

Skip the Small Talk: Assessing a community-based virtual event to improve social connection and reduce loneliness during a global pandemic

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Abstract

Background: Social distancing measures meant to prevent the spread of COVID-19 in the past year have exacerbated loneliness and depression in the United States. While virtual tools exist to improve social connections, there have been limited attempts to assess community-based, virtual methods to promote new social connections.

Objective: In this proof-of-concept study, we examined the extent to which Skip the Small Talk (STST), a Boston-based business dedicated to hosting events to facilitate structured, vulnerable conversations between strangers, helped reduce loneliness in a virtual format in the early months of the 2020 COVID-19 pandemic. We predicted that participants who attended STST virtual events would show a reduction in loneliness, improvement in positive affect, and reduction in negative affect after attending an event. We were also interested in exploring the role of depression symptoms on these results as well as the types of goals participants accomplished by attending STST events.

Methods: Adult participants who registered for a STST virtual event between March 25 and June 30, 2020 completed a survey before attending the event (pre-event survey; n=64) and a separate survey after attending the event (post-event survey; n=25). Participants reported on their depression symptoms, loneliness, and positive and negative affect. Additionally, participants reported the goals they wished to accomplish as well as those they actually accomplished by attending the STST event.

Results: The four most cited goals that participants hoped to accomplish before attending the STST event included to make new friends, have better/deeper conversations with people, feel less lonely, and to practice social skills. Thirty-one percent of participants who completed the pre-event survey reported depression symptoms that met criteria for a major depressive episode in the preceding two weeks. Of the 25 participants who completed the pre- and post-event surveys, participants reported a significant reduction in loneliness ($P = .03$, $d = 0.48$) and negative affect ($P < .001$, $d = 1.52$) after attending the STST event compared to before the event. Additionally, depressive symptoms were significantly positively correlated with change in negative affect ($P = .03$), suggesting that the higher the depression score was prior to attending the STST event, the higher the reduction in negative affect was following the event. Finally, 100% of participants who wished to reduce their loneliness or feel less socially anxious prior to attending the STST event reported that they accomplished those goals after the event.

Conclusions: Our results suggest that the virtual format of STST is helpful in reducing loneliness and negative affect for participants, including those experiencing depression symptoms, during the 2020 COVID-19 pandemic. Future researchers should continue to study the mechanisms through which synchronous, virtual social events can promote social connection when in-person interactions are not feasible. Clinical Trial: N/A

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Skip the Small Talk: Assessing a community-based virtual event to improve social connection and reduce loneliness during a global pandemic

Introduction

Prior to the SARS-CoV-2/COVID-19 global pandemic, public health researchers in the U.S. were concerned with a different social health epidemic: loneliness. A 2019 national survey found that 61% of U.S. adults reported significantly high trait loneliness, a seven percent increase from the previous year [1]. Loneliness, or the aversive experience of one's social needs not being met [2,3], is a public health concern given its association with heightened risk of cardiovascular disease, mental health difficulties, and early mortality [4]. Recently, social distancing measures to combat the spread of COVID-19 have led to a reduction of in-person opportunities for both mental health support and general socialization [5]. Reductions in frequency of social interactions and increases in loneliness are both associated with increases in depression symptoms [6], a mental health concern which has increased in prevalence during the pandemic [7]. Researchers have also found a reduction in social participation [8] and poorer sleep [9] since the onset of the pandemic, two negative outcomes that are also related to loneliness. Specific to loneliness, Killgore and colleagues (2020a) found an increase in loneliness post- compared to pre-pandemic in a sample of participants proportionally representative of the U.S. [10]. Loneliness rates throughout the pandemic have been associated with depression symptoms and suicidal ideation, with some suggesting that these concerns have worsened over the course of the past year [10,11].

