, you know, I have a habit of leaving habit of leaving things.
 689 things. Um just because even if I get a text from someone, text = social interaction
 690 I'm like, that's a social interaction that I could reply to in a bit
 691 if I'm feeling anxious. And so, I guess I always feel kind of feels anxious to reply later
 692 guilty, really, you know, someone sent me a text, I'm just sort feels guilty.
 693 of there, brushed it off. Um, but also, I don't know, I mean, I he bent a social bond?
 694 guess I am quite annoyed at myself really, after not kind of annoyed at self.
 695 putting in a lot of time and avoiding a lot of situations, which I avoids a lot of situations
 696 understand, like, when I'm in those situations, the first thing in social situations first
 697 that I want to do is get out of them generally, you know, for thought is to get out.
 698 example, when I went to that kind of pool and snooker thing,
 699 I went in there like, you know, this is this is the right thing, I
 700 want to do this and like I need to meet people, and after Need to meet people
 701 about half an hour, I was like, the first thing that I want, the
 702 only thing that I wanted to do is get out of here. And I always wants to get out.
 703 get quite mad at myself. And I'm having that mindset. Um Mad for having that mindset.
 704 you know, avoiding things because when I'm kind of on my avoids - on his own he's
 705 own and comfortable, and I really need to kind of do comfortable.
 706 something about this. And when you know, when I'm in a
 707 bad situation, it's like you flight I need to leave. Um that's bad situation? - what is
 708 another reason why I don't put a lot of effort in. And I think flight response.
 709 that's probably all the points I can think of now. don't put in a lot of
effort
- he try to create distance before
anyone else can?

681 Self-disclosure
 682 Views
 683 himself as distance
 684 becomes distance
 685 w/ others

687 Feels disappointed
 688 w/ self that he
 689 is not closer w/
 690 people

694 Frustrated w/ self
 695 for not feeling
 696 close w/ people

702 desire to feel closeness
 703 frustration at self
 704 for not having that

Appendix J

An example of the participant's emergent codes with Line Numbers

Thomas

Anxiety impacts all areas of life [79-80]
 Isolates himself from new people [83-84]
 Close friends he can be his true self [85-85]
 New people he withdrawals [88]
 New relationships hard to trust, which holds him back from feeling closeness [91-93]
 Used by friends, caused long-term trust issues, and developing close friendships [97-100]
 Used by friend, caused him to question self [103-107]
 Lacks closeness with others and feels lonely [110-112]
 Bases his self-confidence on others [114-121]
 Struggles to connect with masculine stereotypes and feels rejected by social norms [138-143]
 Does not fit in with societies norms of men and feels out of place [144-145]
 Lacks confidence as does not connect with societies views on men [148-156]
 Compares himself to societies views on men and feels like an outcast [160-166]
 Questions identity as does not fit into societies view on men, and feels lonely [167-174]
 Struggles to express own opinions, fearful he will be rejected [178-182]
 Felt he did not belong and felt alone [186]
 Avoids conflict as a way to avoid upsetting others, leaves him feeling disconnected [187-193]
 Keeps to peace with others, but avoids keeping the peace inside, leaving him feel alone [193-196]
 Physical symptoms [209-215]
 Unable to re-direct thoughts, and increases anxiety [255-261]
 Feels stuck in struggle with anxious thoughts and increases anxiety [265-272]
 Physical symptoms [283-287]
 Feels a sense of relief after social situation, the anxiety has lifted [296-301]
 Felt unstable emotions after social situations, impacts his views on socialising [306-308]
 Transition to university felt emotions were unstable and lead him to feel isolated [311-317]
 Mix of emotions after social situations, leaves him feeling drained and alone [323-327]
 Small uplift after feeling closeness, followed by bigger lows feeling alone [328-331]
 Struggles to connect with guys who confirm to social norms as he feels like an outcast [344-348]
 Doesn't understand social rules and feels isolated and low self-esteem [349-352]
 Barrier to feelings closeness is always there, leaves him feeling alone [355-356]
 Covid has improved social anxiety, he is able to avoid social situations if overwhelmed [366-373]
 Transition to university caused panic as could not cope with a lot of people [374-376]
 Covid allowed for avoidance of people and decrease in social anxiety [380-387]
 Covid allowed him to stay in an environment he felt safe and not experience anxiety [388-391]
 Easier to connect with others online as he can walk away if need to get distance from anxiety [393-396]
 Covid took away ability to feel connected and left him feeling depressed [402-407]
 Compares himself to others, feels less connected to people [433-434]
 Transition to university caused him to compare himself feeling less connected [445-448]

