ISSN: 2584-0142
PSYCHOPEDIA JOURNALS
International Journal of Interdisciplinary Approaches in Psychology (IJIAP)

Relationship between Self-Efficacy and Social Anxiety among Young Adults

Submitted as Masters' Project Work in

Department of Psychology

DAV College, Sector 10

Chandigarh

Semester-IV

2023

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DECLARATION

I declare that the Project Work entitled: “Relationship between self-efficacy and social anxiety among Young Adults” has been prepared by me under the guidance of Ms. Purva Singh, Assistance Professor of Department of Psychology, D.A.V. College, Sector 10, Chandigarh, India. No part of this report has formed the basis for the award of any degree or fellowship previously.

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ACKNOWLEDGEMENT

Foremost, I would like to acknowledge the Almighty for his divine grace and blessings.

Words would be hackneyed to express my immense gratitude and indebtedness to my esteemed and very kind supervisor Ms. Purva, Assistant Professor, Department of Psychology, DAV College Chandigarh. I am extremely grateful to her for guiding me throughout the project, extending a helping hand and encouraging me at every step of my project work. I could not have wished for a better supervisor.

I would like to thank and appreciate Ms Rita Jain, Principal, DAV College, Chandigarh for this opportunity to do the dissertation and provide with the best premises and clean college environment.

I would like to pay special thanks and appreciation to Dr. Aradhna Sharma, Head of Department, Dept. of Psychology, DAV College Chandigarh for providing the best facilities to accomplish this endeavour successfully. I would like to put on record my deepest regard to all the faculty members of the Department of Psychology, DAV College, Chandigarh for boosting my

confidence and instilling hope in me that nothing is impossible.

I also appreciate the technical staff and office staff for their active cooperation and invaluable assistance.

I must express my profound gratitude to my mentor Ms. Aashna Narula, Director, Psychopedia an online coaching centre for her unfailing support and solicitude without whom this would have surely not been possible. Her patience and guidance are highly valued and unmatched.

I am extremely thankful to all the respondents who took out time to fill the questionnaire and provide valuable and reliable information.

I would like to recognize invaluable support and unconditional love provided by my parents throughout my project work. This accomplishment would not have been possible without them.

I extend my hearty acknowledgement to all my seniors, Ms. Apurva and Ms. Dilpreet.

I express my warm thanks and affection towards all my dear friends for cheering me up and boosting me whenever I lacked confidence in moving ahead.

Needless to say, all errors are mine.

Sincerely,

Saloni Sikka

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ABSTRACT

Social anxiety can have an adverse effect on the life of young adults in every aspect. It can hinder their capability to uphold and make new connections with people. Social anxiety can lead to deteriorating physical health and behaviour impairments. Due to social anxiety an individual stays in isolation and avoids social interaction. Avoiding social interactions hinders an individual's overall as man is a social being. As young adults are on the verge of pursuing their careers and entering intimate love relationships, social anxiety can stop them from pursuing their goals and desires. Self-efficacy refers to one's belief in their ability to perform the tasks effectively to achieve the desired goals. High self-efficacy is positively linked to positive outcomes such as good grades, peaceful and happy relationships, and adoption of a healthy lifestyle. Self-efficacy is related to the level of competence in each situation. The research aimed to study the relationship of Self-Efficacy and Social Anxiety among young adults. Standardised tools were used to measure self-efficacy and social anxiety among young adults. A total sample of 100 (50 Males and 50 Females) was collected in the age 18-25 years. The results of the study found that higher is the self-efficacy in an individual i.e., belief in their ability to accomplish a task, lower is the social anxiety. This

implies that accomplishment of tasks and goals instils confidence and makes a person outgoing. In addition to reducing a person's social anxiety, completing the duties makes them more confident and prouder of themselves, so they do not hesitate to speak or behave in a community setting.

Keywords: Self-Efficacy, Social Anxiety, Males, Females, Young Adults

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CHAPTER 1

INTRODUCTION

College students between the ages of 18 and 25 are going through a period of evolution in their respective life, where each one encounters numerous variations. Young adults at this age come across persistent changes that are essential for them to find out their distinctive paths in different spheres of life. They are undergoing the process of transitioning from adolescence to adulthood. It is the age where a lot of hormonal changes take place as well. During the years of adolescence, there is lack of self-efficacy in general. However, this is not prevalent in every individual. Young adults who are appreciated in their family, are outgoing, score well in their high school and universities tend to be high on self-efficacy. Family and home environment plays a major role in developing self-efficacy. Due to low self-efficacy an individual feels incompetent, does not believe in his/her abilities or feels that he/she lacks certain abilities that are needed to accomplish certain tasks or life goals. This creates a feeling of shame, restlessness, helplessness, loss of confidence and low motivation to do something. Due to low self-efficacy an individual is unable to set goals for themselves as they fear that they wouldn't be able to achieve them.

Low self-efficacy is directly related to low productivity. An individual is not able to come up with new ideas and innovations because they have a fear of failure which does not allow them to begin anything. This hinders an individual's growth and can impact their career and future lives at large.

The young adults, because of fear of negative evaluation tend to avoid social interactions and events. Childhood traumas also play a major role in increased social anxiety. Social anxiety does not allow the young adults to indulge or involve in any social activities or relationships. Teenagers that suffer from social anxiety are very conscious about themselves and frequently have a very negative self - perception regarding their physical, emotional, and intellectual abilities.

In other circumstances, socially inept teenagers may experience extreme discomfort at the mere thought of being in a social setting and may even start to have negative feelings towards social activities that are almost phobic in nature to them. Even routine, everyday activities like cordial talks, taking part in class discussions or politely interacting with a stranger might occasionally be too much for them to handle.

Self-Efficacy is a person's belief in their abilities to achieve the desired goals or to conduct in a certain way to achieve the goal. High self-efficacy leads to personal growth and enhances the value of life. A person who is high on self-efficacy is ready to accept challenges and is motivated enough to put the best of their efforts to succeed. Such people even encounter tough situations with a strong belief that they overcome it. Those who are high on self-efficacy are less prone to medical conditions such as stress and depression whereas the ones who are low on self-efficacy face a difficulty in dealing with tasks or situations that are a little tedious. Such people lack faith in themselves and ability to deal effectively with their environment. Such people are often stressed or have depression and anxiety.

Self-Efficacy is not a singular concept or quality, instead individuals have ideas about their own abilities in a variety of contexts, including academic success, resolving issues and self-control. Positive outcomes including improved academic achievement, increased athletic performance, happier love relationships, and a better quality of life are linked to higher levels of self-efficacy beliefs. The concept of self-efficacy was first talked about by Bandura (1977) and ever since then it has proved to be the most wide area of research in the field of psychology. Self-efficacy is not related to one's beliefs whereas it indicates what can be done with one's capabilities. Self-efficacy is the confidence an individual has in the performance of activities and success in life's various aspects such as education, job, and personal life relations. Self-Efficacy has a positive impact on self-esteem since it gives the assurance that one is capable of performing effectively in a variety of circumstances and accomplish significant objectives. Like other psychological concepts, self-efficacy can be measured but self-efficacy is not always easy to assess and requires careful consideration in order to be measured correctly. Self-Efficacy differs from weight and size, both of which can be readily measured with a scale and a tape measure, respectively. Self-Efficacy on the other hand, is a non-physical term. A self-report measure is what we use to gauge an abstract notion like self-efficacy. Self-report measure is a kind of questionnaire, similar to a survey, in which respondents reply to questions by typically providing numerical values that may be summed to provide an overall index of a particular construct. Various sources of Self-Efficacy include;

(a) Mastery Experience which is that young adults' victorious achievements increase their self-efficacy, whereas downfalls decrease it. It is the most significant means of self-efficacy. Mastery experiences in which the young adults indulge and achieve success leads to accomplishment of their desired goals, which is by far the most significant determinant of self-efficacy. Activities that

give a chance to the students to acquire distinct skills and are enjoyable are undertaken by the young adults.

(b) Vicarious Experiences which is noticing an individual amongst a group of friends, achieving success in a particular activity can strengthen trust in an individual in his/her capabilities. Noticing people induced to achieve success by carrying out appropriate actions can help them to believe that they can also adopt such behaviour patterns. Consideration of such an environment and observation of it can lead to an effective change.

(c) Verbal Persuasion means instructors may play a role improving self-efficacy with the use of effective exchange on ideas and taking response from students to assist them in a particular activity or boost them to put in the best of their efforts. They make use of self-talks on the part of students and take their responses to know their mindset.

(d) Emotional States state that good mood leads to an increment in one's faith in self-efficacy, whereas anxiety can lead to its decline. Some amount of arousal of emotions can create some feeling full of energy and vigour that can result in a good outcome. Instructors may provide help by making the stressful situation reduced and hindering anxiousness which occurs at the time of examination. Opportunities must be provided to speak about how an individual feels and create more and more feelings of upliftment along with their work or studies. Discussing and recording of feelings after academic success is carried out and they are used for clients either before or at time of conducting activities.