While virtual tools to improve social activity and loneliness existed prior to the pandemic, these measures have seen an increase in accessibility and prioritization post-pandemic. Social media, mobile health tools (e.g., smartphone application-based interventions), web-based platforms, and video tools (e.g., Zoom) have all been studied as means of improving social connection [12]. For example, Shapira and colleagues (2021) found that small group sessions hosted via Zoom where participants learned and practiced cognitive and behavioral coping techniques were effective at reducing feelings of loneliness and depression during the pandemic [13]. However, not all means of connecting with others virtually have shown reductions in loneliness, with one recent study failing to find an association between reductions in loneliness and frequency of video calls with friends, acquaintances, family, or romantic partners [14]. Using virtual methods to teach new skills and/or foster new social connections may be particularly helpful in addressing loneliness during this unique time in history.

Skip the Small Talk (STST) is a Boston-based business that traditionally hosts in-person social events intended to help people “get closer, faster.” STST's approach is informed by research that suggests that strong social connection and intimacy can be promoted between strangers through structured, open-ended questions that involve self-disclosure [15]. During these events, strangers have one-on-one and group conversations and are encouraged to be vulnerable and open with one another. This includes framing discussions around questions that have been cited in the popular press as the “36 questions that lead to love,” among other questions that prompt self-disclosure and intimacy [16]. STST has hosted in-person public and private events (e.g., college orientations, corporate events) in Boston, MA and New York City, NY. At the onset of the 2020 COVID-19 global pandemic, STST translated their events into a virtual format.

In the current proof-of-concept study, we examined the extent to which virtual STST, delivered during the early months of the 2020 COVID-19 pandemic, reduced loneliness and improved social connection for attendees. We recruited people who were interested in attending the virtual events to complete pre- and post-event surveys to assess these concerns. We predicted that participants who attended STST virtually would report a reduction in loneliness, improvement in

positive affect, and reduction in negative affect after the event compared to before attending the event. We also examined the extent to which depression symptoms influenced these results given the relationship between loneliness and depression symptoms, particularly during the pandemic [10,11]. We were also interested in exploring the following: 1) the extent to which the pandemic was influencing people's decisions to attend STST, 2) the extent to which the pandemic was affecting people's social activities and feelings of connection with others, 3) the types of social goals people wanted to accomplish by attending STST, and 4) whether STST addressed participants' anxiety and stress related to the pandemic.

Methods

Recruitment

Participants were adults over the age of 18 who registered for a Skip the Small Talk (STST) virtual event between March 25 and June 30, 2020 and agreed to complete the pre- or post-event survey. Participants who completed both the pre- and post-event surveys were entered into a raffle to win one of two \$50 Amazon gift cards or for a local business of their choice. A total of 64 participants completed portions of the pre-event survey, and 25 of those participants completed the post-event survey at least two hours after completing the pre-event survey (i.e., at least 30 minutes after attending the STST virtual event). Participants were excluded from post-event survey analysis if they completed the pre- and post-event surveys back-to-back (e.g., within a few minutes of each other, or completion of the pre-event survey after the post-event survey). See Table 1 for demographic information.

Table 1. Summary of demographic information and STST exposure.

	Pre-Event Respondents (n=64)	Pre- and Post-Event Respondents (n=25)
Mean age (SD)	32.83 (8.04)	33.64 (8.44)
Age range	22-58	23-58
Men (%)	13 (20%)	3 (12%)
Women (%)	47 (73%)	22 (88%)
Trans-Male (%)	1 (2%)	0 (0%)
Nonbinary/3 rd gender (%)	2 (3%)	0 (0%)
Did not report gender (%)	1 (3%)	0 (0%)
Married/In a relationship (%)	18 (28%)	9 (36%)
Divorced/Separated (%)	4 (6%)	1 (4%)
Single (%)	41 (64%)	15 (60%)
Self-Described: Polyamorous (%)	1 (2%)	0 (0%)
White (%)	40 (63%)	14 (56%)
Hispanic/Latinx (%)	7 (11%)	4 (16%)
Asian/Asian-American (%)	7 (11%)	1 (4%)
Other/Multiple Ethnicities (%)	8 (13%)	5 (20%)
Did not report ethnicity (%)	2 (3%)	1 (3%)
Never attended STST before (%)	34 (53%)	11 (44%)

