

BEYOND THE SURFACE: EXPLORING THE MODERATING EFFECT OF ANXIETY-SENSITIVITY ON SOCIAL SUPPORT AND EMOTIONAL REGULATION IN COMMUNITY ADOLESCENTS

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Abstract

This study explored the link between social support and emotional regulation and the moderating role of anxiety sensitivity between social support and emotional regulation. This correlational study's participants were community adolescents aged 12-19 ($M=14.27$, $SD= 1.90$). A simple random sampling strategy was used to select participants, and data were collected from the orphanages in Lahore, Pakistan. Social Support Questionnaire, Anxiety Sensitivity Index, and Emotional Regulation Questionnaire were used to assess the moderating role of anxiety sensitivity between social support and emotional regulation. Results indicated a significant moderating role of one of the anxiety sensitivity dimensions (i.e., psychological concerns) between social support and emotional regulation. The findings reveal that emotional needs have a significant but negative relationship with pornography cravings. The findings of the study demonstrated that there was a significant yet negative relationship between social support and anxiety sensitivity. findings are

Keywords: Anxiety Sensitivity, Social support, emotional regulation, community adolescents.

Introduction

Social support, anxiety sensitivity, and emotional regulation are all key aspects in understanding how adolescents navigate their emotions and interactions with others. Mental health is an important part of life wellness. Social support is the perception and actuality that one is cared for and has assistance from others. Social support is associated with positive adjustment. It is also the broader construct that defines social resources networking, in which an individual perceives the social system is vital in providing different kinds of support (Wills & Fegan, 2001).

Anxiety sensitivity (AS) is intellectualized and conceptualized as a trait characteristic that reflects a person's aversion to the experience of anxiety because of their belief that the symptoms of anxiety have harmful consequences. Emotion regulation refers to the process that allows an individual to manage emotional arousal, defined as one's attempts to monitor and modulate their emotional experience, that reflects a person's aversion to the experience of anxiety because they believe that anxiety symptoms have harmful consequences (Taylor, 1995). Emotion regulation is the process that allows an individual to manage emotional arousal; it is defined as one's attempts to monitor and modulate one's emotional experiences (Gross & Thompson, 2007).

Association between Anxiety-sensitivity and social support

Anxiety-sensitivity refers to the fear of anxiety-related sensations, the interpretation of those sensations as harmful and dangerous, and the idea that one is fearful that one's bodily sensations related to anxiety are dangerous (Reiss et al., 1986). At the same time, social support is the perception and experience of being cared for and valued by others. Mainly, the researches show that the relationship exists between anxiety-sensitivity and social support. In simple words, high levels of social support are associated with lower levels of anxiety sensitivity, and low levels of social support are associated with higher levels of anxiety sensitivity, so the relationship seems to be inverse between them. There is a specific association between these two variables in which

individual experiences may vary, and other factors can influence the association between these variables.

Anxiety-sensitivity (AS) is the fear of anxiety-related symptoms that result from emotions, which these experiences have negative physical, psychological, and social consequences. There are some theories on Anxiety sensitivity. Reiss's Expectancy Theory, developed by Steven Reiss, proposes that acquired connections between anxiety symptoms and unfavourable results are the cause of anxiety sensitivity. People who are highly sensitive to anxiety often overestimate the risk involved with these symptoms, which makes them more anxious (Taylor, 1995). The Triple Vulnerability Theory suggests that three vulnerabilities cause anxiety disorders: generalized psychological vulnerability (early learning experiences), specific psychological vulnerability (individual life experiences), and generalized biological vulnerability (genetics). One type of unique psychological vulnerability is anxiety-sensitivity (Brown et al., 2013).

Theory of emotional regulation According to Gross, emotion regulation is the process through which people control their emotional experiences and expressions, as well as the kind of emotions they feel and when. Depending on the demands or objectives of the individual, emotion regulation can be used to reduce, increase, or sustain the experience of either happy or negative emotions (Kobylińska et al., 2019). The affect regulation theory, which George Bonanno and others developed. According to this idea, people are naturally able to control their emotions. This theory holds that adaptive processing and tolerance of emotions are necessary for effective emotion management. It centres on the notion that feelings have a purpose and should be acknowledged and absorbed rather than repressed.

