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#THISISWHATANXIETYFEELSLIKE: TWITTER USERS' NARRATIVES ABOUT  
THE INTERPERSONAL EFFECTS OF ANXIETY

by

Raechel B. Russo

A thesis submitted in partial fulfillment  
of the requirements for the degree

of

MASTER OF SCIENCE

in

Marriage and Family Therapy

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UTAH STATE UNIVERSITY  
Logan, Utah

2020

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## ABSTRACT

#ThisIsWhatAnxietyFeelsLike: Twitter Users' Narratives About the Interpersonal  
Effects of Anxiety

by

Raechel B. Russo, Master of Science

Utah State University, 2020

Major Professor: Ryan B. Seedall, Ph.D.

Department: Human Development and Family Studies

Anxiety disorders are very prevalent, however, there is little research in the Marriage and Family Therapy field that seeks to understand people's experiences with anxiety disorders and how they impact people's lives and relationships. It is vital that more research use a systemic lens to understand people's experiences with anxiety in order to inform more effective treatment practices. At the same time, social media is an important form of expression in our society. This study uses data from the social media platform of Twitter to understand what people are sharing about their anxiety online in their "tweets," which are posts always kept under 280 characters. Because Twitter is a more spontaneous, raw form of communication where people often share thoughts as they come, analyzing tweets about anxiety will provide unique insight into the day to day experiences of individuals with anxiety. In this study, we specifically examined the hashtag #ThisIsWhatAnxietyFeelsLike, which was created by a mental health advocate

and received a notable amount of attention from news websites such as Huffington Post, Cosmopolitan, The Mighty, and Metro. We analyzed 1,318 relational tweets posted with this hashtag that occurred between February 2017 and February 2018. After gathering these tweets and going through data cleaning processes, a team of coders used phenomenological coding methods to uncover themes related to experiences with anxiety. This paper highlights the key themes that emerged related to anxiety and relationships and interactions with others including; (a) deflated self in relation to others and their perceptions; (b) fear, worry and avoidance behaviors that influence relationships; (c) negative emotional responses leading to feeling misunderstood, lonely, and like a failure (self-fulfilling prophecy); (d) social triggers; (e) anxiety management strategies; and (f) things for others to avoid. These findings are of particular interest to MFTs who desire to understand the lived experience of anxiety more fully. This paper also highlights potential clinical implications and next steps for research.

(72 pages)

## PUBLIC ABSTRACT

# ThisIsWhatAnxietyFeelsLike: Twitter Users' Narratives About the Interpersonal  
Effects of Anxiety

Raechel B. Russo

Tweets containing the popular hashtag #ThisIsWhatAnxietyFeelsLike were analyzed in this study. Six themes emerged from our phenomenological analysis of relational experiences with anxiety as conveyed by the Twitter users including: (a) deflated self in relation to others and their perceptions; (b) fear, worry and avoidance behaviors that influence relationships; (c) negative emotional responses leading to feeling misunderstood, lonely, and like a failure (self-fulfilling prophecy); (d) social triggers; (e) anxiety management strategies; and (f) things for others to avoid. This paper will highlight how anxiety symptoms affect relationships and interactions with others, and implications for clinical work and future research.

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Raechel B. Russo

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## **CHAPTER I**

### **INTRODUCTION**

Anxiety has been present in society since ancient times (Bienvenu, Wuyek, & Stein, 2009; Stein, Hollander, & Rothbaum, 2009). Before the modern era, physicians mainly focused on the bodily implications of anxiety (such as shortness of breath and increased heart rate) and treatments were only directed at reducing these physiological symptoms. In the later part of the nineteenth century, rather than putting different types of anxieties into one broad category, symptoms were categorized into agoraphobia, panic, obsessive ruminations, and other types. Since Freud's psychoanalytic work, emphasis switched from the bodily effects of anxiety to the subjective experiences of the patient, which heavily influenced the way that we conceptualize and treat anxiety today (Stein et al., 2009).

Currently in the U.S., anxiety disorders (generalized anxiety disorder, social anxiety disorder, post-traumatic stress disorder, obsessive compulsive disorder, agoraphobia and panic disorder) are the most prevalent when compared to the other classes of mental disorders. Approximately 18.1% American adults live with anxiety disorders, compared to 6.9% who have major depressive disorder (National Alliance on Mental Illness [NAMI], 2005). Anxiety disorders were also found to be the most prevalent across the lifespan (28.8%; Kessler et al., 2005). These disorders are also problematic for many children and adolescents. Research shows that about 8% of adolescents ages 13-18 struggle with an anxiety disorder. These mental illnesses also have an early onset with some children experiencing anxiety symptoms as early as 12

years old (Beesdo, Knappe, & Pine, 2009). This has paramount implications for youth as 37% of adolescents with mental illnesses dropout of school, which is the highest dropout rate out of all the disability groups (i.e., vision or hearing impairments, physical disabilities, or intellectual disabilities; NAMI, 2005). Treatment of anxiety disorders were found to lead to \$169 billion worth of economic productivity gains, suggesting that when anxiety disorders are not treated properly, there is potential for our economy to be \$169 billion less productive overall (Chisholm et al., 2016).

Not only do anxiety disorders have a palpable impact on individuals and the economy, but they also greatly affect people's relationships with others. According to Kertz and Woodruff-Borden (2011), those diagnosed with anxiety typically report lower levels of social support and lower quality of social functioning and social relationships. Social anxiety has been correlated with lower relationship satisfaction for both the diagnosed individuals and their partners (Bar-Kalifa, Hen-Weissberg, & Rafeali, 2015). Furthermore, Kertz and Woodruff-Borden found that those who struggle with anxiety reported poorer satisfaction and greater dysfunction in family relationships than those who were not diagnosed with anxiety.

Though it is important to understand the basic symptoms and implications of anxiety disorders, little attention is given to the specific lived experiences of people with anxiety in their individual lives and relationships. The current study explores the systemic, relational effects of anxiety using the unique medium of Twitter. Since social media is becoming more prevalent in society, and the Twitter platform encourages people to share their candid thoughts with others, it is a valuable way to explore these

experiences (Pew Research Center, 2018; Reid & Reid, 2007). Furthermore, this study provides a systemic framework in order to contribute to the need for more empirical research on anxiety in marriage and family therapy (MFT). This study addresses the following research questions: (a) What specific narratives are people posting about how their anxiety influences their relationships and interactions with others? (b) What themes are present among these experiences?

## **CHAPTER II**

### **LITERATURE REVIEW**

Because anxiety disorders are the most prevalent in the U.S. and are associated with noteworthy health and economic effects (Beesdo et al., 2009; Chisholm et al., 2016; Gariepy, Nitka, & Schmitz, 2010; NAMI, 2005; Papp, Klein, & Gorman, 1993; Player & Peterson, 2011), it is imperative that we continue to study these disorders and how they not only affect long-term outcomes, but how they also affect a person's everyday life and their relationships with others. As clinicians, it is especially important to know these details so that we can better empathize with clients and treat these disorders. This chapter will discuss the different types of anxiety disorders, risk factors, comorbidity, individual and relational effects, and how we can use a narrative perspective and a systemic lens to better understand people's experiences in their relationships and interactions with others.

#### **Understanding the Different Anxiety Disorders**

The challenge of studying anxiety disorders is that there are often many disorders that people think of when they consider what anxiety is. Additionally, there are varying levels of severity within these disorders (National Institute of Mental Health [NIMH], 2017). Because of this, it is crucial that we first understand the specific symptoms and criteria of all the disorders that fall under the category of anxiety and how each is classified. Many people understand anxiety to be generalized anxiety disorder (GAD), social anxiety disorder (SAD), as well as other, slightly less common anxiety disorders such as post-traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD),

agoraphobia, panic disorder and other similar disorders (American Psychiatric Association [APA], 2013; World Health Organization [WHO], 2004). These anxiety disorders listed are conceptually grouped together because all of them have elements of excessive worry, fear, and avoidance behaviors. Most of the information we have about anxiety disorders comes from the DSM-5 and the ICD-10 (APA, 2013; WHO, 2004).

People with anxiety disorders often worry about future consequences which are often overestimated. They also experience excessive fear, which is defined as a response to an immediate perceived threat. In order to avoid this extreme worry or fear, people often avoid situations that might trigger it such as school, work or certain social situations. Though everyone experiences certain levels of stress and worry at various times in their lives, anxiety disorders cause this worry and fear to be disproportionate to the reality of the situation. Additionally, anxiety disorders cause severe impairment of functioning and clinically significant distress in a person's daily life beyond normal worrying or stressful feelings (APA, 2017). This common ground is vital to understand because though there are many diagnostic differences between the disorders, these disorders are fundamentally similar and each simply have different ways of manifesting these core qualities.