Only attended in-person STST before (%)	25 (39%)	10 (40%)
Only attended virtual STST before (%)	3 (5%)	3 (12%)
Attended both in-person and virtual STST (%)	2 (3%)	1 (4%)

Skip the Small Talk (STST) virtual event format

People interested in attending an event signed up through the STST website. Virtual events cost participants \$10 until June 12, when participants followed a “pay what you wish” fee schedule to improve access to the events during the pandemic (average payment per participant per event from June 12 through June 30 = four dollars). The events lasted approximately 90 minutes and were facilitated by a member of the STST team. At the beginning of the event, all participants were provided with event details and expectations. Then, participants completed two dyadic conversations where they were paired with a conversational partner at random and engaged in a brief conversation structured around answering a question designed to promote intimacy and self-disclosure. These dyadic conversations lasted approximately 17 minutes each, with participants taking turns listening, responding to the question, and engaging in back-and-forth conversation. After the dyadic conversations, participants then engaged in a 12-minute group conversation among three or four other participants where they responded freely to another question. Finally, at the end of each event, participants engaged in a three-minute dyadic conversation with another participant where they answered the question, “What’s at least one thing you’d like to take with you from this event?” Throughout the events there were structured breaks in between conversations and reminders for participants to share more than they might usually share in their everyday lives, have compassion for others, notice their emotions, and reflect on their conversations.

Self-Report Scales

Depression

A subset of participants ($n=58$) reported symptoms of depression over the past two weeks on the pre-event survey by completing the Patient Health Questionnaire, eight item version (PHQ-8) (see Table 2) [17]. Participants reported whether they felt a specific symptom (e.g., “Little interest or pleasure in doing things”) on a scale from zero (“not at all”) to three (“nearly every day”). A total sum score was calculated, with higher scores reflecting more severe depression symptoms, with a score greater than or equal to 10 meeting criteria for a current major depressive episode [17].

Table 2. Summary of depression scores (PHQ-8) and loneliness (UCLA-LS-8).

	Pre-Event Respondents ($n=58$)	Pre- and Post-Event Respondents ($n=25$)
Mean PHQ-8 (Pre-Event) (SD)	7.83 (4.64)	7.04 (3.80)
PHQ-8: Those reporting scores 10 or above (%)	20 (31%)	6 (24%)
Mean UCLA-LS-8 (Pre-Event) (SD)*	19.38 (4.26)	18.76 (3.83)

Notes. *Pre-Event Respondents $n=61$. SD = Standard Deviation

Loneliness

A subset of participants completed the UCLA Loneliness Scale, eight item version (UCLA-LS-8), as an assessment of loneliness for both the pre-event ($n=61$) and post-event surveys (see Table 2) [18]. Participants reported how applicable various descriptive specific statements were to them (e.g., “I

lack companionship”) on a scale from one (“I never feel this way”) to four (“I often feel this way”). A total sum score was calculated, with higher scores reflecting more loneliness.

Positive and negative affect

Participants reported how often they felt a series of positive and negative emotions on a five-point Likert scale from one (“never”) to five (“all the time”). Participants either reported on how much they felt these emotions over the past week (pre-event survey) or in-the-moment (post-event survey). Positive emotions included happy, excited, calm, cheerful, and relaxed. These scores were averaged to create a positive affect scale. Negative emotions included angry, bored, lonely, anxious, sad, and sluggish and were averaged to create a negative affect scale. Higher scores reflect higher frequency of positive or negative emotions felt.

Skip the Small Talk goals

Participants reported on a selection of potential goal(s) they either wished to accomplish (on the pre-event survey) or accomplished (on the post-event survey) by attending STST. The goals included: to make new friends; to meet a potential romantic partner; to practice being vulnerable; to practice social skills/get better at talking with people; to feel less socially anxious; to feel less lonely; to have deeper/better conversations with other people; or other (write-in option). Participants could select multiple goals.