Social anxiety, also known as social phobia, is the disorder of anxiety, marked by feelings of fear and anxiety while dealing with social circumstances which leads to uneasiness and disturbed daily life functioning. There is always a feeling of negative evaluation from others among people who have social anxiety which is why they least like to interact with others. Social anxiety is a kind of

anxiety disorder which has affected people worldwide in large numbers. Social anxiety is related to extreme fear of interactions in society and social circumstances. Social anxiety may be developed in various ways, it can include fear of speaking in a public environment, another situation that can cause social anxiety is the fear to eat in front of acquaintances or face to face interaction that includes eye contact. There are four components of social anxiety, first, being Performance Fear, which is also known as stage fright and is very common to cause anxiety which influences individuals who need to speak or conduct themselves before a huge audience. It may develop a lot of symptoms which may be physical or emotional, including raised heartbeat and excessive fear of negative evaluation or judgement. It prevents an individual from doing what they enjoy and might have an impact on the career. The worst consequence of performance fear is that it can hamper one's self-efficacy and self-confidence. It is not possible to completely get away with performance fear, it can be reduced by adopting various measures. Second, being, Performance Avoidance refers to avoiding performing out various tasks with predetermined fear of being judged negatively. People tend to avoid picking up challenging activities because they feel they will not be able to fulfil them. Even before taking up a task, they lack the confidence that they will be able to do it which leads to avoidance. Third, is the Social Interaction Fear which means that overactivity of amygdala leads to increased response of fear. Fear of social interaction may develop because of any event that proved too disgusting for an individual. Because of such a bad experience of social interaction, one may fear to indulge in social interactions in future. To overcome the fear of social anxiety one must try to control their breathing, practice relaxation of muscles, take small steps, avoid negative thoughts or practice reconstruction of thoughts and use the senses while interacting. Last being Social Interaction Avoidance, is one's desire to spend most of their time alone in isolation. Delaying or denying participating in some activity at the last

moment, showing hostility or anger when asked to socially interact are the indicators of social interaction avoidance. These are the coping mechanisms that an individual uses consciously or unconsciously to get away from a tough situation or interactions that make an individual feel uncomfortable. Various causes that can lead to social anxiety could be genetic, surroundings in which an individual lives, nurturing. Few studies have suggested that variation in cognitive mechanisms which include serotonin and dopamine might be responsible for the development of social anxiety. Those who experience childhood traumas or live in a family where there is a history of social anxiety, might be more prone to experience social anxiety. The symptoms that are prevalent may be different in every individual. Some of the common symptoms of social anxiety are extreme fear of social situations, a strong feeling to avoid social circumstances or relationships, and feeling frightened of being judged or condemned by other people. Individuals who have social anxiety may experience a feeling of fear of being embarrassed or humiliated. Physical symptoms of social anxiety include a lot of sweating, palpitations or even turning red. People also have a fear or anxiousness of speaking or communicating in a social situation. Thinking a lot about social situations may also cause social anxiety.

Individuals who criticise themselves or do negative self-talking lack confidence to interact socially. Social anxiety is diagnosed by a professional who is engaged in mental health studies. The professional judges the individual's prevailing symptoms and past medical history. To treat social anxiety various medicines, therapeutic sessions or use of both medication and therapy may be used. The most common way to treat social anxiety is Cognitive-behavioural therapy (CBT). The focus of Cognitive Behavioural Therapy is to change pessimistic patterns of thinking and behaviours that lead to anxiety. Another therapy to treat social anxiety is Exposure Therapy which includes slowly and gradually showing the person the situation that leads to fear but in a safe and

controlled environment. Medications that are given for social anxiety include antidepressants or anti-anxiety medicines may also be used for the treatment of social anxiety. The medicines are helpful in reducing the symptoms making it simpler for the person to indulge in social interactions. Apart from therapy and medications, a change in lifestyle which includes exercising on a daily basis, managing stress techniques and proper sleep hours may also be helpful to reduce symptoms that cause social anxiety. On a whole, social anxiety can be an impairing condition which can have a great impact on the quality of life of the individual. However, timely diagnosis and immediate treatment of it will improve one's capability to overcome the problem and deal effectively with one's environment.

Self-Efficacy

According to Albert Bandura (1977), self -efficacy refers to an individual's belief in his or her capacity to execute behaviours necessary to produce specific performance attainments." According to Akhtar (2008), self-efficacy is the belief we have in our own abilities, specifically our ability to meet the challenges ahead of us and complete a task successfully. According to Schunk and Pajares (2001), self-efficacy refers to personal beliefs that one can perform specific tasks. Self-Efficacy is defined as the composite of important successes and failures that are attributed to the self (Shelton, 1990).

Theoretical Framework

Self-Efficacy Theory

The significance of personal views has drawn the attention of social psychologists and personality experts. Without a doubt, these are self-perceptions and beliefs that are deeply rooted in one's past success. People who think distinctly regarding themselves and take actions that vary depend on

how they comprehend their own selves what qualities they believe they possess , what roles they assume they are expected to play, the things that they feel they the capacity to do, the way they view themselves how they perform when they are compared to the others and the way they assess how they are seen by the other people. Receiving focus on self-efficacy in reaction to learning and motivation is quite useful. In a school environment, students' view of themselves and levels of mental, social, and emotional dedication vary. Students acquire experience in the classroom that shapes their lives as they mature and assist them in following their goals. They are in complete charge of significant life results that result from what they learn in school, which lends self-efficacy in scholastic, professional or performance areas and its meaning in life. They must work harder to accomplish their objectives if they think they can achieve them.

Similar to this, Bandura (1995) stated that people try to control themselves in any situation that has an impact on their survival. Even though they exert their influence in areas where they lack complete regulation, they can readily grasp their potentials and anticipate undesirable outcomes. Trying to control one's circumstances permeates everything individuals undertake because it can safeguard them and provide innumerable personal and communal advantages. However, despite being favourable on accomplishment and well-being, an efficacious perspective in the shared endeavour is not a true gift. The objectives they establish in life determine how self-efficacy affects the person's innate characteristics and value.

Self-Efficacy has been found to be a true indicator of both learning and motivation, two factors that impact setting specific goals. Self-Efficacy is related to social learning and indicates an individual's personal beliefs about their ability to do activities. These ideas seem to play a significant role in determining one's well-being, not only in terms of modifying oneself but also about the society in which one lives. Privation of pleasure, the assurances of a community whose

evil problems remain unsolved and untarnished by the kids' learning as realized and enhanced drive for the pursuit of their objectives. Teachers have important responsibilities in not only creating change, but also in establishing the shared goal. The incredibly powerful human ability to alter societies may also have a significant impact on how both the young people as well as subsequent generations go about their lives. Yet, pursuing individualism not only produces outcomes that may be unpleasant over time, but also creates a bottleneck that impedes actions to jointly address the most significant issues faced by society. The deployment of mechanisms can degenerate into power struggles that are either interpersonal or sectional if there is no commitment to common objectives that go beyond the smallest consciousness. People must band together if they are to achieve their shared goals and keep the surroundings livable for the young ones.

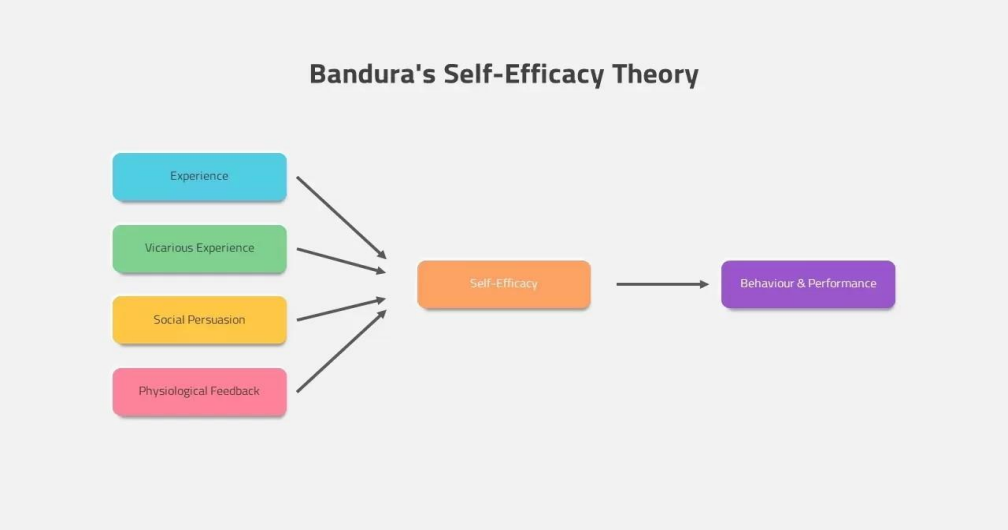


Figure 1

Bandura's Self-Efficacy Model 1977

Locus of Control

It can be said that people with levels of self-efficacy have an internal locus of control. The locus of control relates to where you feel you have the capacity to change the course of your life: internally (internal locus of control) or outside (external locus of control)

One probably has an external locus of control if one start thinking like, “I couldn't score well because the teacher was not fair in scoring-I was unable to do anything to make my scores better,” or “She didn’t stay with me because she is heartless and hard to get along with whereas I am not,” right away. This indicates that one lacks a firm sense of self-confidence in their talents.

The internal locus of control stands in contrast to the external locus of control because it requires a person to be ready to accept responsibility for his/her own mistakes and failures and to be willing to accept praise and criticism when it is appropriate.

Self-Efficacy and internal locus of control frequently go along together, but a lot away in any direction could be a problem, anybody who curses him/herself for all the things are unlikely to be fit and joyful in their life. On the other hand, those who do not curse themselves for anything are not in accordance with reality and may face difficulties in relating and making connections with other people.

Social Anxiety

According to Leary (1982), social anxiety is anxiety that results from the prospect or presence of personal evaluation as well as fear of social failure and criticism.