Views social anxiety as helpful, may cause him to continue feeling less connected [459-463]
Suffering with social anxiety is helpful, doesn't see how it could be harmful [464-465]
Trying to accept social anxiety and not let it overpower him [475-480]
Doesn't feel closeness with people [489-492]
Struggles to understand healthy relationships, leaves him feeling disconnected [493-494]
Doesn't understand development of friendships and feels distant [496-501]
Is unable to trust others and accept friendships, leaves him feeling alone [503-505]
Sees his interpersonal difficulties beyond change, and feels defeated [506-507]
Struggles to understand what friendship means to him and feels lack of closeness [517-518]
Being true self is important in maintaining friendships [529-531]
Important to not hide self in friendships [542]
Friendship is about being self and feeling connected [548-553]
Could not maintain friendship if felt he was not being accepted [557-558]
Feels he cannot be true self, leaves him feeling rejected [562-565]
Cannot trust anyone and leave him feels alone/disconnected [584-587]
Time allows for trust to develop and feelings of closeness [603-606]
Lack of trust allows for him to distance self and not feel closeness [608-609]
Time allows for trust to develop and feelings of closeness with others [612-616]
Time allows for him to see a person's true self and develop trust [619-621]
Difficult to build trust with people you don't spend a lot of time with [625-629]
Does not actively seek out friendships due to lack of trust and feels alone [647-648]
Will not seek out friendships and developing trust, leaves him alone [650-651]
Finds it easier to withdraw from others and feels lack of closeness [657-661]
Frustrated with self that he doesn't put effort into feeling closeness with others [662-666]
Questions own judgement in maintain social boundaries [676-678]
Views himself as distant and becomes distant with others [681-683]
Feels disappointed with self that he is not closer with others [685-692]
Frustrated for not feeling closed with others [694-697]
Desires to feel closeness and frustration at self for not having that [700-708]
Struggles to understand what healthy friendship feels like and withdraws [715-718]
Felt outside the group at university house [726]
Learned to accept anxiety and put effort into friends despite anxiety [763-765]
Finds when friends are critical helpful as shows they are honest [770-771]
Expectations that you must gain something from friendships, or they aren't worth it [774-781]
Social anxiety impacts all areas of life [799-801]
Views social anxiety as impacting his friendships and feeling less connected to others [804-808]
To trust someone, he needs to figure out their intentions [827-830]
Worried people have bad intentions and creates a barrier [831-833]
Looks for the bad in people, to avoid getting close [834-835]
Looking for qualities to not like, to create distance so he doesn't get hurt [841-846]
Powerless to his emotions about people and feeling distant from them [848-852]
Frustration for always lack of trust with others and not feeling connected [857-860]
Frustration with self for distancing himself from others before they can hurt him [860-864]
Creating distance from others is natural response [865-866]
Friends are different to him he is unable to trust them and develop closeness [870-874]
Needs to understand people intentions before he can trust them [876-877]
Feels powerless over not trusting others and not feeling close with others [880-884]
Struggles to trust others and maintain friendships and feeling of closeness [896-900]