Procedures

People who signed up for the virtual STST events received an email with the pre-event survey link and were instructed to complete the survey prior to attending the virtual event. Immediately following the virtual event, event participants were emailed the link to the post-event survey and reminded to complete it by the STST event coordinator. In order to match pre-event and post-event survey respondents, participants were instructed to enter a unique phrase, screen name, or email address for each survey. This information was deleted immediately after pre- and post-event survey responses were matched. Both surveys were administered using Qualtrics.

Pre-Event survey

Participants completed standard demographic information, including age, gender, ethnicity, and marital/relationship status. Participants also reported whether they had ever attended a STST event before (either in-person or virtually), the date of the virtual event they planned on attending, and the goal(s) they planned to accomplish (see “Skip the Small Talk goals”). Participants also completed the depression (PHQ-8), loneliness (UCLA-LS-8), and positive and negative affect questions. Additionally, participants were asked to respond on a five-point Likert scale (from one [“not at all”] to five [“a great deal”]) to the following questions related to STST and the COVID-19 pandemic: “How much are you looking forward to the Skip the Small Talk event?”, “How anxious/stressed have you felt in the past week due to the COVID-19/coronavirus pandemic?”, “Have you been spending less time with people in the past week due to the COVID-19/coronavirus pandemic?”, and “Have you felt less connected to people in the past week due to the COVID-19/coronavirus pandemic?” Finally, participants were asked, “Was your decision to attend the STST event directly related to wanting to find ways to connect with others during the COVID-19/coronavirus pandemic?” and were able to respond “yes,” “no,” or “maybe.”

Post-Event survey

Participants reported the date of the virtual event they attended. They also reported on the goal(s) that they felt they accomplished by attending the event (see “Skip the Small Talk goals”). Then, they completed the loneliness questionnaire again (UCLA-LS-8) as well as the positive and negative affect questions. Participants were also asked to respond on a five-point Likert scale (from one [“not at all”] to five [“a great deal”]) to the following questions related to Skip the Small Talk and the COVID-

19 pandemic: “How much did you enjoy the Skip the Small Talk event?”, “Did this event help you feel less anxious/stressed during the COVID-19/coronavirus pandemic?”, and “Did this event help you feel more connected to others during the COVID-19/coronavirus pandemic?” Finally, participants were asked, “Would you recommend the virtual Skip the Small Talk event to someone else?” and were able to respond “yes,” “no,” or “maybe.”

Statistical Analysis

Chi-square and independent-samples *t* tests were computed to assess demographic differences between participants who only completed the pre-event survey versus those who completed both the pre- and post-event surveys. Paired-samples *t* tests and Pearson correlations were computed to assess the differences in pre- versus post-event survey responses (e.g., positive and negative affect) and the relationship between pre-event survey depression scores and other outcomes, respectively.

Results

Demographics and other general information

Participants who completed the surveys ranged in ages from 22-58 and predominantly identified as white, women, and single (see Table 1). They had also either never attended STST before (virtually or in-person) or had only attended an in-person STST event in the past. Participants on average reported subclinical depression symptoms, with approximately 1/3 of participants reporting a score of 10 or above, suggesting meeting criteria for a major depressive episode in the preceding two weeks prior to completing the pre-event survey.

Of the participants who completed both the pre- and post-event surveys ($n = 25$), the majority completed both surveys within the same day, at least two hours apart ($n = 20$). Participants who only completed the pre-event survey ($n=39$) compared to those who completed the pre- and post-event surveys ($n=25$) did not significantly differ in mean age ($t(62) = .64, P = .52$), PHQ-8 total score ($t(56) = 1.09, P = .28$), or UCLA-LS-8 total score ($t(59) = 0.94, P = .35$). Groups also did not differ in proportion of gender (chi-square = 5.14, $P = .27$) or race/ethnic background (chi square = 5.67, $P = .34$).

