

**The Relationship Between Rejection Sensitivity and Social
Anxiety: Mediator Role of Post-Event Processing and Moderator
Role of Difficulties in Emotion Regulation**

By

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**KOÇ
ÜNİVERSİTESİ**

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Koç University

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Abstract

Socially anxious individuals experience significant distress, interpersonal disability, and impairment in daily functioning. Therefore, it is crucial to explore factors related to symptoms of social anxiety. Growing evidence shows that rejection sensitivity (RS), a cognitive-affective bias toward anxiously expecting rejection, is robustly linked to social anxiety. However, the exploration of the mechanisms underlying this association has been scarce. This research aimed to examine the relationship between RS and social anxiety among emerging adults and further investigate the mediator role of post-event processing (PEP) and the moderator role of difficulties in emotion regulation (ER). Data were collected cross-sectionally through convenience sampling. A total of 392 participants (74.7% female) aged 18 to 25 years ($M = 20.94$, $SD = 1.63$) completed an online battery of self-report measures for social anxiety, depression, ER difficulties, PEP, and RS. Analyses were conducted using SPSS PROCESS Macro, while controlling for depression. Results indicated that RS is positively associated with PEP and symptoms of social anxiety. Besides, PEP is positively linked to social anxiety. PEP partially mediated the association between RS and social anxiety. There was no significant moderating effect of difficulties in ER in the association of RS with PEP or social anxiety. These findings illustrate that high-RS individuals are more likely to engage in a negative and prolonged review of their past social interactions, which is in turn linked with increased symptoms of social anxiety. Results deepen our understanding of the psychological processes underlying the link between RS and social anxiety by highlighting PEP as an important vulnerability for high-RS and socially anxious individuals.

Keywords: rejection sensitivity, social anxiety, difficulties in emotion regulation, post-event processing.

Özet

Sosyal olarak kaygılı bireyler önemli sıkıntılar, kişilerarası engeller ve günlük işlevsellikte bozulmalar yaşarlar. Bu nedenle, sosyal anksiyete belirtileri ile ilişkili faktörleri araştırmak kritiktir. Bilimsel çalışmalar, reddedilmeyi kaygıyla beklemeye yönelik bilişsel-duygusal bir yanlılık olan reddedilme duyarlılığının sosyal anksiyete belirtileriyle ilişkilendirildiğini göstermektedir. Ancak literatürde bu ilişkinin altında yatan mekanizmaların keşfi sınırlıdır. Bu araştırma, genç yetişkinlerde reddedilme duyarlılığı ve sosyal anksiyete belirtileri arasındaki ilişkiyi incelerken bu ilişkide olay sonrası işlemenin aracı rolünü ve duygu düzenleme güçlüğünün düzenleyici rolünü araştırmayı amaçlamaktadır. Veriler, elverişlilik örnekleme yoluyla kesitsel olarak toplandı. Yaşları 18 ile 25 arasında değişen ($Ort = 20.94$, $SD = 1.63$) toplam 392 katılımcı (%74.7 kadın) sosyal anksiyete, depresyon, duygu düzenleme zorlukları, olay sonrası işleme ve reddedilme duyarlılığı için öz bildirim ölçeklerini içeren çevrimiçi bir ölçüm bataryasını tamamladı. Analizler, depresyonu kontrol ederken SPSS PROCESS Macro kullanılarak gerçekleştirildi. Sonuçlar, reddedilme duyarlılığının olay sonrası işleme ve sosyal anksiyete belirtileri ile pozitif bir şekilde ilişkilendiğini gösterdi. Ayrıca, olay sonrası işlemenin sosyal anksiyete ile pozitif bir ilişkisi olduğu bulundu. Olay sonrası işleme, reddedilme duyarlılığı ile sosyal anksiyete arasındaki ilişkiyi kısmen aracılık etti. Reddedilme duyarlılığının olay sonrası işleme ile veya sosyal anksiyete ile ilişkisinde duygu düzenleme güçlüğünün anlamlı bir düzenleyici etkisi bulunamadı. Bu bulgular, reddedilmeye duyarlı bireylerin geçmiş sosyal etkileşimlerini olumsuz ve uzun süreli bir şekilde gözden geçirme eğiliminde olduklarını ve bu durumun sosyal anksiyete belirtilerinde artışla ilişkilendirildiğini göstermektedir. Sonuçlar, reddedilme duyarlılığı ile sosyal anksiyete arasındaki bağlantının altında yatan psikolojik süreçlere dair bilgimizi olay sonrası işlemeyi reddedilmeye duyarlı ve sosyal olarak kaygılı bireyler için önemli bir yatkınlık olarak vurgulayarak derinleştirmektedir.

Anahtar kelimeler: reddedilmeye duyarlılık, sosyal anksiyete, olay sonrası işleme, duygu düzenleme güçlüğü

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Chapter 1:

INTRODUCTION

1.1 Social Anxiety

Social anxiety disorder (SAD) is characterized by a marked fear of social or performance situations involving possible scrutiny by others. In such situations, the individual experiences significant anxiety about being negatively evaluated by others either as a result of the individual's own behavior or of presenting anxiety symptoms such as blushing, trembling, or sweating (American Psychiatric Association, 2013; Spence & Rapee, 2016). Feared social situations involve social interactions (e.g., interactions with strangers), social performances (e.g., formal presentations), or being observed (e.g., eating in public) (Penney & Abbott, 2014). In such situations, socially anxious individuals experience cognitive, behavioral, emotional, and physiological symptoms of anxiety, and engage in frequent and persistent use of avoidance and safety behaviors in efforts to manage these symptoms (Heimberg et al., 1999; Kim et al., 2022; Penney & Abbott, 2014), all of which cause significant distress, interpersonal disability, and impairment in individuals' functioning (Richey et al., 2019). With a one-year prevalence estimate of 7% (APA, 2013), SAD emerges as a common condition associated with statistically significant excess costs (i.e., six-month excess costs amounted to 451€; Dams et al., 2017), a general worsening of mood (Hur et al., 2019), diminished quality of life, and increased service utilization (Acarturk et al., 2008). It has thus been at the medical community's attention for over three decades as a prevalent, debilitating but treatable condition (Stein & Stein, 2008).

Research suggests that SAD has a mean age of onset of 13 years (Solmi et al., 2021) and is observed more frequently in individuals who are female, unmarried, and with lower education and income (Stein et al., 2017). Socially anxious individuals experience lower work productivity, higher unemployment, and increased absent days from work (Patel et al., 2002).

As many as 80% of patients have a comorbid mental disorder (Stein et al., 2017) such as other anxiety disorders, major depression (Ohayon & Schatzberg, 2010), and alcohol use disorder (Oliveira et al., 2018). Critically, individuals with SAD are at increased risk of suicide attempts (Katzelnick et al., 2001). If left untreated, SAD runs a chronic course with a mean duration of 19.2 years (Acarturk et al., 2008). Treatment-seeking behavior is rare, takes many years after its onset, and is often initiated for complaints other than social anxiety (Koyuncu et al., 2019).

The most common comorbid disorder of SAD is depression, with comorbidity rates ranging from 35% to 70% (Koyuncu et al., 2014; Stein et al., 1990). Accordingly, Clark and Watson (1991) proposed the tripartite model of anxiety and depression to clarify the shared and unique features of these highly associated and frequently comorbid conditions (Hughes et al., 2006). This model suggests that the general distress or negative affect factor (i.e., feelings of upset, emotional distress, and unpleasant engagement) is commonly present in both anxiety and depression, physiological hyperarousal factor (i.e., increased physiological autonomic arousal) is uniquely observed in anxiety, and anhedonia or low positive affect factor (i.e., a lack of pleasurable engagement with the environment) characterizes depression (Clark & Watson, 1991; Hughes et al., 2006; Xie et al., 2020). More recently, disorder-specific investigations of the tripartite model that attempt to explain the heterogeneity of anxiety disorders demonstrate that, unlike other anxiety disorders, SAD is characterized not only by the common negative affect but also by low positive affect, which is thought to be associated with impairments in interpersonal functioning that both depressed and socially anxious individuals suffer from (Hughes et al., 2006; Strege et al., 2018). Thus, according to the perspective of the tripartite model, social anxiety and depression seem to have symptoms that are highly common (Ingram et al., 2005) and research is needed to discriminate between the two conditions by focusing on the processes unique to each disorder (Gibb et al., 2005).

Theoretical models of SAD attempt to explain why social anxiety persists despite exposure to feared social situations in the absence of aversive outcomes, by emphasizing the cognitive processes that are crucial in the development and maintenance of the disorder (Hofmann, 2007; Spence & Rapee, 2016). These cognitive models highlight dysfunctional beliefs and assumptions, negative interpretations of social information, self-focused attention, avoidance and safety behaviors, and repetitive negative thinking patterns in explaining how social anxiety develops and persists (Clark & Wells, 1995; Hofmann, 2007).

In their cognitive model of social anxiety, Clark and Wells (1995) covered the processes that take place before and after a social situation. Socially anxious individuals have certain dysfunctional beliefs and assumptions about themselves and their social world, which are comprised of high standards for social performance (e.g., “I should always have something interesting to say”), conditional beliefs about the consequences of social performance (e.g., “If I disagree with someone, they will reject me”), and unconditional negative beliefs about the self (e.g., “I’m boring”). These assumptions lead socially anxious individuals to appraise social situations as dangerous, predict that their behavior will fall short of the desired level of performance, and interpret often benign or ambiguous cues as indicative of negative evaluation by others (Clark, 2001). Appraising a social situation in this way creates a sense of alarm for socially anxious individuals. As such, they believe that they are in danger of negative evaluation and this will result in catastrophic embarrassment, rejection, or loss of status (Clark, 2001; Schultz & Heimberg, 2008). This perceived danger triggers self-focused attention in which socially anxious individuals closely monitor themselves and the internal cues of apprehension (Clark, 2001). Based on information coming from self-monitoring, socially anxious individuals infer how they appear to the audience and conclude that their negative self-impression is also held by other people, which exacerbates social anxiety (Schultz & Heimberg, 2008). At the same time, typically in efforts to prevent the feared catastrophe of embarrassment,

rejection, or loss of status, socially anxious individuals perform safety behaviors (e.g., drinking alcohol before a presentation to make the interaction go more smoothly). Safety behaviors help maintain social anxiety as socially anxious individuals attribute the success of the social situations, or the non-occurrence of the feared catastrophe, to safety behaviors rather than their own abilities (Clark & Wells, 1995). Lastly, Clark and Wells (1995) considered repetitive negative thinking that socially anxious individuals engage in before and after social events as an important maintaining factor for social anxiety. Particularly following social events, socially anxious individuals conduct post-event processing during which they repetitively and negatively dwell on their perceived inadequacies, mistakes, and failures as well as negative perceptions of the interaction (Price & Anderson, 2011), which ultimately strengthens anxious feelings and negative cognitions about their self-impression and integrates the interaction to the past recollections of perceived social failures (Abbott & Rapee, 2004).

From a similar vein, the cognitive-behavioral model of SAD proposed by Hofmann (2007) assumes that socially anxious individuals are apprehensive in social settings partly because they perceive the social standard that the audience holds as high, often unattainable. At the same time, they poorly set, define, and implement related behavioral strategies to achieve their social goals (e.g., making a desired impression). Accordingly, this heightened social apprehension instigates increased self-focused attention, which activates a set of cognitive processes where socially anxious individuals anticipate a disastrous outcome from a social situation, perceive limited control over their anxious responses, have a negative view of their social selves, and regard their social skills as inadequate to perform the social task (Hofmann, 2007). Consequently, they expect the interaction to go poorly and resort to avoidance (e.g., dropping a class where one must make a presentation) or safety behaviors (e.g., inappropriate smiling during a social encounter). After the social event has passed, individuals

with SAD engage in post-event rumination which increases the likelihood of social apprehension in the future (Hofmann, 2007).

In their cognitive-behavioral model, Rapee and Heimberg (1997) proposed that merely the presence of an audience acts as a threat to socially anxious individuals as they expect that others are likely to be critical and evaluate them negatively. Upon entering a social situation, socially anxious individuals allocate their attention preferentially to the cues regarding negative evaluation from the audience as well as to their mental representation of how they believe that the audience views them, based on information from the memory of past social experiences, self-monitoring internal feelings, external appearance and behavior, and processing of external feedback. This mental representation tends to be negative for socially anxious individuals since the information that shapes this image is from internal cues of anxiety, perception of social performance as poor, and interpretations of the audience's feedback as signs of negative evaluation (Rapee & Heimberg, 1997). As a result, this mental representation falls short of meeting the perceived expectations of the audience, heightening anxiety, and instigating the appraisals that the feared outcome of negative evaluation and its catastrophic costs are highly probable. The cycle feeds on itself as the cognitive, affective, and behavioral symptoms of anxiety provide negative feedback to mental self-representation (Rapee & Heimberg, 1997).

In sum, over the past three decades, a range of empirically supported cognitive-behavioral models have been introduced to explain the development and maintenance of social anxiety (Evans et al., 2021). As reviewed, according to these models, socially anxious individuals tend to negatively interpret social situations or ambiguous social information as threatening and the audience's behavior as signs of negative evaluation, criticism, or rejection (Clark, 2001; Rapee & Heimberg, 1997). These negative interpretations are linked with perceived catastrophic social costs (Clark, 2001; Hofmann, 2007), which motivate socially

anxious individuals to avoid social situations in an effort to keep themselves ‘safe’ from the perceived adverse outcomes yet consequently miss out on the opportunities to have social experiences that disconfirm their beliefs (Chen et al., 2020). In addition, such negative interpretations are also repetitively reviewed during the post-event processing, which tends to predict more anxiety or reduces the willingness to engage in future social events (Blackie & Kocovski, 2017; Rowa et al., 2016). As such, negative interpretations of ambiguous social information and the audience’s feedback play a crucial role in the maintenance of social anxiety (Chen et al., 2020). Research increasingly shows a strong association of a cognitive-affective bias involving a negatively biased interpretation of ambiguous social information and others’ behavior as rejecting (i.e., rejection sensitivity) with social anxiety (London et al., 2007; Zimmer-Gembeck et al., 2021).

1.2 Rejection Sensitivity

Being accepted, included, and liked by others is a fundamental human motivation and has strong survival gains for reproduction, nutrition, and protection (Baumeister & Leary, 1995). Even though individuals need a certain amount of social acceptance and lack thereof is associated with psychological distress (Leary, 2001; Williams et al., 2000), experiencing rejection is among the inevitable and frequent features of social life (Leary, 2001). Leary (2001) described rejecting behaviors as occurring in varying degrees (e.g., from ignoring to abandoning) and conceptualized the experience of rejection as the state where one individual perceives that the other person does not regard their relationship as valuable or important. Accordingly, people feel rejected to the degree that they perceive that the other does not cherish their relationship as they desire and this perception determines individuals’ subsequent emotional and behavioral reactions (Leary et al., 2006). However, people differ in how they interpret others’ behavior as evidence of rejection and how they react to the perception of

rejection (Downey & Feldman, 1996; Leary, 2001). To account for these differences, Feldman and Downey (1994) proposed a cognitive-affective disposition called rejection sensitivity (RS).

