The Association Between Childhood Trauma and Social Anxiety Among Adults

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Abstract

The purpose of this proposal is to study the relationship between Adverse Childhood Experiences and social anxiety in adulthood. The relationship is expected to be positive, meaning that experiencing any form of childhood trauma will result in high levels of social anxiety in adulthood. Using a cross-sectional research design, 200 participants between the ages of 21 and 30 will be invited to complete a self-administered survey that will assess what specific adverse experiences in childhood correlate with social anxiety in adulthood. The independent variable, exposure to trauma, will be compared to the dependent variable, social anxiety experienced as an adult using both the Childhood Traumatic Events Scale and the Social Interaction Anxiety Scale. This research would help mental health professionals gain a better understanding of the impact of childhood trauma on social functioning, coping skills, and behavior in adulthood.

Keywords: Childhood Trauma, Social Anxiety, Adulthood

Childhood Trauma and Social Anxiety Among Adults

Introduction

This study proposes to explain the relationship between childhood trauma and social anxiety in adulthood. Abuse and trauma experienced during early childhood is more likely to affect you as an adult because the trauma occurred when your brain is still vulnerable and developing (Harvard Health Publishing, 2019). Children who experience traumatic events are more likely to encounter emotional and brain development delays along with an increased risk of developing mental health issues such as anxiety, depression, and post-traumatic stress disorder (Westby, 2018). Although many children experience at least one traumatic event before age 16, the extent and subsequent outcomes of early trauma often remain undiscussed (Pressley & Maloney, 2020). It is important to note that traumatic events can range anywhere from losing a loved one or witnessing domestic violence, not just experiencing forms of neglect. Understanding adverse childhood experiences and successive social anxiety in adulthood reflects an insightful purpose of shedding light on the association between early childhood trauma and mental health in adulthood. Previous studies regarding the outcome of adverse childhood experiences focus on a wide range of mental health outcomes rather than one single outcome. (Carrion, 2011;Copeland et al., 2018). Therefore, this study will focus on specific adverse experiences in childhood that correlate with higher rates of social anxiety in adulthood.

This research is rather unique as every single person has different experiences and individual outcomes regarding his or her own mental health. There can be a wide range of adverse childhood experiences associated with abuse, neglect, and household challenges (Westby, 2018). By understanding past trauma, mental health professionals can further understand how it has shaped the clients fundamental beliefs about the world, current coping

skills and behavior. As humans, we subconsciously store past events in the brain and body that are likely to show up in our thoughts and emotions later in life (Hutchison & Charlesworth, 2021, p. 12). It is important for mental health professionals to consider not only the individuals personal dimensions such as biological or psychological factors, but also the environmental influences of culture, family, social structure, and socioeconomic status. Thus, this study will allow researchers to understand the impact of childhood trauma on current social functioning.

Literature Review

Childhood Trauma and Social Anxiety

There has been a variety of studies and experiments conducted in regards to trauma experienced during childhood, and how that trauma affects mental health in adulthood (Downey et al., 2017;Sesar et al., 2010). For this study, the independent variable has been identified as the childhood trauma experienced, and the dependent variable is social anxiety among adults. According to the research team's findings, we define childhood trauma as an experience in a child's life that was deeply disturbing or distressing, and social anxiety can be referred to as an irrational anxiety caused by social interactions. It is necessary to acknowledge that the term 'childhood trauma' is very broad and we recognize that the trauma event experienced and the time and manner of processing vary between persons. Our cross-sectional study takes into account different adverse childhood experiences rather than one single form of trauma experienced. Therefore, this study can observe and understand what specific traumatic events directly correlate with social anxiety in adulthood.

In researching this topic, many factors were noticed as outside contributors to the outcome of mental health struggles in adulthood after experiencing childhood trauma. This can include socioeconomic status as it relates to accessibility of food and safety for children, but one

of the most significant factors is a support system as it can build up a child's self esteem and

resilience by having a place to vent and access to resources (Schneider et al., 2017). The

Attachment Theory (Fraley, 2018) can help distinguish the connection between traumatic

experiences and mental health. The attachment theory is best described as the idea that young

children need to develop a relationship with at least one primary caregiver for normal social and

emotional development. The Accumulation model (Copeland et al., 2018) is also often used in

this area of study as it refers to an increased risk of psychosocial impact with each occurrence of

trauma. Thus, children who have negative relationships with a primary caregiver are at an

increased risk of experiencing mental health struggles in adulthood with each occurance of

trauma. Those who have experienced childhood trauma whether it be physical, verbal, or

witnessing violence are more likely to report anxiety, depression, and impaired social functioning

in adulthood (Downey et al., 2017). Therefore, researching and studying the effects of childhood

trauma is important because many individuals who have experienced trauma have been

overlooked or misunderstood and the child is then left with their unhealthy coping mechanisms

and social problems exacerbated by a lack of proper care (Sesar et al., 2010).

