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The Relationship Between Levels of Social Anxiety, Self-Efficacy and Emotion Regulation Skills in Young Adults

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ABSTRACT: According to the overall findings, young adults experiencing difficulties with emotion regulation (suppressing emotions, being unable to understand what they are feeling) have significantly higher levels of social anxiety and anxiety. It was found that young adults who manage their emotions using 'Cognitive Restructuring' (the ability to view situations from a positive or flexible perspective) feel much more at ease in social settings and experience reduced anxiety levels.A strong, negative (inverse) correlation has been found between young adults' general self-efficacy (belief in oneself/confidence in one's ability to succeed) and their levels of social anxiety. In other words, the higher a young person's self-efficacy belief—that 'I can cope with this situation'—the less they fear being humiliated or excluded (social anxiety) when entering social settings. A direct link has been found between young adults' levels of social anxiety and their emotion regulation skills. The results of the analysis and research confirm that emotion regulation skills are a key variable in predicting anxiety in social settings.

KEYWORDS: Social Anxiety, Self-Efficacy, Emotional Regulation, Young Adults, Psychological Resilience.

INTRODUCTION

Young adulthood, one of the most dynamic and critical stages of the human life cycle, is a transitional phase—generally spanning the ages of 18 to 25—during which the individual moves from childhood to full adulthood. Also referred to as 'emerging adulthood' in the developmental psychology literature, this period involves profound changes such as an intensified search for identity, becoming independent from the family, building an academic career and taking the first steps into professional working life. According to Erikson's psychosocial development theory, the young adulthood stage is characterised by the 'intimacy versus isolation/loneliness' crisis. Whilst structuring their social roles during this period, individuals face the necessity of asserting themselves and forming healthy social bonds within peer groups, work environments and romantic relationships.

However, these intense social expectations and structural changes also bring with them a series of responsibilities and stresses that directly affect young adults' psychological well-being. An individual's desire to be accepted in new social environments can trigger a fear of negative evaluation and, consequently, increase levels of social anxiety. In this context, the extent to which young adults are able to cope with these complex social processes is closely linked to their perceptions of their own competence (self-efficacy) and their capacity to regulate the emotional responses that arise in stressful situations (emotional regulation skills). Consequently, understanding this delicate balance during young adulthood is of great importance for unravelling the psychological dynamics specific to this period.

Social Anxiety

Social anxiety (clinically known as social anxiety disorder) is defined as a state of intense fear and anxiety experienced by an individual in social settings and performance-related situations due to the fear of being negatively evaluated, criticised, humiliated or made a fool of by others. Social Anxiety Disorder is characterised by a widespread fear of being humiliated, feeling embarrassed or being criticised. It is a critical stage, particularly during young adulthood and university years, when the frequency of encountering new social roles, forming peer relationships and facing performance situations such as presentations increases. Cognitive approaches argue that individuals with social anxiety set unrealistically high performance standards and lack confidence in their ability to meet these goals. In this context, **social self-efficacy**—as discussed within the framework of Bandura's (1997) Social Cognitive Theory—represents an individual's belief in their ability to successfully manage social interactions and serves as a key buffering factor that alleviates anxiety. Social anxiety (social phobia) is a distinct, persistent and disproportionate fear experienced by an individual in social and performance situations where they may be scrutinised, judged or humiliated by others.This condition, which manifests

across a broad spectrum ranging from public speaking to meeting someone new, is a clinical condition that goes beyond simple shyness and seriously impairs the individual's academic, professional and interpersonal functioning.

