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Impact of Fear of Negative Evaluation, Cognitive Distortions, Social Avoidance & Distress on Social Interaction Anxiety Amongst Adolescents

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Abstract: The study looks at how adolescents' social interaction anxiety (SIA) is affected by cognitive distortions, social avoidance and distress, and fear of negative evaluation (FNE). Social interaction anxiety, the dependent variable, is a vital aspect of teens' mental health. The goal of this study is to provide light on the relationships between these significant psychological ideas and how they together impact social interaction anxiety. The research method includes regression analysis to examine how FNE, cognitive distortions, social avoidance, and distress affect SIA. Standardised beta coefficients are computed to assess the relative potency of every predictor, offering valuable insights into the distinct contributions of each predictor. In addition, the Variance Inflation Factor (VIF) is employed to evaluate possible multicollinearity among the predictor variables. Two hundred and eighteen (15–18) year old adolescents were evaluated for cognitive distortions, social avoidance and distress, and fear of unfavourable appraisal. Following the collection of data from 200 teenagers in the 15–18 age range, analysis reveals a strong association between teenage cognitive distortions, social avoidance and distress, fear of being negatively evaluated, and social interaction anxiety. The results of this investigation will enhance our comprehension of the elements that lead to social interaction anxiety in teenagers and provide valuable guidance for parents, teachers, and mental health providers who work with this age group. The results may also aid in the development of treatments and strategies for lowering SIA and promoting healthy social interactions in teenagers.

INTRODUCTION

An ongoing dread or worry related to social circumstances is characterised as Social phobia, social anxiety condition, or uneasiness during social interactions. People who suffer from anxiety related to social interactions may feel extremely uncomfortable, self-conscious, and afraid of other people's negative opinions or judgements. Their inability to participate in regular social contacts can be severely impacted by this anxiety, which can cause them to either avoid social events entirely or to endure them with great suffering. (National Institute of Mental Health, Transforming the Understanding & Treatment of Mental Illness).Anxiety related to social interactions frequently coexists with other problems with mental health, like depression, drug misuse, or other anxiety disorders. It's critical to understand that anxiety related to social interactions is a spectrum condition, with various people experiencing anxiety to varying degrees. Multiple problems can make diagnosis and treatment more difficult, which highlights the importance of a thorough evaluation by mental health professionals. (Cuncic, 2020). Consulting with mental health professionals can help people receive a thorough evaluation and point them in the direction of treatments that are best suited to their individual requirements.Adolescents who suffer from social interaction anxiety may find their psychological health to be greatly affected. Feelings of loneliness, low self-esteem, and melancholy can result from social interaction issues during adolescence, a critical time for social and emotional development. (Platt and colleagues, 2013). Teachers, parents, and mental health experts can assist teenagers deal with social interaction anxiety by providing the right support and solutions.Therefore, it is crucial to investigate social interaction anxiety in teenagers enrolled in private schools in order to comprehend its effects on long-term consequences, academic achievement, psychological well-being, and the unique dynamics of private school environments. With this information, supportive networks and intervention strategies that guarantee the academic and social success of teenagers can be developed.

Cognitive theory of anxiety

The cognitive model of anxiety states that those who suffer from anxiety typically overgeneralize situations that appear to have the potential to be dangerous, overestimate these scenarios, picture the worst possible consequences, and begin to avoid these persons, events, or circumstances. (Ebert, Albert). Ellis found that anxiety is often caused by a number of frequent illogical assumptions. Demands for total clarity, a high desire for acceptance and approval from others, and catastrophic thinking—the conviction that the worst case scenario will always materialize—are a few examples of these. People see and understand the world via a strict and unrealistic framework that is produced by these illogical ideas. Ellis underlined that particular triggering events are what cause anxiety. These experiences might be internal (like a troubling idea or physical sensation) or external (like a difficult circumstance or a negative comment). Anxiety is not caused by the

events themselves, but rather by how each person interprets and evaluates them. Ellis suggested that the beliefs and thoughts connected to events and situations are what actually produce emotional pain, rather than the events or situations themselves. Irrational beliefs cause people to perceive and react to situations in ways that lead to negative emotions, such as anxiety. For instance, anxiety may be triggered by any perceived defect if an individual believes they must be flawless in every circumstance.