Friends have to display certain qualities to allow for trust and closeness [902-907]
If he cannot gain trust, he will not be able to feel connected with others [908-914]
Holds back disclosing due to fear of rejection and doesn't feel connection [957-962]
Rigid rules of what's socially accepted to disclose, and this leaves him feeling alone [966-966]
Struggles to disclose as fearful of rejection then he doesn't get the support he wants [969-975]
Desires to disclose and feel close to others [982-983]
Difficult to disclose and feels alone [1005]
Doesn't disclose to friends at university and feels distant from others [1009-1012]
Difficult to disclose and feels unable to be true self and connect with others [1015-1016]
Comfortable disclosing to people he doesn't know as no expectation from them [1021-1025]
Distance self the more meaningful a friendship is, as he doesn't want to get hurt [1029-1030]
Easier to disclose to people he doesn't know as no expectation [1055-1062]
Depends on friends' qualities if he can disclose [1078-1079]
Time allows for trust and feelings of closeness [1094-1095]
Able to disclose surface level information, struggles to disclose deeper [1100-1101]
Trust allows for fears of being taken advantage of to subside [1109-1111]
Trust can be built through others showing they are understanding/listening to him, allows for him to disclose [1134-1141]
Consistency allows for trust to develop [1145-1146]
Consistent fear people will use his information against him, causes him to not disclose [1151-1155]
Belief you can only disclose if you're in a positive headspace or else it can be overwhelming [1179-1181]
Views disclosing as a way to challenge mental health, but not as a way to develop friendships [1185-1190]
Disclosing makes him confront emotions he was avoiding [1206-1209]
Disclosing can allow for emotions to surface which is overwhelming [1212-1214]
Feels hopeless he'll never be able to disclose and feel close to others [1217-1219]
Disclosing forces him to confront emotions he's been avoiding and feels overwhelmed [1221-1223]
Understands short-term vs long-term impact of disclosing, struggles to put it into practice [1227-1228]
Worried disclosing would impact friendships and loose connection [1243-1246]
Anxious if he disclosed it would impact friendships and would feel alone [1260-1264]
Instant short-term negative effects of disclosing that cause him to hide his emotions and feel alone [1268-1269]

Appendix K

Preliminary main themes and subthemes

Thomas

A. THE PROCESS THAT MAKES SELF-DISCLOSING DIFFICULT

Fear of vulnerability causes distance from others

- ***Finds it easier to withdraw from others and feels lack of closeness [657-661]***

'it's very easy for me to suddenly become distance from people. Because it's almost like I get back to that breathing space, that makes me feel quite safe. Um so it's, it's very easy for me to withdraw from those things.'

- ***Creates distance the more meaningful a friendship as he doesn't want to get hurt [1029-1032]***

'It's almost like the closer I get to someone. Um, you know, sometimes it can actually put-up barriers, like, maybe it depends on person. I don't know. Um, yeah, I mean, that's a bit complicated.'

- ***Looks for bad qualities in people, to avoid getting close [838-346]***

'Whenever I come across something and someone, maybe it's it is anger, or spite, maybe someone can be smug, and look down on people. Um as soon as I find that one thing, for a while I go through a phase of really, really disliking someone, but I can't control it. And it's, I can't really, it's difficult, but it's like any sort of relationship, start building, you know. Find one thing that I don't like about someone, the entire thing can just collapse, or just really sour, and I become very distant.'

The role of trust in self-disclosing

- ***Consistent fear people will use his information against him, causes him to not disclose [1151-1155]***

'I must be in a position where I know that he's not going to use it against me, he's not going to gossip about me...But I guess that's how you know you trust someone. Um yeah, they showed interest and yet, you know, they're not vindictive.'

▪ ***Unable to trust others and accept friendship, causing him to feel alone [498-506]***

'There can be people I speak to quite often, and who I think is really nice, and I really good conversations with and get along with, because I still have these kinds of emotional barriers towards, I suppose, feeling positively about people...Because they're always, it's almost like, I don't trust them, that can be really difficult to realise when I've kind of got a relationship with someone.'

▪ ***Time allows for a person's true intentions to be discovered [618-622]***

'If you're spending time with people, you know, you genuinely, you learn what sort of person they are. Um, but there's no, there's no kind of magic trick to it. Um, you know, it takes a lot of time, I'd say, which is quite difficult.'