Responses to Skip the Small Talk and COVID-19 questions

See Table 3 for average responses to specific questions related to Skip the Small Talk and the COVID-19 pandemic. All questions were rated on a 5-point Likert Scale, with one reflecting “not at all” and five reflecting “a great deal.” Participants who only completed the pre-event survey ($n=34$) compared to those who completed the pre- and post-event surveys ($n=25$) did not significantly differ in responses to any of the questions (all P values $> .10$). Overall, participants reported that they were generally feeling less connected with others and were spending less time with others due to the COVID-19 pandemic and that their decision to attend a STST event was directly related to a desire to find ways to connect with others during the pandemic. Additionally, participants reported a moderate amount of anxiety/stress related to the pandemic.

Table 3. Mean and standard deviations for responses to questions about Skip the Small Talk and the COVID-19 pandemic.

	Pre-Event Respondents ($n=59$)	Pre- and Post-Event Respondents

		(n=25)
How much are you looking forward to the STST event?*	3.48 (0.78)	3.68 (0.77)
How much did you enjoy the STST event?	N/A	4.35 (0.77)
Have you felt less connected to people in the past week due to the COVID-19/coronavirus pandemic?	3.41 (1.31)	3.18 (1.31)
Have you been spending less time with people in the past week due to the COVID-19/coronavirus pandemic?	3.78 (1.41)	3.74 (1.44)
Was your decision to attend the STST event directly related to wanting to find ways to connect with others during the COVID-19/coronavirus pandemic?	4.42 (0.83)	4.32 (0.87)
Did this event help you feel more connected to others during the COVID-19/coronavirus pandemic?	N/A	3.88 (0.89)
How anxious/stressed have you felt in the past week due to the COVID-19/coronavirus pandemic?	3.29 (1.15)	3.21 (1.22)
Did this event help you feel less anxious/stressed during the COVID-19/coronavirus pandemic?	N/A	3.18 (1.18)

Notes. *Pre-Event Respondents n=64.

Social goals

Participants who completed the pre-event survey reported a mean of 3.75 goals ($SD = 1.69$) that they wanted to accomplish by attending STST (see Table 4). The four most frequently cited goals included to make new friends, have better/deeper conversations with people, to feel less lonely, and to practice social skills/get better at talking with people. Examples of “other” write-in responses included curiosity about using virtual platforms to connect with others, a desire to increase social contact, and specific goals unrelated to the ones listed (e.g., looking for co-working partners).

Table 4. Summary of participant goals for attending Skip the Small Talk.

	Pre-Event Respondents (n=64)	Pre- and Post-Event Respondents (n=25)
Make new friends (%)	52 (81%)	20 (80%)
Meet a potential romantic partner (%)	27 (42%)	11 (44%)
Practice being vulnerable (%)	20 (31%)	10 (40%)
Practice social skills/get better at talking with people (%)	34 (53%)	14 (56%)
Feel less socially anxious (%)	12 (19%)	5 (20%)
Feel less lonely (%)	35 (55%)	11 (44%)
Have deeper/better conversations with people (%)	50 (78%)	21 (84%)
Other (%)	10 (16%)	5 (20%)

Comparing pre- and post-event survey responses

Accomplished social goals

Participants who completed both the pre- and post-event surveys reported on which social goals they accomplished from attending STST. Overall, participants reported a desire to accomplish a