Social support theory claims that emotional, informational, and instrumental support reduces the chance of crime and delinquency. The theory considers both macro- and micro-level effects, highlighting how supportive relationships and societies can reduce rates of crime and delinquency as well as individual criminal activity. Because social support is the foundation for efficient social control and rehabilitation, social support is also related to the criminal justice and social control processes. Studies indicate that areas with greater social support levels have reduced rates of youth criminality, which social support plays a significant role in adolescent health, and that social support can play a pivotal role in rehabilitating young offenders (Kort-Butler, 2017).

The psychological concepts of anxiety-sensitivity and emotion regulation are frequently examined in mental health and overall well-being. Despite being separate ideas, they are related to one another and have the potential to affect one another in different ways. The fear of experiencing feelings or symptoms associated with anxiety is known as anxiety sensitivity. The methods people employ to control their emotions are collectively called emotion management. It increases, lowers, or stays in emotional states (Paulus et al., 2018).

Relationship between Anxiety-sensitivity and Emotional Regulation

There is a bidirectional relationship between anxiety-sensitivity and emotion control. A person with high anxiety-sensitivity may find it more difficult to control their emotions, which might make it harder to manage anxiety-related discomfort. To avoid experiencing anxiety-related feelings, those who are very sensitive to anxiety may use maladaptive emotion management techniques, including avoidance or suppression of emotions. On the other hand, people with high anxiety-sensitivity may find it easier to control their worries and concerns if they work on strengthening their emotion management abilities. The fear of experiencing symptoms of anxiety can be reduced by learning efficient emotion control techniques. There are complex relationships between emotion regulation and anxiety sensitivity. Increased anxiety-sensitivity may hinder

effective emotion control and lead to emotional suffering; however, enhancing emotion regulation reduces the level of anxiety (Allan et al., 2015).

Social support, anxiety sensitivity, and emotional regulation

Social support refers to the network of relationships and resources that individuals have available to them and that provide comfort, assistance, and a sense of belongingness to the individual. On the other side, anxiety-sensitivity is the fear of anxiety-related sensations and some beliefs of consequences. In addition, emotional regulation is the ability to manage and react to emotions effectively. Emotion regulation is the attempt to influence which emotions one has, when one has them, and how one experiences or expresses them (Gross, 2015). Individuals with a strong support network may have access to advice, resources, and encouragement to develop and use effective emotional regulation skills. This can help them manage anxiety-sensitivity more effectively.

Smith and Jones (2019) investigated a relationship between perceived social support and emotion regulation in Tehran's diabetic patients. They used selective and targeted sampling to choose participants for the research. Statistical analysis showed a positive correlation between perceived social support and effective emotion regulation. This shows that effective social support will more likely utilize adaptive emotion regulation strategies when encountering distressful situations.

Another researcher examined the influence of social support on emotion regulation in a clinical setting. They discovered that individuals with higher levels of social support show improved emotion regulation strategies, which proved effective for dealing with any disorder, especially mood disorders. The study concluded that social support in a therapeutic setting effectively adapted emotion regulation for mood disorder patients (Gracia et al., 2020).

In another study, researchers examine the relationship between social support and anxiety-sensitivity among older adults. They use a selective sampling technique to choose participants aged 60 to 70. The findings of the research showed that older adults with stronger social support had lower levels of anxiety-sensitivity than older adults who received less social support (Brown & Martinez, 2019). Also, they explored the relationship between emotion regulation and anxiety-sensitivity in individuals having anxiety disorders. They use a purposive sampling technique to select the participants. They found that participants who had increased emotion regulation had decreased anxiety sensitivity. The findings show that effective emotion regulation techniques are the most effective way to reduce anxiety sensitivity.