RS is operationalized as the interaction of the degree to which the individual anticipates rejection (i.e., cognitive component), and is anxious or concerned about the likelihood of rejection (i.e., associated emotions) in a variety of interpersonal situations where rejection is possible (Feldman & Downey, 1994; Preti et al., 2018). Namely, individuals with high RS are characterized by not merely an expectation that others will reject them, but also based on anxiety or concern about the prospect of rejection (Ayduk et al., 2003). Conversely, people with low RS remain calm in the likelihood of acceptance or rejection from others and typically expect acceptance from others (Levy et al., 2001). As the anxious expectations of rejection facilitate a readiness to perceive rejection and maladaptive reactions to rejection, Downey and Feldman (1996) described rejection-sensitive individuals as people who “anxiously expect, readily perceive, and overreact” to rejection cues (p. 1327).

The RS model provides a social-cognitive account of why early experiences of rejection in significant relationships (e.g., parents and peers) lead to the onset of psychological difficulties later in life (Downey & Feldman, 1996; London et al., 2007; Rowe et al., 2014). The model of RS has been shaped by the contributions from both the attachment theory and the cognitive-affective processing system framework (Downey & Feldman, 1996; Feldman & Downey, 1994). The attachment theory posits that children build internal working models (schemata) of themselves and of relationships that guide their social behavior (Bowlby, 1973). The key feature of these models is the expectations about whether important others will be responsive to their needs or be rejecting. Bowlby (1973) argued that these expectations stem from the reliability of the attachment figures in meeting the child's needs. As such, children whose caretakers are sensitively and consistently respond to their needs tend to develop

working models that involve the expectation that others will be accepting, whereas children with caretakers who respond to their needs with rejection tend to build working models that incorporate the expectation that others will be rejecting (Bowlby, 1973). In sum, experiences of rejection in relationships with significant others early in life convey the emotional message that the child will be rejected by others and contribute to the formation of the anxious expectations of rejection at any time in the developmental course (Feldman & Downey, 1994; Özen & Güneri, 2018).

Cognitive-affective processing system framework, on the other hand, emphasizes how the moment-to-moment psychological processes such as expectations, attributions, values, and self-regulatory abilities interact with one another and generate behavior in specific social situations (Ayduk & Gyurak, 2008; Downey & Feldman, 1996; Michel & Shoda, 1995). Namely, this framework in relation to RS explains the link between fears and expectations of rejection, perceptions or attributions of rejection, and affective or behavioral overreactions to perceived rejection (Ayduk & Gyurak, 2008; Downey & Feldman, 1996; Gao et al., 2017).

The RS model proposes that prior experiences of rejection in significant relationships serve to form anxious expectations of rejection that get activated in situations that carry the likelihood of rejection (e.g., asking someone you don't know well on a date) (Downey & Feldman, 1996; Levy et al., 2001). Anticipation of rejection creates hypervigilance and orients the individual towards the cues of rejection which are interpreted under the light of rejection-related schemas (Ayduk & Gyurak, 2008; Mor & Inbar, 2009). As such, individuals who anxiously expect rejection readily perceive rejection in rejection-relevant contexts (Levy et al., 2001). Perception of rejection elicits a state of threat and negative arousal for individuals with high RS (Ayduk et al., 2000) and instigates cognitive-affective reactions such as hurt, anger, or blaming oneself or the other (Levy et al., 2001). In such a state, individuals with high RS

become more likely to exhibit maladaptive behaviors, such as aggression and social withdrawal (Levy et al., 2001; Zimmer-Gembeck & Nesdale, 2013). These negative responses can elicit a self-fulfilling prophecy where actual rejection does occur, which confirms and reinforces rejection expectations, causing a vicious cycle (Levy et al., 2001; Olsson et al., 2013).

1.3 Rejection Sensitivity and Social Anxiety

Socially anxious individuals appear highly sensitive to rejection or criticism, highlighting RS as among the cardinal features of social anxiety (Liebowitz et al., 1985). Accordingly, common characteristics of social anxiety such as fears of rejection (Clark & Wells, 1995), negative interpretation of the audience's behavior and ambiguous social information (Rapee & Heimberg, 1997), and avoidance of social situations (Hofmann, 2007) correspond to central components of RS (Harb et al., 2002). Accumulating evidence from both cross-sectional and longitudinal studies shows that anxious expectation of rejection is a unique source of vulnerability for social anxiety (London et al., 2007) and that RS is positively associated with social anxiety (Gardner et al., 2020; Zimmer-Gembeck et al., 2021), fear of negative evaluation (Bowker et al., 2011), and social avoidance (Watson & Nesdale, 2012). Notably, these suggest that individuals who anxiously expect rejection experience a heightened negative emotional state in potentially rejecting circumstances (Ayduk et al., 2000), resort to "flight" responses in social situations (London et al., 2007; McDonald et al., 2010), and withdraw from these situations in efforts to avoid rejection (Watson & Nesdale, 2012). As such, individuals with high RS may miss out on opportunities to find acceptance within relationships, which eventually strengthens their expectations of rejection (Gardner et al., 2020). Thus, the association between RS and social anxiety as well as the mechanisms that may underlie this association appears critical to understand the maintenance of the difficulties that individuals with high RS experience.

1.4 Mediator Role of Post-Event Processing

Repetitive negative thinking (RNT) is a process where one repetitively, negatively, and partially intrusively dwells on current concerns, problems, past experiences, or worries about the future (Ehring & Watkins, 2008). It is considered as a transdiagnostic process as it is present across disorders (Harvey et al., 2004). While its content can vary between disorders (e.g., rumination about the sad mood in depression and worry about future threats in anxiety), RNT as a thinking process plays a role in the onset and maintenance of depressive and anxiety disorders (McEvoy et al., 2013), post-traumatic stress disorder (Michael et al., 2007), and social anxiety disorder (Kashdan & Roberts, 2007). The form of RNT that is specific to social anxiety and occurs following social events is post-event processing (PEP) and the cognitive models outlined earlier implicate this process as among the key maintaining factors of SAD (Clark & Wells, 1995; Hofmann, 2007; Kashdan & Roberts, 2007).

PEP is conceptualized as ruminatively reflecting on the actual or perceived inadequacies, mistakes, or imperfections in the aftermath of social interactions (Kocovski et al., 2005). It is a relatively stable process, as the persistence of PEP remains consistent over two consecutive days, meaning that the level of PEP on one day reliably predicts the level of PEP on the following day (Lundh & Sperling, 2002). While it can be an adaptive strategy for non-anxious individuals as it pertains to assessing whether important social blunders were made or whether acceptance by others was achieved, for socially anxious individuals, PEP can have adverse consequences (Kashdan & Roberts, 2007). During PEP, socially anxious individuals tend to brood over negative appraisals of their social performance, the experience of social apprehension as well as the visibility of their anxious symptoms to the audience, and fears about the social costs or catastrophic outcomes of social encounters such as fears of rejection (Hofmann, 2007; Kashdan & Roberts, 2007). As a result, during PEP, the review of

the interaction tends to be seen as much more negative than it objectively is, which not only brings a sense of shame that lingers on even after the anxiety has subsided (Clark, 2001) but also fuels anticipatory anxiety for future social events and increases the likelihood of social avoidance (Hofmann, 2007; Kashdan & Roberts, 2007).

As PEP focuses on anxious feelings and negative self-perceptions, it consolidates the negative beliefs about the self and others (Kashdan & Roberts, 2007). Moreover, PEP involves the retrieval of negative memories of past perceived social failures, which preserves these perceived negative social instances in the memory and further reinforces socially anxious individuals' belief in their social inadequacy (Clark, 2001). Thus, through these processes, PEP not only appears as a significant maintaining factor in and of itself but also works with other maintaining processes to contribute to the persistence of social anxiety (Brozovich & Heimberg, 2008; Wong et al., 2022).

Empirical studies have consistently established a significant positive relationship between the frequency of engaging in PEP and the level of social anxiety (Brozovich & Heimberg, 2008; Wong et al., 2022). Furthermore, PEP was demonstrated to be associated with upward counterfactual thought such as thinking about how the situation could have been different (Kocovski et al., 2005), negative affect (Kashdan & Roberts, 2007), and disruption in concentration (Rachman et al., 2000). The recurrent and intrusive nature of PEP tends to fuel a sense of matters getting worse and worse (Rachman et al., 2000). In addition to its impact on the maintenance of social anxiety, PEP has also been documented to adversely influence the course and treatment outcomes of social anxiety by contributing to negative outcomes such as alcohol and substance use (Ecker & Buckner, 2017; Potter et al., 2016). Considering these negative effects, clarifying the specific factors that may alter the likelihood of engagement in PEP is warranted to implement interventions for preventing or minimizing these factors,

thereby enhancing the treatment of social anxiety (Makkar & Grisham, 2011; Gavric et al., 2023).

To date, several studies have investigated the predictors of RNT processes. For example, Pearson and colleagues (2011) identified RS as a robust predictor of rumination. Rejection-sensitive individuals tend to ruminate over perceived personal mistakes or failures that cause others to reject them as well as over their negative interpretations of events (Downey & Feldman, 1996; Saffrey & Ehrenberg, 2007), which signals the cognitive content of PEP that is related to perceived social failures (Kocovski et al., 2005), negative appraisals of social behavior (Hofmann, 2007), and fears of being rejected (Kashdan & Roberts, 2007). As rumination for rejection-sensitive individuals reinforces negative beliefs about the self and enhances the accessibility of negative memories of rejection (Downey & Feldman, 1996; Pearson et al., 2011), PEP serves to consolidate negative impressions of the self and negative memories of perceived social failures (Kashdan & Roberts, 2007; Clark, 2001). Since anxious expectations of rejection are linked to increased concern for preventing rejection and gaining acceptance and PEP reflects a “re-assessment of alternative actions and choices that could maximize acceptance” (Ayduk et al., 2001; Kashdan & Roberts, 2007, p. 286; Normansell & Wisco, 2016), it is theoretically plausible to argue that the more concerned one is with rejection, the more likely an individual will dwell on the experience that evoked the concern. However, to the best of our knowledge, no study has investigated this association between the level of RS and engagement in PEP.

Furthermore, research suggests that RNT processes have a strong potential to underlie the association between RS-related constructs and negative psychological outcomes, as it is documented that RNT processes have been associated with both (e.g., Ehring & Watkins, 2008; Pearson et al., 2011). Notable studies demonstrated the mediator role of rumination in the

association between interpersonal sensitivity (i.e., an individual's awareness and responsiveness to the emotions, needs, and behaviors of others) and social anxiety (Noda et al., 2022) and in the relationship between anxiety about rejection and social withdrawal (Casini et al., 2022). Since PEP is a form of rumination that is specific to social anxiety (Kashdan & Roberts, 2007), it is grounded to argue that PEP may be an important mechanism underlying the association between RS and social anxiety. More specifically, since the content of PEP is predominantly based on the information attended to and processed during the social encounter (Kashdan & Roberts, 2007) and rejection-sensitive individuals selectively attend to social rejection cues (Kraines et al., 2018), it can be assumed that their mental review following events would consist of anxious feelings about rejection, negative appraisals of events, and threat-related material. Critically, deploying attention to threatening aspects of the interaction “disrupts the sequence of events leading from enacted behaviors to possible rejection” (Kashdan & Roberts, 2007, p. 286); hence, eroding the adaptive function of PEP that is related to assessment of whether acceptance by others is achieved in a past social encounter and paving the way to increased social avoidance, anticipatory anxiety for future social events, and consolidated negative appraisals of the social self that characterize elevated symptoms of social anxiety (Hofmann, 2007; Kashdan & Roberts, 2007; Wong et al., 2022).

1.5 Moderator Role of Difficulties in Emotion Regulation

Emotion regulation (ER) consists of the processes responsible for monitoring, evaluating, and modifying emotional responses, particularly their intensity and their onset, peak, recovery, and persistence, in the context of goal-directed behavior (Thompson, 1994). As such, it involves skills for awareness of emotions, goal-directedly modifying the intensity of emotions, and executing effective strategies to manage emotional expression and responses as well as to achieve emotion-related goals (Gross & Jazaieri, 2014). These skills are viewed

as a necessary component of adaptive social and emotional functioning (Farmer & Kashdan, 2012); hence, their relative absence or deficits in ER processes constitute emotion dysregulation or ER difficulties (Gratz & Roemer, 2004). Individuals with difficulty in ER tend to maladaptively experience emotions in a heightened intensity and prolonged duration and their attempts to regulate their emotions fall short of achieving emotion-related goals (Farmer & Kashdan, 2012; Jazairi et al., 2015). Therefore, emotion dysregulation constitutes a common dimension of many psychological disorders (Cole et al., 1994), particularly prominent in mood and anxiety disorders, including SAD (Jazairi et al., 2015).

Empirical examinations of SAD reveal that difficulties regulating emotions are among its core features (Jazairi et al., 2015). The cognitive models of the disorder outlined earlier state that emotion dysregulation manifests itself in perceiving little control over the excessive anxiety experienced before, during, and after social situations as well as in executing ineffective strategies for regulating this anxiety (Hofmann, 2007; Jazairi et al., 2015). Research shows that socially anxious individuals tend to have a poor understanding of their emotions (Mennin et al., 2009), as evidenced by their increased difficulty in attending to their emotions and identifying the cognitions accompanying their emotions (Eres et al., 2021). These difficulties in identifying, differentiating, and describing emotions are associated with impaired recovery from negative mood (Salovey et al., 1995) and diminished well-being (Vine & Aldao, 2014). Moreover, socially anxious individuals tend to have difficulty accessing ER strategies (Mennin et al., 2009), be fearful of experiencing emotions, and be less expressive of their emotions (Turk et al., 2005). This highlights that difficulties in ER are among the most important factors that plague socially anxious individuals (Goldin et al., 2014).

ER can potentially be a theoretically relevant factor associated with better functioning for high-RS individuals. Despite the consistent link between RS and negative psychological

outcomes (i.e., repetitive thinking and social anxiety), there is evidence suggesting that not everybody who anxiously expects rejection experiences psychological difficulties to the same extent (e.g., Ayduk et al., 2000; Ayduk et al., 2008; Bowker et al., 2011; De Panfilis et al., 2016; Ding et al., 2021) and how well high-RS individuals initiate, sustain, modulate, or adjust their emotions and related expressions according to situational demands or their goals can play a role in determining whether the challenges related to high RS escalate into negative psychological outcomes or not (Ding et al., 2021; Eisenberg et al., 2000). More specifically, in situations that have the potential of rejection and as a result, activate the anxious expectations of rejection, the challenge for high-RS individuals is to manage this sense of threat and negative affect for the sake of long-term goals (Ayduk et al., 2000). As such, effective ER which involves goal-directedly modifying the intensity of emotions and executing effective strategies to manage emotional expression and responses can be highly relevant for individuals with high RS (Gross & Jazaieri, 2014). Thus, whether RS-related distress translates into PEP or social anxiety symptomatology may depend on the level of ER ability.