mean of 3.88 goals ($SD = 2.03$) and accomplished a mean of 2.60 ($SD = 1.87$) of those goals. Looking at individual goals for each participant (including the goals they planned to accomplish in the pre-event survey along with the goals they actually reported accomplishing in the post-event survey): 12 out of 20 participants (60%) reported accomplishing their goal of making new friends; two out of 11 participants (18%) reported accomplishing their goal of meeting a potential romantic partner; eight out of 10 participants (80%) reported accomplishing their goal of practicing being vulnerable; 11 out of 14 participants (79%) reported accomplishing their goal of practicing social skills/getting better at talking with people; five out of five participants (100%) reported accomplishing their goal to feel less socially anxious; 11 out of 11 participants (100%) reported accomplishing their goal to feel less lonely; 15 out of 21 participants (71%) reported accomplishing their goal to have deeper/better conversations with people; and one out of five participants (20%) reported accomplishing an “other,” self-described goal. Outside of planned goals (reported on the pre-event survey), participants also reported accomplishing goals they did not originally report a desire to accomplish (on the post-event survey): one participant reported that they accomplished the goal related to making new friends; four participants reported that they practiced being vulnerable; three participants reported that they felt less socially anxious; five reported that they felt less lonely; and one reported that they accomplished an unlisted “other” goal.

Changes in loneliness, affect, enjoyment, and anxiety/stress

Participants reported a significant reduction in loneliness from before ($M (SD) = 18.83 (3.90)$) to after ($M (SD) = 17.58 (4.89)$) the STST event ($t (23) = 2.35, P = .03, d = 0.48$). They also reported more positive affect ($M (SD) = 3.07 (0.89)$ to $M (SD) = 2.74 (0.63)$; $t (24) = 2.03, P = .05, d = 0.40$) and less negative affect ($M (SD) = 1.58 (0.66)$ to $M (SD) = 2.58 (0.70)$; $t (24) = 7.60, P < .001, d = 1.52$) comparing their affect the week before the event to their in-the-moment affect following the event. Participants reported enjoying STST after the event ($M (SD) = 4.32 (0.80)$) more than they were looking forward to the event ($M (SD) = 3.68 (0.80)$). We reverse-coded the item regarding anxiety/stress related to the COVID-19 pandemic in the past week during the pre-event survey so that higher numbers reflected lower anxiety ($M (SD) = 2.67 (1.37)$). Participants reported that the STST event helped them feel less anxiety/stress related to the COVID-19 pandemic after the event ($M = 3.25, SD = 1.26$). However, this was not significantly greater than the amount of anxiety/stress they reported prior to the event ($t (23) = 1.69, P = .11, d = 0.34$).

Correlations with depression

We examined whether pre-event depressive symptoms were correlated with pre-post-event changes in loneliness (difference score $M = -1.25, SD = 2.61$), positive affect ($M = 0.34, SD = 0.83$), and negative affect ($M = -1.00, SD = 0.66$). We also examined whether depressive symptoms were correlated with total number of planned social goals accomplished by participants. Depression symptoms were significantly positively correlated with change in negative affect ($r = -.44, P = .03$), suggesting that the higher the depression score was prior to the event, the higher the reduction in negative affect was following the event. All other correlations were nonsignificant (all P values $> .26$)

Discussion

The current study serves as a proof-of-concept that a virtual version of Skip the Small Talk (STST), a community-based business dedicated to helping strangers quickly form intimate connections with one another, helps reduce loneliness and improve social connection during a global pandemic. Participants reported enjoying the virtual event and that the event helped them feel less stress/anxiety from the pandemic. Participants, including those who may be experiencing depression

symptoms, reported a significant reduction in loneliness and negative affect after attending STST, with a higher depression score being correlated with a greater reduction in negative affect specifically. Additionally, 100% of participants who wanted to reduce their loneliness and feel less socially anxious by attending STST reported that they achieved those goals, as well as participants who felt like they achieved those goals even when they did not plan to do so.

These results suggest that a synchronous, evidence-based virtual event may show benefits for those with mental health concerns. Approximately one third of participants who completed the pre-event survey reported depression symptoms that met criteria for a major depressive episode in the preceding two weeks. Additionally, one of the most cited goals that participants reported in wanting to accomplish through attending STST involved improving one's social skills. Together, this suggests that events like STST are appealing to those experiencing mental health distress and may be beneficial for addressing broad distress during a global pandemic or in contexts where in-person interactions are unavailable (e.g., hospital settings, connecting people internationally or those in remote or rural locations). Further research on the development, implementation, and evaluation of virtual events and interventions like STST is necessary to continue to find creative ways to combat social isolation-related distress and loneliness that do not rely solely on in-person interactions.