### **Generalized Anxiety Disorder**

The main component of GAD is excessive worry that is difficult to control. This worry is also associated with at least three symptoms of restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and/or sleep disturbance (APA, 2013). The ICD-10 classifies these other symptoms into the categories of autonomic arousal

symptoms, symptoms concerning chest and abdomen, symptoms concerning brain and mind, general symptoms, symptoms of tension, and other non-specific symptoms (WHO, 2004). In order to be diagnosed, these symptoms must cause clinically significant distress in important areas of functioning (APA, 2013; WHO, 2004). Nine percent of people have experienced or will experience GAD at some point in their lives (Kessler, Petukhova, Sampson, Zaslavsky & Wittchen, 2012). Many people with GAD engage in maladaptive behaviors in an attempt to regulate their safety such as controlling others, making overly detailed plans, keeping a close watch to ensure that nothing goes wrong, constantly seeking reassurance about facts and decisions, constantly checking that everything is okay, over-planning activities and checking that things are done properly. They may also engage in maladaptive behaviors such as avoiding (a) situations or people that may be worrisome, (b) decision making for themselves, and (c) saying or doing things that may be perceived negatively (Mohoney, Hobbs, Newby, Williams, & Andrews, 2018).

### **Social Anxiety Disorder**

The main element of SAD is a persistent fear of one or more social situations. Thirteen percent of people have experienced or will experience social anxiety at some point in their lifetime (Kessler et al., 2012). Most of the time, this fear is of unfamiliar situations or people as well as possible scrutiny from others, sometimes provoking panic attacks. The person feels that these anxious feelings and reactions are excessive and he or she will either try to avoid situations that provoke these feelings or he or she will try to endure the anxiety and distress that these situations elicit (APA, 2013; WHO, 2004). When confronted with social situations, those with SAD will often shift their attention



toward their anxiety and might also view their social skills as inadequate to cope with the social situation, overestimate the negative consequences of a social encounter and believe that they have little to no control over these emotions. They often participate in maladaptive coping behaviors such as avoiding social interactions altogether or overthinking the events that happened, which can result in greater future anxiety (Hofmann, 2007).

### **Other Types**

Though GAD and SAD are the disorders that the public mainly thinks of as “anxiety,” there are a handful of other disorders that cause a person to have anxious symptoms. These disorders include PTSD, OCD, panic disorder and agoraphobia. Since these disorders cause a person to be anxious, people might confuse them for GAD; therefore, it is vital to recognize and understand them as their own disorders that fall also under the general category of anxiety disorders. Though placed in a new category of trauma and/or stress related disorders within recent editions of the DSM (APA, 2013), PTSD is still recognized by many people as having an underlying component of anxiety and was previously identified as an anxiety disorder (APA, 1994). PTSD occurs when a person experiences emotional distress due to a past traumatic experience. These individuals will often experience many unwanted thoughts about the trauma, unwanted reminders of the trauma, will sometimes have trouble sleeping, decreased interest in activities, feelings of blame of self or others, feelings of isolation, and difficulty experiencing positive affect (APA, 2013; WHO, 2004). The lifetime morbid risk for PTSD is 10.1% (Kessler et al., 2012).

Almost 3% of people have experienced or will experience OCD in their lifetime (Kessler et al., 2012). With OCD, people try to suppress unwanted anxious thoughts by performing a mental or behavioral compulsion. These persistent thoughts, urges, and/or impulses can cause increased levels of anxiety. These obsessions and compulsions are time consuming and impair the individuals' functioning in social, occupational and other areas of functioning (APA, 2013; WHO, 2004).

Panic disorder is based on the reoccurrence of panic attacks over which one does not have control. A panic attack is defined as experiencing symptoms of heart palpitations, chest pain, sweating, trembling, choking, shortness of breath, nausea, dizziness, feeling detached from oneself, feelings of losing control, numbness, chills or hot flashes and fears of dying. These panic attacks can be expected and triggered by a fear that a person has, or they can simply happen unexpectedly with no specific trigger (APA, 2013; WHO, 2004). About 6.8% of people experience panic disorder at some point in their lives (Kessler et al., 2012). Similarly, agoraphobia is the fear of having a panic attack, regardless of whether or not a person has experienced one before. These people often experience intense anxiety, fear, and avoidance of being in situations that could induce a panic attack such as being out in public, crowded or enclosed spaces, open spaces, standing in line, or using public transportation (APA, 2013). Almost 4% of people experience this disorder at some point in their lives (Kessler et al., 2012).

### **Risk Factors**

Though specific causes of anxiety disorders are unknown and differ from case to case, some contributing risk factors are biological such as genetics and temperament, as

well as environmental such as the way one was parented, childhood experiences, and major life events (Beesdo et al., 2009). Those at risk of developing an anxiety disorder might show temperamental characteristics such as behavioral inhibition, fearing negative evaluation, neuroticism, believing that anxiety symptoms are harmful, panic attacks and avoidance of harm (APA, 2013). Genetic and other familial factors also play an important role in both the biological and environmental risk related to mental health issues. If one has a first-degree relative with an anxiety disorder, depressive disorder or bipolar disorder, he or she is at risk for developing an anxiety disorder both because of genetics, and because the relative's disorder might contribute to risky environmental factors (APA, 2013). These environmental factors include conflict, aggression, coldness, unsupportiveness, neglectfulness, stress, poor emotional processing, risky health behaviors, childhood maltreatment and adversity, childhood experiences of physical and sexual abuse (especially for panic disorder), parental overprotection and other negative events (APA, 2013; Repetti, Taylor, & Seeman, 2002). Moreover, anxiety disorders specifically have been found to be most prevalent in women, those with lower levels of education, and those with lower incomes (Beesdo et al., 2009).

### **Comorbidity**

In addition to the various types of anxiety and risk factors, there are also many disorders that are often comorbid with anxiety such as attention-deficit/hyperactivity disorder (ADHD), conduct disorder, depression and somatic conditions (Beesdo et al., 2009). Anxiety disorders are highly comorbid with depression, as 20-75% (median = 38.9%) of youth with depression also have an anxiety disorder (Avenevoli, Stolar, Li,

Dierker, & Merikangas, 2001). Depression disorders also share many of the risk factors associated with anxiety (Hausman et al., 2018). Some scholars argue that major depression is characterized by high rates of cooccurring anxiety disorders and that anxiety disorders generally precede the onset of depression (Hausman et al., 2018; Kessler, Ruscio, Shear, & Wittchen, 2010; Schatzberg, 2015).

### **Variation of Severity**

Furthermore, people experience anxiety disorders at varying levels of intensity. As anxious feelings are a part of life, most people will experience some symptoms of anxiety during their lifetime even if they have not been officially diagnosed with an anxiety disorder. Nonetheless, there are different levels of severity that people might experience. Although 43.5% of people with an anxiety disorder report that it is mild, 56.5% report that their disorder is moderate (33.7%) or severe (22.8%; NIMH, 2017).

In summary, there are many different anxiety disorders and a wide variation of how people might experience anxiety in their daily lives which makes this topic of study broad, and challenging to conceptualize. This section discussed the symptoms and risk factors of the various anxiety disorders that research has statistically determined. Though all anxiety disorders are different, they all include feelings of worry and fear leading to avoidance behaviors. Even though there is copious research on the many symptoms of these anxiety disorders, there is still little empirical information that addresses people's specific experiences with these symptoms. Since many factors play a part in how anxiety is experienced, it is vital that the scholars address the uniqueness of each person's experience and how the symptoms of these disorders affect people's daily activities.

### **Relational Effects of Anxiety**

The cognitive, behavioral, emotional and physiological effects of anxiety discussed in the DSM-5 and ICD-10 can also greatly affect people's relationships with others. According to Kertz and Woodruff-Borden (2011), those diagnosed with anxiety typically report lower levels of social support and lower quality of social functioning and social relationships. Social anxiety has been found to be correlated with lower relationship satisfaction for both the diagnosed individuals and their partners (Bar-Kalifa et al., 2015). Kertz and Woodruff-Borden also found that those that struggle with anxiety reported poorer satisfaction and greater dysfunction in family relationships than those who were not diagnosed with anxiety. Additionally, 27% of those diagnosed with GAD have reported a moderate to severe social disability (Wittchen, 2002). These phenomena are likely because the very criteria required to be diagnosed with an anxiety disorder, especially social anxiety, impair (a) individuals' abilities to engage in social interactions, (b) willingness to be vulnerable with others, and (c) ability to manage stress in relationships. The worry component of anxiety disorders might cause difficulties for one to trust his or her partner, while the avoidance component might cause one to avoid intimate relationships altogether or avoid the difficult components of relationships such as difficult conversations and vulnerability in relationships.

Anxiety's impact on relationship satisfaction and dysfunction may also be related to the fact that generalized anxiety disorder and social anxiety disorder are correlated with an anxious attachment style and attachment ruptures during childhood (Cassidy, Lichtenstein-Phelps, Sibrava, Thomas, & Borkovec, 2009; Eng, Heimberg, Hart,

Schneier & Liebowitz, 2001). People have an anxious attachment style when they have an experienced pattern of not being able to rely on attachment figures throughout their lives, which makes them feel insecure in relationships. This attachment style often leads to clingy behaviors and seeking reassurance from others about the security of the relationship (Johnson, 2019). Behaviors associated with this attachment style have been found to be correlated with lower relationship quality and closeness (Campbell, Simpson, Boldry & Kashy, 2005).