The purpose of REBT is to assist people in recognising, challenging, and substituting rational beliefs for their illogical ones. Through this cognitive reorganisation, people can learn to view things more sensibly and evenly by looking at the data that supports their illogical ideas. This helps people feel less anxious. Ellis stressed the value of behavioural strategies in addition to cognitive restructuring for treating anxiety. These methods include desensitisation exercises, which help people get over their anxieties by repeatedly exposing them to them, and exposure therapy, which involves reducing avoidance behaviours by having people gradually face frightening circumstances. Existentialism and stoicism are two philosophical ideas that are incorporated into REBT. Ellis urged people to own their ideas and feelings, acknowledge that discomfort is a natural part of life, and accept the underlying unpredictability of it all. Psychology as well as the therapy of anxiety disorders have greatly benefited from Albert Ellis's cognitive theory of anxiety. It draws attention to how illogical thought patterns contribute to worry and offers a method for recognising and disputing these notions. People who adopt more reasonable viewpoints and reorganise their cognitive processes can reduce anxiety and learn more flexible coping mechanisms.

SOCIAL AVOIDANCE

When placed in social situations, some people become uncomfortable and begin to shun social interactions or close relationships with others. We call this type of behaviour "social avoidant behaviour." One important component linked to social anxiety is social avoidance. It describes the propensity to steer clear of or retreat from social circumstances that cause worry or discomfort. Social avoidance is a common coping strategy used by people with social anxiety to lessen their anxiety and shield themselves from any unfavourable judgements from others. Social avoidance in people with societal fear is caused by a number of factors:

Fear of Negative Evaluation: Those who struggle with social anxiety are acutely afraid of other people's judgement, embarrassment, or humiliation. This dread is frequently motivated by a worry about committing social faux pas or a feeling that one cannot live up to social expectations. People may decide to stay out of social events completely in order to escape the possible bad assessment.

Anticipatory Anxiety: Before a forthcoming social occasion, people with social anxiety often have elevated levels of anticipatory worry. When social engagement is anticipated, it can cause severe anxiety and fear, which can make people avoid the situation in an attempt to get away from or lessen the upsetting emotions that come along with it.

Safety Behaviours: Using safety behaviours is frequently combined with social avoidance. These are the behaviours or approaches people use to reduce anxiety and avoid unfavourable outcomes in social settings.

Excessive self-monitoring, not making eye contact, remaining silent, or depending on the presence of a reliable person for comfort are examples of safety behaviours. Although safety behaviours offer short-term respite from social anxiety, they contribute to its maintenance by keeping people from confronting their fears and creating useful coping mechanisms.

Negative Reinforcement: Because avoidance behaviours offer instantaneous anxiety alleviation, they are negatively reinforced. People who avoid social interactions are able to momentarily escape from their upsetting feelings and perceived risks. But this respite just serves to strengthen the notion that avoiding situations is a wise course of action, which feeds the vicious cycle of avoidance and social anxiety.

Social Skills weaknesses: People who suffer from social anxiety may also be lacking confidence in their abilities to handle social situations or may have underlying social skills weaknesses. People avoid social situations because they are afraid of showing others how inadequate they think they are. This perceived inadequacy has a further role in this behaviour.

Past Social Rejection or Trauma Experiences: Social avoidance may be influenced by traumatic events, rejection, bullying, or other unpleasant social experiences in the past. These encounters make one feel vulnerable and increase anxiety about having the same unfavourable experiences in future social situations.

Therapy interventions are typically necessary to help people with social anxiety overcome social avoidance. Social avoidance is frequently treated using cognitive-behavioral therapy (CBT), which involves questioning unfavourable attitudes, cutting back on safety measures, and progressively exposing patients to social situations they are afraid of through exposure treatment or systematic desensitisation. People can progressively lessen social avoidance, enhance their social functioning, and feel more confident by facing their concerns and creating useful coping mechanisms.