Powerless over emotions and behaviours causing withdraw

▪ ***Views his interpersonal difficulties beyond change and feels defeated [505-507]***

'Um which is a very complex point, I think it's very difficult to get over. Um I think any amount of therapy would really help.'

▪ ***Feels powerless to his emotions about people and feels disconnected [848-852]***

'I can't control my emotions when it comes to people. Um, I kind of always go through these phases of like, building up kind of, you know, I'll meet people, I'll speak to them, I'll build up, you know, some sort of report, but then I'll start getting really paranoid.'

▪ ***Feels disclosing allows for repressed emotions to surface which is overwhelming [1206-1214]***

'The floodgates, honestly, it was like when you start unearthing, all these psychological problems, that you've been kind of burying for so long, um it like the kind of feelings can

get a bit more intense. And because you're talking about it doesn't mean that these problems going to go away. That's not the case. And sometimes you can actually find problems that you didn't really know were there, because they were buried down so deeply. '

B. LACK OF SELF DISCLOSURE DUE TO THE NEED TO BE ACCEPTED

Societies view on men leaving feelings of isolation

- ***Questions self as does not fit into societies view on men and feels lonely [167-174]***

'You have a bit of an identity crisis... everyone's trying to kind of work out what their identity is. And that for me anyway, it was like, well, I don't really align with this kind of traditional idea of what it means to be a man. Um, so that definitely caused a lot of anxiety when I was younger, especially at the start of uni. '

- ***Does not fit in with societies norms of men and feels out of place [143-151]***

'I'm not kind of outwardly lads sort of thing... I really don't fit in with it...But I do find that I say, if I'm putting in a social situation, particularly where there's kind of a group of lads, it's just difficult for me to speak to them, because, you know, I get the kind of brain fog that comes with anxiety, or I'm struggling to kind of think what I'm saying, getting words out. '

- ***Struggles to connect with masculine stereotype and feels rejected by society [154-158]***

'Views on masculinity, shapes young men sort of confidences, you know, and how that kind of impacts their social anxiety... but I've had that it's definitely had an impact on it. '

Intrinsic need to be a part of the group

- ***Felt he did not belong in the group [721-737]***

'I recently kind of moved out of the house...I'm in a new one now... there was just this group of girls in there. And I don't know... they kind of grouping up together... and

they would always kind of, you know, make comments to people especially me... Um yeah, that definitely made me feel worse.'

- ***Does not disclose due to fear of not being a part of the group and feels alone [1257-1265]***

'I wouldn't disclose how... the way they spoke to me, made me feel insecure, for example, because that would cause such a problem in the house, it would cause so many arguments, I would feel like shit, I feel anxious, because I've got something out in the open that ordinarily trying to hide away. And you know that that upsets social boundaries that already exist, because now it's like, well, how do I interact with them? Now that this piece of information is out there? This yeah, this changes everything.'

- ***Worried disclosing with impact his place in group and loose connection [958-962]***

'I just couldn't tell the people that I was living with about that stuff. Um plus, I don't know what their reaction would have been to be honest. And that that's probably an indicator like that. That's probably a reason why I've got barriers there as well.'

Self-esteem is directly related to external sources

- ***Feels he cannot be his true self, and leaves him feeling rejected [560-564]***

'I can't really get along with those sorts of people, or if they if they kind of resist those things, and it's kind of simmering in the background, and they don't like this about me, um and they won't accept it. That's when I kind of really struggle.'

- ***Compares himself to others and feels less connected to people [432-448]***

'Kind of comparing yourself to the people... when I came to university, you know, what I came from quite a normal place... I came to uni, met lots of people from all over the world... I really felt like that put me in a kind of disadvantage, on a back

foot. And that is definitely one thing that you think about quite a lot was kind of comparing myself, these people come from more privileged backgrounds.'

▪ ***Self-confidence is based off others [113-115]***

'It's just um kind of constantly fretting and being worried about what people are thinking and sort of being judged.'