As reviewed, considerable evidence indicates that RS and ER difficulties contribute to the development of negative psychological outcomes, particularly social anxiety (e.g., Goldin et al., 2014; Zimmer-Gembeck et al., 2021). However, the exploration of how these factors might be interrelated to affect symptoms of social anxiety has been scarce. De Panfilis and colleagues (2016) demonstrated that the ability to regulate emotions to reach valued goals reduced the high RS individuals' likelihood of developing interpersonal distress and psychopathology. More recently, Ding and colleagues (2021) showed the interacting effects of RS and ER on psychological adjustment. Namely, poor ER exacerbates the negative effects of RS on a set of social and emotional problems, including depressive symptoms, loneliness, self-worth, and importantly, symptoms of social anxiety. As regulatory skills promoted by ER are associated with changes in the subjective interpretation of emotion-evoking situations (Dryman

& Heimberg, 2018) and actively altering the factors that induce negative affect (Volkaert et al., 2019), effective ER could enable high-RS individuals to reappraise the social situation, use problem-solving (rather than passive ways to cope with RS such as repetitive thinking or social avoidance), and inhibit maladaptive overreactions. In contrast, severe difficulty in ER could exacerbate the distress related to RS since it is linked with maladaptive coping (Gürcan-Yıldırım & Gençöz, 2020) and PEP (Seinsche et al., 2023). This can elevate the risk of experiencing symptoms of social anxiety. Thus, it is plausible to expect that the detrimental effects of RS are likely to be prominent in individuals who have difficulties regulating their emotions. More specifically, individuals with high RS who at the same time experience increased difficulties in ER can be more likely to exhibit elevated levels of PEP and social anxiety. In contrast, those with high RS yet equipped with effective ER can be more likely to experience diminished levels of PEP and social anxiety.

1.6 The Current Study

SAD is a chronic, prevalent, and debilitating condition associated with well-documented personal, economic, and societal costs (Morrison & Heimberg, 2013; Stein & Stein, 2008). As such, additional knowledge about factors linked with individuals' vulnerability to social anxiety can inform its etiological theories and effective treatment (Bowker et al., 2011). There is growing evidence showing that a cognitive-affective bias, RS, is a crucial factor associated with increases, or persistence, of symptoms of social anxiety (Lin & Fan, 2022). As such, researchers have highlighted the importance of the continued investigation of RS in relation to symptoms of social anxiety (Zimmer-Gembeck et al., 2021).

Despite the robust link between RS and social anxiety (Lin & Fan, 2022), the study of the mechanisms underlying this association has been scarce. Considering that cognitive, emotional, and behavioral reactions of individuals with high RS have a cardinal role in the

development of psychopathology and future rejection experiences (Levy et al., 2001), it is warranted to explore the mediating processes between RS and negative psychological outcomes (Gardner et al., 2020). There is evidence showing that RS is linked to ruminative processes (e.g., Casini et al., 2022; Pearson et al., 2011). It is theoretically plausible to argue that the more one is concerned with rejection, the more the individual will dwell on the experience that evoked the concern in its aftermath. As such, PEP, a disorder-specific form of ruminative process particularly occurring in the aftermath of social interactions (Kashdan & Roberts, 2008), has a strong potential to underlie the association between RS and social anxiety.

Difficulties in ER, a well-known transdiagnostic risk factor associated with social anxiety (Goldin et al., 2014) as well as PEP (Seinsche et al., 2023), can potentially be linked to increased vulnerability to negative psychological outcomes when RS is present. There is evidence showing that poor ER exacerbates the distress related to RS (Ding et al., 2021). Thus, it is grounded to expect that the detrimental effects of RS will be amplified for individuals who have difficulties in ER. Thereby, the more difficulty one experiences in ER, the stronger the positive relationship between RS and PEP as well as the positive relationship between RS and social anxiety.

In sum, the present study aims to investigate the association between RS and social anxiety by focusing on the mediator role of PEP as well as the moderator role of ER difficulties (see Figure 1). Thus, we aim to expand the literature on social anxiety by simultaneously focusing on transdiagnostic and disorder-specific risk factors.

Hypothesis 1: Rejection sensitivity will be positively associated with social anxiety.

Hypothesis 2: Post-event processing will mediate the association between rejection sensitivity and social anxiety in a way that; being highly rejection sensitive will be linked to increased

post-event processing, which in turn will be associated with elevated symptoms of social anxiety.

Hypothesis 3: Difficulties in emotion regulation will moderate the relationship of rejection sensitivity with post-event processing. Specifically, the association between rejection sensitivity and post-event processing is expected to be stronger for individuals who experience more difficulties in emotion regulation.

Hypothesis 4: Difficulties in emotion regulation will moderate the relationship between rejection sensitivity and social anxiety. Specifically, the association between rejection sensitivity and social anxiety is expected to be stronger for individuals who experience more difficulties in emotion regulation.

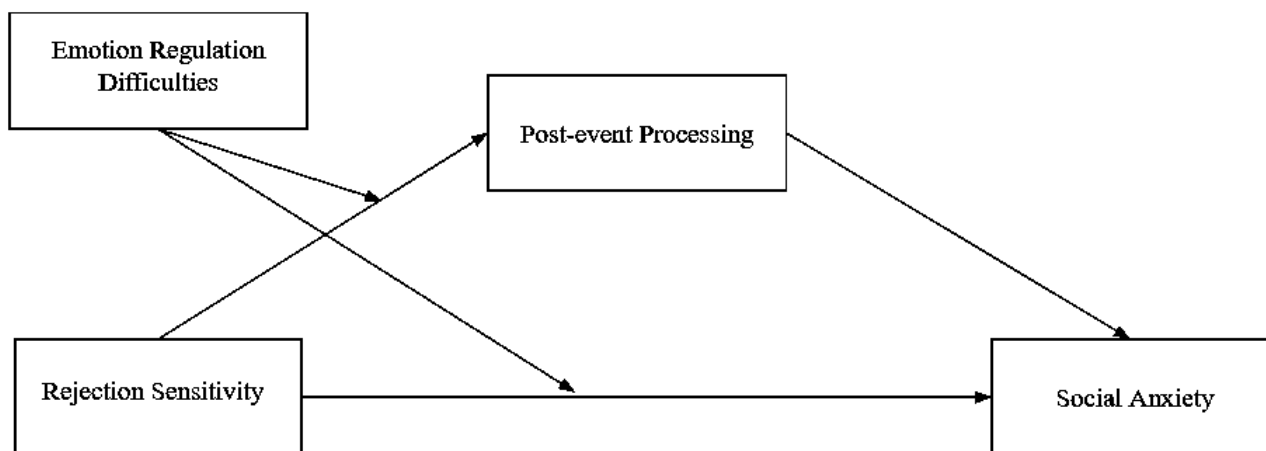


Figure 1. Mediator Role of Post-Event Processing and Moderator Role of Difficulties in Emotion Regulation in the Association between Rejection Sensitivity and Social Anxiety

Chapter 2:

METHOD**2.1 Participants**

A total of 566 individuals have been recruited from a community sample through convenience sampling and 392 participants have been included in the current study. The mean age of participants was 20.94 ($SD = 1.63$), ranging between 18 and 25 years of age. Of the participants, 74.7% were female, 23.2% were male, and 2% did not specify their gender. 98.5% of the participants were single. 20.4% of participants reported their education level as high school level, 75% as undergraduate level, and 2.3% as graduate level. In terms of occupation, 87.5% ($N = 345$) of the participants were university students studying in a variety of departments (e.g., psychology, engineering, law, etc.). 32.1% of the participants were living with both their parents, 7.4% with their mother, 2% with their father, 14.3% alone, 11.5% with friends, and 28.8% in a dormitory. Regarding financial status, 31.6% of the participants reported having a middle-income level, 31.4% middle to high-income level, 19.1% low to middle-income level, 10.7% low-income level, and 7.1% high-income level. 29.1% of the participants reported that they have experienced a psychological disorder in their lifetime, including anxiety disorders, depression, obsessive-compulsive disorder, and eating disorders. Among them, 32.5% ($N = 37$) indicated currently receiving psychotherapy due to a psychological disorder. The demographic characteristics of the sample are presented in Table 1.

Table 1. Demographic Characteristics of the Sample

Demographic Characteristic	N	%
Gender		
Female	293	74.7
Male	91	23.2
Other	8	2
Marital Status		
Single	386	98.5
Married	1	0.3
Divorced	1	0.3
Other	4	1
Education Level		
High School	80	20.4
Undergraduate	294	75
Graduate	9	2.3
Other	9	2.3
Living with		
Parents	126	32.1
Mother	29	7.4
Father	8	2
Close Relatives	1	0.3
Friends	45	11.5
Alone	56	14.3
Dormitory	113	28.8
Other	14	3.6
Income Level		
Low	42	10.7
Low to Middle	75	19.1
Middle	124	31.6
Middle to High	123	31.4
High	28	7.1
Psychological Disorder		
Yes	114	29.1
No	278	70.9

Note. N = 392

2.2 Measures

2.2.1 Demographic Information Form

The demographic information form consists of questions regarding age, gender, marital status, level of education, occupation, household characteristics, socioeconomic status, and history of psychological disorders. (See Appendix B)

2.2.2 Rejection Sensitivity Questionnaire (RSQ)

RSQ was developed by Downey and Feldman (1996) to assess the expectations of rejection and concerns about rejection-related outcomes in various interpersonal situations. RSQ consists of 18 hypothetical situations (e.g., “You ask someone in class if you can borrow his/her notes”) rated on two separate dimensions as anxiety or concern about the situation and expected responses of acceptance and rejection from others. Participants initially rated how anxious or concerned they would feel in each situation (e.g., How concerned or anxious would you be over whether or not the person gives you his/her notes?) on a six-point Likert scale (1 = very unconcerned, 6 = very concerned). Then, participants indicated the other’s expected response of acceptance or rejection from others (e.g., “I would expect that the person would give me his/her notes”) on a six-point Likert scale (1 = very unlikely, 6 = very likely). Participants’ responses were scored by firstly reversing acceptance expectancy scores to rejection expectancy and then multiplying these scores with concern scores for each answer. Lastly, scores were averaged across 18 situations to obtain a total score of rejection sensitivity. Item scores can range from 1 to 36. RSQ has good internal consistency ($\alpha = .83$) and good test-retest reliability with a three-week time interval ($r = .83$). Predictive validity was suggested through a significant positive association with attributions of hurtful intent to a new romantic partner’s behavior ($r = .39, p < .001$) (Downey & Feldman, 1996).

Turkish adaptation of RSQ was conducted by Özen and colleagues (2010). They assumed rejection expectations to have culture-specific aspects and thus added eight culture-specific hypothetical situations to the scale (e.g., “You tell your parents that you want to live in another city following graduation”). As a result, the final version of the Turkish adaptation of RSQ consists of 26 items. However, in their study about the psychometric properties of the Turkish version of RSQ, Göncü Köse et al. (2017) conducted their analyses only with the 18 original items to enable the comparisons between different cultural adaptations of the questionnaire. They reported that the Turkish version of RSQ has good internal consistency ($\alpha = .85$). Predictive validity was suggested through significant positive associations with responsibility attributions to negative partner behavior ($r = .31, p < .001$) and unstable self-esteem ($r = .20, p < .001$) (Göncü Köse et al., 2017). We used Özen and colleagues’ (2010) 26-item version of the questionnaire containing eight additional hypothetical situations that are specific to Turkish culture (See Appendix C). In the current study, the questionnaire demonstrated good internal consistency where Cronbach’s alpha coefficient is .88 and McDonald’s omega coefficient is .84.

2.2.3 Difficulties in Emotion Regulation Scale – Brief Form (DERS-16)

DERS-16 was developed by Bjureberg et al. (2016) as a brief version of DERS (Gratz & Roemer, 2004) to assess the various aspects of emotion regulation difficulties by selecting 16 items from the 36-item original form. DERS-16 consists of 16 statements where participants rated the extent to which they agree with each statement on a five-point Likert scale (1 = almost never, 5 = almost always), with higher scores indicating greater difficulty in emotion regulation. It includes five subscales: clarity (e.g., “I am confused about how I feel”), goals (e.g., “When I’m upset, I have difficulty concentrating”), strategies (e.g., “When I am upset, I believe that I will remain that way for a long time”), impulse (e.g., “When I am upset, I have difficulty controlling my behaviors”), and non-acceptance (e.g., “When I am upset, I feel

ashamed with myself for feeling that way”). The scale has excellent internal consistency ($\alpha = .92$) and good test-retest reliability with a two-week time interval ($r = .85$). Construct validity was probed through a significant correlation between the scores on DERS-16 and scores on original DERS ($r = .95, p < .001$). Discriminant validity was inferred through nonsignificant associations with positive affect intensity ($r = .03, p > .05$), emotion amplification ($r = .04, p > .05$), and the tendency to notice internal and external experiences ($r = .07, p > .05$). The Turkish version of DERS-16 also has high internal consistency ($\alpha = .92$) and the alpha coefficients of the subscales range from .78 to .87 (Yiğit & Guzey Yiğit, 2019). Convergent validity was suggested through a significant positive correlation with emotional avoidance ($r = .69, p < .01$), and through a significant negative correlation with emotional expressivity ($r = -.28, p < .01$). Predictive validity was inferred through positive and strong significant correlations with symptoms of anxiety ($r = .65, p < .01$), depression ($r = .62, p < .01$), somatization ($r = .48, p < .01$), negative self ($r = .69, p < .01$), and hostility ($r = .58, p < .01$). In the current study, the total DERS-16 score was used which demonstrated excellent internal consistency where Cronbach’s alpha coefficient and McDonald’s omega coefficient are both .93. (See Appendix D)

2.2.4 Post-Event Processing Inventory (PEPI)

PEPI was developed by Blackie and Kocovski (2016) to assess the individual differences in the intensity of post-event processing (PEP) in trait and state forms. In the current study, we used only the trait form that measures the general tendency to engage in PEP (See Appendix E). It consists of 12 items rated from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating higher trait PEP. It has excellent internal consistency ($\alpha = .94$). The concurrent validity of the scale was assessed through correlations with measures of social anxiety, depression, and positive beliefs about engaging in rumination. The discriminant validity was inferred through nonsignificant associations with measures of cognitive

reappraisal and distraction from ruminative thoughts. The convergent validity was assessed through a significant positive correlation with trait-based repetitive negative thinking. The Turkish version of PEPI also has excellent internal consistency ($\alpha = .93$) (Altan-Atalay et al., in prep). The convergent validity of the Turkish version was assessed through significant correlations with measures of rumination. In the current study, the scale demonstrated excellent internal consistency where Cronbach's alpha and McDonald's omega coefficients are both .93.