### **Treatment of Anxiety Disorders**

For clinicians it is especially important to understand the depth and details of people's individual and relational experiences so we can better empathize with them and understand their needs in therapy. There are many individual and systemic treatments that we can utilize to help our clients navigate their anxiety symptoms and the effects that these symptoms can have on their relationships.

#### **Individual Treatments**

In many cases, people with anxiety disorders are treated with individual therapy and/or medication. Common models of therapy used for anxiety disorders are Cognitive Behavioral Therapy (CBT), mindfulness-based approaches, Acceptance Commitment Therapy (ACT) and eye movement desensitization and reprocessing (EMDR). CBT helps people with anxiety identify their distressing thoughts and learn how to change these thoughts into more realistic ideas, therefore making them feel better and giving them strategies to problem-solve (Beck, 2010). This method has been shown to be very

effective with GAD, social anxiety, panic disorder, PTSD and OCD (Capone et al., 2018; Crits-Christoph et al., 2011; O'Toole, Watson, Rosenberg, & Berntsen, 2018).

Furthermore, mindfulness-based approaches help people be more aware of and open to their surroundings which methods have been shown to be effective in treating GAD, panic disorder, and OCD (Külz et al., 2018; Miller, Fletcher, & Kabat-Zinn, 1995). ACT, an approach that integrates CBT and mindfulness, helps people accept the difficulties of life and has also been effective in helping people with anxiety disorders (Avdagic, Morrissey, & Boschen, 2014; Spidel, Lecomte, Kealy & Daigneault, 2018). EMDR is a treatment that has been mainly used for PTSD but can be used for other anxiety disorders as well by using eye movement to desensitize worrisome thoughts and provide imaginal exposure to anxiety provoking situations (Marsden, Lovell, Blore, Ali, & Delgadillo, 2018).

### **Systemic Treatments**

Unfortunately, there is a lack of research that determines whether individual treatments or relational treatments are more effective in treating anxiety disorders. There are, however, many studies that discuss the importance of systemic treatment for depression (Denton & Burwell, 2006; Henken, Huibers, Churchill, Restifo, & Roelofs, 2007; Jones & Asen, 2000; MacFarlane, 2003), or that talk about treatment for depression and anxiety together in the same article (Prest & Robinson, 2006). However, because of the ample relational effects that are related to anxiety disorders specifically (Bar-Kalifa et al., 2015; Kertz & Woodruff-Borden, 2011; Wittchen, 2002), it is important that more research is done in this area so that those struggling with anxiety can choose a treatment

option that will help them overcome the various relational challenges to which anxiety contributes.

Though there is an overarching lack of research in this area, a small number of systemic treatments have been tested for their efficacy in treating anxiety disorders. Currently, the most researched systemic treatments for anxiety are emotionally focused therapy (EFT) and cognitive behavioral family therapy (CBFT). EFT is a treatment that helps couples and families understand the underlying emotions that each person is experiencing beneath their surface level behaviors. EFT helps each person involved understand the others' attachment needs and aims to mend those attachment bonds (Moser & Johnson, 2008). This method has been found to be effective in treating various anxiety disorders such as GAD and PTSD (Priest, 2013; Roundy, 2017). CBFT is a family-based approach using the same techniques as CBT that has also been found to be helpful in treating anxiety disorders. This approach educates the family about the roots and symptoms of anxiety and teaches them specific techniques to help reduce the anxiety and avoidance behaviors of the family member that is struggling (Khodayarifard & Fatemi, 2013).

### **A Narrative Perspective**

Though there is quantitative information about the relational effects of anxiety (Bar-Kalifa et al., 2015; Kertz & Woodruff-Borden, 2011; Wittchen, 2002), little is known about people's lived experiences in their relationships. With its emphasis on witnessing people's stories, a narrative perspective can be a helpful framework for this



study in understanding some of these relational lived experiences. A narrative lens is not only a helpful lens to use in order to better understand people's experiences (White & Denborough, 2011), but it is also a model of treatment that has been shown to help with anxiety disorders (Banting & Lloyd, 2017; Vale Lucas & Soares, 2014; Ingamells, 2016). A narrative framework suggests that everyone writes their own stories that shape their lives. These stories are vital to understanding the individuals' experiences and how they personally view the world and their own experiences. The narratives that people create help individuals see themselves apart from their problems, which in turn helps them better create solutions (Suddeath, Kerwin, & Dugger, 2017; White & Denborough, 2011). This theory also suggests that others that have similar struggles can take comfort in knowing that someone else has a similar story (Carr, 1998).

The narrative model is partially based on general systems theory, and suggests that other people can be a coauthor and witness to one's story (Carr, 1998). As this study examines relationships, the data will also be viewed from a general systemic lens. General systems theory suggests that the context and relationship people are in shape their life experiences and the meaning that they make out of those experiences (Hecker, Mims, & Boughner, 2014). In this study, a systemic lens is crucial because I am analyzing how people with anxiety have experiences that are not only shaped by others but that also affect others in their system.

Furthermore, this lens is important because there is currently a lack of literature that views anxiety in a systemic way. An informal review within the last 10 years in several MFT journals such as the Journal of Marital and Family Therapy (JMFT),

American Journal of Family Therapy (AJFT) and Family Process (FP) revealed that there have been relatively few articles that included information about anxiety disorders. Many times, the researchers focus on the relational effects of depression (Cramer & Jowett, 2010; Whitton & Kuryluk, 2012; Whitton & Whisman, 2010) leaving the relational effects of anxiety without enough individualized attention. Since anxiety has many factors that make it unique from depression, this study is important to help us understand how anxiety can affect relationships in different ways. Furthermore, there were no qualitative studies on anxiety in these journals. In other journals, the qualitative studies that do exist rarely focus on the experiences that people have with their general symptoms of anxiety (Trahan et al., 2018), but they often focus on people's experiences with very specific issues such as experiences that adolescents have at school (Sibeoni et al., 2018) or barriers to treatment (Reardon, Harvey, Young, O'Brien & Creswell, 2018). Because of this, it is vital that these experiences and stories that people are sharing are examined so that we can understand the core of people's experience. Because of the lack of systemic research, it is crucial that we view these experiences through a systemic lens, as there is a strong conceptual link between anxiety and relationships.

### **Social Media and Twitter**

One of the ways that people share their stories and connect with others is through social media. About 7 out of 10 people use social media to express their everyday thoughts about their lives and other important matters, connect with others, keep updated on news and to entertain themselves (Pew Research Center, 2018). Since there is a stigma

surrounding mental illness, it often makes it difficult for a person to reach out to another person face-to-face in order to seek the support and the care they need (Wang et al., 2005). This is especially difficult for people that have an anxiety disorder because the symptoms of their disorder can cause them to be uncomfortable in new situations or talking to and interacting with others (Olfson et al., 2000). Because of this, many people with anxiety often share their feelings and connect with others through social media (Reid & Reid, 2007). They also seek emotional support in online communities (Yan & Tan, 2014). One meta-analysis found that those with social anxiety are more likely to feel comfortable online and have a difficult time controlling their internet use to engage in face-to-face relationships (Prizant-Passal, Shechner, & Aderka, 2016). This might sound problematic; however, a recent longitudinal study found that it is not the amount of time spent on social media that is correlated with mental health issues, such as depression or anxiety, but the most important factor influencing mental health is how the social media is being used. This study suggests that being an active user and posting, liking, and commenting to connect and engage with others is a better option for promoting mental health rather than passively scrolling through others' posts without any interaction (Coyne, Rogers, Zurcher, Stockdale, & Booth, 2020).

Twitter is a social media site where 336 million current users (Statista, 2018) are able to share their experiences while in-the-moment. This platform allows users to post "tweets," which are posts that are always kept under 280 characters. Before November of 2017, posts were kept under 140 characters. Because the posts are so short, people often post about their experiences many times throughout the day. Twitter users each have their

own followers that see their posts and they each choose who they want to follow. Tweets often use hashtags, which are certain words or phrases preceded by a # sign that link together posts about similar topics. Many hashtags have been used to bring awareness to mental health topics such as #EndtheStigma, #MyDepressionLooksLike, #ThisIsWhatAnxietyFeelsLike, #MentalHealthAwareness and #WhyWeTweetMH.

It is important to understand what people are saying on social media about mental health because it provides a window into the experience of mental illness and demonstrates how people are fighting stigmas that are often portrayed in various forms of media (Chan & Yanos, 2018). Many researchers have examined this by using hashtags to understand more about what people are saying in regard to their mental illnesses. First, Berry et al. (2017) analyzed posts that included #WhyWeTweetMH and found that people tweet about mental health for the sense of community, a safe place for expression, to raise awareness and combat stigma, to cope and to empower themselves. Some studies have used more general hashtags such as #depression, #depressed and #schizophrenia to analyze the public's attitudes toward these illnesses (Reavley & Pilkington, 2014) and to find themes related to the diagnostic criteria of depression (Cavazos-Rehg et al., 2016). Similar to our study, Lachmar, Wittenborn, Bogen, and McCauley (2017) used the specific hashtag #MyDepressionLooksLike to understand the themes present in people's experiences with depression. Though a few studies have used Twitter to better understand mental health issues, there have not been any studies that have focused on people's experiences with anxiety disorders. Furthermore, there have not been any studies that have specifically examined what people are saying on Twitter about how their mental

illnesses affect their relationships.