Research Questions & Hypothesis

The purpose of this study is to develop a better understanding of the relationship between

childhood trauma and social anxiety among adults. The exposure of childhood abuse or neglect,

even to the smallest degree, has the potential to cause internalized mental health struggles such

as depression or anxiety in adults. There is no timeline in regards to processing trauma and there

is no right or wrong response to past experiences, the occurrence and severity of mental health

struggles later in life varies between all individuals. As a result, many studies have determined

that there is evidence pointing to a relationship between trauma experienced in early childhood

and mental and physical health struggles in adulthood (Schneider et al., 2017). Previous studies

regarding the outcome of adverse childhood experiences focus on a wide range of mental health

outcomes rather than one single outcome. However, there was little study on the relationship

between childhood trauma and social anxiety in adulthood. Thus, this study's research question

is "What specific adverse childhood experiences positively correlate with social anxiety in

adulthood." The research hypothesis is that we believe there is a positive correlation between

trauma experienced as a child and social anxiety in adulthood. The research team anticipates our

results to reflect a positive relationship, meaning that experiencing specific forms of childhood

trauma such as emotional abuse or neglect, will result in high levels of social anxiety in

adulthood.

Research Methods

Research Design

For our study we will utilize a quantitative method for our research design. The data we

are collecting is of quantitative value based upon the exposure of trauma as a child and the result

of social anxiety as an adult. The independent variable, exposure to trauma, will be compared to

the dependent variable, social anxiety experienced as an adult through self-administered survey

questionnaires. This cross-sectional study would allow researchers to determine what kind of

relationship these variables have with one another, if those variables are related, and if-so in what

way.

Participants

In order to get a variety of responses back to calculate a detailed response for our

research study, we are prepared to reach out to 200 participants between the ages of 21 and 30.

Choosing to set the beginning age at 21 is because many young adults under the age of 21 may

still be living at home due to the expensive cost of living, which means that they could still

actively be in the traumatic environment or interacting with individuals who may be the source

of past trauma. We also wanted to use this age range so we could reach individuals who have

chosen to go to college and those who went straight into or are currently in the workforce. This is

often a time in life when repressed traumatic events resurface, and many choose to either attend

therapy sessions or ignore the past completely. This study is not limited to any sex or identified

gender.

Measurements

In order to measure the independent variable, childhood trauma, the Childhood Traumatic

Events Scale (CTES; Pennebaker & Susman, 2013) will be used. The scale will measure the

presence and impact of childhood trauma that occurred prior to the age of 17. The survey

questionnaire consists of 6 questions and is self-administered. The CTES asks a series of

questions that reflect the type of trauma experienced, how traumatic it was, and if they confided

in others following the given event. It has the yes or no response to each possible trauma event

experienced. If they answered yes, they will be instructed to state how old they were, how

traumatic the event was, and how much they confided in others using a 7-point Likert scale

where 1 = not at all traumatic, 4 = somewhat traumatic, and 7 = extremely traumatic. Allowing

around 30 seconds for each question was determined to be an adequate amount of time to

understand and comprehend the questions being asked, requiring approximately 3-5 minutes to

complete. A higher sum of all numbers recorded corresponds with more trauma experienced.

Kuo et. al. (2011) have used this scale and shown that it has moderate to high internal

consistency with Cronbach's alpha at .86.