2.2.5 Liebowitz Social Anxiety Scale (LSAS)

LSAS was developed by Liebowitz (1987) to assess individuals' level of fear or anxiety and avoidance in a range of social and performance situations. It consists of 24 items where participants rated their level of fear and avoidance separately during the past week on a four-point Likert scale (0 = none, 3 = severe). The items on the scale are also divided into two subscales that address social interactions (e.g., "Meeting strangers") and performance situations (e.g., "Eating in public places"). The sum of total fear and total avoidance scores provides an overall total score. The scale has excellent internal consistency for the total scale ($\alpha = .96$) (Heimberg et al., 1999). The convergent validity was inferred through significant associations with self-report and clinician-rated measures of social anxiety and avoidance ($r = .52, p < .001$). The Turkish version of LSAS also has excellent internal consistency for the total scale ($\alpha = .98$), fear or anxiety subscale ($\alpha = .96$), and avoidance subscale ($\alpha = .95$) (Soykan et al., 2003). The convergent validity of LSAS was suggested through a significant positive correlation with anxiety symptoms ($r = .25, p < .05$). In the current study, the scale demonstrated excellent internal consistency where Cronbach's alpha coefficient and McDonald's omega coefficient are both .96 for the total scale. Cronbach alpha coefficient and McDonald's omega coefficient are both .94 for the anxiety subscale and .91 for the avoidance subscale (See Appendix F).

2.2.6 Brief Fear of Negative Evaluation (BFNE)

BFNE was developed by Leary (1983) as a brief version of Fear of Negative Evaluation (Watson & Friend, 1969) to assess the apprehension about negative evaluation, which covers the cognitive aspect of social anxiety. It consists of 12 items (e.g., “I am usually worried about what kind of impression I make”) where participants rated the extent to which they agree with each statement on a five-point Likert scale (1 = not at all characteristic of me, 5 = extremely characteristic of me). Scores were summed to yield total scores that can range from 12 to 60, with higher scores indicating greater fear of negative evaluation. The scale has high internal consistency ($\alpha = .90$) and 4-week test-retest reliability ($r = .75$). The construct validity of BFNE was suggested through significant correlations with social anxiety ($r = .35, p < .05$) and social avoidance ($r = .19, p < .05$). The Turkish version of BFNE also has high internal consistency ($\alpha = .94$) (Koydemir & Demir, 2007). The criterion validity of the Turkish version of BFNE was assessed through a significant positive correlation with the level of shyness ($r = .27, p < .001$) and a significant negative correlation with the level of self-esteem ($r = -.21, p < .01$). In the current study, the scale demonstrated excellent internal consistency where Cronbach’s alpha coefficient is .94 and McDonald’s omega coefficient is .95 (See Appendix G).

2.2.7 Patient Health Questionnaire – 9 (PHQ-9)

PHQ-9 was developed by Kroenke et al. (2001) to assess the severity of depressive symptoms in the last two weeks. It consists of 9 items (e.g., “Little interest or pleasure in doing things”) rated on a four-point Likert scale (0 = not at all, 3 = nearly every day). It contains nine criteria upon which the diagnosis of DSM-IV depressive disorder is based. Scores were summed to yield total scores, with higher scores indicating elevated symptoms of depression. The scale has high internal consistency ($\alpha = .89$). Construct validity was established through significant correlations with mental health ($r = .73, p < .05$), general health perceptions ($r =$

.55, $p < .05$), social functioning ($r = .52$, $p < .05$), role functioning ($r = .43$, $p < .05$), physical functioning ($r = .37$, $p < .05$), and bodily pain ($r = .33$, $p < .05$). The construct validity was further assessed through its correlations with self-reported disability days ($r = .39$, $p < .05$), clinic visits ($r = .24$, $p < .05$), and symptom-related difficulty in activities and relationships ($r = .55$, $p < .05$). The Turkish version of PHQ-9 also has high internal consistency ($\alpha = .88$) (Güleç et al., 2012). In the current study, the scale demonstrated good internal consistency where Cronbach's alpha and McDonald's omega coefficients are both .84 (See Appendix H).

2.3 Procedure

Before the data collection process, all procedures received approval from the ethical committee of Koç University. Subsequently, the informed consent and questionnaires were uploaded to Qualtrics software to create an online survey. Between March 2023 and May 2023, the online link of the study was distributed through three channels: announcements posted on several social media platforms (e.g., Facebook and Twitter), the Research Participation System of Koç University, and personal contacts and snowballing. Participants first received the informed consent form that contains a summary of the scope, purposes, and duration of the study as well as their right to withdraw from the study at any time (See Appendix A). Those who agreed with the consent form proceeded to demographic questions, followed by questionnaires that were presented in a counterbalanced fashion. Filling out the questionnaires took approximately 30 minutes. No identifiers were collected from the participants. Only the subjects recruited through the subject pool received compensation (i.e., course credit) for their participation in the study.

2.4 Data Analysis

The data were analyzed using IBM SPSS Statistics 28.0 (IBM Corp, 2021). After data cleaning and management, reliability analyses, descriptive statistics, and the bivariate

correlations of the study variables were investigated. The main hypotheses of the study were tested using the PROCESS Macro for SPSS, which enables to conduct analyses for mediation, moderation, and moderated mediation with conditional indirect effects (Hayes, 2012). PROCESS utilizes bootstrapping sample technique which draws repeated samples from the data with replacement to generate a representation of the sampling distribution of indirect effects and uses this representation to construct confidence intervals (Hayes, 2022). In the current study, 5000 bootstrapping sample technique was executed (Hayes, 2012). The bootstrapped confidence intervals that did not contain zero in between were considered to indicate a significant indirect effect (Hayes, 2012). PROCESS also constructs an index of moderated mediation where, again, bootstrapped confidence intervals that did not include zero in between suggests that the indirect effect is related to the moderator (Hayes, 2022). Unstandardized and standardized coefficients were provided by PROCESS (Hayes, 2022).

The mediator role of PEP in the association between RS and social anxiety was investigated by executing Model 4 in PROCESS Macro by respectively adding the fear dimension of social anxiety (LSAS), the avoidance dimension of social anxiety, and fear of negative evaluation as the outcome variable to cover social anxiety from affective, behavioral, and cognitive aspects; namely, comprehensively. To examine the moderator role of ER difficulties in the association of RS with both PEP and social anxiety, PROCESS Model 8 was executed where RS was the predictor variable, difficulties in ER was the moderator, PEP was the mediator, and social anxiety was the outcome variable. The model analysis was conducted three times by respectively adding the fear dimension of social anxiety, the avoidance dimension of social anxiety, and the fear of negative evaluation as the outcome variable. Depression was controlled in all the analyses to ensure that these relationships are specific to social anxiety.

Chapter 3:

RESULTS

3.1 Data Cleaning and Management

A total number of 566 individuals have responded to the study survey. Among them, 417 participants completed the study, thus responses from 149 subjects who failed to provide data on the main variables of the study were deleted. Nine subjects did not meet the age criteria, thereby their responses were removed from the data. From the remaining 408 responses, 12 of them were deleted due to double responses. As a result, the examination of outliers and normality was performed with data from 396 subjects.

Univariate outliers were examined by conducting boxplots and one value that was detected as extending up to 1.5 times the interquartile range from the upper boundary of the middle 50% of the data from RSQ was considered as an outlier (Stockemer, 2019), accordingly removed from the data. Multivariate outliers were detected by calculating Mahalanobis distance and values that are significant at $p < .001$ were accepted as outliers (Kline, 2015). Three responses were identified as multivariate outliers and removed from the data. After the deletion of outliers, further examinations and analyses were conducted with the remaining 392 subjects. The skewness and kurtosis of the study variables were within the acceptable range to infer the normality of the data (George & Mallery, 2010).

3.2 Descriptive Statistics and Bivariate Correlations

Before testing the main hypotheses of the study, reliability analyses, descriptive statistics, and the bivariate correlations of the study variables were investigated. Their results are displayed in Table 2.

Table 2. Descriptive Statistics and Bivariate Correlations Among All Study Variables

Variables	RSQ	DERS	PEPI	LSAS	BFNE	PHQ-9	Gender	Age	<i>M</i>	<i>SD</i>	Min	Max	Skew	Kurtosis
RSQ	1								9.54	3.48	2.23	21.50	.58	.51
DERS	.31**	1							44.19	14.23	16	80	.15	-.95
PEPI	.25**	.52**	1						41.51	10.33	12	60	-.46	-.13
LSAS	.33**	.41**	.42**	1					49.61	26.45	0	130	.58	-.13
BFNE	.30**	.52**	.56**	.53**	1				36.31	12.16	12	60	.11	-.99
PHQ-9	.21**	.60**	.41**	.33**	.32**	1			19.97	5.90	9	36	.41	-.56
Gender	-.01	-.002	.05	-.13**	-.10*	.04	1							
Age	-.05	-.11*	-.02	-.02	.03	-.004	-.04	1	20.94	1.63	18	25		

Note: N= 392. RSQ = Rejection Sensitivity Questionnaire, DERS = Difficulties in Emotion Regulation Scale, PEPI = Post-Event Processing Inventory, LSAS = Liebowitz Social Anxiety Scale, BFNE = Brief Fear of Negative Evaluation, PHQ-9 = Patient Health Questionnaire-9.

** $p < .01$, * $p < .05$

As the table demonstrates, all the main variables of the study were significantly correlated with one another. RS was positively correlated with difficulties in ER ($r = .31, p < .001$), PEP ($r = .25, p < .001$), social anxiety ($r = .33, p < .001$), fear of negative evaluation ($r = .30, p < .001$), and depression ($r = .21, p < .001$). ER difficulties were positively related to PEP ($r = .52, p < .001$), social anxiety ($r = .41, p < .001$), fear of negative evaluation ($r = .52, p < .001$), and depression ($r = .60, p < .001$). PEP was positively associated with social anxiety ($r = .42, p < .001$), fear of negative evaluation ($r = .56, p < .001$), and depression ($r = .41, p < .001$). Social anxiety was positively correlated with fear of negative evaluation ($r = .53, p < .001$) and depression ($r = .33, p < .001$). Fear of negative evaluation was positively related to depression ($r = .32, p < .001$). Younger age was associated with increased difficulty in emotion regulation ($r = -.11, p = .03$). Finally, gender was negatively correlated with both social anxiety ($r = -.13, p = .009$) and fear of negative evaluation ($r = -.10, p = .043$).

3.3 Testing the Main Hypotheses

3.3.1 *The Mediator Role of Post-Event Processing in the Association between Rejection Sensitivity and Social Anxiety*

The current study aimed to investigate whether PEP mediates the association between RS and social anxiety while controlling for the variance explained by depression. To test the hypothesized mediation model, PROCESS Model 4 (simple mediation) was conducted (Hayes, 2022). Three mediation analyses were executed where the fear dimension of social anxiety, the avoidance dimension of social anxiety, and the fear of negative evaluation were respectively added as the outcome variable. Depression was controlled for all the analyses. PROCESS Macro provided standardized coefficients for mediation analyses (Hayes, 2022).

Firstly, it was expected that RS would be positively linked to PEP, which in turn, would be positively associated with the fear dimension of social anxiety. The direct effect of RS on

PEP was positive and statistically significant, $\beta = .17$, $SE = .14$, $t = 3.75$, $p < .001$, suggesting that RS is positively associated with PEP. Likewise, the direct effect of PEP on the fear dimension of social anxiety was also positive and statistically significant, $\beta = .26$, $SE = .07$, $t = 5.22$, $p < .001$, indicating that PEP is positively associated with the fear dimension of social anxiety. Similarly, the direct effect of RS on the fear dimension of social anxiety was positive and statistically significant, $\beta = .26$, $SE = .20$, $t = 5.60$, $p < .001$, illustrating that RS is positively associated with the fear dimension of social anxiety. In other words, as RS increases, the fear dimension of social anxiety also increases. Moreover, the results showed the significant indirect effect of RS on the fear dimension of social anxiety via PEP, $\beta = .05$, $SE = .02$, 95% CI = [.0183, .0774], demonstrating that PEP partially mediates the association between RS and the fear dimension of social anxiety. Lastly, the results revealed a significant total effect of RS on the fear dimension of social anxiety, $\beta = .30$, $SE = .20$, $t = 6.48$, $p < .001$. The results were depicted in Figure 2.

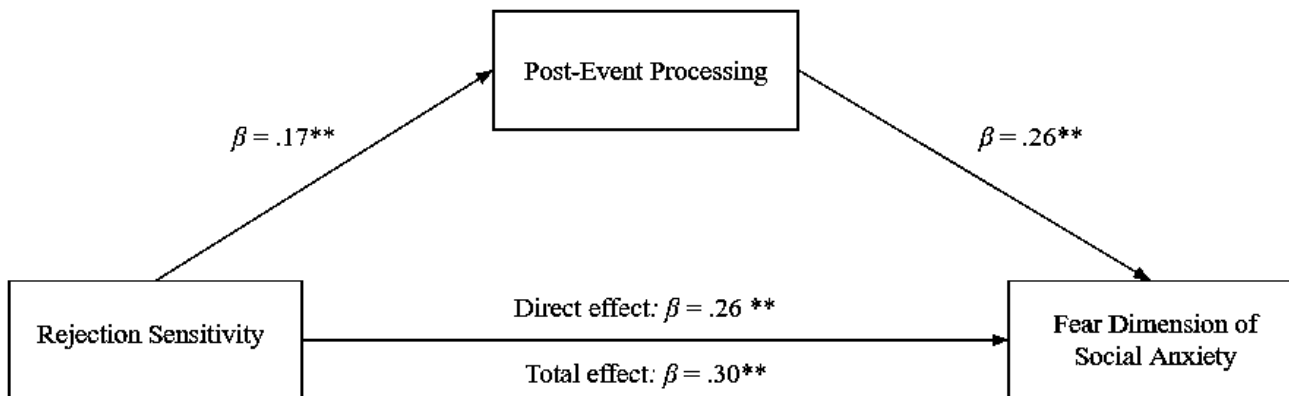


Figure 2. The mediator role of post-event processing in the association between rejection sensitivity and the fear dimension of social anxiety.

** $p < .001$

Secondly, it was expected that PEP would mediate the association between RS and the avoidance dimension of social anxiety. The results revealed that the direct effect of PEP on the avoidance dimension of social anxiety was positive and statistically significant, $\beta = .31$, $SE =$

.06, $t = 6.13$, $p < .001$, indicating that PEP is positively associated with the avoidance dimension of social anxiety. Likewise, the direct effect of RS on the avoidance dimension of social anxiety was also positive and statistically significant, $\beta = .15$, $SE = .17$, $t = 3.29$, $p = .001$, suggesting that RS is positively related to the avoidance dimension of social anxiety. This means that a higher level of RS is associated with more engagement in the avoidance dimension of social anxiety. Moreover, the results demonstrated the significant indirect effect of RS on the avoidance dimension of social anxiety via PEP, $\beta = .05$, $SE = .02$, 95% CI = [.0236, .0897], showing that PEP partially mediates the association between RS and the avoidance dimension of social anxiety. Lastly, the results revealed a significant total effect of RS on the avoidance dimension of social anxiety, $\beta = .21$, $SE = .18$, $t = 4.32$, $p < .001$. The results were presented in Figure 3.