### **The Current Study**

This study will help bridge both of those gaps in the literature. It not only adds to these previous Twitter studies but also analyzes data from Twitter within a narrative framework to understand people's unique narratives about their lived experiences with anxiety in their interactions and relationships with others. Furthermore, this study provides a unique systemic framework by looking at how anxiety affects relationships, which contributes to the need for more systemic and qualitative research on anxiety in MFT. This study addresses the following research questions: (1) What specific narratives are people posting about how their anxiety influences their relationships and interactions with others? and (2) What themes are present among these experiences? These research questions ensure that the analysis captures a broader perspective through the identification of themes, as well as highlighting many specific narratives that people have shared, which makes a valuable and much needed contribution to qualitative research on anxiety.

## **CHAPTER III**

### **METHODS**

This study employed qualitative research methods to provide a more holistic view of how people describe the experience of anxiety. Creswell (2012) defines qualitative research as an inductive analysis that helps researchers identify meaning that participants attach to an issue by identifying patterns and themes. In order to complete these two goals, I used thematic analysis, which is the qualitative process of identifying themes in the data, interpreting them, and making sense of them (Maguire & Delahunt, 2017). This process was very helpful in understanding the different ways that anxiety disorders affect relationships and interactions. The six steps of a thematic analysis, as described by Braun and Clarke (2006) are (1) become familiar with the data; (2) generate initial codes; (3) search for themes (4) review themes; (5) define themes; and (6) write-up. This study incorporated these important steps as we analyzed people's unique experiences, as described by Twitter. Additionally, I patterned this study's methods after Lachmar et al. (2017) who examined a similar research question centered on depression and Twitter.

#### **Data Collection**

Tweets were collected using Python coding software. Code was written to gather all tweets that directly referenced #ThisIsWhatAnxietyFeelsLike. This hashtag was created by mental health advocate Sarah Fader (@TheSarahFader) and was chosen because of the notable amount of attention it received from not only Twitter users, but also from news websites such as Huffington Post, Cosmopolitan, The Mighty, and Metro.

Tweets that included pictures or other media were not included in the data collection. The code gathered the person's Twitter user name, the date the tweet was posted, and the content of the tweet. All of the tweets gathered were public domain from Twitter's application programming interface (API). These tweets were posted to Twitter between February 2017 and February 2018, as the time frame of one year significantly captures the life of the tweet. The hashtag was trending on Twitter in 2017 and use of the hashtag significantly decreased after 1 year.

### **Participants**

The participants included anyone that posted using the hashtag #ThisIsWhatAnxietyFeelsLike within the specified time frame. Since we gathered preexisting data, we are unsure of the specific demographic characteristics of the sample. We do, however, know the general characteristics of those who use Twitter. Twitter users represent 1.15% of the total U.S. population. Twitter users are represented more in populous counties of more than 100,000 people than in counties with less than 100,000 (Mislove, Lehmann, Ahn, Onnela, & Rosenquist, 2011). The percentage of men and women who use Twitter are fairly equal, with a sizeable minority being between the ages of 18 and 29 and identifying as varying races and education levels (see Table 1). A person must be at least 13 years old to create a Twitter account.

### **Inclusion and Exclusion Criteria**

There was a total of 6,490 tweets including the hashtag #ThisIsWhatAnxietyFeelsLike between February 2017 and February 2018. Of those, there were 514

Table 1

*Percent of U.S. Adults who use Twitter as of 2019*

Demographic	Percentage
Total	24
Gender	
Men	23
Women	24
Age (years)	
18-29	40
30-49	27
50-64	19
65+	8
Ethnicity	
White	24
Black	26
Hispanic	20
Education	
High school or less	18
Some college	25
College graduate	32
Community type	
Urban	29
Suburban	23
Rural	17

*Note.* Percent of U.S. adults who use each social media platform: by Pew Research Center, retrieved from <http://www.pewinternet.org/fact-sheet/social-media/>

duplicates that were deleted. In addition, all of the tweets (735) by the hashtag creator were deleted, primarily because many of these included efforts to promote use of the hashtag. I also deleted 1,316 tweets that were not relevant or did not provide enough information for a direct link to anxiety to be made. These included tweets that included advertisements, tweets that referred readers to visit a separate link, tweets that talked about politics, and tweets that did not directly or seriously address the subject of anxiety.



Some examples of deleted tweets include: “Potato, all the time... I mean, yes”; “Don’t let #anxiety hold you hostage <http://bit.ly/2sMGSMZ>”; “NO #COFFEE” and “New Trump-age anti-stress B vitamin formula has no B vitamins at all. Just Tequila.”

After this process, 3,925 tweets about anxiety remained.

After the full data set was cleaned, a student who had been accepted to an MFT master’s program and I went through the data and determined which tweets qualified as focusing on relationships and interactions with others. We each came to a decision on our own, and then came together and talked about the tweets that we disagreed on. We only included data in the analysis that specifically talked about a relationship or interaction with others. For example, some people indicated that they were nervous about going to the doctor, which is an instance that someone would have to interact with another person. However, these tweets often did not indicate if the person was more nervous about interacting with the doctor, or simply the process of having to go to the doctor. In these cases, we used our best judgement and tried not to assume that certain tweets were about interactions or relationships if they weren’t explicitly clear. We also regularly consulted with a faculty mentor. After this process, 1,318 relational tweets remained, which represents the sample size for this study.

### **Potential Researcher Bias and Trustworthiness**

Because a researcher is so personally involved while conducting qualitative research, it is important to include information about the personal experiences and potential researcher biases and how these were mitigated (Groenewald, 2004). I

originally became interested in the topic of anxiety because a close family member has previously struggled with an anxiety disorder with accompanying panic attacks. I have also experienced some anxiety symptoms; however, neither of us have been clinically diagnosed. Since both of our experiences with anxiety were very different, I was motivated to learn more about other people's experiences and how they differ from one another. Admittedly, my experiences might relate more closely to certain tweets than others, which could potentially contribute to bias in prioritizing some experiences and/or themes over others.

Additionally, I work as a marriage and family therapist intern which could also contribute to my biases. In my work with those who struggle with anxiety, I use Acceptance and Commitment Therapy (ACT) as well as Emotionally-Focused Therapy (EFT). Both of these approaches suggest that emotions all serve a purpose and should be felt; however, they should not keep people from living the lives they want and having healthy relationships (Harris, 2009; Johnson, 2019). As a therapist, I believe that anxiety serves a purpose and should be felt, but it should not be amplified to the point of debilitation. I believe it is possible to peacefully coexist with anxiety without experiencing incapacitating distress.

Despite these biases, I was able to uphold trustworthiness in this study in order to maintain the validity of this qualitative research. Some main aspects of trustworthiness are integrity of the data (dependability), balance between participant meaning and researcher interpretation (confirmability) and clear communication and application of the findings (transferability; Morrow, 2005; Williams & Morrow, 2009). Dependability was

achieved because we used methods that have been previously used (Lachmar et al., 2017) and we described our methods in a thorough way so that they will be able to be replicated by future researchers. We upheld confirmability by using a coding system that involves three people who can provide triangulation of the data, which ensures that our data did not become heavily influenced by one individual person. Last, we adhered to transferability by presenting our findings with clarity and including specific quotes that capture the essence of the themes found. Though our sample is not completely representative of the population, our large sample of tweets that provided us with copious diverse experiences. Our coding team worked together to balance out our own personal biases and captured the essence of the themes that we are presenting. These components put together contribute to the quality and trustworthiness of this study.

### **Coding**

The coding team consisted of two second year master's students in the USU MFT program, as well as a student that was about to enter into the program. My major professor also came to some coding meetings for support and was able to help settle discrepancies when a consensus was not able to be made by the team alone. We went through Braun and Clarke's (2006) six steps for doing a thematic analysis: getting familiar with the data, generating initial codes, searching for themes, reviewing themes, defining themes, and writing them up.

#### **Step One**

I was able to get familiar with the data when going through the original data set

and determining the inclusion and exclusion criteria. Then, in the process of determining which tweets were relational and interactional or not, two members of the coding team read each tweet and became familiar with the whole data set. When the third coding team member was added for the main analysis, she was able to provide a fresh perspective on the data in order to combat the biases that were possibly gained by the others while reading the whole data set multiple times.

### **Step Two**

Similar to Lachmar et al. (2017), we used an open coding process to generate initial codes. Each member of the coding team coded the first 25% of tweets by reading the tweet and then writing a few words that captured its essence. We then met together to go through the first 25% and come up with a list of codes and decide the wording and criteria for each one (the codebook is available upon request). We came up with 35 codes, and then went back through the first 25% to make sure all the tweets were coded appropriately. Each week, we coded an additional 25% of the tweets on our own, and then came together to talk about any discrepancies. This process was repeated until every tweet was given a code and we reached consensus. A consensus by all coders was reached on each tweet in the data, just as in Lachmar et al.'s study. Many tweets were given multiple codes, not exceeding three. Two new codes emerged at our second meeting, and those were then added to the codebook and the data was adjusted accordingly. Our final codebook included 37 codes.