According to Cassano et al., (2003) social anxiety disorder is defined by the core feature of excessive fear of embarrassment, which is often accompanied by avoidance of social or public situations.

According to (Richards, n.d, Social anxiety is a type of anxiety related problem resulting from when people are fearful or anxious when interacting with or negatively evaluated and scrutinized by other people during social interactions in a social setting. Hartman (1986), defined social anxiety is the enduring experience of discomfort, negative ideation, and incompetent performance in the anticipation and conduct of interpersonal transactions.

Theoretical background

Cognitive Behaviour Model

The Cognitive Model explains how people's thinking and abstract ideas affect how they feel and act. The Cognitive Model being at the foundation of Cognitive Behaviour Therapy, is crucial in assisting therapists in conceptualising and treating the problems of their clients.

According to the Cognitive Behaviour Model, people's emotions, ideas, behaviours, and bodily sensations are interconnected and anything they do or believe has an impact on how they feel about things. Additionally, if one of these changes, the other will alter as well. When someone is upset or anxious, they may adopt thought processes and emotional reactions that only serve to amplify their bad feelings. According to this notion, a person's thought processes, we can alter the way they perceive the outside world. This type of strategy can be used as a starting point for the therapy of neurotic symptoms and to address harmful thought patterns.

Mental barriers such as unproductive thought patterns keep us from attaining our objectives. We have developed a tendency to accept them for a long time, so they are frequently unconscious and difficult to spot.

Because they alter reality, these notions are referred to as cognitive distortions. We have a decent probability of altering our conduct if we can identify and start to change problematic thought

patterns. These kinds of metacognitive beliefs provide us with greater Locus of Control and give us more power to make changes for the better.

According to the Cognitive Model, people's intermediate and basic beliefs are what lead to the specific automatic thought patterns toward which individuals are predisposed. So, if someone has prejudiced automatic thought, then it follows that he or she has also prejudiced assumptions and beliefs.

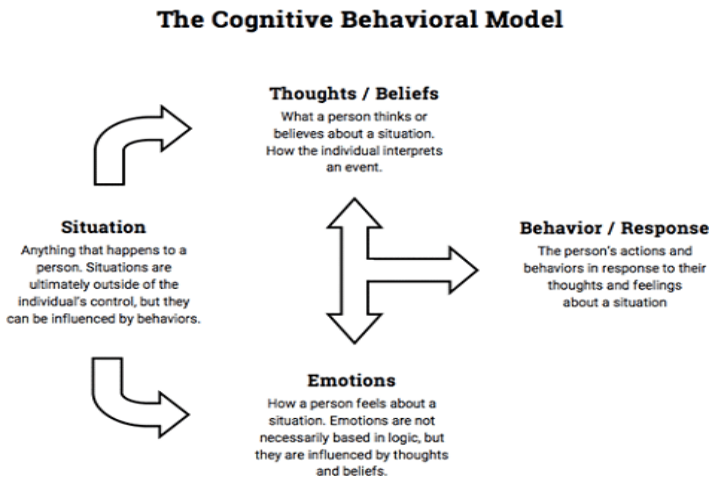


Figure 2

The Cognitive Behavioural Model

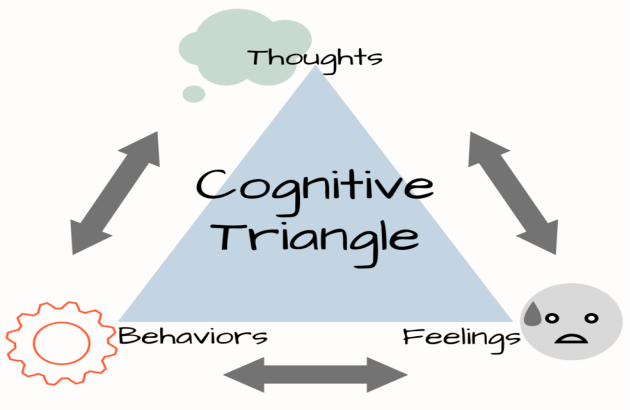


Figure 3

Cognitive Triangle

Social Learning Theory

The philosophy of Social Learning Theory is that humans acquire knowledge through one another by observing, imitating and modelling. Albert Bandura, psychologist, gave this theory. He collaborated on the ideas that laid behind behaviour and mindful learning approach. The main aim of Social Learning Theory is to study social relationships and their impact on how one behaves. Bandura is well known for his Bobo Doll experiment, wherein the kids observe elder models' behaviour that is either positive or negative for a toy balloon that resembles a joker. There were cases where the adults were harsh and hostile towards the doll. The children were provided with hammers after noticing this behaviour portrayed by the elders and they were asked to get along with the same doll. Majority of the children who observed the hostile behaviour pattern to the doll also showed hostility, whereas those kids who observed non-violent or positive behaviour patterns gave fewer hostile reactions. With this Bandura concluded that kids learn a lot of their social behaviour patterns by observing. This was the base for Bandura's theory. This theory is very much in use nowadays in social psychology and is related to other theories of behaviour like nature vs nurture, interaction by using symbols, learning by reinforcement and social development. The main basis of the theory is that humans notice the behaviour patterns, attitude to use this knowledge to develop their own schemes. The process of social learning requires four key concepts. The stages of learning by living in a social environment in social learning theory constitute attention, retention and memory, initiation and motor behaviour and motivation.

Attention: It means for any consequence to be impactful on somebody who is noticing must be very observant of his/her locality. It is helpful if the one who is observing is dedicated completely

in the observation process or can gather strong feelings related to the experiencing event. Complexity, distraction and functional value may have an effect on the attention process.

Retention: It implies that for any consequence to have a long-lasting repercussions, the one who is noticing needs to be able to memorise it later on. If the one noticing the behaviour patterns of others can recall what they have experienced also helps an individual to go about that observation by revisiting it either in the mind or by physically carrying it out. For example, a child can learn from an elder person to dispose of things and later it might be observed that the child teaches his teddy bear that it's right to loiter things around.

Reproduction: Another thing is to initiate and movement abilities that means to function or carry out what has been learned. The one who observes the behaviour must be able to act it out. There are a few skills that are a necessity in the process of learning prior to modelling of a behaviour. If an individual has paid complete attention towards modelling behaviour, and is able to enact it the same way, it is considered that the necessary skills have been developed.

Motivation: It is the next important thing is that no matter if an individual has paid full attention to the lessons well, memorised them well and have the required skills to carry out a task, it is very crucial to have the motivation to carry out the task. Various sources of motivation may include external rewards and showing types of rewardable behaviours. There must be a desire from inside to become like the model whose behaviour patterns have inspired or given internal motivation to learn something. There are many other factors that impact motivation such as personal features, experiences from the past, incentives or appraisal punishment and positive reinforcement. These are the key principles that make this theory a process of modelling which finds out whether the persuasion has been a success or not. The models that have been used in social learning theory to modify behaviour can be portrayed through symbols, in a live environment or using words.

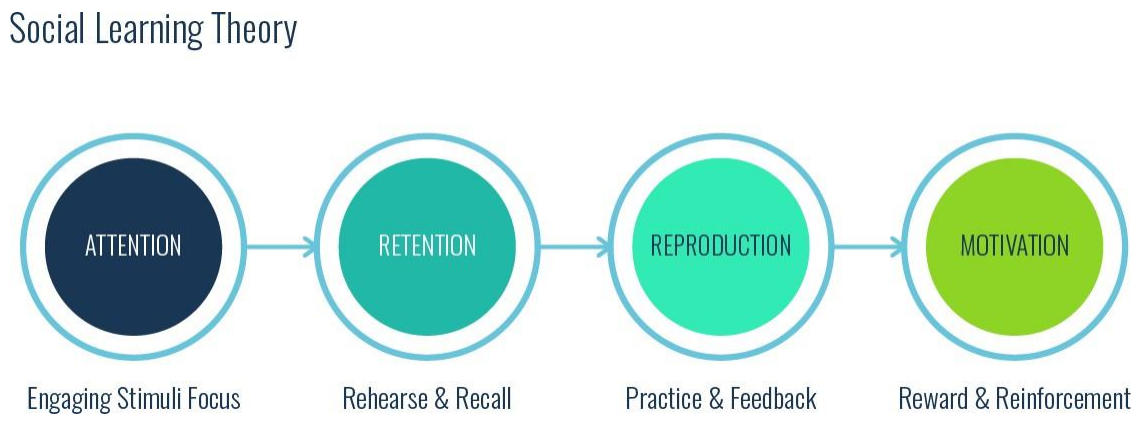


Figure 3

The stages in Social Learning Process

CHAPTER 2

REVIEW OF LITERATURE

Self-Efficacy

Bandura (1977) defined self-efficacy as "the conviction that one can successfully execute the behaviour required to produce the outcomes". According to the self-efficacy theory, various stimuli affect coping behaviour by fostering and enhancing expectations of personal and self-competence. This hypothesis states that perceived self-efficacy influences behaviour in many ways. It affects activity preferences and environmental circumstances. The course of human development can be significantly impacted by any element that influences behaviour choice. Those who avoid enriching situations and activities fail to reach their full potential and shelter their inaccurate self-perceptions from positive development (Bandura, 1978).