According to cognitive models, social anxiety is rooted in the individual's perception of themselves as a 'flawed object observed from the outside'. Upon entering a social setting, the person withdraws their attention from the external environment and focuses on their internal bodily signals. Natural autonomic arousal responses, such as palpitations, sweating, trembling or blushing, are misinterpreted as concrete evidence of inadequacy and humiliation. In order to defuse this perceived threat, 'safety-seeking behaviours' such as avoiding eye contact, remaining silent or excessive rehearsing are developed. However, these actions prevent the individual from testing their unrealistic fears, leading to the perpetuation of anxiety. Weak self-efficacy beliefs and a tendency to suppress emotions further fuel social avoidance (Hofmann et al., 2012). Whilst avoidance behaviour may provide momentary relief, in the long term it hinders experiences of success and reinforces feelings of inadequacy. Consequently, the primary goal in tackling social anxiety is to abandon safety-seeking behaviours, redirect attention towards the outside world, and reframe cognitive distortions with a flexible perspective. At the same time, the emotion regulation strategies defined in Gross's (1998) Process Model determine how an individual copes with anxiety arousal. Individuals who can cognitively reframe the physiological symptoms and worries experienced in social situations do not avoid social settings; those who attempt to suppress rather than express their feelings experience more severe anxiety due to increased physiological tension and divided attention. For this reason, social anxiety is defined as a distinct, persistent and disproportionate state of fear experienced by an individual in social interaction and performance situations where they may be scrutinised, judged, humiliated or evaluated negatively by others.Clinical-level social anxiety, unlike the momentary shyness felt during actions such as public speaking, communicating with authority figures, meeting strangers or eating in front of others, is a chronic psychopathology that significantly impairs an individual's functioning.

When examining the theoretical framework of the concept, cognitive approaches argue that mental processes and attentional biases play a decisive role in the maintenance of the pathology. According to Clark and Wells' pioneering cognitive model, individuals experiencing social anxiety focus on their own internal sensations rather than cues from the environment from the moment they enter a setting, and perceive themselves as a *'self as a social object*'. In this process, typical physiological arousal symptoms such as palpitations, trembling, blushing or a tightness in the throat are misinterpreted by the individual as direct evidence of inadequacy and humiliation. '*Safety* behaviours'—such as avoiding eye contact, speaking rapidly, excessive rehearsing or restricting body movements—developed to counter this perceived threat paradoxically prevent the individual from testing their unrealistic beliefs, thereby leading to the perpetuation of fear.

Furthermore, Rapee and Heimberg (1997) state that people with social anxiety assume others expect flawless performance from them and perceive an insurmountable gulf between their own competence and these imagined standards. This perceptual dissonance paves the way for the individual to interpret neutral or mildly negative signals from their surroundings (such as a yawn or a frown) as direct rejection and criticism. Once the social interaction has concluded, *'post-event processing*' comes into play; the individual ruthlessly analyses even the smallest details of their performance, thereby reinforcing a negative mental schema.

Social anxiety is also directly linked to emotional regulation capacity and perceived self-efficacy. Low social self-efficacy—which reflects an individual's belief in their ability to successfully fulfil social roles—intensifies *anticipatory anxiety* experienced prior to social interaction (Bandura, 1997; Kashdan and Roberts, 2004). At the same time, individuals who resort to maladaptive emotion regulation strategies and attempt to suppress their anxiety not only fail to reduce the tension they experience but also become trapped in a vicious cycle of avoidance by withdrawing entirely from social settings.It is a multidimensional structure in which attention mechanisms focused on the threat of negative evaluation, distorted self-perception, safety-seeking behaviours and difficulties in emotional regulation are intertwined, rather than consisting solely of physiological responses. A correct conceptualisation of this disorder, which begins at an early age, is of critical importance in resolving the impasses individuals experience in their academic, professional and interpersonal relationships, and in structuring evidence-based clinical interventions.

In young adulthood, this anxiety manifests itself in situations such as speaking in public, meeting new people, communicating with authority figures, or simply participating in a social setting. Individuals experiencing social anxiety do not merely harbour this fear mentally; they also develop intense physiological symptoms, such as palpitations, trembling and blushing, as well as behavioural responses such as completely avoiding these situations. Research indicates that social anxiety peaks during young adulthood, hindering an individual's academic achievement, restricting career development and leading to social isolation. Consequently, it is critically important to examine the mechanisms underlying the emergence of social anxiety during this period, as well as the individual's internal resources that either maintain or alleviate this anxiety. Social anxiety is the feeling of anxiety experienced by individuals when faced with real or imagined social situations in which they may be observed or evaluated by others (for example, speaking, meeting new people and speaking in public). According to another definition, social anxiety is the avoidance of communication processes with others and of actions that must be performed in their presence, driven by the fear of being negatively evaluated or receiving a negative reaction. The fear experienced by an individual with social anxiety, arising from the anxiety symptoms they develop in response to the prospect of being evaluated and criticised in social settings, prevents them from participating in environments where they could socialise . This avoidance behaviour leads to the person becoming socially isolated