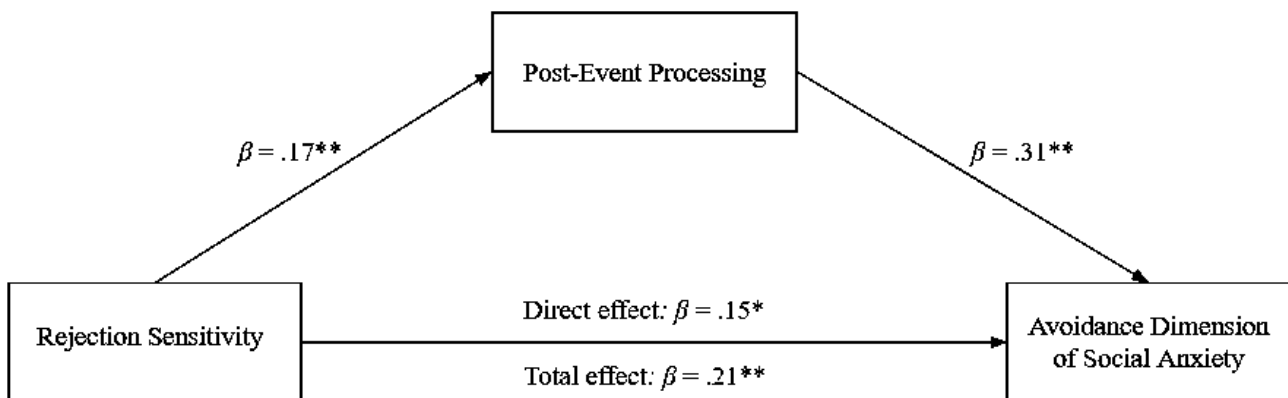


Figure 3. The mediator role of post-event processing in the association between rejection sensitivity and the avoidance dimension of social anxiety.

** $p < .001$, * $p < .05$

Lastly, we executed a third mediation analysis where RS is the predictor variable, PEP is the mediator, and fear of negative evaluation is the outcome variable. The results revealed the significant direct effect of PEP on fear of negative evaluation, $\beta = .48$, $SE = .05$, $t = 10.47$, $p < .001$, indicating that PEP is positively associated with fear of negative evaluation.

Moreover, the direct effect of RS on fear of negative evaluation was found to be positive and statistically significant, $\beta = .16$, $SE = .15$, $t = 3.81$, $p < .001$, showing that RS is positively related to fear of negative evaluation. In other words, a higher level of RS is associated with an elevated fear of negative evaluation. Similarly, the indirect effect of RS on fear of negative evaluation via PEP was also statistically significant, $\beta = .08$, $SE = .02$, 95% CI = [.0387, .1302], demonstrating that PEP partially mediates the association between RS and fear of negative evaluation. Lastly, the results revealed a significant total effect of RS on fear of negative evaluation, $\beta = .25$, $SE = .17$, $t = 5.19$, $p < .001$ (See Figure 4).

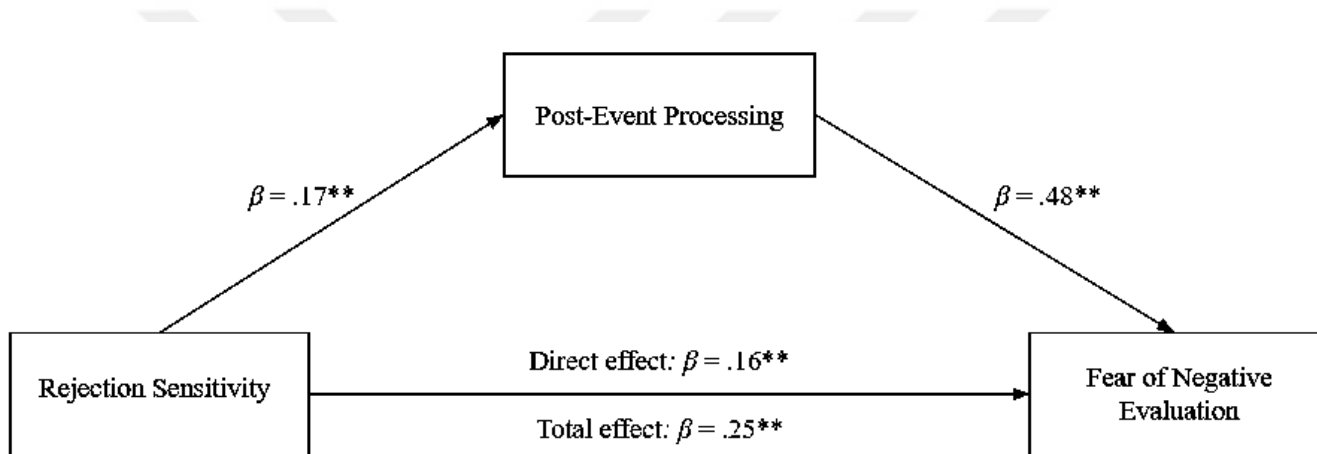


Figure 4. The mediator role of post-event processing in the association between rejection sensitivity and fear of negative evaluation.

** $p < .001$

Together, these results confirm our first and second hypotheses. Namely, RS is positively associated with social anxiety and this association is partially mediated by PEP.

3.3.2 The Moderator Role of Difficulties in Emotion Regulation in the Association between Rejection Sensitivity, Post-Event Processing, and Social Anxiety

The current study also proposed that difficulties in ER would moderate the association of RS with both PEP and social anxiety. More specifically, we expected that difficulties in ER would augment the effect of RS on both PEP and social anxiety. To test the hypothesized model,

PROCESS Model 8 was executed by respectively adding the fear dimension of social anxiety, the avoidance dimension of social anxiety, and fear of negative evaluation as the outcome variable. Depression was controlled for all the analyses. PROCESS Macro provided unstandardized coefficients (Hayes, 2022).

Firstly, we expected that difficulties in ER would moderate the association between RS and PEP; that is, having increased difficulties in ER would augment the impact of RS on PEP. The results demonstrated that RS and difficulties in ER were both significantly associated with PEP, $b = .31$, $SE = .14$, $t = 2.25$, $p = .03$; $b = .29$, $SE = .04$, $t = 7.24$, $p < .001$, respectively. However, the results showed that there is no significant moderating effect of difficulties in ER on the association between RS and PEP, $b = -.004$, $SE = .009$, $t = -.43$, $p = .67$, indicating that the association between RS and PEP does not change depending on the levels of difficulties in ER. Thus, our hypothesis was not supported.

Furthermore, the results demonstrated that RS, difficulties in ER, and PEP were significantly associated with the fear dimension of social anxiety, $b = 1.08$, $SE = .21$, $t = 5.24$, $p < .001$; $b = .21$, $SE = .06$, $t = 3.30$, $p = .001$; $b = .28$, $SE = .07$, $t = 3.79$, $p < .001$, respectively. Conversely, the interaction between RS and difficulties in ER on the fear dimension of social anxiety was not significant, $b = -.02$, $SE = .01$, $t = -1.56$, $p = .12$, indicating that the association between RS and the fear dimension of social anxiety does not differ depending on the levels of difficulties in ER. The results further suggested that there is no conditional indirect effect of RS on the fear dimension of social anxiety through PEP across the levels of difficulties in ER, index of moderated mediation $b = -.0011$, 95% CI $[-.0068, .0039]$, implying that the indirect effect of RS on the fear dimension of social anxiety via PEP does not change across the levels of difficulties in emotion regulation (See Figure 5).

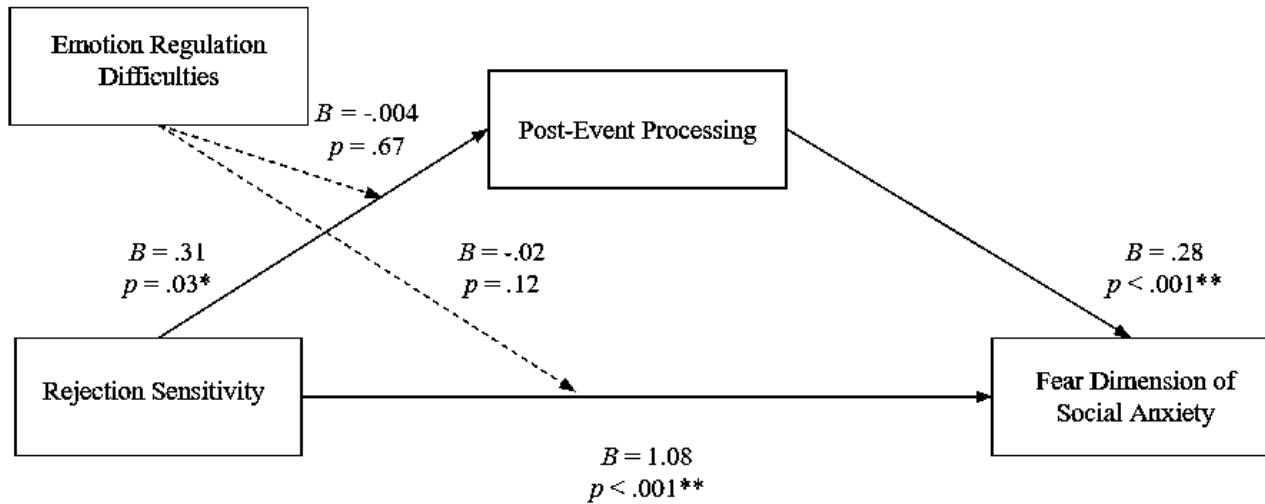


Figure 5. The moderator role of difficulties in emotion regulation and the mediator role of post-event processing in the association between rejection sensitivity and the fear dimension of social anxiety.

** $p < .001$, * $p < .05$

Next, we investigated whether difficulties in ER act as a moderator in the association between RS, PEP, and the avoidance dimension of social anxiety. The significant direct effects of RS, ER difficulties, and PEP on the avoidance dimension of social anxiety were observed, $b = .53$, $SE = .18$, $t = 2.95$, $p = .003$; $b = .13$, $SE = .06$, $t = 2.35$, $p = .02$; $b = .33$, $SE = .07$, $t = 4.95$, $p < .001$, respectively. However, the interaction between RS and difficulties in ER on the avoidance dimension of social anxiety was not significant, $b = -.01$, $SE = .01$, $t = -.78$, $p = .43$, implying that the association between RS and the avoidance dimension of social anxiety does not change depending on the levels of difficulties in ER. Moreover, we did not find a conditional indirect effect of RS on the avoidance dimension of social anxiety through PEP depending on the levels of difficulties in ER, index of moderated mediation $b = -.0012$, 95% CI $[-.0073, .0045]$, suggesting that the indirect effect of RS on the avoidance dimension of social anxiety via PEP does not change across the levels of difficulties in ER (See Figure 6).

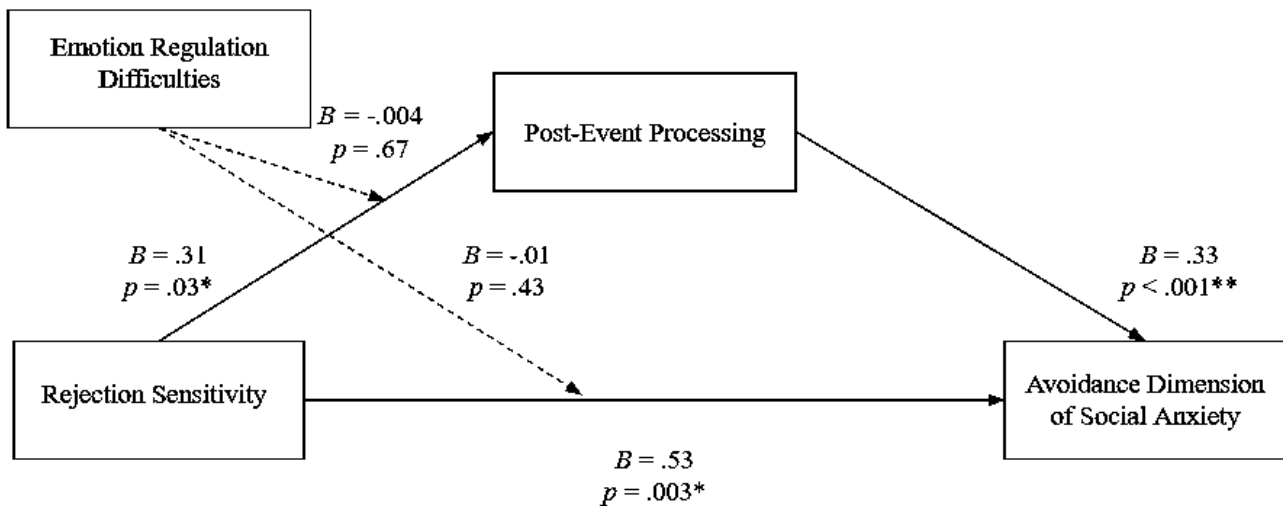


Figure 6. The moderator role of difficulties in emotion regulation and the mediator role of post-event processing in the association between rejection sensitivity and avoidance dimension of social anxiety.

** $p < .001$, * $p < .05$

Lastly, the current study proposed that difficulties in ER would moderate the association between RS, PEP, and fear of negative evaluation. The results yielded that RS, PEP, and difficulties in ER are significantly associated with fear of negative evaluation, $b = .49$, $SE = .15$, $t = 3.24$, $p = .001$; $b = .45$, $SE = .06$, $t = 8.22$, $p < .001$; $b = .27$, $SE = .05$, $t = 5.78$, $p < .001$, respectively. On the other hand, the interaction between RS and difficulties in ER on fear of negative evaluation was not significant, $b = -.02$, $SE = .01$, $t = -1.72$, $p = .085$. This indicates that the association between RS and fear of negative evaluation does not significantly change depending on the levels of difficulties in ER. Furthermore, the index of moderated mediation showing whether there is an indirect effect of RS on fear of negative evaluation through PEP across the levels of difficulties in ER was not significant, index of moderated mediation $b = -.0017$, 95% CI $[-.0099, .0064]$, implying that the indirect effect of RS on fear of negative evaluation via PEP does not change across the levels of difficulties in ER (See Figure 7).