People may concurrently have strong self-efficacy for certain tasks and poor self-efficacy for others. This is because self-efficacy tends to be task specific. Self-efficacy is typically easier to build as compared to self-confidence or self-esteem because it is more focused and limited than the other two variables. Also, self-efficacy is a considerably more accurate predictor of a person's performance than either self-confidence or self-esteem (Heslin & Klehe, 2006). Since self-efficacy is linked to a number of positive outcomes, particularly in the domains of physical and mental health, it has emerged as a key variable in social psychological research. It is also found to be significantly consistent with accomplishment, independence, and mastery (Gecas, 1989).

Research has indicated that there may be differences in the level of self-efficacy based on age and gender. Artistico and Cervone (2003), hypothesised that the significance of problems to younger and older individuals would influence differences in self-efficacy beliefs and problem-solving ability across age groups. Results indicated that young adults showed higher self-efficacy beliefs as compared to old adults on everyday problems significant to the young adults. However, in the old adult problem domain, it was seen that the self-efficacy beliefs of older adults were more

than that of young adults. A similar study on students was conducted that explored gender and age differences of self-efficacy in maths. Results showed that older girls had lower levels of self-efficacy in maths as compared to boys (Mozahem et al., 2020).

Self-efficacy played a major role in helping individuals cope during the COVID-19 pandemic. A study conducted by Thartori et al., (2019) examined the mediating role of self-efficacy in the relationship between anxiety, positivity and depressive symptoms. Perceived self-efficacy in observing the containment measures to curb the COVID-19 spread was also investigated. The results supported the protective effects of both positive and regulatory emotional self-efficacy in lowering people's anxiety and depressive symptoms as well as in fostering people's capacity to adhere to the containment strategies imposed by the government to lower the spread of the COVID-19 virus. This was seen across all ages.

Similarly, one of the significant changes brought about by the COVID-19 pandemic at many workplaces was working from home (WFH). The purpose of the study conducted by Lathabhavan and Griffiths (2023) was to examine how technology, management assistance, and social supports affected employees' self-efficacy and job results when they were WFH. The study discovered a negative association between self-efficacy and technology induced anxiety and a positive association between self-efficacy and ease of technology use, management support, and social support. The study also discovered strong positive connections between self-efficacy and job happiness, work engagement, and training transfer. The study also found that WFH and technical problems had moderating impacts on the relationship between self-efficacy and training transfer, work engagement, and job satisfaction.

The COVID-19 pandemic affected the lives of students and affected their learning environments. Heo et al., (2021) examined the relationship between self-efficacy (SE) in time

management, self-efficacy in technology use, self-efficacy in online learning environments and the students' learning engagement. Results indicated that learning engagement was significantly, but negatively, impacted by SE in technology use, but SE in a web - based learning setting was positively impacted. SE in an online educational setting and learning engagement both benefited greatly from SE in time management. Learning engagement was significantly influenced by SE in an online educational setting.

In the lives of adolescents, research has indicated that self-efficacy plays a large role in developing their personal, social, and academic lives. Self-efficacy is a crucial construct that aids in explaining how children learn and carry out academic achievement-related behaviours, according to studies investigating mental skills, interpersonal skills, motor abilities, and career choices (Schunk, 1989). Self-efficacy is an intensely researched concept especially in the educational field. A five-year study examined the relationship between students' past performance in academics, their level of self-efficacy and their subsequent academic achievement. The effect of prior academic performance on self-efficacy beliefs was greater than the effect of self-efficacy beliefs on current academic achievement, suggesting a correlative relationship between self-efficacy beliefs and academic achievement (Hwang et al., 2015).

A systematic review was conducted on the influence of academic self-efficacy on academic performance and achievement. Results indicated that academic performance and academic self-efficacy had a moderate correlation. Goal orientation, deep processing strategies, and effort modulation were some of the mediators and moderators that were found (Honicke & Broadbent, 2016). Similar results were obtained on a meta-analysis conducted by Talsma et al., (2018) that examined self-efficacy as an important causal factor of academic performance. Results showed that self-efficacy had a positive impact on performance. However, performance was seen to have

a significantly larger influence on self-efficacy. Further analysis revealed that this reciprocity was applicable only for adults and not children.

Another study investigated the relationship of self-efficacy and academic achievement in adolescents. Results showed that students with lower levels of self-efficacy believed that intelligence was an innate concept that was unchangeable. On the other hand, students with high self-efficacy believed that intelligence was gradually developed and challenged themselves and gained new knowledge, achieved good grades and outperformed their peers (Komarraju & Nadler, 2013). It has been shown that individual variations in perceived self-efficacy are stronger indicators of performance than prior achievement or ability, and they seem to be especially significant when people are faced with adversity (Cassidy, 2015).

Apart from the academic domain, self-efficacy is seen to have an influence on the psychological aspects of young adults. Life satisfaction is an important dimension of subjective well-being and plays a large role in overall life satisfaction (Pavot & Diener, 2008). Cakar (2012) investigated the relationship between self-efficacy and life satisfaction in young adults. Results indicated that self-efficacy significantly predicted the life satisfaction of young adults. A similar study was conducted by Siddiqui (2015) that examined the impact self-efficacy had on psychological well-being of undergraduate students. The findings concluded that self-efficacy had a positive significance on psychological well-being. Like the study mentioned above, self-efficacy was also seen to play a role in increasing overall life-satisfaction.

Happiness as a variable was studied in relation to self-esteem, psychological well-being, stable affect and emotional self-efficacy. According to the results, psychological well-being, emotional self-efficacy, and affect balance all have positive and significant relationships. Furthermore, psychological well-being and affect stability had a positive effect on self-esteem as

well as happiness. Emotional self-efficacy had a positive impact on self-esteem, and self-esteem had a positive impact on happiness Dogan et al., (2013). A similar study investigated the relationships between suicide ideation, suicide behaviour and emotional self-efficacy in young adults of various ethnicities in the United States. For black females, having suicidal thoughts, preparing to commit suicide, trying to commit suicide, and making an unsuccessful suicide attempt were linked to lower emotional self-efficacy. Suicidal ideation, suicide attempts, and attempts that resulted in injury were all linked to lower emotional self-efficacy in white males. Reduced emotional self-efficacy was linked to suicidal ideation in black males. There were no proven significant correlations for white females (Valois et al., 2013).

Research indicates a relationship between self-efficacy and physical activity and healthy behaviour. For older persons, raising self-efficacy is a powerful method for promoting physical activity. A review study conducted by French et al., (2014) aimed to find behaviour modification methods (BCTs) for non-clinical community-dwelling individuals 60 years of age or older that promote self-efficacy and physical exercise. Interventions improved both self-efficacy and activity level overall. Lower levels of self-efficacy and physical activity were linked to self-regulatory strategies including creating behavioural objectives, encouraging self-monitoring of behaviour, preparing for relapses, supplying normative information, and giving feedback on performance. Several self-regulation intervention approaches that are frequently utilised but ineffective for older persons may work for younger adults.

A similar study conducted by Olson and McAuley (2015) investigated the effectiveness of short interventions that targeted self-efficacy and self-regulation in order to increase physical activity of adults suffering with type 2 diabetes. Despite mounting data supporting the health advantages of exercise, most people with type 2 diabetes fall short of recommended levels of

physical activity. However, the short-term intervention that was applied was shown to enhance short-term physical activity, but it failed to keep up the improvements. Self-efficacy and self-regulation showed similar impacts due to the intervention.

Through the available research it is clear that high levels of self-efficacy have various benefits in the different domains of an individual's life. Therefore, it is important to enhance self-efficacy and use different techniques and strategies to achieve high levels of self-efficacy. The impact of youth empowerment programs on self-efficacy are investigated by Horton & Montgomery (2012) through a systematic review. Results indicated no significant change in self-efficacy based on the impact of youth empowerment programs. Further research is required to avail a better understanding of youth empowerment programs.

Enhancing self-efficacy has also played a role in the medical field with regards to patient outcomes. Research indicates that healthy behaviours like efficient symptom self-management can significantly lessen or perhaps avoid cancer-related suffering. The creation of a symptom self-management plan, which is essential to maximising a patient's symptom self-management behaviours and boosting self-efficacy, involves oncology nurses in a vital way. By lowering the symptom load related to cancer as well as its treatment and assisting patients in raising their levels of self-efficacy, oncology nurses can significantly improve the quality of life for their patients (Hoffman, 2014).

Various scales have been developed and validated to measure self-efficacy. The Patient-Reported Outcomes Measurement Information System (PROMIS) was created with the purpose of developing, validating, and standardising item banks to assess important facets of physical, mental, and social health in patients with chronic diseases. PROMIS Self-Efficacy for Managing Chronic Conditions included five areas, Self-Efficacy for Managing: Everyday Activities,

Symptoms, Medicines and Treatment, Emotions, and Social interactions. The five self-efficacy dimensions included in the assessments, had a high degree of internal consistency and cross-sectional validity, and were calibrated across a range of chronic illnesses (Velozo et al., 2017).

Another scale known as the Strengths Self-Efficacy scale (SSES) was created so that career counsellors, teachers, and researchers could gauge how well people thought they could develop their own unique talents and use them in their daily lives. The findings revealed that the 11-item SSES had good internal consistency (.95) and that SSES scores were only slightly correlated with social desirability and modestly correlated with self-esteem and life happiness. The SSES scores were steady over a 3-week period, according to a test-retest reliability investigation on a sample of 36 individuals.