Al-Ansari et al., (2023) aimed to investigate the relationship between social support and anxiety among adolescents in Kuwait. They used a cross-sectional research design to collect data from 300 adolescents aged 13-18. Findings revealed that social support is negatively correlated with anxiety and depression. This shows that a higher level of social support is associated with a lower level of anxiety. Fatima and Qureshi (2020) explore the relationship between social support and emotional resilience among Pakistani women. They used a cross-sectional design to collect data from 300 Pakistani women between 18 and 60. Their research findings revealed that social support was positively correlated with emotional resilience, meaning increased emotional resilience among Pakistani women was seen with increased social support. Social support also serves as a mediating role between stress and emotional resilience.

Khan et al., (2020) investigated the relationship between anxiety-sensitivity and anxiety symptoms in Pakistani university students, where emotion regulation served as a mediator among anxiety-sensitivity and anxiety symptoms. A cross-sectional survey research design was used to

collect data from 400 university students. The results revealed that emotion regulation was negatively associated with anxiety symptoms and anxiety sensitivity, and emotion regulation served as a mediator between anxiety-sensitivity and anxiety symptoms.

Irfan et al., (2021) investigated the mediating role of social support between anxiety-sensitivity and depression among Pakistani adults having generalized anxiety disorder (GAD). They used a cross-sectional research design to collect data from 300 adults diagnosed with GAD. The study revealed that social support was negatively associated with depression and was serving as a mediator between anxiety-sensitivity and depression. Ahmed S. (2022) investigated the role of social support and emotional regulation in the mental health outcomes of women in prison. They used a cross-sectional design to collect the data from 100 women prisoners, with an age range from 18-60 years, from women in Pakistani prisons. The result revealed that social support and cognitive emotion regulation were good predictors of mental health outcomes.

Rationale of the Study

Different researchers in the local context (Ifthikar & Ajmal, 2010; McMordie, 2020; Siyanna & Zinna, 2018; Upadhyaya, 2016) investigating social support, emotional regulation, and anxiety sensitivity. Although these studies had very interesting findings that contributed to the field of psychology, these studies only explored the direct association between the study variables. However, these studies fail to explore how anxiety-sensitivity predicts emotional regulation at the different levels of social support. Social support is a very important part of emotional regulation when controlling emotions. When it comes to community, adolescents' social support is seen as a very important phenomenon in their lives because these children are dealing with different types of stressors due to the loss of their parents and guardians and social separation (Babar, 2020).

Several well-established psychological theories explain why studying how social support affects the link between personality and emotional regulation makes sense. The transactional model of stress and coping says that people's responses to stressors depend on many things, like their nature and the resources they have, like social support. This model says that people with high levels of personality traits like neuroticism may be more likely to face stressors and may need more social support to deal with them (Lahley, 2020). However, as such, no indirect link with the moderating role of anxiety-sensitivity is available, so it is very important to explore this association in this context, too.

Moreover, reviewing the Western literature, significant work has been done between the current study variables in bidirectional and direct ways. However, very little work has been done in the South Asian community of adolescents. Therefore, considering the entire available contextual and theoretical framework, it is very important to explore this phenomenon from this point of view. This study will contribute to the Pakistani context. After exploring these phenomena in this direction, more work would come into play to find the intervention programs that work on the emotional regulation of community adolescents. Besides that, this research is a valuable addition to previous literature as it explores the moderating role of anxiety sensitivity in the link between social support and emotion regulation.

Objective of the Study

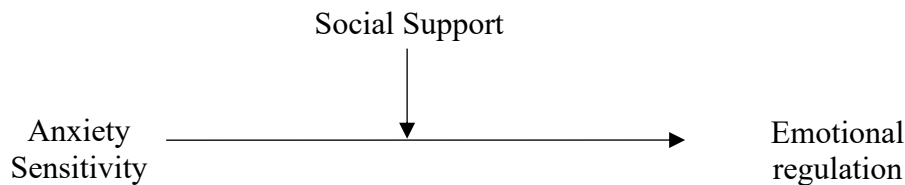
Moderating the role of anxiety-sensitivity in the link between social support and emotional regulation while controlling the demographic variables.

Hypotheses of the Study

Considering the available literature on the community adolescents in Pakistan as well as the theoretical framework explaining the association between the current study variables, the following hypotheses are outlined:

1. Social support, anxiety sensitivity, and emotional regulation are likely to be associated.
2. Anxiety sensitivity plays a moderating role in the link between social support and emotional regulation.