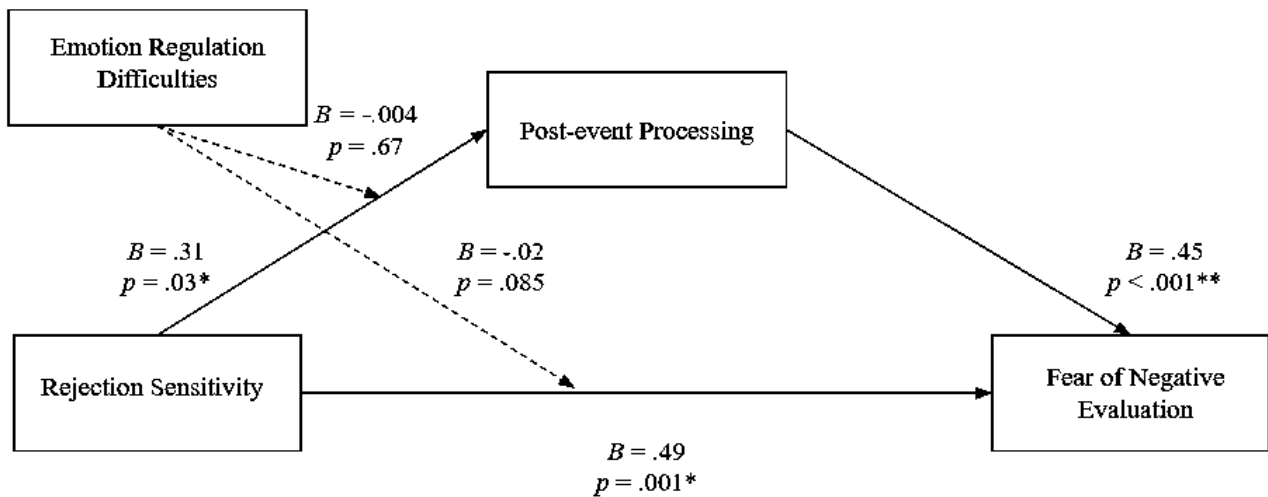


Figure 7. The moderator role of difficulties in emotion regulation and the mediator role of post-event processing in the association between rejection sensitivity and fear of negative evaluation.

** $p < .001$, * $p < .05$

However, with caution, the interaction between RS and difficulties in ER on fear of negative evaluation ($p = .085$) can be interpreted as a trend towards statistical significance, which led us to examine the post-hoc probing of this almost significant interacting effect. The results showed that the effect of RS on fear of negative evaluation was significant when the level of difficulties in ER was lower ($-1\ SD$; $b = .73$, $SE = .23$, $t = 3.16$, $p = .002$) and was at the mean ($b = .49$, $SE = .15$, $t = 3.24$, $p = .001$). Conversely, the effect of RS on fear of negative evaluation was not significant when the level of difficulties in ER was higher ($+1\ SD$; $b = .25$, $SE = .17$, $t = 1.45$, $p = .15$). As plotted in Figure 8, this suggests that RS may fail to impact fear of negative evaluation at higher levels of difficulties in ER, whereas its impact on fear of negative evaluation may be more pronounced at lower levels of difficulties in ER. In other words, when individuals have fewer difficulties in ER, those with high RS may experience more fear of negative evaluation compared to those with low RS, while all individuals may report higher levels of fear of negative evaluation when higher levels of difficulties in ER were obtained.

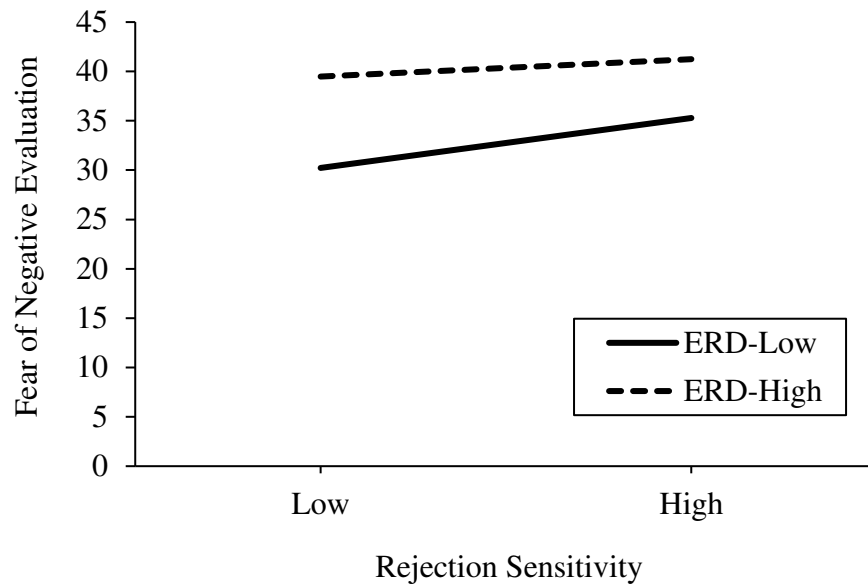


Figure 8. The almost significant moderating effect of difficulties in emotion regulation on the association between rejection sensitivity and fear of negative evaluation.

Note. ERD = Emotion Regulation Difficulties.

Together, these results suggest that our third and fourth hypotheses were refuted. Namely, difficulties in ER do not significantly moderate the association of RS with both PEP and social anxiety. However, it is worth noting that we obtained an almost significant moderating effect of difficulties in ER on the association between RS and fear of negative evaluation. The results related to the analyses of the moderator role of difficulties in ER in the association between RS, PEP, and social anxiety were presented in Table 3.

Table 3. The Results of the Moderation Analyses.

	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	LLCI	ULCI	<i>F</i>	<i>R</i> ²
Outcome: PEP							39.97	.29
RS	.31	.14	2.25	.03*	.0387	.5830		
ERD	.29	.04	7.24	<.001**	.2109	.3682		
RS x ERD	-.004	.009	-.43	.67	-.0213	.0137		
Depression	.26	.09	2.74	.006*	.0729	.4423		
Outcome: Fear Dimension							27.67	.26
RS	1.08	.21	5.24	<.001**	.6729	1.4806		
PEP	.28	.07	3.79	<.001**	.1370	.4318		
ERD	.21	.06	3.30	.001*	.0837	.3308		
RS x ERD	-.02	.01	-1.56	.12	-.0464	.0053		
Depression	.16	.14	1.17	.24	-.1114	.4385		
Outcome: Avoidance Dimension							22.52	.23
RS	.53	.18	2.95	.003*	.1774	.8876		
PEP	.33	.07	4.95	<.001**	.1965	.4556		
ERD	.13	.06	2.35	.02*	.0212	.2385		
RS x ERD	-.01	.01	-.78	.43	-.0317	.0137		
Depression	.19	.12	1.55	.12	-.0515	.4320		
Outcome: Fear of Negative Evaluation							51.48	.40
RS	.49	.15	3.24	.001*	.1934	.7881		
PEP	.45	.06	8.22	<.001**	.3449	.5619		
ERD	.27	.05	5.78	<.001**	.1763	.3583		
RS x ERD	-.02	.01	-1.72	.085	-.0357	.0024		
Depression	-.11	.10	-1.09	.28	-.3145	.0904		

Note: N = 392. RS = Rejection Sensitivity, PEP = Post-Event Processing, ERD = Emotion Regulation Difficulties. ** $p < .001$, * $p < .05$

Chapter 4:

DISCUSSION

The current study aimed to investigate the association between RS and social anxiety while also exploring the underlying mechanisms of the proposed association by focusing on the mediator role of PEP and the moderator role of difficulties in ER. As such, the results of the current study suggest potential implications about how the transdiagnostic and disorder-specific factors are positioned in the relationship between RS and social anxiety.

Our first hypothesis stated that RS would be positively linked to increased symptoms of social anxiety. The results confirmed our hypothesis by showing that anxious expectations of rejection are positively and significantly related to elevated fear and avoidance of social situations and fear of negative evaluation that characterize social anxiety. That is, high-RS individuals reported experiencing higher levels of fear and avoidance of social situations and fear of negative evaluation than low-RS ones. Consistently, to date, several studies have demonstrated that RS is positively associated with social anxiety both cross-sectionally (e.g., Bowker et al., 2010; Lin & Fan, 2022) and longitudinally over 5 years (e.g., London et al., 2007; Zimmer-Gembeck et al., 2021). As such, this finding is in line with the growing literature that highlights RS as an important factor linked to individuals' vulnerability to social anxiety and supports the relevance of continued investigation of RS as another cognitive-affective risk factor associated with the persistence of, or increases in, symptoms of social anxiety (Zimmer-Gembeck et al., 2021).

Feldman and Downey (1994) described RS as an “internalized legacy of early rejection experiences” (p. 232). Likewise, rejection experiences are considered in the etiological theories of social anxiety as an important risk factor contributing to the experience of social situations as aversive and to be avoided when possible (Spence & Rapee, 2016). RS is among the

mechanisms through which previous rejecting experiences are associated longitudinally with social anxiety symptoms (Rowe et al., 2015). Moreover, RS is related to feelings of isolation and lower self-worth, which are then linked with increased social anxiety (Lin & Fan, 2022). Additionally, high-RS individuals tend to have lower confidence in their ability or skills to initiate and maintain interpersonal relationships (Watson & Nesdale, 2012), which may heighten their social discomfort, distress, and avoidance of social interactions. All these studies suggest that the link between RS and social anxiety symptoms could be complex, involving multiple underlying mechanisms that require further research.

The current study is the first to explore the mediator role of individuals' general tendency to engage in PEP in the relationship between their anxious expectations of rejection and their experience of social anxiety symptoms. More specifically, it was hypothesized that being highly rejection-sensitive would be linked to increased engagement in repetitive negative thoughts following social interactions, which in turn would be associated with elevated symptoms of social anxiety. The results confirmed our hypothesis by showing that PEP significantly mediated the association between RS and fear and avoidance dimensions of social anxiety as well as fear of negative evaluation, even after controlling for subjects' experience of depression. Our finding more specifically suggests that individuals who anxiously expect rejection tend to engage in a negative and prolonged review of their (actual or not) past mistakes, imperfections, and inadequacies following social situations which in turn, relates to increased fear and avoidance of social situations as well as heightened fear of negative evaluation. As such, a disorder-specific form of an RNT process (i.e., PEP) is implicated in the association between RS and symptoms of social anxiety.

Although the current study is the first to demonstrate the positive association between RS and PEP as well as the mediator role of PEP in the association between RS and symptoms of social anxiety, there are two previous studies investigating the role RNT processes play in

the link between RS-related constructs and components of social anxiety. Similar to the current results, they also showed that ruminative brooding mediates the relationship between interpersonal sensitivity and social anxiety (Noda et al., 2022) as well as the link between anxiety about rejection and social withdrawal (Casini et al., 2022).

The current findings can be explained through the Control Theory of rumination which posits that unresolved concerns or unattained goals instigate repetitive thinking to enable effective self-regulation toward a goal (Martin & Tesser, 1996). In other words, ruminative processes are conceptualized as repetitive thinking on issues linked to unresolved personal goals or concerns, which have either positive or negative impact, hinging on whether repetitive thinking aids or obstructs the progress toward the unattained goal that initiated the ruminative processes (Watkins, 2016). Since high-RS individuals have a highly self-relevant goal of avoiding rejection (Ayduk et al., 2009; Feinstein, 2020), they can be more prone to perseverate on past social interactions where they readily interpret even innocuous signs as evidence of rejection, which marks a discrepancy in goal attainment (Pearson et al., 2011; Watkins & Roberts, 2020).

According to the Control Theory, once ruminative processes occur, individuals tend to get stuck in repetitive thinking for two reasons (Watkins, 2016). First, the content of their goal may hinder their capacity to disengage from repetitive thinking. Considering that rejection experiences occur in varying degrees (e.g., being ignored or avoided by others, being excluded from a group activity, and not being responded to in a conversation) and high-RS individuals readily perceive minor or even ambiguous cues as evidence of rejection (Downey & Feldman, 1996; Watson & Nesdale, 2012), it can be assumed that during social interactions, their goal of avoiding rejection may appear poorly defined, making the assessment of whether it is achieved difficult and leaving them with little concrete guidance on how to take necessary steps toward their goal, as a result maintaining repetitive thinking (Watkins & Roberts, 2020).

Second, repetitive thinking is likely to persist when individuals lack effective strategies to attain their goals, possibly due to poor problem-solving skills (Watkins, 2016), which are indeed associated with high RS (Kraines & Wells, 2017). As such, it is highly likely that for high-RS individuals, repetitive thinking can be persistent, which has a key role in determining its negative outcomes (Watkins, 2016).

In sum, the association between RS and repetitive thinking appears both theoretically grounded and empirically supported. For example, Pearson and colleagues (2011) showed that RS is prospectively linked to elevated brooding (i.e., an abstract pondering over problems and concerns, with a self-critical perspective) six months later. Prior research mainly focused on the relationship of RS with brooding (e.g., Andrews et al., 2022; Casini et al., 2022; Lear et al., 2018) or perseverative thinking (Keenan et al., 2017), despite the theoretical plausibility of the association between RS and social anxiety-specific PEP. For instance, Downey and Feldman (1996) described, in contrast to low-RS individuals who are unconcerned with the ambiguous behavior of the experimenter, high-RS individuals not only readily interpreted this ambiguous behavior as rejection but also ruminated over that encounter by mentally reviewing their anxious feelings, what occurred in the interaction, and whether they are personally at fault for the perceived rejection which signal specific content characteristic of PEP (Wong, 2016). Our findings suggest that individuals who anxiously expect rejection tend to mentally review their social interactions and what transpired in that situation, namely be vulnerable to a specific form of repetitive thinking (Wong, 2016).

While reflecting on whether critical mistakes were made in a past social encounter in order to learn from them, improve future social interactions, and potentially avoid rejection can have an adaptive function (Kashdan & Roberts, 2007), it can be linked to psychological difficulties if it is dominated by anxious feelings, negative appraisals of the social self and events, and memories of past perceived social failures (Makkar & Grisham, 2013). Notably,

RS is associated with more negative self-appraisals about distressing social events (Zimmer-Gembeck et al., 2016), the generation of more negative interpretations for ambiguous situations and then selecting that very negative interpretation as the most probable explanation for that situation (Normansell & Wisco, 2017), and heightened recall of rejection-related events (Mor & Inbar, 2009). Additionally, once the situation is experienced as denoting rejection, RS is linked to increased processing of rejection-related information in the environment (Kraines et al., 2018). Thus, it is quite likely that these processes can provide fodder for PEP and, at the same time, be reviewed over and over following social-evaluative events. Namely, during PEP, the high-RS individuals' fears of rejection, negative appraisals of themselves and distressing events, and past recollections of rejection-related events may spiral without interference (Zimmer-Gembeck et al., 2022). As such, for high-RS individuals, engaging in PEP may lose its adaptive function and be linked with maladaptive outcomes, such as avoidance of social situations, fear of future social events, and consolidated negative appraisals of themselves (Hofmann, 2007; Wong et al., 2022), ultimately increased symptoms of social anxiety, as our results show.

To better understand individual differences increasing the vulnerability to negative psychological outcomes when RS is present, the current study also investigated the moderator role of difficulties in ER in the association of RS with both PEP and social anxiety. Overall, two moderation hypotheses were tested to determine whether high-RS individuals with increased difficulty in ER exhibit elevated levels of PEP and social anxiety. However, our results did not confirm these hypotheses. That is, despite demonstrating significant positive correlations with fear and avoidance dimensions of social anxiety, fear of negative evaluation, and PEP, difficulties in ER did not moderate the association of RS with PEP or social anxiety. Namely, the link of RS with PEP or social anxiety did not significantly change depending on the level of ER difficulty.