Social Anxiety

Self-efficacy is a concept that could be helpful in the treatment of social anxiety disorder. The study conducted by Gaudiano and Herbert (2006) assessed the Self-Efficacy for Social Situations Scale's (SESS) (SESS; Gaudiano and Herbert, 2003) psychometric characteristics and looked into the association between self-efficacy and anxiety in a sample of adolescents with generalised SAD. The SESS demonstrated high construct and criterion-related validity as well as high internal consistency. After accounting for the intensity of social anxiety, the SESS also predicted perceived anxiety and perceived performance in social role-playing tasks. Moreover, self-efficacy predicted self-judgments in social role play tests more accurately than it did observer ratings of performance. Lastly, even after controlling for changes in fear of receiving a bad evaluation, changes in social self-efficacy were still significantly correlated with changes in social anxiety symptoms after therapy.

According to Kagan et al., (1988) behavioural inhibition is present in a child when he/she responds to new and unfamiliar situations by a large amount of sympathetic arousal and withdrawal. The study by Mick and Telch (1998) findings do not bear out the claim that a history of behavioural inhibition in childhood is linked to anxiety symptoms more generally. This conclusion is backed by the fact that neither the generalised anxiety group nor the non-anxious control group participants were more likely to report childhood behavioural inhibition. Conversely, the findings lend some credence to the specificity of a link between social anxiety and behavioural inhibition: In comparison to participants reporting only generalised anxiety or participants reporting neither social nor generalised anxiety, respondents disclosing present impairment due to social anxiety, whether either alone in combination with generalised anxiety, reported significantly more childhood behavioural inhibition.

Young adults with high symptoms of social anxiety are at increased risk of developing a variety of disabling psychiatric disorders. Social anxiety is a spectrum condition. Close relationships are linked to better moods, yet socially anxious people have smaller networks of confidants and spend fewer hours with their close relationships. Socially nervous people appear to gain more from the company of their closest friends, with lower levels of adverse mood, anxiety, and depression, even while higher levels of social anxiety are linked to a general worsening of mood. On the other hand, social anxiety levels varied independently of duration spent with close companions, co-workers, and strangers (Hur et al., 2019).

Investigations of the apparent and latent structure offer compelling evidence in favour of a continuum that spans cases ranging in severity from asymptomatic to subsyndromal to syndromal. Even though subsyndromal symptoms are more common than full syndromes in terms of doctor visits and suicide attempts, they are not currently taken into consideration in the DSM

classification (Ruscio, 2019). Anxiety disorders and major depressive disorders are crippling diseases that frequently co-occur in young adulthood and adolescence. The shared etiology model and the direct causation model are the two most prominent theoretical explanations for their comorbidity. Direct causation was supported for co-morbid instances where Anxiety disorders preceded Major depressive disorders, but the shared etiology model was better able to explain co-morbid cases when Major depressive disorders preceded Anxiety disorders. Significant cross-sectional and prospective relationships between major depressive disorders and anxiety disorders are revealed, which is in line with earlier research (Mathew et al., 2011).

There is proof that social anxiety disorder (SAD) is a common and incapacitating condition. Unfortunately, most of the information that is currently accessible on the epidemiology of this disorder comes from Western high-income nations. The World Mental Health (WMH) Survey Initiative examines the prevalence, course, impairment, social economic corresponds, comorbid conditions, and rehabilitation of this disorder across a range of high-, middle-, and low-income countries in various geographical regions of the world, as well as to address the question of whether variations in SAD merely reflect variations in the diagnostic threshold. The WMH Survey Initiative collected data from 28 community surveys, totalling 142,405 respondents. SAD prevalence rates are highest in high income countries, the Americas, and the Western Pacific regions, and lowest in low/middle income and African and Eastern Mediterranean regions. Globally, the age of onset is young, and the Eastern Mediterranean, Africa, and countries with an upper middle class have the highest rates of persistence. Low/lower-middle income countries have the lowest rates of treatment for persons with any impairment, whereas high income nations have the greatest rates (Stein et al., 2017).

Rhebergen et al., (2011) examined the long-term course of depression and anxiety. The Netherlands Study of Depression and Anxiety and the Netherlands Mental Health Survey and Incidence Study were used to obtain data. Results revealed that after 7 years, 60.7% of the respondents had not received a 12-month depression or anxiety diagnosis. Comparing people with depression to people with anxiety and comorbidity, the odds were greater for the latter. After 7 years, the existence of a diagnosis was predicted by low physical functioning and high neuroticism. 37.3% of the patients had no signs of depression or anxiety during the 7-year follow-up. Anxiety (comorbid) led to a worse course. Childhood hardship and high neuroticism were associated with longer symptom follow-up times.

According to recent studies, subclinical social anxiety is linked to many psychological and biological dysfunctions in a way that is evocative of social anxiety disorder (SAD). The findings of a study conducted by Crisan et al., (2016) revealed a correlation between social anxiety symptoms and lower cortisol reactivity, increased state anxiety, biased assessments of the likelihood and cost of negative social evaluations, behavioural changes in face expression that were coherent with speech anxiety, and biased assessments of the probability of negative social evaluations. These findings demonstrate that subclinical social anxiety is linked to substantial alterations in emotionality, cognitive appraisals, behaviours, and physiology in response to social pressures that may resemble those previously observed in SAD samples.

Emotional dysregulation and emotional hyper-reactivity are hypothesised to play a role in social anxiety disorder (SAD). In the study conducted by Werner et al., (2011) the Emotion Regulation Interview (ERI) was designed to measure the frequency and efficacy of five emotion management techniques. Interviews were conducted with 48 SAD sufferers and 33 healthy controls (HCs). Those with SAD reported using avoidance and expressive suppression more

frequently than HCs, as well as having lower levels of self-efficacy when it comes to doing so. Differences in emotional reactivity could not explain these deficiencies in regulation. Findings revealed unique emotion regulation impairments in SAD and provide evidence that additional clinical disorders may benefit from the use of the Emotion Regulation Questionnaire.

The symptoms of social anxiety disorder (SAD) include fear and avoidance of situations in which one feels they may be subject to scrutiny by others. Further probable SAD characteristics include low self-esteem, low self-efficacy, excessive self-criticism, and high reliance. In a study conducted by Lancu et al., (2015), patients with SAD scored lower on self-esteem and had higher levels of reliance and self-criticism. The social anxiety score showed a positive correlation with reliance and self-criticism but a negative correlation with self-efficacy and self-esteem.

This study by Thomasson and Psouni (2010) looked at the connections between social anxiety severity, experiences of social impairment, and coping mechanisms like self-efficacy and social control. From minor social discomfort to completely incapacitating worry, social anxiety was once thought to exist on a spectrum. The intensity of social anxiety and related social impairment was found to relate to low self-efficacy, in addition to the expected association between a low sense of social control and more severe social anxiety and related unsocial impairment. The maladaptive coping mechanisms that were used in this relationship played a factor.

CHAPTER 3

OVERVIEW, AIMS, OBJECTIVES AND HYPOTHESIS

Overview

- College students between the ages of 18 and 25 are going through a period of evolution in their respective life, where each one encounters numerous variations. Young adults at this age come across persistent changes that are essential for them to find out their distinctive paths in different spheres of life. It is the age where a lot of hormonal changes take place as well. However, this is not prevalent in every

individual. Family and home environment plays a major role in developing self-efficacy. In other circumstances, socially inept teenagers may experience extreme discomfort at the mere thought of being in a social setting and may even start to have negative feelings towards social activities that are almost phobic in nature to them.

- Self-Efficacy is a person's belief in their abilities to achieve the desired goals or to conduct in a certain way to achieve the goal. Such people even encounter tough situations with a strong belief that they overcome it. People with high self-efficacy are not often stressed or have depression and anxiety. Self-Efficacy has a positive impact on self esteem since it gives the assurance that one can perform effectively in a variety of circumstances and accomplish significant objectives. Like other psychological concepts, self-efficacy can be measured but self-efficacy is not always easy to assess and requires careful consideration in order to be measured correctly. Self-Efficacy on the other hand, is a non-physical term.
- Various sources of Self-Efficacy include, 1. Mastery Experience which is that young adults' victorious achievements increase their self-efficacy, whereas downfalls decrease it. It is the most significant means of self-efficacy. 2. Vicarious Experiences which involves noticing friends and other people being successful, it helps to strengthen trust and confidence in one's abilities. Consideration of such an environment and observation of it can lead to an effective change. 3. Verbal Persuasion, which means instructors may play a role improving self-efficacy with the use of effective exchange on ideas and taking response from students to assist them in a particular activity or boost them to put in the best of their efforts. 4.

Emotional States, mood impacts performance. Opportunities must be provided to speak about how an individual feels and create more and more feelings of upliftment along with their work or studies.

- Social anxiety, also known as social phobia is the disorder of anxiety, marked by feelings of fear and anxiety while dealing with social circumstances which leads to uneasiness and disturbed daily life functioning. There is always a feeling of negative evaluation from others among people who have social anxiety which is why they least like to interact with others. Social anxiety is a kind of anxiety disorder which has affected people worldwide in large numbers. It is related to extreme fear of interactions in society and social circumstances. Social anxiety may be developed in various ways, it can include fear of speaking in a public environment, another situation that can cause social anxiety is the fear to eat in front of acquaintances or face to face interaction that includes eye contact.
- There are four components of social anxiety, first, being Performance Fear, which is also known as stage fright and is very common to cause anxiety which influences individuals who need to speak or conduct themselves before a huge audience. It prevents an individual from doing what they enjoy and might have an impact on the career. The worst consequence of performance fear is that it can hamper one's self-efficacy and self-confidence. Second, being Performance Avoidance, which is to avoid performing out various tasks with a fear of being negatively judged or evaluated. Third is Social Interaction Fear, an overactivity of amygdala leads to increased response of fear. Last is the Social Interaction Avoidance which is delaying or denying participating in some activity at the last moment, showing

hostility or anger when asked to socially interact are the indicators of social interaction avoidance.