from others. People with social anxiety disorder may exhibit certain physical and emotional symptoms, such as facial flushing, sweating, trembling, palpitations, difficulty concentrating, feelings of shame, humiliation and a sense of not being accepted.The fear of being scrutinised and judged by others lies at the heart of social anxiety, and the importance the individual attaches to these thoughts serves as a distinguishing factor that sets social anxiety apart from other anxiety disorders. It is noted that social anxiety is felt more intensely during interactions with others and in situations requiring physical performance, and that it commonly emerges during developmental transitions or periods of environmental change. Social anxiety typically begins in early childhood or adolescence, and anxiety disorders, substance abuse and eating disorders are often found in individuals with social anxiety. According to Erikson (1950), during young adulthood, individuals move beyond the search for identity and are willing to establish interactions between their own identity and that of others. If an individual experiences social anxiety during this process, they will tend to distance themselves from forming social bonds by avoiding relationships with others. The absence of reassuring parental roles may trigger the child's defence mechanisms and lead them to feel threatened when in the company of others. They may struggle to make their own decisions and experience delays in developing social skills. It is argued that problems experienced during adolescence in the context of relationships with parents, peers and romantic partners, as well as various difficulties in school life, pave the way for anxiety disorders and depression.

The Concept of Self-Efficacy and Its Relationship with Social Anxiety

In contemporary psychological literature, which seeks to understand the fundamental determinants of human behaviour, motivation and psychological adjustment, the belief systems an individual develops regarding their own capabilities occupy a central position. One of the areas where these belief systems have been most comprehensively theorised is the concept of 'self-efficacy', which developed under the umbrella of Albert Bandura's Social Cognitive Theory. Self-efficacy refers to an individual's subjective judgement regarding their ability to organise, carry out and successfully complete the actions necessary to achieve performance goals specific to a particular situation or task. Unlike general self-esteem or self-worth, this concept is concerned not with 'how valuable a person is', but with 'how capable they are'. According to Bandura, the belief in self-efficacy is nourished by four fundamental sources: direct experiences of mastery, vicarious experiences, verbal persuasion, and the interpretation of physiological and emotional states. By cognitively processing the information obtained from these sources, the individual determines how much effort to exert in the face of challenges, how much resilience to display when encountering obstacles, and how to control their emotions in stressful situations.

When considered within a social context, self-efficacy is specified as 'social self-efficacy'. Social self-efficacy represents an individual's confidence in their ability to initiate and maintain interpersonal relationships, adapt to social environments, express their views clearly, and manage social conflicts.This belief forms the basis of a person's motivational strength in the face of social demands. Individuals with high social self-efficacy view social interactions and uncertain situations as opportunities for personal development and as a natural process to be overcome, whilst those with low self-efficacy perceive these situations as an insurmountable threat. Even if an individual possesses a rich repertoire of social skills, if they do not believe they can apply these skills, they will hesitate to take action and enter a cycle of social avoidance.

One of the most common psychopathologies directly linked to self-efficacy is social anxiety (social anxiety disorder). Social anxiety is a state of disproportionate and persistent fear experienced by an individual in social and performance situations where they may be scrutinised, judged, found wanting or humiliated by others; it clearly demonstrates that at the root of social anxiety lie perceptual distortions regarding the individual's own competence, rather than a genuine lack of social skills. An individual with social anxiety perceives the expectations of those around them as unrealistically high, whilst assessing their own level of social competence as excessively low. It is precisely this gap between perceived expectations and perceived self-efficacy that is the main trigger for the intensification of social anxiety.