C. IMPACT OF NOT SELF DISCLOSING

Transition to university left him feeling alone

▪ ***Does not disclose at university and feels distant from others [1005-1016]***

'But it's difficult to disclose those things...let's just say like just feeling anxious in genera... Um, yeah, it's not something I really disclose to many people to be honest. And if I did, for example, I don't disclose it to anyone at uni. Um, or at least I used to not want to, um, it's right, it's a difficult question, I'll explain why. So, I have this, I have this kind of emotional barrier against disclosing these things to people'

▪ ***Transition to university cause him to feel as though he could not cope [373-376]***

'In first year, I was having panic attacks in lectures, you know, I'd always make sure that I had it, I think the main thing was being surrounded by people.'

▪ ***Transition to university felt emotion were unstable and leads him to feel isolated [308-312]***

'I'll go into like a really intense kind of depressive episode, around two to three hours. But they were really intense. Like, it wasn't just like, a bad mood, it was like, very intense. And I remember when I first started University anyway, you know, we didn't get well.'

Difficulty with self-disclosing which impacts feeling closeness to others

▪ ***Difficult to self-disclose and feels alone [981-983]***

'I just kind of sat there on the sofa, being really quiet. And I really wanted to tell people like what was actually happening in my head.'

▪ ***Does not disclose in friendships and feels disconnected [584-588]***

'That kind of emotional barrier that is kind of a trust issue, is very kind of all encompassing, and it applies to everyone that I meet. So, in a way, I guess, it's almost like a sort of traumatic response, you know, um, you know, it's my brain kind of putting up that defence barrier.'

▪ ***Does not feel closeness to others due to lack of disclosure [489-492]***

'I guess I can find it pretty difficult to kind of assess what my relationships are actually like. And I think that's just because of my experiences of being so distant from people.'

The role of not self-disclosing on the self

▪ ***Feels hopeless he'll never be able to disclose and feel close to others [1217-1219]***

'I don't know, I suppose there's a lot of things I'm just not comfortable talking about really. Um but I think I've probably always going to be the case.'

▪ ***Disappointed in self that he is not closer with others [685-695]***

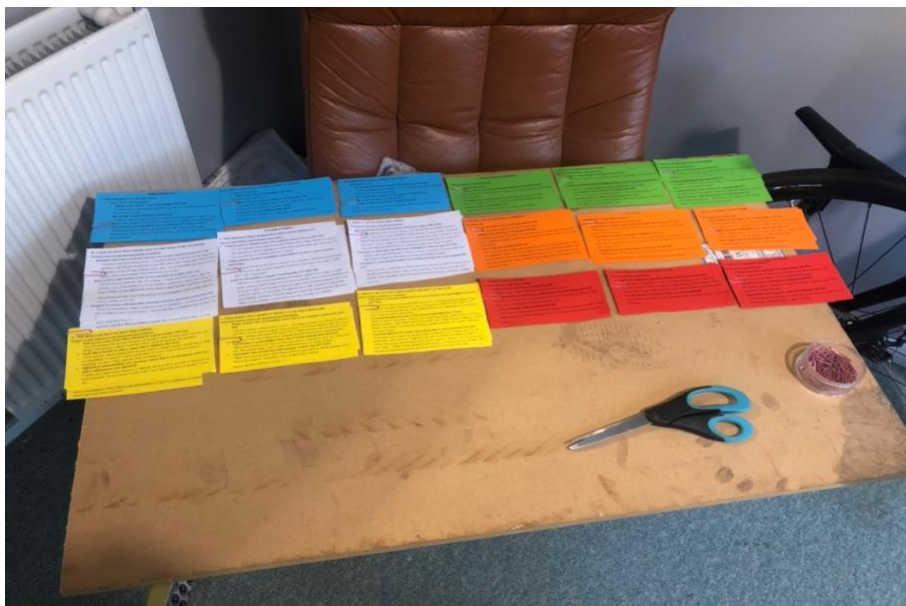
'I withdraw from social situations so much... Um just because even if I get a text from someone, I'm like, that's a social interaction that I could reply to in a bit if I'm feeling anxious...I always feel kind of guilty... someone sent me a text, I'm just sort of there, brushed it off. Um, but also, I don't know, I mean, I guess I am quite annoyed at myself really, after not kind of putting in a lot of time and avoiding a lot of situations.'