- Various causes that can lead to social anxiety could be genetic, surroundings in which an individual lives, nurturing. Ones who have social anxiety may experience a feeling of fear of being embarrassed or humiliated. One way to treat social anxiety is Cognitive Behavioural Therapy.The main focus of Cognitive Behavioural Therapy is to change pessimistic patterns of thinking and behaviours that lead to anxiety. Apart from therapy and medications, a change in lifestyle which includes exercising daily, managing stress techniques and proper sleep hours may also be helpful to reduce symptoms that cause social anxiety. However, timely diagnosis and immediate treatment of it will improve one's capability to overcome the problem and deal effectively with one's environment.
- The significance of personal views has drawn the attention of social psychologists and personality experts. People who think distinctly regarding themselves and take actions that vary depend on how they comprehend their own selves- what qualities they believe they possess , what roles they assume they are expected to play, the things that they feel they the capacity to do, the way they view themselves how they perform when they are compared to the others and the way they assess how they are seen by the other people. Receiving focus on self-efficacy in reaction to learning and motivation is quite useful. They are in complete charge of significant life results that result from what they learn in school, which lends self-efficacy in scholastic, professional or performance areas and its meaning in life. They must work harder to accomplish their objectives if they think they can achieve them.

- Similar to this, Bandura (1995) stated that people try to control themselves in any situation that has an impact on their survival. Self-Efficacy is related to social learning and indicates an individual's personal beliefs about their ability to do particular activities. These ideas seem to play a significant role in determining one's well-being, not only in terms of modifying oneself but also with regard to the society in which one lives. Privation of pleasure, the assurances of a community whose evil problems remain unsolved and untarnished by the kids' learning as realised and enhanced drive for the pursuit of their objectives. The incredibly powerful human ability to alter societies may also have a significant impact on how both the young people as well as subsequent generations go about their lives. Yet, pursuing individualism not only produces outcomes that may be unpleasant over time, but also creates a bottleneck that impedes actions to jointly address the most significant issues faced by society.
- Locus of Control can be said that people with levels of self-efficacy have an internal locus of control. The locus of control relates to where you feel you have the capacity to to change the course of your life: internally (internal locus of control) or outside (external locus of control) One probably has an external locus of control if one start thinking like, "I couldn't score well because the teacher was not fair in scoring-I was unable to do anything to make my scores better," or "She didn't stay with me because she is heartless and hard to get along with whereas I ain't," right away. This indicates that one lacks a firm sense of self-confidence in their talents. The internal locus of control stands in contrast to the external locus of control because it requires a person to be ready to accept responsibility for his/her

own mistakes and failures and to be willing to accept praise and criticism when it is appropriate. On the other hand, those who do not curse themselves for anything are considered to be not in accordance with reality and may face difficulties in relating and making connections with other people.

- The Cognitive Model explains how people's thinking and abstract ideas affect how they feel and act. The Cognitive Model being at the foundation of Cognitive Behaviour Therapy, is crucial in assisting therapists in conceptualising and treating the problems of their clients. According to the Cognitive Behaviour Model, people's emotions, ideas, behaviours and bodily sensations are interconnected and anything they do or believe has an impact on how they feel about things. Additionally, if one of these changes, the other will alter as well. Because they alter reality, these notions are referred to as cognitive distortions. We have a decent probability of altering our conduct if we can identify and start to change problematic thought patterns.
- The philosophy of Social Learning Theory is that humans acquire knowledge through one another by observing, imitating and modelling. Albert Bandura, psychologist, gave this theory. He collaborated on the ideas that laid behind behaviour and mindful learning approach. The main aim of Social Learning Theory is to study social relationships and their impact on how one behaves. The children were provided with hammers after noticing this behaviour portrayed by the elders and they were asked to get along with the same doll.
- Attention means that for a tutorial or any consequence to be impactful on somebody who is noticing must be very observant of his/her locality. Retention implies that

for any consequence to have a long-lasting repercussions, the one who is noticing needs to be able to memorise it later on. Another thing is to initiate and movement abilities that means to function or carry out what has been learned. If an individual has paid complete attention towards modelling behaviour, and is able to enact it the same way, it is considered that the necessary skills have been developed. Various sources of motivation may include external rewards and showing particular types of rewardable behaviours. These are the key principles that make this theory a process of modelling which finds out whether the persuasion has been a success or not. The models that have been used in social learning theory to modify behaviour can be portrayed through symbols, in a live environment or by the use of words.

- People may concurrently have strong self-efficacy for certain tasks and poor self-efficacy for others. This is because self-efficacy tends to be task-specific. Also, self-efficacy is a considerably more accurate predictor of a person's performance than either self-confidence or self-esteem (Heslin & Klehe, 2006). Research has indicated that there may be differences in the level of self-efficacy based on age and gender. However, in the old adult problem domain, it was seen that the self-efficacy beliefs of older adults were more than that of young adults.
- Young adults with high symptoms of social anxiety are at increased risk of developing a variety of disabling psychiatric disorders. Close relationships are linked to better moods, yet socially anxious people have smaller networks of confidants and spend fewer hours with their close relationships. Despite the fact that subsyndromal symptoms are more common than full syndromes in terms of doctor visits and suicide attempts, they are not currently taken into consideration in

the DSM classification (Ruscio, 2019). The WMH Survey Initiative collected data from 28 community surveys, totalling 142,405 respondents. Globally, the age of onset is young, and the Eastern Mediterranean, Africa, and countries with an upper middle class have the highest rates of persistence.

Research Gap

Research gaps in this area are highlighted by the review of literature. Few studies have been conducted on Self-Efficacy and Social Anxiety in the Indian context. However, Self-Efficacy and Social Anxiety have been studied in the West, by school going children, but not much has been studied in relation to young adults. Very few studies have been done to check the gender differences between Self-Efficacy and Social Anxiety. Keeping the above in mind, the primary goal of the investigation is to study the relationship between Self-Efficacy and Social Anxiety among young adults (18-25 years of age). We will try to bridge this gap through this investigation.

Aim

The present study aims to study the correlates of Self-Efficacy and Social Anxiety among college going students.

Need of study

18-25 years of age or as we call it young adults, is the time of life when young individuals are asked to take on additional duties and confront major challenges. Youngsters' capacity to tread these roads successfully or unsuccessfully can put them on a path that will profoundly influence the direction of their adult life. These are the years that allow young adults to engage in identity creation and self-exploration. One is expected to work on extra commitments and take

responsibility. The present research focuses on how young adults feel about themselves and how self-efficacy is important in shaping an individual into a confident being. The study will also provide the role of level of competence and its impact. The research will contribute to the ways one perceives difficult or unforeseen situations and their ability to initiate and complete a task. The research will cover information regarding the ways one influences or mould situations that can impact their life in one way or the other. Through this research we will find how self-efficacy impacts personal growth. Through the analysis presented in this study it will be figured out the ways in which social anxiety hinders one's ability to live their life. High social anxiety hampers the capacity to develop and sustain lasting connections. This research seeks to figure out why certain people tend to circumvent events that other people perceive to be ordinary. Finally, the research will provide suggestions on how to overcome social anxiety and build on self efficacy for effective functioning of an individual.

Research objectives

- This study aims to assess the relationship between Self-Efficacy and Social Anxiety.
- This study seeks to examine the extent to which the genders differ in self-efficacy and social anxiety.
- This research aims to assess the impact of Self Efficacy on Social Anxiety.

Research Question

- Is there a relationship between Self-Efficacy and Social Anxiety?
- Are there any gender differences between Self-Efficacy and Social Anxiety?
- Is there an impact of Self-Efficacy on Social Anxiety.

Hypotheses

- Self-Efficacy is expected to have significant relation with Social Anxiety.
- No Gender differences are expected in Social Anxiety and Self Efficacy.
- Self Efficacy is expected to have an impact on Social Anxiety.

CHAPTER 4

METHODOLOGY

This chapter clarifies the research methodology to answer the hypothesis to acquire systematic information. The aim of the present study was to identify the correlates of self-efficacy and social anxiety. The study also explored gender differences in self-efficacy and social anxiety. The research further aimed to study the impact of Self Efficacy on Social Anxiety. For this purpose, 50 males and 50 females in the age 18-25 years were selected for the study.

Research Design

For present study a quantitative approach was used. Quantitative research method was used by the researcher when the purpose of the study is to obtain primary data, i.e., data gathered particularly for the study, with contrast to secondary data. The present study follows the quantitative research design intended to examine the correlation among the variables used in the study.

Sample

A Total sample of 100 (50 males and 50 females) of the age group 18-25 years was taken for the study. The sample was collected from the Tricity (Chandigarh, Mohali and Panchkula).

Inclusion Criteria

- The age of the respondents was 18-25 years.
- Only respondents who gave consent were included.
- People residing in urban areas with basic reading and writing skills were selected.
- Both genders data were collected.

Exclusion Criteria

- Those suffering from chronic illness were excluded.
- Those suffering from any psychopathology or undergoing treatment for psychological problems were excluded from the sample.
- Those residing in rural areas were not selected.
- The ones who could not read or write were excluded.
- The respondents who refused to give informed consent were excluded.
- Those exhibiting any physical deformity were excluded.