The relationship between self-efficacy and social anxiety is consistently reported in the literature as a strong, negative correlation. Individuals with a low perception of social self-efficacy experience intense 'pre-event anxious anticipation' (anticipatory processing) before entering a social setting. The individual generates catastrophic assumptions such as 'I won't be able to find anything to talk about', 'I'll make a mistake and make a fool of myself' or 'I won't be able to control my anxiety'. These negative expectations lead to the catastrophising of physiological and emotional states—Bandura's fourth source; natural signs of autonomic arousal, such as a racing heart, sweating or a trembling voice, are interpreted as concrete evidence of inadequacy. The more an individual believes they cannot control these physiological symptoms (low self-efficacy), the more their feelings of panic and social anxiety increase exponentially.

Furthermore, this interaction operates through a self-perpetuating vicious cycle. An individual with a weak belief in their ability to behave competently in social settings turns to 'safety-seeking behaviours'—such as avoiding eye contact, remaining silent or leaving the situation early—and direct avoidance in an attempt to manage the intense anxiety they feel. Whilst avoidance behaviour may temporarily alleviate anxiety, in the long term it completely prevents the individual from gaining new experiences of success. As Bandura noted, individuals deprived of direct experiences of success—the strongest source of self-efficacy—reinforce the

misconception that 'if I had stayed, I would not have succeeded'. Consequently, low social self-efficacy increases social anxiety and avoidance, whilst avoidance behaviour, by preventing the rebuilding of self-efficacy, perpetuates the condition.

On the other hand, a high level of social self-efficacy acts as a powerful psychological buffer against social anxiety. Individuals who have confidence in their social skills and their capacity to cope with stress do not take negative social feedback or a momentary setback personally, nor do they generalise it as a permanent failure. As they are able to frame mistakes as part of social learning, their sensitivity to rejection is low. They demonstrate a more natural and functional social performance because they direct their cognitive resources not towards scanning for internal threat signals, but towards the flow of communication and what they can convey to the other party.The concept of self-efficacy plays a decisive role in the cognitive aetiology, clinical presentation and maintenance of social anxiety. As an individual's belief in their ability to organise and manage social tasks weakens, the fear of negative evaluation deepens and social functioning is seriously eroded. Accordingly, cognitive-behavioural interventions and academic research into social anxiety must focus not merely on suppressing anxiety symptoms, but on enabling individuals to reinforce their beliefs in social competence through direct experience and to reframe physiological symptoms not as indicators of inadequacy, but as a natural state of arousal.

One of the most important internal resources that helps young adults cope with the anxiety they experience in social settings is their belief in self-efficacy. Self-efficacy, as conceptualised within Albert Bandura's Social Cognitive Theory, is the individual's subjective belief in their ability to cope with challenging situations, successfully perform a specific task, and exert control over events in their life. Self-efficacy is not merely a matter of an individual's abilities, but rather a cognitive assessment of the extent to which they can mobilise these abilities during stressful moments. Young adults with a high perception of self-efficacy tend to perceive social settings or performance-demanding situations as 'problems' to be solved, rather than as 'threats'. In contrast, individuals with low self-efficacy beliefs harbour a strong conviction that they will fail in social interactions; consequently, they experience a more intense fear of criticism, which in turn paves the way for increased levels of social anxiety. This strong link in the literature suggests that self-efficacy may act as a buffer against social anxiety. "Within the framework of Social Cognitive Theory, self-efficacy is an individual's subjective belief in their capacity to organise and carry out the actions necessary to achieve a specified level of performance. This belief is a critical mechanism that determines how much effort individuals will exert in the face of challenging life events, how resilient they will remain when encountering obstacles, and how they will regulate their emotional responses. Indeed, whilst individuals with high self-efficacy perceive difficulties as goals to be overcome, those with low self-efficacy tend to focus on potential threats and exhibit avoidance behaviour.

