

Social Anxiety and Facets of Aggression: Exploring the Role of Impulsivity

Carey Sevier, M.S., Laura Dixon, Ph.D.

✉ cjsevier@go.olemiss.edu

Background

- Social anxiety disorder (SAD) is a prevalent, chronic disorder, that negatively affects a wide variety of life domains (e.g., work, leisure).¹
- SAD is typically characterized by behavioral avoidance due to fear of negative evaluation; however, ongoing research suggests that some individuals may experience approach-oriented reactions (e.g., anger, aggression) in response to distress.²
- Impulsivity has been implicated as a potential factor that may explain aggressive behaviors in socially anxious individuals.^{3,4}
- Identifying which dimensions of impulsivity contribute to aggressive behavior in individuals with SAD could help pinpoint key person-centered targets in treatment, as previous research has shown that socially anxious individuals with high anger have worse outcomes in in CBT based treatment.⁵
- This study aimed to investigate different facets of impulsivity in relation to aggression in a socially anxious sample. It was predicted that negative urgency (NU) would show the strongest association with each of the aggression outcomes (anger, hostility, verbal aggression, physical aggression).

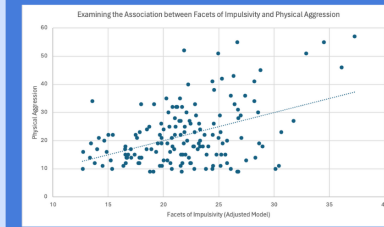
Methods

- The present study included 188 participants ($M_{age}=19.03$ years; $SD = 12.96$) who scored above the clinical cut off (>19) on the Social Phobia Inventory⁶
- Participants completed self report measures including the Buss-Perry Aggression Questionnaire,⁷ and the UPPS-P Impulsive Behavior Scale⁸
- The sample was predominantly white (77.1%), and female (80.35)
- Four hierarchical regression analyses. Age and gender were entered in the Step 1, and in Step 2, NU, lack of premeditation, lack of perseverance, sensation seeking, and positive urgency were simultaneously entered.

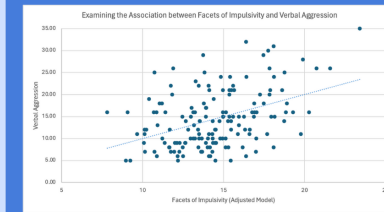
Negative Urgency
is an important
aspect of
impulsivity and is
associated with
physical and verbal
aggression,
hostility, and anger
among socially
anxious individuals



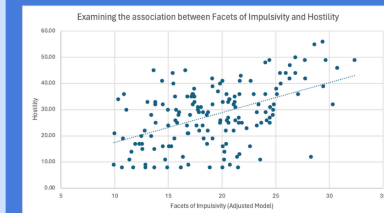
Results



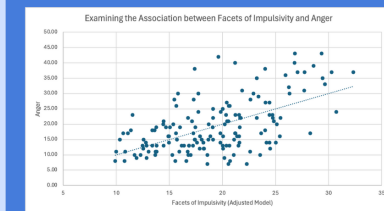
Impulsivity accounted for 16.8% of the variance in physical aggression (R^2 total = .19), with NU emerging as the only significant predictor ($B = .400$, $SE = .15$, $p = .007$).



For verbal aggression, impulsivity accounted for 15.7% of the variance (R^2 total = .178), with NU emerging as the only significant predictor ($B = .317$, $SE = .089$, $p < .001$).



With regard to hostility, impulsivity accounted for 28.5% of the variance (R^2 total = .294), with NU ($B = .924$, $SE = .147$, $p < .001$) and lack of premeditation ($B = -.481$, $SE = .213$, $p = .025$) emerging as significant predictors.



For anger, impulsivity accounted for 31.5% of the variance (R^2 total = .322), with NU emerging as the only significant predictor ($B = .713$, $SE = .109$, $p < .001$).

Discussion

- Results showed a negative association between lack of premeditation and hostility, which extends prior research⁹
- Previous research suggests that individuals high in NU use more disengagement emotion regulation strategies,¹⁰ suggesting that increasing adaptive emotion regulation strategies may be an important target in clinical interventions.
- Translating these findings to clinical settings, these results support current models that emphasize science-based, personalized conceptualization and care to enhance wellbeing for patients with varied presentations of SAD.



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Authors: Carey Sevier, Laura Dixon
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Abstract

Background: Social anxiety disorder (SAD) is a prevalent, chronic disorder, that negatively affects a wide variety of life domains (e.g., work, leisure; Cairney et al., 2007). SAD is typically characterized by behavioral avoidance due to fear of negative evaluation; however, ongoing research suggests a subset of individuals with SAD engage in more approach-oriented behaviors (Kashdan & Hofmann, 2008). Impulsivity has been implicated as a potential factor that may explain aggressive behaviors in socially anxious individuals (e.g., Dixon et al., 2016; Zhang et al., 2023). Identifying which dimensions of impulsivity contribute to aggressive behavior in individuals with SAD could help pinpoint key person-centered targets in treatment, as previous research has shown that socially anxious individuals with high anger have worse outcomes in CBT based treatment (Erwin et al., 2003). This study aimed to investigate different facets of impulsivity in relation to aggression in a socially anxious sample. It was predicted that NU would show the strongest association with each of the aggression outcomes (anger, hostility, verbal aggression, physical aggression).

Method: Participants ($N = 188$, $Mage = 19.03$, $SD = 2.96$) who scored above the clinical cut off for social anxiety completed self-report measures as part of a larger study. Participants completed the Social Phobia Inventory ($M = 31.93$, $SD = 12.72$; Connor et al., 2000), Buss-Perry Aggression Questionnaire (Buss & Perry, 1992), and the UPPS-P Impulsive Behavior Scale (Cyders et al., 2007). The sample was predominantly White (77.1%) and female (80.3%).

Results: A series of hierarchical multiple regression analyses were conducted. Age and gender were included in Step 1, and the five UPPS-P subscales were simultaneously entered into Step 2. With regard to anger, the model accounted for 32.2% of the variance, with NU emerging as the only significant predictor ($B = .713$, $SE = .109$, $p < .001$). With regard to hostility, the model accounted for 29.4% of the variance, with NU ($B = .924$, $SE = .147$, $p < .001$) and lack of premeditation ($B = -.481$, $SE = .213$, $p = .025$) emerging as significant predictors. With regard to physical aggression, total model accounted for 19% of the variance, with NU emerging as the only significant predictor ($B = .400$, $SE = .15$, $p = .007$). Regarding verbal aggression, the total model accounted for 17.8% of the variance, with NU emerging as the only significant predictor ($B = .317$, $SE = .089$, $p < .001$).

Discussion: NU is an important aspect of impulsivity that is associated with verbal aggression, physical aggression, hostility, and anger among socially anxious individuals. There was also a negative association between lack of premeditation and hostility, which extends prior research (e.g., Anestis et al., 2009). Previous research suggests that individuals high in NU use more disengagement emotion regulation strategies (King et al., 2018), suggesting that increasing adaptive emotion regulation strategies may be an important target in clinical interventions. Translating these findings to clinical settings, these results support current models that

emphasize science-based, personalized conceptualization and care to enhance wellbeing for patients with varied presentations of SAD.

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