### **Steps Three Through Six**

Once all the tweets were assigned a code, I organized all of the tweets according to their code. Each code had a spreadsheet in which all the tweets using that code were present. This step was helpful for us to gain more insight on the main essence of the codes. After we understood the general meanings of the codes, I worked with my faculty mentor to create three different drafts of how the codes could be organized into themes. We defined these themes by coming up with names that we felt captured the meaning and takeaway of each theme. These drafts were then brought to the whole coding team to review. As a team, we were able to make more adjustments until we felt that the themes accurately represented our various codes. We were left with six themes averaging six codes in each theme. After this was complete, we were able to provide more detail to the essence of each theme by choosing representative tweets that accurately depicted twitter users' lived experience. We chose 2-3 tweets per code, which averaged to 14 tweets per theme. These tweets helped us conceptualize the main essence of each theme and how the data all fit together. These tweets were also used in the results section to add depth to our report.

## CHAPTER IV

### RESULTS

Six themes emerged from the #ThisIsWhatAnxietyFeelsLike Twitter data having to do with relationships and interactions with others: (a) deflated self in relation to others and their perceptions; (b) fear, worry and avoidance behaviors that influence relationships; (c) negative emotional responses leading to feeling misunderstood, lonely, and like a failure (self-fulfilling prophecy); (d) social triggers; (e) anxiety management strategies; and (f) things for others to avoid. The most prominent themes in the data were the first three. These themes not only include the most codes, but they also included larger amounts of tweets in comparison to the last three themes. Table 2 further explains the themes by showing which codes were sorted into each theme. This chapter will provide an overview of each theme as well as examples from the data. In order to capture the authenticity of the tweets, grammar and spelling issues in the tweets were not corrected unless the correction was essential to understand the meaning of the tweet. Furthermore, in a narrative perspective, the problem is viewed separately from the person (White & Denborough, 2011). As I present this data, I want to make it clear that the effects that anxiety has on relationships are not the fault of the people themselves but are a result of anxiety as a separate entity.

#### **Theme 1: Deflated Self in Relation to Others and their Perceptions**

This theme represents tweets in which people expressed that anxiety made them

Table 2

*Codes Belonging to Each General Theme*

Themes	Codes
Deflated self in relation to others and their perceptions	Comparison, feeling like a burden, disappointing others, self-blame, over-apologizing, image, feeling unwanted/worthless, fear of assertiveness
Fear, worry and avoidance behaviors that influence relationships	Catastrophizing, avoidance of interaction, fear of judgement, fear of interaction, worry about conversations, worry of hurting others, aversion to attention, inability to engage in relational responsibility, interfering with plans, parenting challenges, insecurity, relying on others
Negative emotional responses leading to feeling misunderstood, lonely, and a like failure (self-fulfilling prophecy)	Social exhaustion, treat others negatively, distrust, incongruence, physiological responses to interaction, loneliness, feeling misunderstood, imagined animosity, absence of words
Social triggers	Phone, social situations, crowds, public places, unresponsiveness
Anxiety management strategies	Coping skills, social support
Things for others to avoid	Insensitivity/unsupportiveness from others

feel less than someone else in some way. This is demonstrated by the eight codes that comprised this theme: comparison, feeling like a burden, fear of disappointing others, self-blame, over-apologizing, worry about image, feeling unwanted or worthless, insecurity in relationships, and fear of assertiveness.

In some tweets, people expressed that anxiety caused them to compare themselves to others, which led them to worry about how they portrayed themselves.

1. *Feeling like you're suffocating and drowning whilst everyone else is swimming and breathing.*
2. *Feeling like everyone around you in being successful and you're worthless.*
3. *Hiding what you're really feeling for fear of people thinking your insane, lazy, or faking it.*
4. *When you spend 2 hrs plus getting ready because you are worried constantly about how the world see you.*

Some people expressed that anxiety made them feel that they were not worthwhile of others' time and affection. They expressed that they often felt like they were burdening others or being overbearing by reaching out to friends. Many tweets mentioned that people felt like they were constantly disappointing others, and not living up to other people's expectations. Overall, these things contributed to people feeling insecurity and fear in their relationships, thus needing to seek reassurance from others to confirm that their relationships are not what anxiety is telling them.

1. *Has a dream where everyone tells me I'm insufferable. Wakes up exclaiming, "I KNEW IT!!!"*
2. *Any second you're going to see me for the worthless thing I really am inside.*
3. *Like I will never live up to anyone's expectations, except for those who expect the worst from me.*
4. *Am I annoying you? Am I Annoying You? AM I ANNOYING YOU?! I need to know so I can stop.*
5. *Overcompensating just because the guilt of bothering your loved ones is killing you!*
6. *Not allowing yourself to get too close to someone for fear that you might lose them.*
7. *We're friends, but I feel the need for constant reassurance that I'm not bothering you.*

Because of feeling insignificant and like they were burdening others, anxiety caused many people to be afraid to assert their needs in fear that someone else would be slightly inconvenienced.

1. *Not being able to pick which donuts you want at the bakery due to the line of people behind you.*
2. *Wanting to say "no" to others because you are suffering, but caring too much that they will hate you if you do.*



3. *Letting people take advantage of you cause you're too scared to stand up for yourself.*

Last, many people admitted that anxiety has caused them to blame themselves for things that they were not responsible for or that the other person was actually not offended by.

1. *Crying when you think you've upset someone even though they aren't upset in the least.*
2. *Always feeling like you are a bad friend although you did nothing wrong.*
3. *Saying sorry over and over again just in case you might have done something.*
4. *Saying you're sorry to someone who told you to stop apologizing.*

Overall, tweets in this theme demonstrated the pattern of anxiety causing people to feel worthless and insignificant in comparison to others. This contributed to them feeling the need to change the way they portray themselves to others in order to avoid feeling deflated and to avoid potentially disappointing their loved ones. Additionally, anxiety caused many people to constantly worry about whether or not they are enough for others and worthy of relationships, leading to many feelings that their relationships are insecure and needing constant reassurance. Overall, the phenomena present in this theme seemed to create a “walking on eggshells” effect, as people constantly worried about what others thoughts of them and carefully tread to avoid rejection.

## **Theme 2: Fear, Worry and Avoidance Behaviors that Influence Relationships**

The various symptoms and avoidance behaviors related to anxiety have a profound impact on people's ability to interact with and connect to others. These symptoms and behaviors were demonstrated in the codes: fear of interaction, avoidance

of interaction, aversion to attention, fear of judgement, worry or rumination over conversations, worry of hurting others, anxiety interfering with plans, having to rely on others, catastrophizing, parenting challenges, and inability to engage in other relational responsibilities.

The most prominent codes in this theme were fear of interaction and avoidance of interaction.

1. *Losing sleep and panicking because a relative is coming through town and wants to have a quick lunch.*
2. *Panicking at thought of making small talk at networking thing; searching for any lame excuse to bail instead.*
3. *Pretending to be asleep when your husband's friends are over and it becomes too exhausting to be social.*
4. *Temporarily ghosting friends because it's easier than having conversations that make you uncomfortable.*
5. *Hiding in the bathroom to avoid being around people.*

There are many possible reasons for people being afraid of and avoiding interactions. The data analysis found that people often expressed that they do not want attention from others because they feel scared of being judged by them. This is a specific symptom of SAD (APA, 2013), and could also be a large reason why people with anxiety are often scared of and avoid interaction.

1. *When I go outside I feel like everyone [is] watching me, judging me, and waiting for me to do something stupid.*
2. *It's going to be a great day as long as nobody- including my reflection, looks my way.*
3. *Not wanting to throw away your trash in front of the class because you feel like everyone is watching you.*
4. *Feeling ashamed of how you feel because you think the people closest to you*

*will judge you.*

Many people also reported that anxiety made them nervous for upcoming conversations, or caused them to ruminate about past conversations and whether they may have hurt someone.

1. *Over analyzing the things you say to others.*
2. *Remembering a comment you made that might have offended someone when you were in middle school and feeling sick.*
3. *Brain: Remember that conversation 8 years ago? Here's a thousand different ways it could have gone (mostly bad).*
4. *Having anxiety and trying to socialize feels like being in a room full of stacked porcelain and one touch could cause everything to cascade all over you. and you just don't wanna hurt or get hurt.*

There were times that people described how their anxiety interfered with plans that they had with family or friends, and times that they had to rely on a family member or friend in order to engage in their normal activities.