Furthermore, social anxiety is a distinct type of anxiety characterised by an individual's fear of being negatively evaluated, criticised or humiliated by others. Cognitive models emphasise that social anxiety stems not so much from a genuine lack of social skills, but rather from a 'weakness in the perceived belief that one can behave competently in social settings'. This is where 'social self-efficacy' comes into play. An individual's lack of confidence in their ability to initiate and maintain social interactions and manage social demands leads them to interpret physiological arousal symptoms (palpitations, blushing, trembling) as evidence of inadequacy, causing their anxiety levels to escalate. Individuals who do not feel competent in social settings experience social withdrawal in an attempt to avoid potential negative evaluations; this avoidance, in turn, prevents the acquisition of new mastery experiences, creating a vicious circle that reinforces a low perception of self-efficacy.

Emotional Regulation Skills and Their Relationship with Social Anxiety

Emotional regulation is not merely about controlling one's immediate feelings, but about demonstrating psychological flexibility in the face of changing social demands. The most prominent difficulties experienced by individuals with social anxiety are an inability to tolerate uncertainty and a low emotional threshold. The physiological arousal experienced when engaging in social interaction is directly coded by the nervous system as a danger signal.The neurocognitive mechanisms that come into play at this point lead anxious individuals to adopt an 'all-or-nothing' response in their emotional regulation. As the person struggles to tolerate the tension they feel, rather than producing finely tuned responses appropriate to the situation, they experience excessive arousal, withdrawal or mental freezing. A lack of emotional clarity prevents the individual from putting a name to the unease they feel; the unnamed emotion is then perceived as an insurmountable threat. Individuals with well-developed emotional regulation skills, however, experience the emotion not as an enemy to be stopped, but as a temporary flow of information. In moments of social awkwardness, redirecting attention away from disaster scenarios and focusing on the present moment helps to balance the overstimulation of the sympathetic nervous system. Consequently, the key to overcoming social anxiety lies not in eliminating anxiety entirely, but in developing the tolerance to remain in touch with emotional fluctuations in the body and mind, and to act despite these feelings.

Alongside a belief in one's own competence, another critical mechanism enabling young adults to manage the stress and anxiety they experience in social relationships is the ability to regulate emotions. The dimension of emotional regulation, which begins in the early stages of life and continues throughout one's lifetime, transforms into a state shaped by the self and structured by cognitive skills as adolescence begins. During infancy, the responses received from the primary carer to the reactions used to express positive and negative emotions play a significant role in the development and maturation of an individual's emotional regulation skills. A

baby's emotional regulation depends largely on the carer's attention to the baby's routine needs and on emotional communication with parents as a means of sharing emotional experiences. During this process, infants use facial and vocal emotional expressions in a coordinated manner to facilitate the formation of an attachment relationship. The rapidly developing language skills of pre-school children make a significant contribution to the development of emotional knowledge as a means of communication. Language provides the necessary tools for labelling emotions and transforms them not only into emotional states but also into thoughts that help the individual understand and utilise their emotional states. Changes in emotional regulation occur during adolescence. Whilst there is a decrease in the sense of trust in parental support regarding emotional regulation, it is noted that difficulties may arise with internal, functional emotional regulation strategies, and that the use of dysfunctional strategies may diminish in later stages. During adolescence and early adulthood, emotional regulation potentially becomes more flexible through increased consistency in recognising and understanding one's own and others' emotions, a greater understanding of the potential selectivity of one's own perceptions and evaluations, and increased insight into behaviours related to one's own emotions. Emotional regulation, as conceptualised by James Gross (1998), is the totality of conscious and unconscious processes that influence which emotions an individual will experience, when they will experience them, and how they will express them. In the social sciences literature, these processes are generally addressed along two dimensions: functional strategies such as 'cognitive reappraisal' and non-functional strategies such as 'emotional suppression'. Young adults who possess functional emotion regulation skills are able to logically reinterpret the initial wave of excitement or fear they feel in social settings (cognitive reappraisal) and, in doing so, prevent anxiety from inhibiting their behaviour. In contrast, the internal tension experienced by young people who attempt to ignore or conceal anxiety-inducing emotions (repression) increases, fuelling avoidance behaviours in social settings and chronic levels of social anxiety. Consequently, the successful management of emotional processes plays a decisive role in bringing social anxiety under control. Emotions imbue the experiences of individuals and the people with whom they interact with meaning. If the type and intensity of an emotion take an unfavourable course, it can become a source of confusion and turn into a harmful situation. The key role lies in interpreting situation-related emotions in a constructive manner and developing the ability to cope with the situation; emotional regulation is defined as the ability to control one's emotional responses, and to observe, evaluate and modify these responses, in order to facilitate the achievement of goals arising from the context in which the individual finds themselves. Emotional regulation is a self-regulatory process that involves effective strategies for maintaining and modifying emotions experienced whilst pursuing personal goals and adapting to social life. It enables individuals to be aware of changes in circumstances—whether arising from within themselves or externally—to adapt to them, manage the process, analyse it and make adjustments where necessary. As individuals' personality traits and learning processes vary, the use of emotion regulation skills is also shaped by these personal differences. Emotions, which are one of the cornerstones of human existence and social adaptation, are biopsychosocial responses that guide an individual's interaction with their environment, shape decision-making processes and trigger survival mechanisms. However, it is not merely the emergence of emotions, but how they are experienced, perceived and expressed by the individual that is the most critical determinant of mental health. An individual's capacity to manage their emotional experiences in line with their goals, contextual needs and psychological well-being has been theorised in contemporary clinical psychology literature under the concept of 'emotion regulation'. Deficits in emotion regulation skills or the chronic use of dysfunctional strategies constitute a transdiagnostic risk factor underpinning numerous psychopathologies. Foremost among these psychopathologies is social anxiety (social anxiety disorder), one of the conditions that most severely impairs functioning in modern society.