The unique structure of STST may be particularly helpful for people experiencing loneliness, depression, or social dysfunction broadly. The interactions during STST are time-limited, with no expectation that a single interaction will lead to future interactions with that same person. Further, throughout the event participants are explicitly encouraged to be more intimate and vulnerable than they would be in their everyday lives, presenting the opportunity for participants to be a different version of themselves than they typically are in their other relationships. These factors may help people experiencing depression or loneliness with their own subjective biases towards everyday social interactions, such as feeling heightened sensitivity to social rejection [19]. For example, even if a person feels rejected by one social partner during an STST event, they are aware that they never have to see that person again and will be moving on to a new interaction partner or partners in a matter of minutes. Additionally, people experiencing loneliness often get caught in what some refer to as a “self-reinforcing loneliness loop” [3], where their sensitivity to social threats can lead to behaviors that unintentionally confirm their negative biases of social situations, such as exhibiting poorer social skills [20] or social withdrawal [21], which then leads to more isolation in everyday life [22]. However, these consequences would not be felt immediately during STST events due to having multiple interaction partners, which may help someone (temporarily) break out of the “loneliness loop.” Further, the everyday pressures to be optimally socially skilled, to accurately read social cues to maintain the conversation, and the cognitive load of deciding on whether to engage with the same person again in the future are all eliminated through the structured nature of STST interactions. Taken together, the structure of STST may allow the positive qualities of the social experiences themselves, such as feeling connected and intimate with others, to shine through – the same qualities that are associated with less loneliness in everyday life [23]. Future research is necessary to better understand the mechanisms through which the structure of STST facilitates reductions in loneliness, particularly for individuals with heightened rejection sensitivity and/or related mental health concerns.

Several limitations of the current study are worth noting. While we were interested in a broad community-based sample of people experiencing stress, anxiety, and depression symptoms during the COVID-19 pandemic, we did not explicitly recruit for participants who met a clinical threshold for these symptoms. Thus, it is unclear whether reductions in loneliness or subjective feelings of addressing social anxiety would be the same magnitude in those experiencing clinical rates of depression and social phobia. Additionally, our sample was relatively young (mean age = 32-33 years old), reflecting the typical age group that STST attracts. As older adults experience high rates of loneliness, particular during the pandemic [24], recruiting for a broader age range and/or assessing businesses that are targeted to addressing loneliness in older adults is warranted. It remains an open

research question whether attending multiple STST events helps contribute to reductions in loneliness, or whether attending these events lead to reductions in loneliness that are maintained over time. Further, we did not assess whether STST participants made friendships or other relationships that persisted beyond the event itself. As the pandemic enters its second year in the United States, understanding whether events like STST contribute to longer lasting reductions in loneliness or improvements in social connections is a necessary next step.

Conclusions

Skip the Small Talk (STST) is a Boston-based small business dedicated to hosting social events to improve social connection and foster intimacy between strangers. During the COVID-19 global pandemic in 2020, STST adapted its events to a virtual format. Through participating in this virtual format, participants reported a significant reduction in loneliness and negative affect as well as accomplishing numerous social goals, including addressing loneliness and social anxiety. This was true regardless of depression symptoms that participants reported, with a correlation that participants who reported higher depression symptoms also reported a greater reduction in negative affect after attending an event. Future researchers should continue to assess synchronous, virtual events meant to promote social connection as one means of addressing the loneliness inherent in a society dealing with a pandemic that makes in-person engagement difficult.

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Conflicts of Interest

None declared.

Abbreviations

COVID-19: coronavirus disease 2019

PHQ-8: Patient Health Questionnaire, eight item version

STST: Skip the Small Talk

UCLA-LS-8: University of California, Los Angeles Loneliness Scale, eight item version

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