Ethical Considerations

- Confidentiality of the responses and identity was assured.
- Participants were briefed about the purpose of the study.
- Informed consent was obtained.

- The dignity and well-being of the respondent was protected all the time.

Tests and Tools

The following standardised tests and tools were used:

- General Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem 1995)
- Liebowitz Social Anxiety Scale (LSAS) (Liebowitz 1987)

All the tests used were standardised and had established reliability and validity. The scales administered were available in English. A semi-structured interview schedule was also administered to the participants to seek detailed information about their critical social and demographic aspects such as age, gender and educational qualification.

Brief Description of the Tests and Tools used.

The following standardised tests and tools were used:

General Self- Efficacy Scale (GSE): The questionnaire was developed by Schwarzer & Jerusalem (1995). It is a self-report measure of self-efficacy. The scale has 10 items. The scale has items such as (1. If someone opposes me, I can find the means and ways to get what I want. 2. Thanks to my resourcefulness, I know how to handle unforeseen situations. 3. I can remain calm when facing difficulties because I can rely on coping abilities.)

The score is found out by summing all the items, the scores lie between 10-40. High score indicates high self-efficacy and vice versa. The items are scored on a Likert scale as follows: Not at all true (1), hardly true (2), moderately true (3), exactly true (4). General Self-Efficacy Scale (GSE) has

an internal reliability which is equal to Cronbach's alpha between .76 and .90. The General Self-Efficacy Scale is correlated to emotion, optimism, and work satisfaction. Negative coefficients were found for depression, stress, health complaints, burnout, and anxiety.

Following instructions were given for General Self-Efficacy Scale (GSE):

"Read the following statements carefully and answer from the given options with utmost accuracy and honesty. There are no right or wrong answers. All the statements must be answered, do not leave any statement. There is no time limit to complete, but complete as soon as possible."

Liebowitz Social Anxiety Scale (LSAS): The questionnaire was developed by Liebowitz (1987). The scale has 24 items measuring performance (fear and avoidance) and social interaction (fear and avoidance). 13 items in the scale are related to performance and 11 items are related to social circumstances. The scale has items such as (1. Talking face to face with someone you don't know very well, 2. Expressing disagreement or disapproval to someone you don't know very well. 3. Try to make someone's acquaintance for the purpose of romantic/sexual relationship). The items are scored as follows: none (0), mild (1), moderate (2), severe (3). A score of 0-29 indicates no anxiety is being suffered, 30-49 indicates mild social anxiety. 50-64 indicate moderate social anxiety, 65-79 indicate marked social anxiety, 80-94 indicate severe social anxiety and a score above 95 indicates very severe anxiety. Liebowitz Social Anxiety Scale (LSAS) has a high internal validity. The scale is considered to be reliable as considerable high correlations have been found with other variables.

Following instructions were given for Liebowitz Social Anxiety Scale (LSAS)

"Rate anxiety/fear and avoidance levels for the items listed (based on experiences during the past week). If any situation has not been experienced, decide the rating by imagining how you would respond had the situation occurred. Each item must be rated from 0-3. Emphasize the importance of consistency in rating each item the same way each time through the scale."

Procedure

Keeping in view the objectives and ethical considerations, the following procedure was executed by the researcher:

Proper consent was ensured from the subject before they were enrolled for the study. The interested candidates were administered self-report measures. Proper instructions were given to all the candidates, and they were directed to respond with complete honesty. The information gathered would be kept confidential and used only for the purpose of research. Purpose of the study was briefly explained to the subject and the research began to study the relationship between Self-Efficacy and Social Anxiety. Doubts pertaining to the study were cleared beforehand. All the instructions mentioned in the manual were clearly conveyed to the subjects of the study. After the questionnaire had been filled, the subjects were thanked for taking out time, filling the questionnaire and showing their kind cooperation. Scoring for both the tests was done in accordance with the given scoring instructions in the manual. The raw scores were computed, and certain statistical analyses were done using the Statistical Product and Service Solutions (SPSS) package. Data was collected through google forms. Elements of the data collection process include 1) Informed consent 2) Demographic Information 3) General Self-Efficacy Scale (GSE) and Liebowitz Social Anxiety Scale (LSAS) . The participants had to first read the instructions and objective of the study carefully before proceeding to the survey questionnaire. The consent

described anonymity of the subjects, confidentiality of responses and voluntary participation. Males and females within the age group of 18-25 years who belonged to India were included in the sample. Further information was gathered through the survey questionnaire. Before scoring and calculation, data was checked to find out any error that existed. Correlation was computed to check the kind of relationship between the two variables and t-ratio was found to check the gender differences. Linear regression was also used for data analysis. Once the results were compiled, interpretation and analysis were done. Further, the limitations of the study, implications, and recommendations for future research in the field were written.

Scoring and Statistical Analysis

Scoring for all the given tests were done as per the instructions given in the manual. The raw scores were tabulated and subjected to various statistical analyses by using Statistical Product and Service Solutions (SPSS) Package. Keeping in view the objective of the study, statistical analysis was conducted. Means, Standard Deviations, Correlation Analysis, T-Test and Multiple Regression was carried out. T-Ratio was taken out to see the significant difference between the two groups. Correlation analysis was carried out to test the relationship between two variables. Linear Regression Analysis was carried out to delineate the significant predictors for the criterion variables. Before carrying out statistical tests the assumptions of normality and homogeneity of variance were checked.

CHAPTER 5

RESULT

Table 1

Mean and Standard Deviation of 100 young adults with variables self-efficacy and social anxiety

	Gender	Self-Efficacy	Performance Fear	Performance Avoidance	Social Interaction Fear	Social Interaction Avoidance	Total Social Anxiety
N	Male	50	50	50	50	50	50
	Female	50	50	50	50	50	50
Mean	Male	29.9	10.5	13.1	7.40	11.1	42.2
	Female	29.3	13.7	15.3	9.10	10.9	49.0
Standard deviation	Male	8.63	6.51	6.73	6.63	6.62	23.3

Female	4.79	4.87	6.32	6.06	5.54	19.5

Table 2

Correlation Matrix of self-efficacy, performance fear, performance avoidance, social interaction fear, social interaction avoidance, total social anxiety

	Self-Efficacy	Performance Fear	Performance Avoidance	Social Interaction Fear	Social Interaction Avoidance	Total Social Anxiety
Self-Efficacy	—					
Performance Fear	-0.557 ***	—				
Performance Avoidance	-0.620 ***	0.716 ***	—			
Social Interaction Fear	-0.541 ***	0.764 ***	0.541 ***	—		

Social Interaction Avoidance	-0.639	*	0.634	***	0.688	***	0.681	***	—	
Total Social Anxiety	-0.680	*	0.895	***	0.853	***	0.860	***	0.864	***	—

Table 3

Independent Samples T-Test

		Statistic	df	p
Self-Efficacy	Student's t	0.473	98.0	0.637
Performance Fear	Student's t	-2.782	98.0	0.006
Performance Avoidance	Student's t	-1.623	98.0	0.108
Social Interaction Fear	Student's t	-1.338	98.0	0.184
Social Interaction Avoidance	Student's t	0.180	98.0	0.857

Note. H_a μ Male ≠ μ Female

Table 3.1

Group Descriptives

	Group	N	Mean	Median	SD	SE
Self-Efficacy	Male	50	29.92	33.00	8.63	1.221
	Female	50	29.26	30.00	4.79	0.677
Performance Fear	Male	50	10.52	10.00	6.51	0.921
	Female	50	13.72	12.50	4.87	0.689
Performance Avoidance	Male	50	13.14	12.00	6.73	0.952
	Female	50	15.26	15.00	6.32	0.894

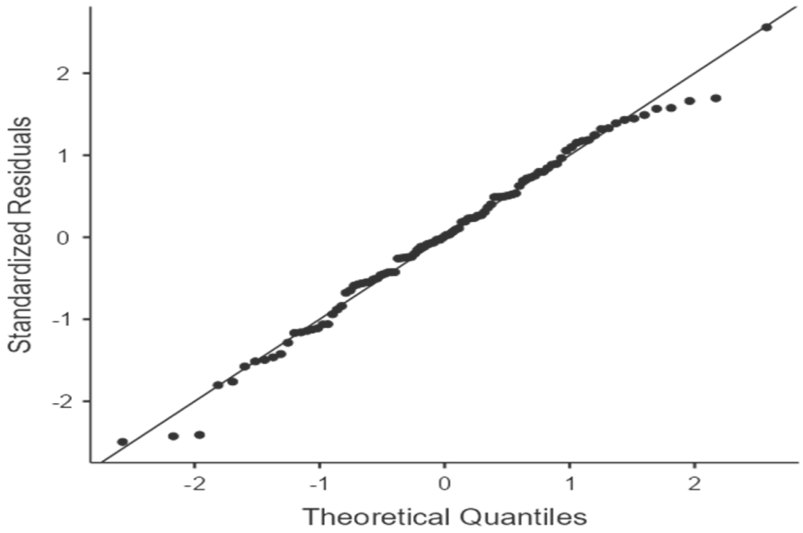
Social Fear	Interaction	Male	50	7.40	5.00	6.63	0.938
		Female	50	9.10	8.50	6.06	0.857
Social Avoidance	Interaction	Male	50	11.12	10.00	6.62	0.937
		Female	50	10.90	10.00	5.54	0.784

Table 4

Linear Regression of Self-Efficacy and Social Anxiety

Predictor	**Standard Estimate**	**T**	**P**		F	P
Self-Efficacy	-0.680	-9.17	<0.001	0.462	84.2	<0.001
Dependent Variable – social anxiety						

Q-Q Plot



CHAPTER 6

DISCUSSION AND SUMMARY

The main objective of this study was to gather better information about the relationship between self-efficacy and social anxiety. The results found out that there is significant negative correlation between self-efficacy and social anxiety.