The Concept of Emotion Regulation and Its Theoretical Foundations

Emotion regulation is the totality of conscious and unconscious processes that influence which emotions an individual experiences, when they experience them, the intensity of these emotions, and how they are expressed. Emotions are dynamic and modifiable processes rather than automatic and uncontrollable reactions. The 'Process Model', developed by James Gross and most frequently cited in the literature, structures emotion regulation strategies according to the chronology of emotion emergence. The model primarily addresses strategies in two main phases: antecedent-focused and response-focused strategies.

Antecedent-focused strategies encompass mechanisms that come into play before an emotional response has fully taken shape and before physiological and behavioural outputs are produced. This stage involves situation selection (avoiding or approaching a situation), situation modification (changing environmental conditions), directing attention (diverting or fixing the focus of attention), and cognitive change. 'Cognitive reappraisal', the most adaptive form of the cognitive change stage, involves the individual cognitively reframing the meaning of an emotionally charged event and thereby mitigating the situation's negative impact. An individual using cognitive reappraisal may interpret a situation that appears threatening not as a threat, but as a task to be overcome or a personal learning opportunity.

In contrast, response-focused strategies come into play after an emotion has arisen and physiological, experiential and behavioural responses have manifested. The most typical example of this category is 'expressive suppression'. Suppression is the deliberate inhibition of facial expressions, bodily movements and verbal expressions in order to prevent the emotional state being perceived by others. Numerous empirical studies conducted by Gross and John have shown that cognitive reappraisal is associated with higher

self-esteem, better interpersonal relationships and lower levels of anxiety; conversely, suppression increases physiological arousal, impairs social closeness and raises the risk of anxiety and depression.

Gratz and Roemer, on the other hand, have proposed a multidimensional model of difficulty, refusing to limit emotion regulation solely to the use of strategies. According to this approach, healthy emotion regulation is a synthesis of the following skills: awareness and understanding of emotions, acceptance of emotions, the ability to maintain goal-directed behaviour even whilst experiencing negative emotions, the ability to control impulsive behaviour, and the ability to flexibly access emotion regulation strategies appropriate to the situation. Any blockage in these areas is termed an 'emotion regulation difficulty'.

The Nature of Social Anxiety and its Cognitive-Emotional Dynamics

Social anxiety disorder is a persistent, marked and disproportionate fear experienced by an individual in social interaction and performance situations where they may be scrutinised, criticised, ridiculed or humiliated by others.The individual perceives an intense threat of negative evaluation not only when speaking in public, but also when meeting someone new, communicating with authority figures, or even eating or drinking in the presence of others.