1. *Wanting to see people and making plans but as the event comes closer, ending up cancelling.*
2. *Me: Oh, I'm looking forward to this weekend away with the whole family!  
Anxiety: We'll see.*
3. *When you call out of work, school, ditch friends and family, stay in your room, and stare at a wall in silence.*
4. *I don't go out on my own. Husband and children watch for signs of panicking when out.*
5. *...I end up having panic attacks in the town and phoning my dad to get me [because] I can't get on a train.*
6. *Having your SO [significant other] make phone calls for you.*

Many people expressed that anxiety caused them to catastrophize about something terrible happening to their loved ones, which added unnecessary stress to their

relationships.

1. *Thinking they're going to hate and/or fire you every single time you do or say or hand something in at work.*
2. *Meeting a friend at 4pm and it's 3:55pm. He's not there yet and an ambulance passes. I think the worst for him.*
3. *When your kid normally texts at 7:02, and hasn't by 7:06, and you're sure they've been kidnapped or killed.*
4. *Don't hear back from a friend, you think they're dead or they hate you.*

Though all of these things effect relationships in their own way, many people talked specifically about the parenting or other relational responsibilities that became especially challenging or were hindered because of anxiety symptoms.

1. *Wiping my tears, squashing my feelings down, because somehow I have to get out of bed and get my kids to school.*
2. *Unable to bath the baby, because you fear you might deliberately drown it.*
3. *Witnessing my husband picking up the slack w/kids, feeling shitty, but unable to help, & it makes it worse.*
4. *Constantly disappointing your husband and kids with cancelled plans because you just can't go past your door.*
5. *Unable to maintain relationships because sensory overload reduces [you] to a shrieking mess and stayin[g] home is safer.*
6. *When you're not present in any hugs because you're worried about what's next.*

The tweets in this theme mainly encompass the idea that the various symptoms of anxiety have a large effect on one's ability to interact with and connect to others. Because of anxiety symptoms, many people expressed not being able to interact with others or

participate in their relationships and social events in the way that they desired to. If they were able to interact with others at all, they often expressed being in a state of fear and insecurity about their relationships or insecurity related to their fear of being judged or saying or doing something “wrong.” Many of these people expressed the desire to fully connect with others and socially engage, however, anxiety often became very debilitating and they were not able to engage to the extent that they would have liked to, which led to more social distress.

### **Theme 3: Negative Emotional Responses Leading to Feeling Misunderstood, Lonely, and a Failure (Self-Fulfilling Prophecy)**

The codes in this theme demonstrated how anxiety caused people to have many negative emotional responses during or about interactions with others which made them feel misunderstood, lonely, and like they failed. The codes in this theme include imagined animosity from others, distrust of others, incongruence, feeling misunderstood, feeling like they were treating others negatively, physiological responses during interaction, absence of words, social exhaustion, and loneliness.

In many tweets, people describe how anxiety contributed to their distrust of others and feeling as if others hate them.

1. *Hearing nothing but supportive things from loved ones & still being 100% convinced they think you're an asshole.*
2. *Feeling as though someone hates you because something small in their manner changes.*
3. *Feeling like all of your friends actually hate you.*
4. *Like someone wants to manipulate you when all they wanted was your kind*

*company.*

5. *Swearing that dude in the mall is following, but really he is lost in his phone and waiting for his wife.*
6. *Never trusting anyone but myself.*

Related to the fear of other's being malicious and thinking poorly of them, people often expressed that anxiety caused them to be scared to show their true self and what they were feeling, because they often felt misunderstood by others.

1. *The most painful thing about anxiety is fibbing to loved ones because you don't want to hurt their feelings. :(*
2. *When you have to lie to your boss & say you have the flu when really you're so anxious you can't get out of bed.*
3. *Hiding in your room. Faking sick while your in-laws are here because your social anxiety is bad.*
4. *Feeling like you need to talk to someone but also feeling like no one will understand you.*
5. *When you[re] afraid to talk about it because you "just know" you're going to get eye rolls n think no one believes [you].*

Sometimes, people expressed that they even treated others negatively because they did not know how else to react to the anxiety they were feeling.

1. *Having to be rude to people because [you are] not capable of anything else and just need to get out as fast as possible.*
2. *Pushing loved ones away because you feel broken.*
3. *Sounding like a bitch when you ask for something, [because] you know you'll be rejected.*

Other times, people had reactions to anxiety in the form of physiological phenomena, or they became speechless and were unable to interact.

1. *Panic attack while talking to my mom on the phone. Over nothing. That's the level of crazy I am dealing w/today.*

2. *Feeling like you're having a heart-attack anytime anyone you don't know well starts talking to you.*
3. *When a beach day with friends goes from a[n] incredible day to not being able to talk without crying for no reason.*
4. *Paralysis: wanting so badly to speak but you physically cannot move to bring the words out.*
5. *Being unable to speak clearly & coherently because you are too overwhelmed with #anxiety*

Having all of these difficult interactions with others, it seemed that people with anxiety eventually expressed feeling socially exhausted, leading to social isolation and loneliness.

1. *Saving all your energy for your friends then feeling spent when you go home after a get together.*
2. *My brain feels dead. I battle to hold a conversation.*
3. *Isolating because dealing w/ the emotional fallout of even positive social interactions is too much.*
4. *Feeling alone even tho[ugh] you're surrounded by people.*
5. *Hate being alone but afraid to be social.*

Overall, this theme exemplifies the phenomenon of the self-fulfilling prophecy which anxiety perpetuates. Anxiety often caused many people to be scared of others disapproving of them, scared of other peoples' reactions, and scared of being their authentic, true selves. These inhibitions likely made their fears a reality as they were emotionally exhausted by interactions and feeling lonely. This, in turn reinforces the anxious behaviors, and then the symptoms of anxiety become perpetuated in an ongoing cycle of conflicting wants and fears.

### Theme 4: Social Triggers

Many people expressed specific triggers that caused them to have anxiety in social situations. These included the fear of interacting on the phone, catastrophizing when people were not responsive to communication, being at social gatherings, being in large crowds, and being in public places. The example tweets in this theme exemplify many of the symptomatic phenomena found in other themes and tweets, however, they specifically highlight the triggers that often initiate the anxiety symptoms.

One trigger was the fear of communicating with others on the phone and the accompanying avoidance. On the other hand, people also catastrophized when others did not respond to their bids for communication.

1. *Not answering phone calls or texts because [I] 'm afraid & overwhelmed.*
2. *Being scared to even talk on the phone.*
3. *Spending hours rehearsing for a 5 minute phone call.*
4. *Checking your email every 10 minutes just in case that reply came through. Worrying more every time it doesn't.*
5. *If you don't text me back I assume that either your phone is broken, you're mad at me, or you're dead.*

Others had a difficult time at social gatherings, in large crowds, or in other public places.

1. *I like getting invited to parties but once I get there I'm intensely uncomfortable.*
2. *Overthinking about social situations, thinking people are judging you, feeling like everyone is staring at you.*
3. *Nothing like a full on panic attack at the grocery store. I swear everyone must have been staring....and the walls were closing in. After a 4 hour nap I'm fine again. Ugh.*
4. *Unable to face new places, familiar places, big crowds, small crowds - each*



*bring their own set of triggers.*

5. *When you're trying to spend time w your family but it's crowded & you have an anxiety attack.*
6. *Standing in a crowd, heart racing, dizzy, sick to my stomach, wanting to crawl out of my skin.*

Identifying these triggers provided important information because they showed specific stimuli and situations that were especially feared or avoided. The overarching component of these triggers is that the person was either experiencing too much stimuli or interactions while in public places, crowds or on the phone; or, the person was not experiencing any interaction when others did not respond to them. Both of these scenarios led to amplified anxiety. Since triggers are different for every person, there may be other triggers that people experience, but these were the ones that were shown in the data and each of them had ample support.

### **Theme 5: Anxiety Management Strategies**

Though many people tweeted about the difficulties they experienced with their anxiety, some tweeted about coping mechanisms that they use to manage their anxiety. In most of the tweets, these coping strategies were adaptive and helpful, however, some were maladaptive. This theme was demonstrated through the two codes: coping skills and social support. Many of these coping skills included talking to others, but some mentioned that they use medications, alcohol, or social media to cope as well. Examples of these tweets include the following.

1. *Talking about your anxiety is a great way to process it, make it smaller, and more manageable.*

2. *When you go out w[ith] your family to have fun but have to take anxiety medicine [be]cause there are people out there.*
3. *Needing a cocktail to have a conversation.*
4. *Your best friend plans a lot of nights in with you with loving support.*
5. *Social media. When you realise it's not just you, it's loads of people all over the world. It's like it's normal.*

Tweets that fit into this theme were less prominent because the nature of the hashtag was more aimed toward people talking about their experiences with feeling anxiety rather than their experiences coping, however, this theme still emphasized the important phenomenon that though relationships can be the source of anxiety, social support can also be a great coping mechanism.

### **Theme 6: Things for Others to Avoid**

Though some people expressed their experiences with others being supportive and helpful, there were also things that others did which were unhelpful and hurtful to the person struggling with an anxiety. The only code in this theme was insensitivity /unsupportiveness from others. Examples of these tweets include the following.