This null finding and the inconsistency with the prior work can be related to two potential reasons. First, while the Difficulties in Emotion Regulation Scale (DERS) is a widely used measure of the frequency and intensity of clinically relevant problems related to ER (Ritschel et al., 2015), it primarily focuses on deficits in ER processes. Thus, lower scores on the scale may simply indicate less difficulty in this regard and may not necessarily translate into effective ER. More specifically, even though fewer difficulties in ER are linked with possible benefits such as better coping ability (Gürçan-Yıldırım & Gençöz, 2020), it may not be as sufficient to significantly attenuate the distress related to high RS. This may explain why the proposed moderator (i.e., difficulties in ER) could not significantly weaken the associations of RS with PEP and social anxiety at its lower levels (i.e., less difficulty in ER rather than effective ER). Notably, the examination of the almost significant interacting effects of RS and difficulties in ER on fear of negative evaluation ($p = .08$) revealed that at the low levels of difficulties in ER, the level of RS may become vital in determining the relationship with fear of negative evaluation. Namely, among individuals with fewer difficulties in ER, those with high RS tend to experience more fear of negative evaluation compared to those with low RS. This suggests that despite remaining at the level of trends toward statistical significance, RS and difficulty in ER may have a trend that suggests partially interacting effects on fear of negative evaluation, and this potential interaction can be indicative of the role of RS being so vital that it may overshadow the possible benefits of having less difficulty in ER.

From a similar vein, as the higher scores on the scale indicate individuals' overall propensity for increased emotional dysregulation, the distress associated with having a general difficulty in ER that manifests itself in a maladaptive experience of emotions, an inability to access effective regulatory strategies to manage these emotions, and insufficient efforts to reach emotion-related goals as an average or typical experience may overshadow the negative effects of anxiously expecting rejection in rejection-relevant contexts. In other words, increased

challenges in regulating emotions in everyday situations might be more overwhelming than experiencing the specific fear of rejection in situations where rejection is a concern. This can contribute to the nonsignificant moderation since the role of a general tendency for increased difficulty in ER can be so pronounced that there can be little room for RS to exert its role. Notably, the examination of the obtained almost significant moderating effect showed that the role of RS in fear of negative evaluation disappears at the higher levels of difficulty in ER, suggesting that when individuals have severe difficulty in ER, they tend to experience increased fear of negative evaluation regardless of their level of RS.

Second, our measure of ER ability was trait-oriented which may be related to the observed nonsignificant moderation by hindering our capacity to detect the role of in-the-moment ER difficulties that could have been more relevant for RS than the overall propensity for emotion dysregulation. Specifically, interpersonal experiences, situational factors, or other cognitive and emotional processes can play a role in determining ER difficulties, leading to fluctuations in individuals' ER ability across time and situations (Neilson et al., 2022). Along similar lines, high-RS individuals with otherwise fewer difficulties in ER may experience spontaneous ER deficits when particular emotional experiences occur (e.g., self-criticizing for feeling anxious before asking for a favor), in response to specific levels of emotional intensity (e.g., executing goal-directed regulatory strategies while feeling mild distress in a friendly conversation but struggling during feeling heightened negative affect in response to interpersonal conflict), or after distressing interpersonal experiences, such as loss or rejection (Lavender et al., 2017). There is evidence suggesting that rejected individuals with low levels of maladaptive ER are less likely to exhibit symptoms of depression (McClain et al., 2019), highlighting the importance of ER in interaction with distressing situations pertaining to rejection. Furthermore, it has been underlined that state-based ER of socially anxious individuals contributes to the maintenance of the problem (Daniel et al., 2020). As such,

individuals' spontaneous ER, which is sensitive to contextual factors, can yield valuable insights into the interplay between RS and ER, particularly in relation to social anxiety.

As mentioned, despite remaining at the level of trends toward statistical significance, there can be nuanced implications of this almost significant moderator role of ER difficulties in the association between RS and fear of negative evaluation. Namely, there might be a trend indicating that high RS coupled with less difficulty in ER is linked with elevated fear of negative evaluation and severe difficulty in ER is associated with increased fear of negative evaluation regardless of the level of RS. This pattern can be clarified by replicating the study with a clinical sample of socially anxious individuals. A similar pattern is observed in Gonzalez and colleagues' (2023) study, which demonstrated that non-threatening appraisals of ambiguous stimuli interacting with severe difficulty in ER are significantly associated with elevated distress during socially evaluative situations, such as public speaking or social evaluation. In addition, increasingly threatening appraisals of ambiguous material, which are importantly also implicated in RS (Normansell & Wisco, 2017), coupled with low ER difficulty are again significantly linked with increased distress during such situations. Gonzalez and colleagues (2023) concluded that either difficulty in ER or high threat appraisals can alone be sufficient to be associated with such distress. Similarly, in the current study, having high RS, even in the absence of ER difficulty, can make individuals vulnerable to fear of negative evaluation. Additionally, severe difficulty in ER, which is considered an important maintaining factor in the updated models of social anxiety (Morrison & Heimberg, 2013), can solely be sufficient to increase vulnerability to fear of negative evaluation regardless of the potential benefits of low RS and potential detriments of high RS.

4.1 Limitations and Recommendations for Future Research

Besides providing important contributions to the literature and clinical practice, the limitations of the current study warrant discussion when interpreting the findings. First, the participants of the current study were predominantly female, had undergraduate education, and reported middle- to high-income levels, thereby our sample may not be representative of the broader Turkish population, particularly those who are not highly educated and have lower income. Thus, the characteristics of the participants could have posed a limitation to the generalizability of the findings and further studies could benefit from recruiting more diverse participants.

Second, the data was collected using self-report measures that may contain certain biases, such as shared method variance that may have potentially inflated the observed correlations (Baumgartner et al., 2021). Moreover, some of our measures were trait-based, which could be subject to biased self-reporting (Rosenkranz et al., 2020).

Third, the current study has a cross-sectional design, which jeopardizes our ability to draw causal interpretations from the results. Hence, there is a need for future research with a longitudinal design to capture how PEP and social anxiety symptoms change over time for high-RS individuals. Moreover, previous literature indicates there can be possible bidirectional relationships (Katz et al., 2019). Investigating the potential bidirectional relationship would disentangle whether increased symptoms of social anxiety are due to maladaptive reactions (i.e., PEP) that are elevated when RS is present, or whether increased symptoms predict an escalation in this maladaptive response over time. This would inform us about the vicious cycle of RS that feeds on itself.

Next, the present study failed to establish ER difficulty as a significant moderator in the links of RS with PEP and social anxiety and only observed an almost significant moderator role of ER difficulty in the association between RS and fear of negative evaluation. However,

individual differences in ER measured with a broader focus that incorporates both the effective and ineffective ER or with a state focus that is sensitive to contextual factors associated with spontaneous ER deficits can be important to consider in future studies. Additionally, other individual differences may also provide insight into exacerbating or protective factors for RS-related distress, such as agreeableness (Wang et al., 2017) or self-compassion (Jiang et al., 2021).

Notably, the present study limited its focus on emerging adulthood, which is a period of life transitions critically important for the development of both RS and symptoms of social anxiety (Lin & Fan, 2022). The available measure of RS in the Turkish language (i.e., Rejection Sensitivity Questionnaire; RSQ), which is also used in the current study, contains items concerning interactions with parents (e.g., “You ask your parents for extra money to cover living expenses”, “You tell your parents that you want to live in another city following graduation”) (Downey & Feldman, 1996; Özen et al., 2011). However, these items may not be as relevant for older adults, who might rely less on parental relationships to meet their needs in contrast to young adults (Maiolatesi et al., 2022). As such, studies testing the same model with a broader age group could yield different results considering also that, compared to young adults, older adults report less RS (Maiolatesi et al., 2022), but greater distress following rejection (Cheng & Grühn, 2015).

4.2 Clinical Implications and Conclusion

Our results have stressed the harmful link between RS and symptoms of social anxiety. Many techniques related to Cognitive Behavioral Therapy (CBT) can be utilized to manage RS in treatment (LeBeau, 2019). For example, attribution retraining can help to challenge the interpretations of events and others’ behavior as rejecting by expanding high-RS individuals’ focus on alternative and more accurate interpretations when faced with ambiguous

interpersonal experiences (Gardner & Zimmer-Gembeck, 2018). Additionally, expectations of rejection can be tested through tailored behavioral experiments that may offer opportunities for disconfirming positive experiences, such as receiving social support (Kirchner et al., 2022), or may show that the tangible cost of rejection can be minimal (Leahy et al., 2012).

Furthermore, our results were the first to demonstrate that PEP mediates the link between RS and social anxiety, suggesting that undermining PEP in treatment can serve to weaken the link between anxious expectations of rejection and symptoms of social anxiety. Despite lacking tailored interventions that specifically target PEP, the CBT protocol for SAD is effective in reducing this process (Katz et al., 2019). Moreover, researchers have some suggestions on how to manage PEP in treatment. For example, Hofmann and Otto (2017) recommended guided questions designed to assist patients in adaptively processing the perceived negative social events to address PEP. On the other hand, Clark (2001) proposed to “ban the postmortem” (p. 425). Similarly, the potential benefits of distraction in reducing PEP are observed in several studies (Blackie & Kocovski, 2016; Gavric et al., 2023; Kocovski et al., 2011). As such, PEP can be minimized by encouraging patients to engage in distraction or other activities instead (Leahy et al., 2012).

In conclusion, the present study investigated the transdiagnostic and disorder-specific mechanisms underlying the consistent link between RS and symptoms of social anxiety. Our results were the first to demonstrate that high-RS individuals are more likely to engage in a negative and prolonged review of their past social interactions, which is further linked with elevated fear and avoidance dimensions of social anxiety and fear of negative evaluation. The present study also examined whether the combination of high RS and poor ER would be linked to more intense PEP and social anxiety. Contrary to this expectation, our results failed to show a significant moderator role of ER difficulty in the association of RS with PEP or social anxiety symptoms. The results only demonstrated an almost significant moderator role of ER difficulty

in the link between RS and fear of negative evaluation, which may be indicative of a pattern that can be clarified in future studies with a clinical sample. Overall, our results contribute to the literature by addressing a gap about mechanisms linking RS with social anxiety and highlighting PEP as an important vulnerability for high-RS and socially anxious individuals.



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APPENDICES

Appendix A: Informed Consent Form

Değerli Katılımcı,

Bu araştırma Koç Üniversitesi Psikoloji Bölümü bünyesinde sürmekte olan bir çalışmadır. Bu araştırmaya katıldığınız için teşekkür ederiz. Bu çalışmaya 18-25 yaş arası üniversite öğrencilerinin katılım sağlamasını bekliyoruz. Araştırmanın amacı, reddedilme duyarlılığı, duygu düzenleme, olay sonrası işleme ve sosyal anksiyete arasındaki ilişkinin araştırılmasıdır. Çalışmamızın yaklaşık 25 dakika sürmesi beklenmektedir.

Çalışmaya katılım tamamıyla gönüllülük esasına dayanmaktadır. Ankette, sizden kimlik belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecek ve elde edilecek bilgiler bilimsel yayınlarda kullanılacaktır. Araştırmanın sonuçları açısından sağlıklı bilgiler edinilmesi için yönergelerin dikkatlice okunması, verilen cevaplarda samimi olunması ve cevaplandırılmamış soru bırakılmaması son derece önemlidir. Sorulara verdiğiniz cevapların herhangi bir olumsuz duruma neden olması beklenmemektedir. Ancak, bir rahatsızlık hissedilmesi durumunda istediğiniz takdirde araştırmacıya başvurabilirsiniz. Katılım sırasında sorulardan ya da herhangi bir başka nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakmakta serbestsiniz. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Bu araştırma ile ilgili soru veya endişeleriniz varsa lütfen araştırmacıyla iletişime geçiniz.

Gamze Sevin

Koç Üniversitesi Klinik Psikoloji

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip bırakabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı olarak kullanılmasını kabul ediyorum.

☐ Evet

☐ Hayır

Appendix B: Demographic Information Form

1. Yaşınız: _____
2. Cinsiyetiniz:
 - ☐ Kadın
 - ☐ Erkek
 - ☐ Diğer
3. Medeni durumunuz:
 - ☐ Bekar
 - ☐ Evli
 - ☐ Boşanmış
 - ☐ Diğer: _____
4. Eğitim Durumunuz:
 - ☐ İlkokul
 - ☐ Ortaokul
 - ☐ Lise
 - ☐ Lisans
 - ☐ Yüksek Lisans
 - ☐ Doktora
 - ☐ Diğer: _____
5. Mesleğiniz: _____
6. Hangi alanda eğitim aldınız veya almaktasınız? _____
7. Şu anda kiminle yaşıyorsunuz?
 - ☐ Anne ve babanızla
 - ☐ Annenizle
 - ☐ Babanızla
 - ☐ Akrabaların yanında
 - ☐ Diğer (lütfen açıklayın) _____
 - ☐ Evde tek başına
 - ☐ Evde arkadaşlarla
 - ☐ Yurtta
 - ☐ Eşim ve/veya çocuklarımla
8. Aylık gelir seviyenizi nasıl değerlendirirsiniz?
 - ☐ Alt
 - ☐ Alt-Orta
 - ☐ Orta
 - ☐ Üst-Orta
 - ☐ Üst
9. Şimdiye kadar hiç psikolojik bir rahatsızlık geçirdiniz ya da bir psikolojik rahatsızlık tanısı aldınız mı?
 - ☐ Evet
 - ☐ Hayır
10. Eğer 9. Soruyu „Evet“ olarak yanıtladıysanız lütfen tanınızı aşağıdaki boşluğa yazınız:

11. Su anda herhangi bir psikolojik rahatsızlıktan dolayı psikoterapi görüyor musunuz?
 - ☐ Evet
 - ☐ Hayır

Appendix C: Rejection Sensitivity Questionnaire (RSQ)

Aşağıdaki her bir madde genelde üniversite öğrencilerinin bazen diğer kişilerden talep ettiği şeyleri tanımlamaktadır. Lütfen, her bir durumda/koşulda bulunduğunuzu düşünün ve cevaplarınızı ona göre verin. Her bir soruda, sizin için uygun olan numarayı daire içine alarak işaretlemeleri yapınız.

- Maddeleri değerlendirirken, karşınızdaki kişinin (örneğin, bir hocanız veya bir arkadaşınızla ilgili olan maddelerde) lütfen belirli bir kişiyi değil, **ORTALAMA BİR KİŞİYİ DÜŞÜNEREK** yanıt veriniz.
- Araştırma, **özel kişilere karşı olan tutumlarınızı değil, GENEL TUTUMLARINIZI** incelemektedir.

➤ Her bir maddenin ardından gelen şu soruları yanıtlamanız beklenmektedir:

- 1) Başkalarının size tepkisi konusunda ne kadar **endişe eder veya kaygı duyarsınız?**
- 2) İlgili durumda diğer kişilerin ne tür tepki verebileceğini düşünürsünüz?