The cognitive models developed by Clark and Wells, and Rapee and Heimberg, indicate that at the heart of social anxiety lie disruptions in attentional processes, an expansion of the internal threat focus, and safety-seeking behaviours. Upon entering a social setting, the individual shifts their focus away from realistic cues in the external world and fixates on their own bodily sensations. Sympathetic nervous system arousal, such as palpitations, trembling, blushing or a dry mouth, is catastrophised as 'concrete evidence of being humiliated and losing control'. The individual assumes that those around them expect a flawless performance from them and that they will be ostracised at the slightest mistake. These assumptions trigger intense feelings of anxiety, shame and helplessness. It is precisely at this stage that how the individual manages their emotional responses determines the course of events. The relationship between emotion regulation and social anxiety is explained in the literature through several overlapping fundamental cognitive and behavioural mechanisms.

Individuals with high levels of social anxiety perceive the realisation by others that they are anxious as the ultimate catastrophe. Consequently, the method they most frequently resort to is expressive suppression. To conceal their trembling, blushing or changes in voice tone, they tense their bodies excessively and try to act as if they are not feeling their emotions. However, as emphasised in Wegner's theory of mental suppression, the more a thought or emotion is suppressed, the more frequently the cognitive system monitors it, and, paradoxically, the intensity of the emotion increases exponentially. Experimental studies have shown that socially anxious individuals who attempt to suppress their emotions maintain significantly higher levels of sympathetic arousal (heart rate, skin conductance) than those who engage in cognitive reappraisal, and that their cognitive capacity becomes depleted (Werner et al., 2011).Individuals with social anxiety demonstrate a marked inability to flex their automatic negative thoughts regarding social situations and to generate alternative interpretations. Whilst a yawn from a listener during a conversation might be reinterpreted by a cognitively flexible individual as 'They might be tired or sleep-deprived', a socially anxious individual interprets it as a direct threat: 'My talk is going terribly; they've got bored of listening to me'. The inability to engage in cognitive reappraisal leads to an inability to regulate negative emotions and causes the social setting to turn into a battleground. The dimension of emotional clarity, emphasised in Gratz and Roemer's model, is frequently impaired in social anxiety. Individuals with social anxiety find it difficult to distinguish whether the internal arousal they feel is anxiety, excitement or anger. Furthermore, they label the anxiety they feel as unacceptable, dangerous and a sign of weakness. This inability to accept the emotion imposes a secondary emotional burden (such as feeling ashamed or guilty for feeling anxious) on top of the primary emotion (anxiety). This layering completely blocks the individual's emotional system and prevents them from exhibiting goal-directed social behaviour.An individual unable to regulate their emotions turns to 'avoidance' (situation avoidance)—the most primitive form of emotional regulation—in an attempt to end acute emotional distress. Refusing to attend social gatherings, avoiding giving presentations, or attempting to make oneself invisible by fiddling with a mobile phone in social settings (a safety-seeking behaviour) temporarily alleviates anxiety. However, this situation makes it impossible for the individual to learn adaptive coping strategies and to experience that their emotions are tolerable. Thus, poor emotion regulation leads to avoidance, and avoidance in turn creates a vicious circle that fuels the chronic nature of social anxiety.

The decisive influence of emotion regulation mechanisms on social anxiety has also shifted the focus of psychotherapeutic interventions. Traditional Cognitive Behavioural Therapy (CBT) protocols aim to directly strengthen cognitive reappraisal skills by identifying automatic negative thoughts. During exposure exercises, clients learn to observe the natural course of anxiety rather than suppressing their emotions.

Beyond this, third-wave therapies focus on the 'acceptance' and 'mindfulness' dimensions of emotion regulation. Acceptance and Commitment Therapy (ACT) fosters psychological flexibility—the ability to continue with value-driven actions whilst coexisting with anxious sensations—rather than attempting to eliminate or suppress anxiety. Similarly, Emotion-Focused Therapy (EFT) and Emotion Regulation Therapy help the individual to develop tolerance for their bodily sensations, increase their emotional awareness, and interpret emotions as a guide to action.