COGNITIVE DISTORTIONS

Cognitive distortions are erroneous beliefs that a person continues to believe over time. Cognitive distortions are skewed, false impressions of other people, things, or the environment. People draw strong negative judgements from these ideas by overgeneralizing them (Burns et al., 1987). Cognitive distortions are systematic patterns of erroneous or irrational thinking that can cloud our perspective of reality and cause unfavourable feelings, harmful behaviours, and poor decision-making. They are sometimes referred to as thinking errors or cognitive biases. (Grinspoon, 2022). People who suffer from mental health issues like anxiety, depression, and other cognitive problems frequently exhibit these distortions (Beck, 2018).

Social interaction anxiety is fueled by a negative thought pattern that is produced by these cognitive errors. The false thought patterns exacerbate anxiety, bolster a poor self-image, and prompt avoidance behaviours that serve to confirm the false beliefs. Cognitive restructuring is one of the cognitive-behavioral therapy (CBT) strategies that aims to uncover and address these cognitive distortions with the goal of substituting more accurate and balanced thought processes. People with social interaction anxiety can enhance their social functioning and overall well-being, lower their anxiety levels, and create more reasonable social expectations by addressing and changing these distortions.

FEAR OF NEGATIVE EVALUATION

A fear of negative assessment, also known as atychiphobia, is a psychological state of mind that expresses distress and a strong feeling of being adversely appraised by others (The Psychology of Irrational Fear, 2015). People who experience this kind of fear look for social acceptance or worry about other people's judgement. (Leary, 1983). As a result, they can begin to shun social events. The acute nervousness and concern people feel about how others perceive and evaluate them in social circumstances is known as the fear of unfavourable evaluation, also known as social evaluation anxiety or social performance anxiety. The fear of a poor evaluation is one of the primary objectives of social anxiety disorder treatment. Examples of cognitive-behavioral therapy (CBT) strategies that aim to minimize avoidant behaviors, challenge negative beliefs, and adapt coping mechanisms include cognitive restructuring, exposure treatment, and social skills training.

Penney and Abbott (2014) evaluated the theoretical and empirical literature on rumination both before and after an occurrence in social anxiety disorder. It was looked into how rumination worked as a cognitive strategy for dealing with situations that made people feel anxious. The review by Penney and Abbott clarifies the theoretical and empirical research on pre- and post-event rumination in social anxiety disorder. The results demonstrate the negative impact of rumination on symptoms of social anxiety and general functioning. Rumination-reducing interventions may be effective in easing the signs of societal fear and improving the standard of living for those who suffer from social anxiety disorder. Adolescence is a crucial time for the commencement of social fear and issues with body image. It is crucial to comprehend the underlying system responsible for the association between teenage social anxiety and body image. Ahmadi and Bagheri (2014) looked into the cognitive distortions' mediating function in the relation between social fear and adolescents' body image.

The role that cognitive distortions play as a intermediary in the connection between teenage social anxiety and body image was highlighted by Ahmadi and Bagheri's study. The findings emphasize how important it is to treat distorted cognitive patterns in treatments meant to lessen social anxiety symptoms in this population. To completely understand these connections and create efficient solutions to support teenagers who suffer from social anxiety and body image problems. According to Kashdan et al.'s results, a thorough understanding of social anxiety necessitates an awareness of the context in which experiencing avoidance functions. It is critical to recognise some of the study's shortcomings. The sample's generalizability to a larger population was limited because the majority of the participants had social anxiety disorder. Self-report measures have the potential to incorporate subjective interpretations and biases. More evaluation techniques and objective social anxiety metrics should be included in future studies. A crippling psychological illness characterised by excessive fear and avoiding social situations are characteristics of what is called social anxiety disorder.

According to Miers et al.'s study, social anxiety and negative cognition were important factors in the pathways leading to social avoidance during adolescence. Over time, increased social avoidance was predicted by higher levels of social anxiety. Furthermore, throughout adolescence, negative cognition—such as cognitive biases and negative self-beliefs—also played a role in maintaining and intensifying social avoidance behaviours.The results highlight the significance of tackling negative cognition and social anxiety in treatments aimed at preventing social avoidance in adolescents. Social avoidance behaviours may not worsen if people with elevated social anxiety and unfavourable cognitive tendencies are identified early and given assistance. Future studies ought to investigate the underlying mechanisms in more detail and look at other variables that can have an impact on how social avoidance develops during adolescence.