Table 2 showed that there was a significant negative relationship between performance fear and self-efficacy ($r=-0.557$, $p<0.001$). As the results show that there is a significant negative correlation between performance fear and self-efficacy, our 1st hypothesis is accepted which states that Performance fear was expected to be significantly negatively related to self-efficacy. Dempsey

and Comeau (2019) conducted a study on young musicians and obtained a strong negative relationship between performance anxiety and self-efficacy.

There is also a negative correlation between Performance Avoidance and Social Anxiety

(r=-0.620, p<0.001). We also hypothesised that there will be significant negative correlation between Social Interaction Fear and Social anxiety and according to Table 2., our values (r=-0.541, p<0.001) came out to be significant, so our hypothesis is accepted.

Table 2 found out that there is a significant negative correlation between Social Interaction Avoidance and Social Anxiety where (r= -0.639, p<0.001), which makes us accept our hypothesis.

Table 2, showed that there was a significant negative relationship between social anxiety and self-efficacy (r=-0.680, p=0.001). As the result shows that there is a significant negative correlation between social anxiety and self-efficacy, our 5th hypothesis is accepted which states that Social Anxiety was expected to be significantly negatively related to self-efficacy. This pattern of result is consistent with the previous literature. Iancua et. al (2015) conducted a study on 32 Social Anxiety Disorder subjects and concluded that social anxiety scores were negatively correlated with self-efficacy and positively correlated with dependency and self-criticism.

T-Test was also conducted to check the gender differences in variables that are being studied. According to Table 3.1 The results came out that females are higher on performance fear as compared to males (t=0.006). Gender differences did not come out to be significant in any other dimension.

According to Table 4. Regression analysis indicated that Self-Efficacy is a significant predictor (β= -.680, p<0.05) of social anxiety. Coefficients of determinants (r2= 0.462) show that variation

of self-efficacy can explain 4.6% variation in social anxiety. This model is adequately fit (F=84.2,

$p<0.05$). Thus, our hypothesis is accepted that there will be an impact of Self-Efficacy on Social Anxiety.

A meta-analysis by Honicke and Broadbent (2016) reviewed 114 studies on self-efficacy and anxiety in various contexts. They found a significant negative correlation between self-efficacy and anxiety, indicating that higher levels of self-efficacy were associated with lower levels of anxiety. Several studies have found that individuals with higher levels of self-efficacy tend to experience lower levels of anxiety.

For example, a study by Maddux and Meier (1995) found that college students who scored higher on a measure of self-efficacy reported lower levels of anxiety than those who scored lower.

Overall, the research supports the idea that there is a negative correlation between self-efficacy and anxiety. Higher levels of self-efficacy are associated with lower levels of anxiety, and self-efficacy may even play a protective role against the development of anxiety disorders. Studies have consistently found that higher levels of self-efficacy are associated with lower levels of performance fear. For example, a study by Bandura and Adams (1977) found that individuals with high levels of self-efficacy reported less performance fear in a fear-provoking situation than those with low self-efficacy.

Other studies have shown that self-efficacy can buffer the negative effects of performance fear on performance. For example, a study by Schwarzer and Hallum (2008) found that self-efficacy moderated the relationship between performance fear and academic performance, such that individuals with higher self-efficacy were less affected by performance fear.

Studies have consistently found that higher levels of self-efficacy are associated with lower levels of performance avoidance. For example, a study by Chemers et al. (2001) found that individuals

with high levels of self-efficacy were less likely to avoid academic tasks than those with low self-efficacy.

Studies have consistently found that higher levels of self-efficacy are associated with lower levels of social interaction fear. For example, a study by Schwarzer and Jerusalem (1995) found that individuals with high levels of self-efficacy reported less social anxiety in a variety of social situations than those with low self-efficacy.

Self-efficacy can buffer the negative effects of social interaction avoidance on social functioning. For example, a study by Lundh and Ost (2017) found that self-efficacy moderated the relationship between social avoidance and social functioning, such that individuals with higher self-efficacy were less affected by social avoidance.

SUMMARY

Social anxiety could have an adverse effect on the life of young adults in every aspect. It could hinder their capability to uphold and make new connections with people. Social anxiety was a medical condition when a person felt afraid, conscious, or embarrassed while interacting with others. Social anxiety could lead to deteriorating physical health and behaviour impairments. Due to social anxiety an individual stays in isolation and avoids social interaction. Avoiding social interactions hinders an individual's overall as man was considered to have been a social being. As young adults were on the verge of pursuing their careers and entering intimate love relationships, social anxiety could stop them from pursuing their goals and desires. Social anxiety could be genetic as well as could develop due to various other reasons such as childhood experiences, introversion, etc. Social anxiety includes performance fear, performance avoidance, social interaction fear and social interaction avoidance.

Self-efficacy refers to one's belief in their ability to perform the tasks effectively to achieve the desired goals. High self-efficacy was positively linked to positive outcomes such as good grades, peaceful and happy relationships, and adoption of a healthy lifestyle. Self-efficacy was often confused with self-esteem but the two were very different from each other. Self-esteem refers to a person's positive view of themselves and the respect or regard an individual had for oneself. Self-efficacy was related to the level of competence in a given situation. The ability to manage one's conduct, had an impact on one's surroundings, and maintain motivation in the face of obstacles was self-efficacy. It was basically a trait that people possess in a variety of areas and contexts. There were many factors that determined the level of competence in a person. Outgoing or extroverted people were usually high on self-efficacy. This could have been because such people interact a lot in a social environment and did feel shy to enter an unforeseen situation. Once they got into a particular situation, with their skills and talent they came out successful. The research aimed to study the relationship of self-efficacy and social anxiety among young adults. The study was carried out on young adults because it was the star edge of transition and a lot of changes took place. Standardised tools were used to measure self-efficacy and social anxiety among young adults of age 18-25 years. A total sample of 100 (50 males and 50 females) was collected. The results of the studies found that higher was the self-efficacy in an individual i. e. belief in their ability to accomplish a task, lowered was the social anxiety. This implied that accomplishment of tasks and goals instals confidence and made a person outgoing. Accomplishment of the tasks also reduced social anxiety in a person because they were confident and proud of themselves and did not hesitate to talk or conduct themselves in a community environment.

SUGGESTIONS

Self-efficacy is the belief that one is capable of completing duties and overcoming obstacles. Here are some suggestions for enhancing young adults' self-efficacy:

Encourage young adults to set SMART (specific, measurable, attainable, pertinent, and time-bound) goals that are attainable. This will enable them to concentrate on the task at hand and feel a sense of accomplishment when their objectives are met.

For young individuals to feel confident in their abilities, they require positive feedback. Be sure to recognise and commend their efforts and accomplishments, regardless of how minor they may appear.

Young adults can increase their sense of self-efficacy by acquiring new skills and mastering tasks. Encourage them to acquire new knowledge, accept new challenges, and pursue opportunities for personal development.

A development mindset is the belief that one's abilities can be enhanced through hard work and perseverance. Encourage young adults to view obstacles as learning and growth opportunities, rather than as obstacles to be avoided.

Young adults learn by example, so it is crucial that you demonstrate self-efficacy yourself. Share your own successes and failures, and illustrate how you overcame obstacles and attained your objectives.

Encourage resilience: Resilience is the capacity to surmount adversity and recover from setbacks. Encourage the development of resilience in young adults by teaching them coping strategies, problem-solving techniques, and stress management techniques.

Young adults require support from their family, peers, and mentors in order to develop self-efficacy. Be available to offer encouragement, direction, and assistance as required, and assist them in recognising the worth of their own abilities and potential.

Social anxiety is a prevalent mental disorder that can cause significant distress in social settings. Here are some recommendations for reducing social anxiety:

Seek professional assistance: Seeking professional assistance is the first stage in addressing social anxiety. A professional in mental health can provide an accurate diagnosis and make treatment recommendations.

Learning relaxation techniques such as deep breathing, progressive muscle relaxation, and meditation can aid in alleviating the physical manifestations of anxiety.

Negative thoughts can fuel social anxiety, so it's important to combat them. Learning to identify and challenge negative thoughts can help reduce their influence and boost social confidence.

Gradual exposure can desensitise the fear response and boost social confidence. Beginning with small, manageable actions and increasing exposure gradually can be an effective strategy.

Social skills can be acquired and developed through consistent practise. Enrolling in a social skills group or attending classes can help boost confidence and alleviate social anxiety.

Regular exercise has been shown to decrease anxiety and enhance mood. Regular exercise can aid in the management of social anxiety.

Caffeine and alcohol can exacerbate anxiety symptoms, so avoid them. Reducing or avoiding the consumption of these substances can help reduce social anxiety.

Connecting with others can provide a source of social support and alleviate feelings of isolation. Joining a support group can also provide an opportunity to connect with individuals who comprehend your situation.

Remember that overcoming social anxiety requires perseverance and time. It is possible to

reduce anxiety and increase social confidence with perseverance and a willingness to seek assistance.

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Vol. 1, Issue 2 July 2023 ISSN: 2584-0142