1. *Someone telling you not to worry is like them telling you not to breathe.*
2. *Being clinically diagnosed with panic disorder and having the pastor say "you just need pray more, have faith."*
3. *Like I was thrown in the sea, wrapped in heavy cloth, an anchor tied to my feet and told to just "swim to shore."*
4. *And then someone says "it's all in your head" [because] they're trying to help but they don't realize that's worse.*
5. *When someone at work says "That person is a liability to our office because they go to counseling."*

6. *Someone telling [yo]u that [yo]u use anxiety as an excuse, is like questioning why someone with a broken leg won't run.*

These tweets demonstrate that sometimes people do not know how to support people with anxiety, and they say something that is hurtful. Many of them seem to have the intention of wanting to help; however, many do not realize that their comments are unhelpful and need more sensitivity and understanding. Some of these comments contribute to the stigmatized view of anxiety, which suggests that people with mental health issues have something wrong with them and are weak, dangerous or just lack self-control. Other comments are minimizing and invalidating of the person's experience with anxiety by suggesting that anxiety is not as severe as it really is, and that it is mild enough to be in someone's control at all times. Both of these kinds of comments can be very harmful, and it seems that Twitter users were trying to bring awareness to these types of comments so that people are aware of how these statements affect others and contribute to mental health stigma and minimization.

## **CHAPTER V**

### **DISCUSSION**

Anxiety is a very prevalent issue, as 18.1% of American adults live with anxiety disorders, compared to 6.9% who have major depressive disorders (NAMI, 2005). Despite the overwhelming prevalence of anxiety disorders, there is little qualitative research on what people with anxiety experience in their daily lives. Furthermore, most studies also fail to examine anxiety through a relational lens by trying to understand how anxiety symptoms affect one's relationship and interactions with others. The purpose of this study was to provide a systemic and narrative framework in order to contribute to the need for more qualitative research on anxiety in MFT. The results of this study provide more information about what specific narratives people are posting about their everyday experiences with anxiety and what themes were present among these experiences. More specifically, this study looked at how people's experiences with anxiety affect their relationships.

Six themes arose from the analysis, which highlight more about the relational experience of anxiety. Themes provide information on people's specific views about themselves in relation to others; various symptoms of anxiety that impair healthy social functioning and relationships; reactions to anxiety symptoms that create a self-fulfilling prophecy leading to feeling misunderstood, lonely and a failure, leading to a self-fulfilling prophecy effect; specific social triggers that are difficult; coping strategies involving others; and unhelpful things that others have done or said. This section will discuss the conceptual interpretation of these findings and the various implications that

these findings have for those with anxiety, their loved ones, and clinicians as they all come to understand more about these lived experiences. Furthermore, this section will discuss how these themes not only confirm the research that has been previously been done, but also sets a foundation for future research.

### **Interpreting these Findings in the Context of the Current Literature**

The results of this study provide insight into the lived experience of people with anxiety, and also confirms previous findings. The fundamental theme found in the data was *fear, worry, and avoidance behaviors that influence relationships*. Since fear, worry, and avoidance are the main indicators of anxiety disorders (APA, 2013), tweets in this theme provided many demonstrations of these behaviors. Data in this theme go beyond the symptoms of anxiety to explain how these fear, worry, and avoidance behaviors can have a significant impact on people's ability to fully engage in relationships. Often times, anxiety symptoms were so influential the people had a difficult time spending time with or communicating with their loved ones. This debilitation was amplified when triggers were present, which are shown in the theme, *social triggers*. Many people had a difficult time engaging with others while talking on the phone, in social situations, crowds, public places, and could not handle when others did not text, call or email them back right away. Since these triggers are difficult to avoid while interacting with others, general anxiety symptoms and triggers seemed to either add more stress to relationships or cause a person to just avoid the interaction altogether. These phenomena could be some of the reasons that research has found that people with anxiety often experience lower quality of social

functioning, lower quality of social relationships and greater dysfunction in family relationships (Kertz & Woodruff-Borden, 2011).

These fear, worry, and avoidance behaviors also contributed to the way people with anxiety often viewed themselves in the context of their relationships. First, the data in one theme portrayed that many people felt a sense of *deflated self in relation to others and their perceptions*. Tweets in this theme encompass the idea that people with anxiety often felt less than others and that others had high expectations for them that they were not meeting. They mostly expressed feeling that they did not add much value to their relationships. This led to the phenomena of a self-fulfilling prophecy and having *negative emotional responses leading to feeling misunderstood, lonely and a failure*. After feeling so much fear, worry and insecurity in relationships, people expressed feeling exhausted. They started to feel like everyone disliked them and they had trouble trusting others, and that made it difficult for them to be vulnerable, which is fundamental for connection (Brown, 2015). These views about others and themselves, made it very difficult to feel fulfilled and secure in their relationships. Therefore, it makes sense that Bar-Kalifa et al. (2015) found that social anxiety is often correlated with lower relationship satisfaction for both the diagnosed individuals and their partners.

In addition to all these challenges, many people also reported many instances of others making insensitive and unsupportive comments, as shown in the theme *insensitivity/unsupportiveness from others*. These comments were very stigmatizing and minimized the severity and legitimacy of anxiety disorders, which was not helpful in connecting with others. This phenomenon could contribute to why Kertz and Woodruff-

Borden (2011) found that those with anxiety report lower levels of social support. Despite these unfortunate interactions, people also talked about social support from others being a helpful *anxiety management strategy*, which confirms research on perceived social support as central to anxiety symptom changes over time (Dour et al., 2014).

### **Implications**

The results of this study have important implications for people with anxiety, those who interact or are in intimate relationships with people with anxiety, or clinicians that treat the relational aspects of anxiety disorders.

#### **Implications for Those with Anxiety**

Unfortunately, many people with anxiety seem to internalize anxiety symptoms as part of who they are. These findings serve to normalize the struggles that anxiety causes so that individuals with anxiety can find comfort in knowing that they are not alone in their struggle with these issues, and that anxiety does the same to many others. Since a narrative perspective was utilized in which problems are externalized, this theory serves to empower them in realizing that their anxiety does not define them but is instead a separate entity that gets in their way of doing the things that they desire within their relationships and interactions (White & Denborough, 2011). Though this distinction was not explicitly reflected in all of the tweets, doing the analysis from a narrative perspective and seeing other people's experiences should help people realize that the person with anxiety is not the problem in their relationships, but it is the anxiety that is the problem. These findings can also help them realize that the worrisome thoughts they have about

their relationships and interactions with others do not define the quality of their relationships and interactions, but are actually anxiety's misrepresentation of what their interactions and relationships are like. Anxiety does the same thing to many other people's relationships, and they are not alone in this struggle.

After realizing that anxiety, not the person, causes issues in relationships, it is important to pinpoint specific ways that anxiety interferes. The two main concerns in the data are that anxiety distorts peoples' view of themselves and of others. The data shows that anxiety often tells people that they are not worthy to be in relationships and that they are burdens to their loved ones, which is a skewed perception of themselves. This finding is supported in research that has shown that self-esteem and anxiety have a reciprocal relationship (Sowislo & Orth, 2013). Anxiety also provides a skewed perception of others by sending the message that others do not have their best interest in mind, they are not committed to the relationship, or have some sort of animosity toward them. Often times, people expressed thinking of the worst-case scenario when they thought about their interactions with others and the intentions of others. This is consistent with the phenomenon that people often think of the worst-case scenario in a misguided effort to prepare themselves; which in reality, causes more distress (Wilson & Gilbert, 2003).

Another possible reason that people with anxiety have challenges in relationships, is that generalized anxiety disorder and social anxiety disorder have both been found to be correlated with an anxious attachment style and attachment ruptures during childhood (Cassidy et al., 2009; Eng et al., 2001). Some of the skewed perceptions of others found in the data such as distrust, needing to be reassured about the person's commitment to the



relationship and feeling like others do not like them, are consistent with the behaviors of an anxious attachment style. Overall, people with anxiety need to be aware of these phenomena so that they can feel empowered to recognize when anxiety is telling them unhelpful things that they should not believe, and to challenge the skewed perceptions of themselves and others that anxiety is causing. Once they are able to name these common stories that anxiety tells about themselves and their relationships, it will help them realize that these stories are not a reflection of their relationships or who they are as a person, but are skewed stories that anxiety tells (Harris, 2009).

### **Implications for Those Who Interact with People with Anxiety**

This study also provides ample insight for those that interact with people with anxiety. The themes provide helpful information about what anxiety does to their loved ones, and how it can get in the way of their interactions or relationships. This data has the ability to normalize these phenomena and help the partners of those with anxiety know that some of the insecurities that are felt in their relationship are not either person's fault, but rather, the anxiety is the entity getting in the way of connection and security in the relationship (White & Denborough, 2011). The main take-away from our themes, is that many people with anxiety have a desire to have a healthy, secure relationship and they want to be able to go on outings and do other activities with and/or for their partners. The issue is not a lack of desire, but it is the anxious thoughts and feelings that become debilitating. As individuals and their partners are able to externalize anxiety in the relationship, they will be able to create more understanding and patience.