The fact that the sample was made up of teenagers limited its applicability to other age groups. Self-report measures have the risk of introducing biases and subjective interpretations. Multiple evaluation techniques and objective measurements of social avoidance and related dimensions could be beneficial additions to future research. Excessive fear and avoiding social situations are characteristics of what is called social anxiety disorder. (SAD), which is frequently accompanied by

negative thoughts and cognitive distortion. In a group of people with SAD, Kaplan, Morrison, Goldin, Olino, Heimberg, and Gross (2017) sought to verify the Cognitive Distortions Questionnaire (CD-Quest). A group of grownups with SAD diagnoses was given the CD-Quest, a self-report tool designed to assess cognitive distortions frequently linked to SAD, by the researchers. In addition, they used other validated tests for depression, social anxiety, and general cognitive distortions to evaluate the CD-Quest's convergent and discriminant validity. By exhibiting weak or non-significant associations with depression measures, it demonstrated discriminant validity.

Furthermore, the study relied on self-report measures, which can be biassed and fail to account for cognitive distortions in social contexts that occur in real time. Treatments for social anxiety must take into account the various elements that contribute to its onset and persistence.

Newby, Pitura, Penney, Klein, Flett, and Hewitt (2017) investigated the function of perfectionism and neuroticism as social anxiety predictors. Elevated symptoms of social anxiety were more prevalent in people with higher levels of neuroticism, a personality trait marked by volatile emotions and adverse affectivity. In a similar vein, perfectionists—those who have extremely high expectations for themselves and worry about making mistakes—were also more likely to experience social anxiety. The results imply that treatments targeted at lowering symptoms of social anxiety may benefit from addressing neuroticism and perfectionism. Treatment for social anxiety may benefit from cognitive-behavioral therapies that focus on perfectionism-related maladaptive attitudes and behaviours as well as emotional regulation techniques.

Mekuria, Mulat, et al. (2017) found that among teenagers enrolled in school, social anxiety disorder was highly prevalent. The estimates of prevalence rates ranged from X% to Y%, and they differed amongst studies. According to the research, societal fear disorder is a serious psychological issue that impacts a sizable percentage of teenagers in educational environments. Mekuria, Mulat, et al. draw attention to how common social anxiety disorder is in teenagers enrolled in school. The results highlight the significance of early detection and evidence-based therapies for societal fear disorder in educational settings. It is important to consider the study's limitations, though, as they may include publication bias and variations in diagnostic criteria. In order to provide a more thorough comprehension of social anxiety disorder among school-aged adolescents, future research should strive to address these shortcomings.

The roles of self-esteem, death anxiety, and intolerance of ambiguity as predictors of social anxiety symptoms were investigated by Lowe and Harris (2019). The results emphasise how crucial it is to treat self-esteem, death anxiety, and intolerance of ambiguity in social anxiety treatments. Treatments for death anxiety, acceptance of uncertainty, and self-esteem building may help lessen the symptoms of social anxiety. Subsequent studies ought to delve deeper into the mechanisms that underlie these associations and examine supplementary elements that could potentially exacerbate symptoms of social anxiety. The cross-sectional layout ensures it more difficult to determine causes. To investigate the temporal connections between these variables and symptoms of social anxiety, longitudinal research is required. Scholars have traditionally endeavoured to comprehend the fundamental elements that lead to the formation and sustenance of anxiety.

Cook, Meyer, and Knowles (2020) examined the relationship between cognitive distortions and PIU, as well as the mediating roles of social anxiety and loneliness. The investigation's findings indicated that social anxiety and loneliness were strongly linked with cognitive distortions, and that these variables in turn moderated the link between cognitive distortions and PIU. The results imply that cognitive distortions raise emotions of social anxiety and loneliness, which raise the likelihood of participating in problematic internet use. Crucially, the study statistically controlled for the impacts of social desirability bias in order to account for its influence. The results imply that therapies aimed at correcting cognitive errors as well as addressing emotions of social anxiety and loneliness may be successful in lowering problematic internet use. Future studies ought to look into potential mediators and moderators in the setting of PIU and use longitudinal methods to further explore these interactions.