The dependent variable, social interaction anxiety will be measured by using the Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1998) which is a self-report scale. The SIAS will measure social anxiety stemming from exposure to childhood trauma prior to age 17. It consists of 20 questions where participants will be asked to indicate the degree to which they feel the statement or characteristic to be true.This scale asks a series of questions that assess the severity of distress when speaking with someone in authority, mixing socially, or worrying about appearance and what to say (Mattick & Clarke, 1998). Each question is to be answered on a 5-point Likert scale, where 1= completely uncharacteristic and 5= completely characteristic. Total scores will be calculated by adding the responses of each question, a higher score represents higher levels of social anxiety. This survey should take approximately 5-7 minutes to complete. The SIAS has demonstrated high levels of internal consistency with Cronbach's alphas ranging from .88-.90 and test-retest reliability of $r = .91$ (Kuo et al., 2011) and has .

Data Collection Procedures

Researchers will first obtain IRB approval and before survey questionnaires are dispersed among the predetermined sites, a representative from the research team will explain the study and obtain the support of all involved entities. We will then contact potential research participants and distribute 25 surveys to each site including hospitals, free clinics and mental health centers that agree to participate in this study. Distribution sites will range from bigger cities, small towns, and rural areas based on the greatest number of public attendance to help reach individuals from different backgrounds and socioeconomic statuses. Prior to completing the surveys, participants will be directed to read about the purpose of this study, made aware of their voluntary and anonymous participation, and directed to fill out the informed consent form if they agree to take part in this study. Although the survey questionnaires will be attached to the

paperwork at the doctor's office, clinic or mental health center, once completed, it will be

detached from any paperwork with identifying items and be picked up at a later date with other

completed surveys. The survey is also available online after completing required paperwork at

said hospital(s) or mental health clinic(s). If the online version is the participants preferred

method we will provide them with a link on the paperwork and all recorded information will

remain confidential and anonymous. This option has been made available to increase ease of

completion. Since participation is completely voluntary and not required, the researchers have no

control over what individuals choose to complete, or not to complete the survey. While we aim to

receive surveys filled out by individuals from diverse backgrounds, we cannot ethically exclude

or include individuals from specific populations.

Expected Results

For this study we expect to see results that show a positive relationship between exposure

to trauma in childhood and developing social anxiety as an adult. It is predicted that increased

exposure to trauma as a child correlates with an increased likelihood of experiencing social

anxiety among other mental health issues in adulthood. This outcome has been established in

many studies that were similar to our own. The Attachment Theory (Carrion, 2011) explains the

idea that children need to form a bond with at least one caregiver in their life to develop properly

in terms of emotion regulation and personality. This supports our theory that trauma experienced

as a child can affect one's mental health in adulthood. Childhood emotional abuse and neglect

were positively correlated with current social anxiety and trait anxiety (Kuo et al., 2011), as

experiencing any form of childhood trauma has resulted in varying degrees of mental health

struggles in adulthood (Schneider et al, 2017).

Discussion

This study has some limitations. Cross-sectional studies are not able to determine a causal inference, so choosing to conduct a longitudinal study may uncover more results. Results from a longitudinal study can be consistently shown as valid and reliable as the brain reacts differently to trauma over time. Participants' social desirability bias may limit the internal and external validity of the results because we cannot ensure that all questions are answered honestly or correctly regarding past experiences and related outcomes. The findings of this study will aid in increasing knowledge and awareness of the negative outcomes that adverse childhood experiences can result in, specifically the outcome of developing social anxiety. Conducting this study would contribute to research on what specific forms of emotional abuse and neglect during childhood have a greater chance of resulting in social anxiety in adulthood.

Conclusion

Previous studies regarding the outcome of adverse childhood experiences focus on a wide range of mental health outcomes rather than one single outcome. As a result, researchers in this study are prepared to focus on specific adverse experiences in childhood that result in higher rates of social anxiety in adulthood. Knowing that there can be a wide range of experiences associated with abuse and neglect, this study remains unique as it aims to better understand what adverse childhood experiences correlate with higher rates of social anxiety in adulthood. Researchers expect to see results that reflect the hypothesis that individuals who have experienced any form of childhood trauma will have had, or are currently experiencing some level of social anxiety. This cross-sectional study will use the combined self-administered questionnaire that will be attached to medical documents or accessed via a secure online website at predetermined mental health clinics and hospitals. Before the surveys are dispersed among the

predetermined sites, a representative from the research team will explain the study and obtain the

support of all involved entities enabling them to inform potential participants of the purpose of

this study. Although conducting a cross-sectional study allows researchers to collect data over a

relatively short period of time using a one-time self-report survey, future research using a

longitudinal study has the potential to provide more information regarding the lasting effects of

childhood trauma. The results will allow researchers to understand the type of trauma

experienced, how traumatic it was, and the severity of distress when meeting and talking with

others in adulthood. This research would help mental health professionals gain a better

understanding of the impact of childhood trauma on social functioning, coping skills, and

behavior in adulthood.