▪ ***Frustrated with self for not putting effort into building friendships [662-665]***

'Friendships are important. Um it's just difficult to kind of maintain in practice. Um but yeah, I would say maintaining good friendships, is important to me. Um even though sometimes I might not put enough effort into it. I would say.'

Appendix L

The process of creating the subthemes and main themes for all the participants



Appendix M

London Metropolitan University Ethical Approval

PSYCHOLOGY: SUBMISSION

You must submit your Psychology Project Proposal and Ethics Application Form in **electronic form** (only) as follows:

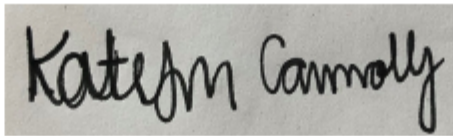

1. Prepare a **single MS Word file**, including all attached material (if any) at the end of it;
2. **Sign it**, and **make your supervisor sign it** (signatures can be picture files of scanned signatures);
3. **Rename the single MS Word file** using the following convention and format:
Ethics_Course Code_Student Surname_Student ID number
4. e.g., Ethics_MPhil-PhD_Bond_0000007 or Ethics_Staff_Bond
5. Submit the single and renamed MS Word file via Weblearn on *Psychology Research Ethics Community* (visible under *My Organisations*), **using the course-specific submission link**.
6. **Alert** the Chair of the Psychology Research Ethics Review Panel (RERP) by email.

The Psychology Project Proposal and Ethics Application Form must be complete and signed. Incomplete and/or unsigned forms will not be assessed and will require **resubmission at the next opportunity**.

The researcher must inform the supervisor of any changes to the proposed research that may alter the answers given to the questions in this form or any related research ethics applications. The supervisor will then either approve the changes or ask the student to resubmit the Project Proposal and Ethics Application Form.

Declaration

I confirm that I have read London Met's *Research Ethics Policy and Procedures* and *Code of Good Research Practice* and have consulted relevant guidance on ethics in research.

	Name	Signature	Date
Student	Katelyn Connolly		24.11.2020
Supervisor	Dr Raffaello Antonino		23.11.2020
Principal Investigator			

PSYCHOLOGY: REVIEW**Reviewer**

Enter **X** in correspondence with one and only one of the following statements:

C	Clear without amendment.	x
M	Clear conditional on the requested changes being made (minor modifications). ⁴	
R	Revise and resubmit (major modifications). ⁵	

Comments (required for M and R referrals).

	Name	Signature	Date
Referee	Dr Sarah Snuggs		04/12/20

⁴ The project must be revised. The revised project has to be approved by the supervisor **only**. The revised project, signed by both student and supervisor, must be submitted, for auditing purpose, via the **Minor Modifications Archive** [submission link](#)

Fwd: Research Ethics application form – kac0627@my.londonmet.ac.uk (All Mail)

AL

Angela Loulopoulou

Fwd: Research Ethics application form

To: Katelyn Connolly, Raffaello Antonino,

Reply-To: A.Loulopoulou@londonmet.ac.uk

Inbox – kac...londonmet.ac.uk 14 December 2020 at 09:54

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1▼

Dear Katelyn,

please find attached your fully approved Ethics application form.

Kind Regards,

Angela

Dr Angela Ioanna Loulopoulou PhD; AFBPS; FHEA
(she/her)

Principal Lecturer in Counselling Psychology
Programme Director of the Professional Doctorate in Counselling Psychology
School of Social Sciences
 Member of the Global Diversities and Inequalities research centre
 Chair of Subject Standards Board for PG Psychology
 Chair of Ethics Review Committee for PG Psychology
 Lead for Postgraduate Psychology

Office hours 9.30-17.00 Monday to Friday
 Please email me if you would like an appointment.