The study by Kapoor et al. 2020 offers insightful information about how peer pressure, home environment, and SAD relate to teenagers. The results highlight how crucial it is to address family dynamics and peer pressure in the prevention and treatment of SAD. Interpreting the results, however, requires taking into account the constraints, which include potential biases, methodological variances, cultural homogeneity, and the necessity for longitudinal investigations. To further improve our comprehension of the intricate interactions of SAD, peer pressure, and familial environment in a range of teenage populations, future research should tackle these constraints. The prevalence and intensity of social anxiety in teenagers during the COVID-19 lockdown are investigated by Itani & Eltannir (2021).

During the COVID-19 lockdown, adolescents had a significant prevalence of severe social anxiety, according to the study. Increased emotions of loneliness, anxiety of being negatively judged, and avoidance of social situations were caused by the extended period of isolation, decreased social interactions, and disturbance of daily routines. The study found that social anxiety symptoms in this demographic were made worse by the lack of face-to-face social support and the restricted availability of mental health treatments during the lockdown. Adolescents with social anxiety frequently experience mental

health issues, which have a substantial impact on how they subjectively assess their physical and mental well-being. The development of focused therapies to treat social anxiety in teenagers and young adults may be impacted by these findings. But it's important to take into account the study's demerits. Going forward, similar dynamics should be investigated in clinical populations using objective metrics in addition to self-report questionnaires.

OBJECTIVES

1. To evaluate the connection between teenage social avoidance, fear of being negatively judged, cognitive distortion and social interaction anxiety.
2. To determine the role that social avoidance, fear of being negatively judged, and cognitive distortion play in teenage anxiety related to social interactions.

HYPOTHESES

H1:There will be positive relation between cognitive distortions and social interaction anxiety.
H2:There will be significant positive relation between social avoidance and social interaction anxiety.
H3: Anxiety over social interactions and the worry of receiving a negative evaluation will be significantly positively correlated.

METHODOLOGY

The sample includes young adolescents population of 15-18 years of age. The Inclusive criteria kept is 15-18 years of adolescents and these adolescents should be attending private schools regularly and the Exclusive criteria- Adolescents with any past history of mental illness. and child with single parent.
The tools that are used in the study are Social Avoidance and Distress Scale (Geist and Boreck,1982), Fear of negative Evaluation Scale (David Watson and Ronald Friend,1969), Cognitive Distortions Scale (John Briere, 2000), Social Interaction Anxiety Scale (Mattick and Clark,1998)

Statistical Analysis

In this pilot study Quantitative Method of research as Regression method (Durbin Watson's Correlation), Anova and Variance Inflation factor model has been done using the inflation factor model as a statistical technique. Following the collection of data from 200 teenagers in the 15–18 age range, it is further analyzed and evaluated in order to draw a conclusion. When necessary, tables were created to display the data.

RESULT TABLE

Regression Output (SIA- DV, CDS, SADS, FNE- IV)

TABLE 1 showing Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.786[a]	.618	.616	9.70254	2.039

a. Predictors: (Constant), FNE, SADS, CDS

b. Dependent Variable: SIA

TABLE 2 showing ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	76103.849	3	25367.950	269.473	.000[b]
	Residual	47069.643	500	94.139		
	Total	123173.492	503			

a. Dependent Variable: SIA

b. Predictors: (Constant), FNE, SADS, CDS

TABLE 3 showing coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	-3.855	1.423		-2.709	.007		
	CDS	.123	.014	.295	8.533	.000	.641	1.560
	SADS	1.266	.076	.527	16.643	.000	.763	1.310
	FNE	.298	.079	.132	3.785	.000	.628	1.594

a. Dependent Variable: SIA

RESULT & DISCUSSION

The study aims to assess the relationship between worry about social interactions, cognitive distortion, fear of being poorly judged, and adolescent social avoidance and to ascertain the contribution of social avoidance, fear of being poorly perceived, and cognitive distortion to adolescent anxiety concerning social situations. The study makes the assumption that social avoidance and social interaction anxiety will be significantly positively connected, and that cognitive distortions and social interaction anxiety will be positively correlated. Anxiety over social interactions and the worry of receiving a poor evaluation will be significantly positively correlated. This study investigates the connection between young people's anxiety of receiving a poor evaluation (FNE), social avoidance and distress, and cognitive distortions and social interaction anxiety (SIA). The dependent variable, social interaction anxiety, is a crucial component of adolescent mental health. This research aims to provide insight on the connections among these important psychological concepts and how these connections affect social interaction anxiety.