1. Sınıftaki birine notlarını ödünç alıp alamayacağınızı soruyorsunuz.

- a) Kişinin notlarını vermek isteyip istemeyebileceği ile ilgili olarak ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Bu kişinin notlarını bana isteyerek vermesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

2. Romantik partnerinizden sizinle aynı eve taşınmasını istiyorsunuz.

- a) Romantik partnerinizin sizinle aynı eve taşınmayı isteyip istemeyeceği ile ilgili ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Romantik partnerimin benimle aynı eve taşınmayı istemesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

3. Yurtdışı gezisine gitmek için ebeveynlerinizden destek istiyorsunuz.

- a) Ebeveynlerinizin size yardımcı olmayı isteyip istemeyebileceği ile ilgili ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Onların (Ebeveynlerimin) bana yardım etmek için istekli olmalarını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

4. Yeni tanıştığınız birine çıkma teklif ediyorsunuz.

- a) Kişinin sizinle çıkmak isteyip istemeyebileceği ile ilgili ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) O kişinin benimle çıkmayı istemesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

5. Romantik partneriniz bütün arkadaşlarla birlikte dışarı çıkmayı planlıyor, ancak siz geceyi sadece partnerinizle geçirmek istiyorsunuz, ve bunu ona söylediniz.

- a) Romantik partnerinizin bu isteğinizi kabul edip etmeyebileceği ile ilgili ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Romantik partnerimin bu isteğimi kabul etmeye istekli olmasını beklerdim.

1	2	3	4	5	6
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Çok küçük ihtimalle					Çok büyük ihtimalle
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6. Günlük harcamalarınızı karşılamak için ebeveynlerinizden harçlığınızı arttırmalarını istiyorsunuz.

- a) Ebeveynlerinizin bu isteğinizi kabul edip etmeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Ebeveynlerimin yardımcı olmaya istekli olmalarını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

7. Derste yeni tanıştığınız birine birlikte kahve içmeyi teklif ediyorsunuz.

- a) Kişinin sizinle gelmeyi isteyip istemeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Diğer kişinin benimle gelmeyi istemesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

8. Yakın bir arkadaşınıza onu ciddi şekilde üzecek bir şey söyledikten ya da yaptıktan sonra, yaklaşıyor ve konuşmak istiyorsunuz.

- a) Arkadaşınızın bu durumda sizinle konuşmak isteyip istemeyeceği ile ilgili ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Hemen benimle konuşup sorunlarımızı çözmek istemesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

9. Dersten sonra hocanıza anlamadığınız bir konuda soru yöneltip size fazladan zaman ayırıp ayıramayacağını soruyorsunuz.

- a) Hocanızın size yardım etmeyi isteyip istemeyeceği ile ilgili ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Hocamın bana yardımcı olmak için istekli olmasını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

10. Okulunuzu bitirdikten sonraki yıllarda ailenizden para istiyorsunuz.

- a) Ebeveynlerinizin size para vermeyi isteyip istemeyebilecekleri konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Ebeveynlerimin para talebimi kabul etmek konusunda istekli olmalarını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

11. Okul tatilinde bir arkadaşınıza birlikte tatile gitmeyi teklif ediyorsunuz.

- a) Arkadaşınızın sizinle tatile gelmeyi isteyip istemeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
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Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım
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b) Teklifimin memnuniyetle kabul edilmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

12. Çok kırıncı bir tartışmadan sonra romantik partnerinize telefon ediyor ve onu görmek istediğinizi söylüyorsunuz.

a) Romantik partnerinizin sizi görmeyi isteyip istemeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Romantik partnerimin de beni görmeye istekli olmasını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

13. Arkadaşınıza ondan bir şeyini ödünç alıp alamayacağınızı soruyorsunuz.

a) Arkadaşınızın size istediğiniz şeyi verip vermeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Arkadaşımın istediğim şeyi ödünç vermeye istekli olmasını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

14. Ebeveynlerinizden sizin için önemli ancak onlar için sıkıcı ve gelmesi zahmetli olabilecek bir etkinliğe sizinle beraber gelmelerini istiyorsunuz.

- a) Ebeveynlerinizin sizinle gelmeyi isteyip istemeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Ebeveynlerimin benimle gelmeyi kabul etmelerini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

15. Bir arkadaşınızdan size ciddi bir yardımda bulunmasını istiyorsunuz.

- a) Arkadaşınızın bu yardımı yapmak isteyip istemeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Arkadaşımın bu yardım isteğini kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

16. Romantik partnerinize sizi gerçekten sevip sevmediğini soruyorsunuz.

- a) Romantik partnerinizin sizi gerçekten sevdiğini söyleyip söylemeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Romantik partnerimin beni gerçekten çok sevdiğini söylemeye istekli olmasını beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

17. Bir partiye gidiyorsunuz ve odanın diğer köşesinde birini fark ediyorsunuz, sonra ona beraber dans etmeyi teklif ediyorsunuz.

- a) Dans etmeyi teklif ettiğiniz kişinin teklifinizi kabul edip etmeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Dans etmeyi teklif ettiğim kişinin bu teklifimi memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

18. Ailenizle tanıştırmak üzere romantik partnerinizden sizinle eve gelmesini istiyorsunuz.

- a) Romantik partnerinizin ailenizle tanışmayı isteyip istemeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Romantik partnerimin ailemle buluşmayı memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

19. Başka bir şehirde yaşayan bir arkadaşınıza evinde 10 gün kalmak istediğinizi söylüyorsunuz.

- a) Arkadaşınızın bu isteğinizi kabul edip etmeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Arkadaşımın evinde kalma isteğimi memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

20. Yeni tanıştığınız bir hemcinsinize birlikte bir şeyler yapmayı öneriyorsunuz.

- a) Bu kişinin önerinizi kabul edip etmeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Arkadaşımin benimle dışarı çıkmayı memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

21. Romantik partnerinizden sizi ailesiyle tanıştırmasını istiyorsunuz.

- a) Romantik partnerinizin sizi ailesiyle tanıştırmayı isteyip istemeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Romantik partnerimin bu isteğimi memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

22. Evde arkadaşlarınızla parti yapmak için anne ve babanızın akşam için başka bir yere gitmelerini istiyorsunuz.

- a) Ebeveynlerinizin bu isteğinizi kabul edip etmeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Ebeveynlerimin bu isteğimi kabul etmelerini beklerdim.

1	2	3	4	5	6

Çok küçük ihtimalle					Çok büyük ihtimalle
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23. Ebeveynlerinize romantik partnerinizle tatile gitmek istediğinizi söylüyorsunuz.

- a) Ebeveynlerinizin bu isteğinizi kabul edip etmeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Ebeveynlerimin romantik partnerimle tatile çıkmamı kabul etmelerini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

24. Ebeveynlerinize mezuniyetten sonra onlardan farklı bir şehirde yaşamak istediğinizi söylüyorsunuz.

- a) Ebeveynlerinizin bu isteğinizi kabul edip etmeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

- b) Ebeveynlerimin kararımı kabul etmelerini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

25. Çok iyi yemek yapan bir akrabanızdan (hala, teyze, vb.) çok iyi yaptığı bir yemeği sizin için özel olarak yapmasını istiyorsunuz.

- a) Akrabanızın sizin için özel olarak yemek yapmayı isteyip istemeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
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Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım
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b) Akrabamın bu isteğimi memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

26. Sınavdan bir gün önce sizinle aynı sınava girecek olan bir arkadaşınızdan anlamadığınız konuları size anlatmasını istiyorsunuz.

a) Arkadaşınızın bu isteğinizi kabul edip etmeyebileceği konusunda ne kadar **endişe eder veya kaygı duyarsınız?**

1	2	3	4	5	6
Hiç endişelenmem / Kaygı duymam					Çok endişelenirim / Kaygı duyarım

b) Arkadaşımın beni çalıştırmayı memnuniyetle kabul etmesini beklerdim.

1	2	3	4	5	6
Çok küçük ihtimalle					Çok büyük ihtimalle

Appendix D: Difficulties in Emotion Regulation Scale – Brief Form (DERS-16)

Aşağıda insanların duygularını kontrol etmekte kullandıkları bazı yöntemler verilmiştir. Lütfen her durumu dikkatlice okuyunuz ve her birinin sizin için ne kadar doğru olduğunu içtenlikle değerlendiriniz. Cümlede ifade edilen “Hemen hemen hiç (% 0- %10)” seçeneği için 1’i, “Bazen (% 11- % 35)” seçeneği için 2’yi, “Yaklaşık yarı yarıya (% 36- % 65)” seçeneği için 3’ü ve “Hemen hemen her zaman (%91- %100)” seçeneği için 4’ü daire içine alarak işaretleyiniz.

1. Duygularıma bir anlam vermekte zorlanırım.
2. Ne hissettiğim konusunda karmaşa yaşarım.
3. Kendimi kötü hissettiğimde işlerimi bitirmekte zorlanırım.
4. Kendimi kötü hissettiğimde kontrolden çıkarım.
5. Kendimi kötü hissettiğimde uzun süre böyle kalacağına inanırım.
6. Kendimi kötü hissetmenin yoğun depresif duyguyla sonuçlanacağına inanırım.
7. Kendimi kötü hissederken başka şeylere odaklanmakta zorlanırım.
8. Kendimi kötü hissederken kontrolden çıktığım korkusu yaşarım.
9. Kendimi kötü hissettiğimde bu duygumdan dolayı kendimden utanırım.
10. Kendimi kötü hissettiğimde zayıf biri olduğum duygusuna kapılırım.
11. Kendimi kötü hissettiğimde davranışlarımı kontrol etmekte zorlanırım.
12. Kendimi kötü hissettiğimde daha iyi hissetmem için yapabileceğim hiçbir şey olmadığına inanırım.
13. Kendimi kötü hissettiğimde böyle hissettiğim için kendimden rahatsız olurum.
14. Kendimi kötü hissettiğimde kendimle ilgili olarak çok fazla endişelenmeye başlarım.
15. Kendimi kötü hissettiğimde başka bir şey düşünmekte zorlanırım.
16. Kendimi kötü hissettiğimde duygularım dayanılmaz olur.

Appendix E: Post-Event Processing Inventory (PEPI)

Lütfen aşağıdaki ifadelere ne derecede katıldığınızı cevabınıza karşılık gelen numarayı işaretleyerek belirtiniz. Lütfen her ifadeyi genellikle sosyal durumlar hakkında nasıl düşündüğünüze göre derecelendiriniz.

	Kesinlikle Katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Kesinlikle Katılıyorum
Sosyal olaylardan sonra durum anında yaptığım hatalar hakkında düşünürüm.	()	()	()	()	()
Sosyal durumlardan sonra olayı zihnimde tekrardan oynatırım.	()	()	()	()	()
Sosyal durumlar yaşandıktan sonra onların olumsuz yönlerine odaklanırım.	()	()	()	()	()
Sosyal etkileşimlerden sonra durumun ne kadar kötü bir şekilde gittiği hakkında düşünürüm.	()	()	()	()	()
Sosyal olaylar yaşandıktan sonra onları unutmayı zor bulurum.	()	()	()	()	()
Sosyal olaylar yaşandıktan çok sonra bile onlar hakkında tekrarlayan düşüncelerim olur.	()	()	()	()	()
Sosyal olaylardan sonra, olay hakkındaki düşüncelerim konsantrasyon becerimi engeller	()	()	()	()	()
Sosyal durumlardan sonra olay hakkında sıkıntı veren düşüncelerim olur.	()	()	()	()	()
Sosyal durumlardan sonra düşüncelerim beni bunaltır.	()	()	()	()	()
Sosyal durumlar hakkında, olay yaşandıktan sonra zihnimi kurcalayan düşüncelerim olur.	()	()	()	()	()
Sosyal durumlardan sonra zihnim düşüncelerle meşgul olur.	()	()	()	()	()
Sosyal olaylardan sonra benzer geçmiş durumlar hakkında düşünürüm.	()	()	()	()	()

Appendix G: Brief Fear of Negative Evaluation (BFNE)

Her bir maddenin ilişkilerinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşılardaki 5 aralıklı ölçek üzerinde, ilgili rakam üzerine çarpı (X) koyarak gösteriniz.

	Beni hiç yansıtmıyor	Beni biraz yansıtmıyor	Beni orta derecede yansıtmıyor	Beni çok yansıtmıyor	Beni tamamiyle yansıtmıyor
1- . Bir değişiklik yaratmayacağını bilsem bile, insanların hakkımda ne düşüneceği beni kaygılandırır.	()	()	()	()	()
2- İnsanların hakkımda kötü bir izlenim edindiklerini bilsem bile buna etmem.	()	()	()	()	()
3- Diğer insanların, eksikliklerimin farkına varmasından sıklıkla korkarım.	()	()	()	()	()
4- Birinin üzerinde nasıl bir izlenim yarattığım konusunda nadiren kaygılanırım.	()	()	()	()	()
5- Başkalarının beni onaylamayacak olmasından korkarım..	()	()	()	()	()
6- İnsanların beni hatalı bulmasından korkarım.	()	()	()	()	()
7- Başkalarının hakkımdaki düşünceleri beni rahatsız etmez.	()	()	()	()	()
8- Biriyle konuşurken hakkımda ne düşündüğü konusunda kaygılanırım	()	()	()	()	()
9- Nasıl bir izlenim yarattığım konusunda genellikle kaygı duyarım.	()	()	()	()	()
10- Birisinin beni yargıladığını bilmek beni çok az etkiler.	()	()	()	()	()
11- Bazen, diğer insanların hakkımda ne düşündüğüyle gereğinden fazla ilgilendiğimi hissedirim.	()	()	()	()	()
12- Yanlış birşey söyleyecek ya da yapacak olmaktan sıklıkla kaygı duyarım.	()	()	()	()	()

Appendix H: Patient Health Questionnaire – 9 (PHQ-9)

Son bir hafta içinde aşağıdaki problemler size ne sıklıkla rahatsız etti?

		Hiç	Birkaç gün	Günlerin yarısından fazlasında	Hemen hemen her gün
1	Bir şey yapmak konusunda ilgisizlik veya zevk almamak				
2	Üzgün, depresif veya umutsuz hissetmek				
3	Uykuya dalmada veya uyumaya devam etmekte zorluk veya çok fazla uyumak				
4	Yorgun hissetmek veya enerjinizin az olması				
5	İştahsızlık veya çok fazla yemek				
6	Kendinizi kötü hissetmeniz- veya kendinizi başarısız ya da kendinizi veya ailenizi hayalkırıklığına uğrattığınızı düşünmeniz.				
7	Gazete okumak veya televizyon seyretmek gibi faaliyetlerde dikkatinizi toparlamakta güçlük çekmeniz				
8	Başkalarının farkedeyeceği kadar yavaş hareket etmeniz veya konuşmanız. Veya tam aksişne- normalden çok daha fazla hareket edecek kadar kıpır kıpır ve huzursuz olmanız.				
9	Ölmüş olsanız daha iyi olacağınız veya bir şekilde kendinize zarar verme düşünceleri				