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Appendix A: Informed Consent Form

PROJECT TITLE: The Association Between Childhood Trauma and Social Anxiety Among

Adults

PROJECT APPROVAL:	PROJECT EXPIRATION DATE:	LENGTH OF STUDY: 1 Year

PRINCIPAL INVESTIGATOR: Kristen Collom

CO-INVESTIGATOR(S): Jessi Kindscher, Conor Bird

CONTACT DETAILS FOR PROBLEMS/QUESTIONS:	Kristen Collom, email: kncollom@ksu.edu

IRB CHAIR CONTACT INFORMATION:	Rick Scheidt, IRB Chair of Kansas State University, email: rscheidt@ksu.edu

PROJECT SPONSOR:	N/A

PURPOSE OF THE RESEARCH:
The purpose of this research is to investigate the relationship between Adverse Childhood Experiences and subsequent Social Anxiety in Adulthood.

PROCEDURES OR METHODS TO BE USED:

This is a cross-sectional study that aims to understand the relationship between Adverse Childhood Experiences and social anxiety in adulthood.

The survey questionnaire will be attached to medical documents that are optional for potential participants to fill out while awaiting treatment in hospitals or mental health clinics.

BIOLOGICAL SAMPLES COLLECTED (Describe procedures, storage, etc):

Not applicable to this study

ALTERNATIVE PROCEDURES OR TREATMENTS, IF ANY, THAT MIGHT BE ADVANTAGEOUS TO SUBJECT:

Not applicable to this study

RISKS OR DISCOMFORTS ANTICIPATED:

The research team does not anticipate any physical risks, but participants may experience some discomfort when recalling past experiences in his/her childhood. Participants are encouraged to skip any uncomfortable questions, take breaks as needed, or stop at any time. Participation is voluntary and anonymous.

BENEFITS ANTICIPATED:

The researchers predict that participation in this study could help bring awareness towards social anxiety resulting from childhood trauma, as well as other potential mental health struggles.

EXTENT OF CONFIDENTIALITY:

Surveys are to remain anonymous and confidential.

IS COMPENSATION AVAILABLE?   ☐ **Yes**   ■ **No**

IS MEDICAL TREATMENT AVAILABLE IF INJURY OCCURS?   ■ **Yes**   ☐ **No**

PARENTAL APPROVAL FOR MINORS:_____

PARENT/GUARDIAN APPROVAL SIGNATURE:_____

PARTICIPANT NAME: _____

PARTICIPANT SIGNATURE:_____   **DATE:**_____

Terms of participation: I understand this project is research, and that my participation is voluntary.
I also understand that if I decide to participate in this study, I may withdraw my consent at any
time, and stop participating at any time without explanation, penalty, or loss of benefits, or
academic standing to which I may otherwise be entitled. I verify that my signature below indicates
that I have read and understand this consent form, and willingly agree to participate in this study
under the terms described, and that my signature acknowledges that I have received a signed and
dated copy of this consent form. (Remember that it is a requirement for the P.I. to maintain a signed
and dated copy of the same consent form signed and kept by the participant).

<div align="center">

Appendix B: Survey Questionnaire

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Demographic Questionnaire

- What is your age? _____
- What is your gender? _____
    - 0=male 1= female 3= transgender 4= other 5= prefer not to respond
- Are you Hispanic, Latino, or Spanish origin? _____
- What is your race? _____
    - 1) American Indian or Alaska Native 2) African American 3) White 4) Asian
      5) Other