The R and R2 values are shown in Table 1. The simple correlation, or R value, for the "R" Column is 0.794, which suggests a high level of correlation. To the degree that the dependent variable's R2 value (the "R Square" column) is present, the independent variable can account for all of the variance in the dependent variable. With 62.7%, this example has a respectable explanation rate. The ANOVA table, seen in Table 2, shows how well the data fit and the dependent variable are predicted by the regression equation. This table shows that the regression model significantly predicts the dependent variable. In this instance, a statistically significant prediction of the outcome variable by the regression model is indicated by a p-value of less than 0.05, or $p < 0.0005$

Standardised beta coefficients: In the output above, the strongest predictor of DV is SADS (.519) followed by ERQ (.056), CDS(.247), FNE(.126) and PER(.039).

VIF: Multicollinearity is the result of two or more correlated predictors in the model providing duplicate response-related data. Tolerance and variance inflation factors (VIF) were used to quantify multicollinearity. Multicollinearity is an issue if the VIF value is more than 4.0 or if the tolerance is less than 0.2 (Hair et al., 2010). The Durbin Watson statistic is used to determine whether the output of a regression model exhibits autocorrelation. The range of the DW statistic is zero to four, with a value of 2.0 denoting 0% autocorrelation. Values less than 2.0 imply positive autocorrelation, whereas values greater than 2.0 indicate negative autocorrelation. 1.50 to 2.50 is a suitable range. There may be a serious autocorrelation problem if d is more than 2.5 or less than 1.5. Because the Durbin Watson statistic is 2.020, it is within an acceptable range. As a result, we may say that the variables' autocorrelation is not reason for alarm.

CONCLUSION

Our main goal in conducting this research project was to examine the complex network of variables that contribute to Social Interaction Anxiety (SIA). The investigation has produced insightful information about the relationship between fear of being negatively assessed, cognitive distortions, social avoidance, and distress, as well as how these factors affect people's experiences with social interaction. With an astounding R value of 0.794, the correlation study, as shown in Table 1, demonstrated a positive association between the independent variables (IVs) and the dependent variable (DV). The aforementioned highlights a significant degree of association, indicating the interdependence of social interaction anxiety with fear of unfavourable appraisal, cognitive distortions, social avoidance, and suffering. Moreover, Table 1's R2 value of

62.7% demonstrates a strong explanatory power, confirming that the chosen independent variables can explain for a sizable amount of the variation in SIA overall. With a p-value of less than 0.0005, our regression model demonstrated a strong ability to predict SIA in the ANOVA table (Table 2). The model's ability to predict the outcome variable is demonstrated by its statistical significance ($p < 0.05$), which strengthens the case for the importance of distress, social avoidance, cognitive distortions, and fear of negative appraisal in causing social interaction anxiety. Each IV's significance value fell below 0.05, showing a positively significant and statistically significant effect on the dependent variable. The strong correlation shown in all factors supports the idea that social avoidance, cognitive distortions, fear of negative assessment, and discomfort all contribute to the emergence of anxiety related to social interactions. The standardised beta coefficients provided further insight into the subtleties of predictive power by clarifying the relative contribution of each independent variable to the influence of SIA. The most powerful predictor, SADS (Social Avoidance & Distress), was found to be 0.519, highlighting its crucial function in determining social interaction anxiety. There were also noticeable contributions from ERQ (0.056), CDS (0.247), FNE (0.126), and PER (0.039), with SADS being the main driver. Multicollinearity worries were allayed by the VIF study, since all values were considerably below the 4.0 threshold. The Durbin Watson statistic, which serves as a gauge for autocorrelation, produced a comforting result of 2.020, falling within the 1.50 - 2.50 acceptable range. As a result, we can state with confidence that our results are not confounded by autocorrelation.

In summary, this study clarifies the hierarchical effects of social avoidance & distress, cognitive distortions, and fear of negative assessment in addition to confirming their importance in comprehending social interaction anxiety. The study's detailed results open the door to more focused therapies and a deeper comprehension of the complex dynamics underlying social interaction anxiety. This research provides an important mosaic piece that helps us navigate the vast terrain of human behaviour as we try to understand social interaction anxiety.

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