Emotional regulation skills and social anxiety are two fundamental constructs that constantly shape one another. An individual's capacity to recognise and accept the intense emotions they feel, to reframe them from a cognitively flexible perspective, and to let go of dysfunctional strategies such as suppression is a key protective factor in the prevention and treatment of social anxiety. Academic research and clinical practice must be structured around emotion regulation models that strengthen an individual's capacity to manage their internal emotional turmoil, rather than treating social anxiety merely as a lack of social skills or shyness. It is evident that the concepts of social anxiety, self-efficacy and emotion regulation play a decisive role in the psychological well-being of young adults. However, it is noteworthy that there is a limited number of studies in the literature that examine the combined effect of these three variables during young adulthood, their interaction with one another, and their predictive power regarding social anxiety within a holistic model. Given the constraints young adults face in social settings, understanding how these individuals utilise their internal resources (self-efficacy) and emotional strategies (emotional regulation) will guide the development of preventive mental health programmes targeting social anxiety. In this regard, the primary aim of the present study is to examine the relationship between levels of social anxiety, self-efficacy and emotion regulation skills in young adults, and to elucidate the explanatory role of these two internal mechanisms in social anxiety. It is anticipated that the findings of this study will not only contribute to the academic literature but also provide a foundation for practical intervention methods for psychological counsellors and therapists working with young people.

Emotion regulation is a set of conscious and unconscious processes that influence which emotions an individual will experience, when they will experience them, and how they will express and externalise them.Gross's Process Model of Emotion Regulation classifies emotion regulation strategies into two main categories based on the stages of emotion emergence: antecedent-focused and response- -focused. Whilst 'cognitive reappraisal'—which aims to mitigate physiological and emotional effects by altering the cognitive meaning of an event—is regarded as an adaptive antecedent-focused strategy; 'expressive suppression', which aims to suppress the expression of the resulting emotion, is regarded as a maladaptive response- -focused strategy. Individuals with social anxiety disorder experience significant difficulties not only in managing symptoms of physiological arousal but also in managing the ways in which they experience intense negative emotions.Cognitive models suggest that when individuals with social anxiety perceive a threat of negative evaluation, they fail to engage in adaptive emotion regulation strategies (such as cognitive flexibility and acceptance) and instead resort to suppressing emotional expression or seeking safety behaviours.Paradoxically, the chronic suppression of emotions increases sympathetic nervous system arousal, leading the individual to feel greater tension during social interaction and to focus their attention on internal threats

CONCLUSION

This study examined the relationships between young adults' levels of social anxiety and their self-efficacy beliefs and emotion regulation skills. The findings revealed that high self-efficacy and cognitive reappraisal strategies reduce social anxiety, whilst emotional suppression and low self-efficacy increase anxiety. It appears that young adults with a weak sense of competence in social settings are unable to cognitively reframe the intense anxiety they experience and instead attempt to suppress their emotions. This suppression effort perpetuates the avoidance cycle by escalating physiological arousal and the focus on internal threats.

The findings suggest that psychological counselling and clinical intervention programmes aimed at reducing social anxiety in young adulthood should not rely solely on behavioural exposure techniques; but that it is a critical requirement to integrate direct experiences of success that strengthen social self-efficacy and adaptive emotion regulation skills (cognitive flexibility, emotional acceptance) at the core of these interventions. Simply 'facing the feared situation' is not sufficient to reduce social anxiety in young people. Young people must be provided with safe spaces where they can practise their social skills, and they must be taught practical ways to accept and manage their anxiety appropriately, rather than suppressing it. Group workshops organised in this vein by university counselling services will be effective in helping young people overcome this challenge. It has been shown that this acts as a critical buffer mechanism against the fear of negative evaluation in social settings. Young adults with a high perception of social competence view uncertainties in social settings or potential communication mishaps not as evidence of personal inadequacy or disaster, but as situational difficulties to be overcome. In contrast, individuals with a low sense of self-efficacy develop intense anxious anticipation before entering social settings, focus their attention on internal threat signals, and resort to avoidance behaviour.

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