- Over the 6months, have you experienced a major life change? _____
  - 1 = No   2 = Yes (please specify:_____)
- What is your marital status? _____
  - 1 = Never married   2 = Married or partnered   3 = Separated or divorced
  - 4 = Widowed   5 = Other
- What is your living arrangement? _____
  - 1 = Living alone   2 = Living with spouse   3 = Living with children
  - 4 = Living with spouse and children   5 = Living with partner
  - 6 = Living with relatives   7 = Living with others
- What is your final degree of education? _____
  - 1 = No education   2 = Elementary school   3 = Middle school
  - 4 = High school   5 = College or university   6 = Graduate school
- What is your annual household income (your own + your spouse)?
  - 1 = Under $29,999   2 = $30,000-$49,999   3 = $50,000-$74,999
  - 4 = $75,000-$99,999   5 = $100,000-$149,999   6 = Over $150,000
- Are you currently employed? _____
  - 1 = No   2 = Yes (please specify your job: _____)
- Are you still driving? _____
  - 1 = No (please specify your transportation: _____)   2 = Yes
- How do you rate your current health? _____
  - 1 = Very poor   2 = Poor   3 = Fair   4 = Good   5 = Very good or excellent

Childhood Traumatic Events Scale

For the following questions, answer each item that is relevant to your childhood experiences. Be as honest as you can. Each question refers to any event that you may have experienced prior to the age of 17.

1. Prior to the age of 17, did you experience a death of a very close friend or family member?_____ If yes, how old were you?_____
If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)_____
If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal)_____

2. Prior to the age of 17, was there a major upheaval between your parents (such as divorce, separation)?_____ If yes, how old were you?_____
If yes, how traumatic was this? (where 7 = extremely traumatic)_____
If yes, how much did you confide in others? (7 = a great deal)_____

3. Prior to the age of 17, did you have a traumatic sexual experience (raped, molested,

etc.)?_____ If yes, how old were you?_____
If yes, how traumatic was this? (7 = extremely traumatic)_____
If yes, how much did you confide in others? (7 = a great deal)_____

4. Prior to the age of 17, were you the victim of violence (child abuse, mugged or assaulted --
other than sexual)?_____ If yes, how old were you?_____
If yes, how traumatic was this? (7 = extremely traumatic)_____
If yes, how much did you confide in others? (7 = a great deal)_____

5. Prior to the age of 17, were you extremely ill or injured?_____ If yes, how old were
you?_____
If yes, how traumatic was this? (7 = extremely traumatic)_____
If yes, how much did you confide in others? (7 = a great deal)_____

6. Prior to the age of 17, did you experience any other major upheaval that you think may have
shaped your life or personality significantly?_____ If yes, how old were you?_____
If yes, what was the event?_____
If yes, how traumatic was this? (7 = extremely traumatic)_____
If yes, how much did you confide in others? (7 = a great deal)_____

Social Interaction Anxiety Scale

This scale will assess symptoms linked to social anxiety. For each item, please indicate the
degree to which you feel the statement is characteristic or true for you.

1. I get nervous if I have to speak with someone in authority (teacher, boss, etc.).
    - 0 = Not at all characteristic or true of me
    - 1 = Slightly characteristic or true of me
    - 2 = Moderately characteristic or true of me
    - 3 = Very characteristic or true of me
    - 4 = Extremely characteristic or true of me
2. I have difficulty making eye contact with others.
    - 0 = Not at all characteristic or true of me
    - 1 = Slightly characteristic or true of me
    - 2 = Moderately characteristic or true of me
    - 3 = Very characteristic or true of me
    - 4 = Extremely characteristic or true of me
3. I become tense if I have to talk about myself or my feelings.
    - 0 = Not at all characteristic or true of me
    - 1 = Slightly characteristic or true of me
    - 2 = Moderately characteristic or true of me
    - 3 = Very characteristic or true of me