The theme *things for others to avoid* can also provide helpful insight for those who interact with people with anxiety. Reading those examples can help loved ones know that they need to avoid stigmatizing and other unsupportive or minimizing comments. Though many people meant well by trying to give advice, these comments often came across as invalidating as they suggested that anxiety can be helped by merely having more willpower and control, which is very difficult to do without professional assistance. According to Jorm (2012), this could be because people are not as well educated on the severity, legitimacy and treatment of mental health issues as they are about physical health issues. As people read the lived experiences of people with anxiety from the data, they can better understand the legitimacy of the struggles that anxiety causes. This can help them understand how to better validate their loved ones' feelings and difficulties, listen nonjudgmentally and offer support, which are the best ways to help someone struggling with mental illness (Jorm, 2012).

Furthermore, as shown by the *social support* code, people with anxiety feel most supported when someone listens to them, validates the difficulties they are going through, and recognizes anxiety as a legitimate illness rather than an excuse (Jorm, 2012). Most social support research in the literature is on depression, so more research is still needed (Ibarra-Rovillard & Kuiper, 2011; Leskelä et al., 2006; Lynch et al., 1999). Nonetheless, a study by Dour et al. (2014) has shown that social support is central to anxiety symptom changes over time. Furthermore, Kałużna-Wielobób (2017) found that there is a negative relationship between anxiety and the "community feeling," which is how one relates to others and can be a feeling of unity with or separation from others. This study along with

the current findings suggest that though it may be more difficult for those with anxiety to develop a feeling of support and community, connection with others can also play an important role in the betterment of anxiety symptoms. For those who interact with people with anxiety, it is important to help the person with anxiety connect with others in order to develop a sense of support and community.

### **Clinical Implications**

Before discussing clinical implications, it is important to note that because of the nature of the data, there was no way to indicate if the sample had clinically diagnosed anxiety. Nevertheless, people writing these tweets definitely showed symptomology of anxiety, so clinicians can still learn helpful information from these findings. Since these themes clearly show the internal experiences of those with anxiety and their influence on relationships, this data can be very helpful in order to help clinicians recognize possible problem areas in these relationships and help couples and families work on them. This data gives clinicians the insight necessary to demonstrate empathy and understanding they need to help recognize the thoughts, behaviors, and emotions that are getting in the way of connection such as fear, avoidance and skewed perceptions of themselves and others. According to the narrative perspective, clinicians can help individuals, couples and families externalize anxiety as the issue that they can fight against together in therapy (White & Denborough, 2011).

As clinicians help clients externalize anxiety, there are many points of intervention that should be considered. First, clinicians can help challenge the distorted views that people have about themselves and others. Many of the thoughts that get in the

way of people's relationships are thought distortions, as identified in the modality of CBT (Yurica & DiTomasso, 2005). Therapists could help those with anxiety notice these thought distortions and realize that they are not an accurate representation of reality. It might also be useful for systemic therapists to include loved ones of those with anxiety to help clinicians in the process of reassuring the client that their thoughts may be inaccurate. If family members or friends are not able to come to therapy, the therapist could do empty chair exercises in which the client expresses his or her concerns to an empty chair that represents another person. After the client expresses his or her concerns, the client then moves to the empty chair to speak as proxy for their friend or family member. This exercise challenges the client to really understand the perspective of the other person, separate from what anxiety tells him or her. By doing this exercise, the therapist can help the client tap into the compassion that their loved ones have for him or her (Greenberg, 2011).

Furthermore, it is important for therapists to disrupt the patterns of fear, avoidance, and self-fulfilling prophecy that anxiety perpetuates. As previously mentioned, people with anxiety often expressed the desire to engage with others, however, the symptoms of anxiety became debilitating. Fear and worry about what could go wrong in interactions led to a pattern of self-fulfilling prophecy, in which people's worries came true because they acted in constant fear. Therapists need to disrupt this pattern of fear and worry getting in the way of the kind of life a person wants to live by. One way to do this is to teach clients coping skills that they can use to peacefully coexist with uncomfortable emotions rather than having a negative emotional reaction to anxiety

the exacerbates symptoms (Harris, 2009). Many clients might also find it helpful to simply be able to express what they are feeling to others, in efforts to recognize and name their feelings and needs. Being able to express these emotions and worries could disrupt the cognitive rumination on the self-fulfilling prophecy that the data suggests clients may be getting stuck in. In couple or family therapy, clinicians can set up an enactment that help the client express their anxieties to their loved ones and indicate how they would like their loved ones to respond. If an individual client is coming to therapy, the client can practice expressing his or her worries to the therapist, and the therapist can coach the client through how to express these concerns to others. Then the therapist can teach the client how to express his or her needs and to express how he or she would like his or her loved ones to support him or her (Johnson, 2019).

Last, an attachment lens can provide more insight about this data and a possible treatment focus. Since GAD and SAD have both been found to be correlated with an anxious attachment style and attachment ruptures during childhood (Cassidy et al., 2009; Eng et al., 2001), it is important that those with anxiety learn to form strong attachment bonds with their loved ones. Some problematic behaviors from the themes that clinicians can look for are insecurity in the relationship, needing to be reassured, feeling like a burden to their loved ones and feeling as if others do not care or do not like them. Given this information, it may be helpful for relational clinicians to pinpoint these anxious attachment behaviors and help the system repair the attachment wounds in the relationship. One way this can be done is identifying instances that may have perpetuated these problematic thoughts and feelings, and discovering the underlying emotions that are

linked to the attachment wounds. Then, each person in the system can express their feelings and empathically attune to one another in order to heal those attachment wounds. (Johnson, 2019). As clinicians help couples and families heal these wounds, they will be able to overcome the unhelpful thoughts, feelings, and emotions that anxiety disorders bring to the relationship, while forming strong attachment bonds that will make for stronger and more fulfilling relationships.

### **Limitations and Implications for Future Research**

Though this study provides important findings, there are limitations that need to be addressed. Due to the nature of our data collection process, we were unable to collect any demographic information about our subjects including relationship status, sex, age, race, ethnicity, SES, education levels, etc. We were also unable to determine if any of the participants were or could be clinically diagnosed with anxiety, and which anxiety disorder best described their symptoms. Because of this, some people in our sample may not meet the full criteria for an anxiety disorder, and we most likely have a wide variety of the different anxiety disorders that are present in our sample. Also, the character limits in place on tweets limited the amount of information that the participants were able to provide. Before November 2017, tweets were limited to 140 characters. Because of this, it was more than halfway through the target year before the limits were extended to 280 characters. If more characters were allowed, we might have more detail on people's experiences. Furthermore, we were unable to capture any tweets involving pictures, comments, retweets or other interactions between users, which means there is a

possibility that we could have missed themes present in those tweets that we were unable to obtain. Moreover, since the hashtag we used was created by another twitter user, we are unsure of how the creator's tweets about anxiety influenced other people's tweets. Lastly, since we did not interact with the participants in person, the meaning of the tweets is solely based off of the coding team's interpretation.

Limitations notwithstanding, this study also has a number of strengths that makes it a valuable contribution to the anxiety literature. First, since existing data from Twitter was used, participants did not know that their posts were going to be used for a research study. This means that the participants' tweets were honest and exactly what they wanted to say on social media. Additionally, people were not limited in what they could or could not say. This captures authentic emotion and expression which is helpful in understanding people's real experiences. Secondly, this study is one of the only qualitative studies on anxiety symptoms, and the only qualitative study that specifically examines the relational effects of anxiety. The relational effects of depression have been given a lot of attention in the literature, and little to no attention is given to anxiety specifically (Cramer & Jowett, 2010; Ibarra-Rovillard & Kuiper, 2011; Leskelä et al., 2006; Lynch et al., 1999; Whitton & Kuryluk, 2012; Whitton & Whisman, 2010). This study provides rich, qualitative data about anxiety and relationships that is not represented in the current literature.

Since there is little research about the relational effects of anxiety, it is imperative that this subject continues to be studied in future projects. This study provides a strong foundation for these concepts to be explored. The phenomena found in this data such as

insecurity, imagined animosity, feeling like a burden to others, worrying about being judged, etc. would be excellent concepts to explore quantitatively to see how these components of anxiety affect relationship satisfaction scores. There are also many things that should be further examined using qualitative data. For example, it would be helpful to conduct another qualitative study about anxiety in a study in which it is possible to collect demographic information for the participants so we can better understand their roles in the anxiety process. In another qualitative study, it would be valuable to obtain the perspectives of those with anxiety and their views on their relationship, as well as their partners' views in order to compare and contrast perceptions. Another area to explore is the relational therapeutic methods that are most helpful in treating anxiety disorders and how partners and family members of those with anxiety can best support their loved ones.

### **Conclusion**

In summary, this study provides important findings about how anxiety can affect people's relationships and interactions with others. The phenomena found in this study are important for those with anxiety and their loved ones in order to understand and improve their relationships. These findings are also helpful to clinicians in order to identify key areas that they can help their clients improve on to have more fulfilling relationships. Overall, this study emphasizes the importance of taking a relational approach to anxiety in future research, and my hope is that this area of study will continue to grow.



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