Contact address:
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 166-220 Holloway Road
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All teaching at London Met is now being delivered online.
 Find out more about how we're supporting our students and staff:
[Coronavirus information page](#)

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Appendix N

Distress Protocol

Protocol to follow if participants become distressed during participation:

This Distress Protocol is designed to deal with the possibility that some participants may become distressed during the interviews while discussing their experiences self-disclosure within friendships. Although participants do not necessarily belong to a clinical population, they might experience psychological distress due to the nature of the topics discussed in the interview

As a Trainee Counselling Psychologist at London Metropolitan University the researcher has experience in managing situations where distress occurs because of his clinical training in counselling psychology. It is not expected that extreme distress will occur, or that action will become necessary. However, In the situation where participants do become distressed, the following action will be taken to ensure the wellbeing of the participants.

Mild distress:

When mild distress occurs, it is important to look out for; tearfulness, participants voice becoming shaky with difficulty speaking. Also, it is important to look out for participants becoming distracted or restless.

In such cases appropriate action will be taken. The researcher will ask the participant if they are happy to continue. The researcher will offer the participant time to pause and compose themselves. Finally, the researcher will remind the participant they can stop at any time they wish if they become too distressed.

Severe distress:

Severe distress can be identified by signs such as uncontrolled crying, uncontrollable tremors, inability to talk coherently, panic attacks, hyperventilation, fear of impending heart attack, and intrusive thoughts of the traumatic event (e.g., flashbacks).

In such cases appropriate action will be taken. The researcher will intervene to terminate the interview. The researcher will begin the debrief will begin immediately and employ relaxation techniques to regulate breathing and reduce agitation. The researcher will recognize participants' distress and reassure that their experiences are normal reactions to abnormal and distressing events. If any unresolved issues arise during the interview, the researchers will validate their distress, but suggest that they discuss with mental health professionals and remind participants that this study is not designed as a therapeutic intervention. Finally, the researcher will offer the participant details of counselling and therapeutic services.

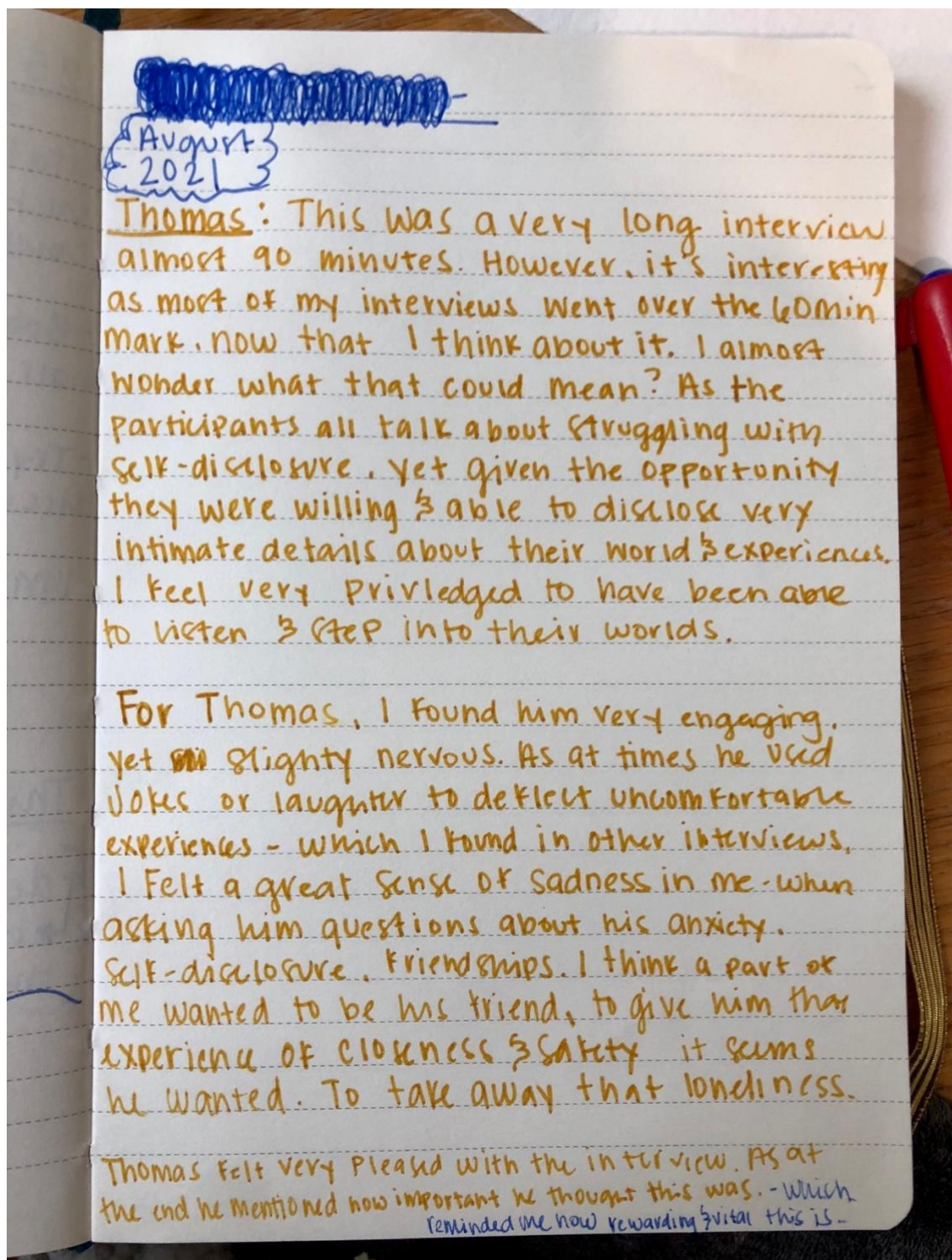
Extreme distress:

Extreme distress can be identified by signs such as severe agitation and possibly verbal or physical aggression. In extreme cases psychotic breakdown can take place where the participant relives traumatic incidents and begins to lose touch with reality.

In such cases appropriate action will be taken, in order to maintain the safety of participant and researcher. If the researcher has concerns for the participant's or others' safety, the researcher will inform them that she has a duty to inform any existing contacts they have with mental health services. If the researcher believes that either the participant or someone else is in immediate danger, then she will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric team. If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment.

Appendix O

Extracts from my Reflexive diary



T-le-transcribing Thomas (January 2022) Analysis

- I am in the middle of doing my first stage of my analysis. I feel a sense of almost sadness when reading over this interview. The participant doesn't have many friends as he has a strong belief that he cannot trust anyone. He has a strong belief everyone has bad inside them. I just can't help but think that is such a sad/tiring/lonely way to live.
- After finishing the initial comments on this interview I'm a quiet ~~ex~~ intrigued at this interview.
- he views SD as a pragmatic/therapeutic tool to help himself understand emotions. he does not seem to see the link at how this could help build relationships.
- Almost theory vs. Practical for him.
- You can almost see he desire friendships but can't seem to get there.
- Seems lonely or empty to me.

T-6 - Thomas -

• table of themes - reflection

- been really difficult creating a table of themes. I think what I find most difficult is the amount of themes & trying to reduce & consolidate.
- Its so hard to figure out whats not as important compared to others.
- and making sure those themes fit your RA - Actually fit. At times I worry if I'm making them fit my RA.
- You want to make sure your participants voice is heard. I think that is always weighing on your mind.

Thomas.

T-6 table of themes reflection

- Still struggling at times to discard themes. As I am so nervous to get rid of themes that could be important. I just keep trying to keep my research question in mind & really think if it is answering it. - I find myself holding onto themes that are more personal to me. instead I need to let the participants voice speak for the research. I need to stop & take a break & come back w/ a fresh mind

Master table themes

• 22.04.22

- Starting to work on my master table of themes. It feels very over-whelming at the moment. I am unsure how I am going to take a table of individual themes into one matter.
- d - I have just been sitting & staring at all my themes for the past hour.
- I need to cut out each superordinate that way I can re-organise them. Then I can begin to look over all transcripts & look for convergent & divergent.