- ○ 4 = Extremely characteristic or true of me
4. I find it difficult to mix comfortably with the people I work with.
    - ○ 0 = Not at all characteristic or true of me
    - ○ 1 = Slightly characteristic or true of me
    - ○ 2 = Moderately characteristic or true of me
    - ○ 3 = Very characteristic or true of me
    - ○ 4 = Extremely characteristic or true of me
5. I find it easy to make friends my own age.
    - ○ 0 = Not at all characteristic or true of me
    - ○ 1 = Slightly characteristic or true of me
    - ○ 2 = Moderately characteristic or true of me
    - ○ 3 = Very characteristic or true of me
    - ○ 4 = Extremely characteristic or true of me
6. I tense up if I meet an acquaintance in the street.
    - ○ 0 = Not at all characteristic or true of me
    - ○ 1 = Slightly characteristic or true of me
    - ○ 2 = Moderately characteristic or true of me
    - ○ 3 = Very characteristic or true of me
    - ○ 4 = Extremely characteristic or true of me
7. When mixing socially, I am uncomfortable.
    - ○ 0 = Not at all characteristic or true of me
    - ○ 1 = Slightly characteristic or true of me
    - ○ 2 = Moderately characteristic or true of me
    - ○ 3 = Very characteristic or true of me
    - ○ 4 = Extremely characteristic or true of me
8. I feel tense if I am alone with just one other person.
    - ○ 0 = Not at all characteristic or true of me
    - ○ 1 = Slightly characteristic or true of me
    - ○ 2 = Moderately characteristic or true of me
    - ○ 3 = Very characteristic or true of me
    - ○ 4 = Extremely characteristic or true of me
9. I am at ease meeting people at parties, etc.
    - ○ 0 = Not at all characteristic or true of me
    - ○ 1 = Slightly characteristic or true of me
    - ○ 2 = Moderately characteristic or true of me
    - ○ 3 = Very characteristic or true of me
    - ○ 4 = Extremely characteristic or true of me
10. I have difficulty talking with other people.
    - ○ 0 = Not at all characteristic or true of me
    - ○ 1 = Slightly characteristic or true of me

- 2 = Moderately characteristic or true of me
- 3 = Very characteristic or true of me
- 4 = Extremely characteristic or true of me

11. I find it easy to think of things to talk about.
    - 0 = Not at all characteristic or true of me
    - 1 = Slightly characteristic or true of me
    - 2 = Moderately characteristic or true of me
    - 3 = Very characteristic or true of me
    - 4 = Extremely characteristic or true of me

12. I worry about expressing myself in case I appear awkward.
    - 0 = Not at all characteristic or true of me
    - 1 = Slightly characteristic or true of me
    - 2 = Moderately characteristic or true of me
    - 3 = Very characteristic or true of me
    - 4 = Extremely characteristic or true of me

13. I find it difficult to disagree with another's point of view.
    - 0 = Not at all characteristic or true of me
    - 1 = Slightly characteristic or true of me
    - 2 = Moderately characteristic or true of me
    - 3 = Very characteristic or true of me
    - 4 = Extremely characteristic or true of me

14. I have difficulty talking to attractive persons of the opposite sex.
    - 0 = Not at all characteristic or true of me
    - 1 = Slightly characteristic or true of me
    - 2 = Moderately characteristic or true of me
    - 3 = Very characteristic or true of me
    - 4 = Extremely characteristic or true of me

15. I find myself worrying that I won't know what to say in social situations.
    - 0 = Not at all characteristic or true of me
    - 1 = Slightly characteristic or true of me
    - 2 = Moderately characteristic or true of me
    - 3 = Very characteristic or true of me
    - 4 = Extremely characteristic or true of me

16. I am nervous mixing with people I don't know well.
    - 0 = Not at all characteristic or true of me
    - 1 = Slightly characteristic or true of me
    - 2 = Moderately characteristic or true of me
    - 3 = Very characteristic or true of me
    - 4 = Extremely characteristic or true of me

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

- ○ 0 = Not at all characteristic or true of me
- ○ 1 = Slightly characteristic or true of me
- ○ 2 = Moderately characteristic or true of me
- ○ 3 = Very characteristic or true of me
- ○ 4 = Extremely characteristic or true of me

18. When mixing in a group, I find myself worrying I will be ignored.
    - ○ 0 = Not at all characteristic or true of me
    - ○ 1 = Slightly characteristic or true of me
    - ○ 2 = Moderately characteristic or true of me
    - ○ 3 = Very characteristic or true of me
    - ○ 4 = Extremely characteristic or true of me

19. I am tense mixing in a group.
    - ○ 0 = Not at all characteristic or true of me
    - ○ 1 = Slightly characteristic or true of me
    - ○ 2 = Moderately characteristic or true of me
    - ○ 3 = Very characteristic or true of me
    - ○ 4 = Extremely characteristic or true of me

20. I am unsure whether to greet someone I know only slightly.
    - ○ 0 = Not at all characteristic or true of me
    - ○ 1 = Slightly characteristic or true of me
    - ○ 2 = Moderately characteristic or true of me
    - ○ 3 = Very characteristic or true of me
    - ○ 4 = Extremely characteristic or true of me