Figure 1: *Hypothesized Moderation Model*



Methodology

Research design

The current study used a correlational design to find the association between social support and emotional regulation and examine the moderating role of anxiety sensitivity among them.

Participants and Sampling strategy

The current study's participants include adolescents who are orphans from orphanage communities. The sample (N=300) was collected from orphan adolescents through a purposive sampling technique. Participants of the current study include adolescents of orphans from orphanage communities. We collect data only from orphan communities, such as orphanages, foundation houses, and shelter homes, and these adolescents were not cognitively impaired.

Measures

Emotion Regulation Questionnaire (ERQ: Gross & John, 2003)

ERQ is a self-report measure with ten items in total; five of them measured expressive suppression, and five of them measured cognitive reappraisal. Scoring, Respondents usually use a 7-point Likert scale, a standard Likert scale is from 1 to 7, where 1 denotes "strongly disagree" or "almost never" and 7 denotes "strongly agree" or "almost always". Cognitive reappraisal includes thinking differently about the situation to alter a person's emotional experience. At the same time, emotional suppression consists of decreasing the outward expression of emotion. Cognitive reappraisal consists of 6 items (item no.1, 3, 5, 7) such as "When I want to feel less negative emotion (such as sadness or anger, I change what I'm thinking about (item=3)". On the other hand, Emotional suppression consists of 4 items (item no.2, 4, 6, 8) such as "When I am feeling positive emotions, I am careful not to express them (item=4)". In order to score the Emotional regulation Questionnaire, the scores from both the subscales are calculated. For the sub-scale cognitive reappraisal, the sum of item numbers 1,3,5,7, and 9 is calculated. Similarly, for expressive suppression, the sum of item numbers 2,4,6,8, and 10 are calculated. Validity studies by original and successive authors show that ERQ has excellent internal consistency reliability. This scale is valid and reliable for measuring emotional regulation (Gross & John, 2003).

Anxiety-sensitivity Index (ASI: Reiss., 1986): The ASI normally has 16 items; however, some versions may have variations with more or fewer items. Sample items could be something like, "It scares me when my heart beats rapidly," "I worry about losing control of my thoughts," or "It terrifies me when I feel shaky". In scoring, the respondents score the degree to

which each statement relates to them on a Likert scale, typically ranging from 0 (not at all) to 4 (very much). The scoring of the ASI changes according to the specific version. The reliability is Cronbach's alpha coefficients for the ASI frequently surpass 0.80, indicating strong internal consistency and dependability.

Social Support Questionnaire (SSQ: Sarason et al., 1987)

The Social Support Questionnaire 6-item scale (SSQ6) is a brief self-report measure of perceived social support. It was developed by Sarason et al. (1987) as a shorter version of the original 27-item Social Support Questionnaire (SSQ). It is a 6-item scale, with each item scored on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree). The SSQ6 is a reliable and valid measure of social support that has been used in a wide variety of research studies. There are no established cutoff scores for the SSQ6. However, scores of 12 or less have been suggested to indicate a risk for social isolation (Lubben et al., 2006). One item of SSQ is *"I Who can you count on to be dependable when you need help?"*. The SSQ6 has good psychometric properties. It has been shown to have high internal consistency, with Cronbach's alpha coefficients ranging from .84 to .91 (Sarason et al., 1987). The SSQ6 has also been valid, with scores correlating significantly with other social support measures and psychological well-being measures (Sarason et al., 1987).

Procedure

The research was started in an orderly manner by acquiring permission from the authors of the scales that were used for data collection. A formal authority letter was sought from the Institute of COMSAT University and presented to the respective heads. After receiving written permission from the university, the questionnaires were administered to participants fulfilling the inclusion and exclusion criteria. A sample of males and females was selected according to the inclusion criteria. Before the administration of scales, formal consent was obtained from the participants to ensure that their information was kept confidential and would not be used for any other purpose except the studies. The participants were guaranteed that they could withdraw from research at any time. We solved our questionnaires from the participants. Each set of questionnaires required around 10-15 minutes for administration. Researchers visited the Orphan homes and institutes for data collection. After data collection was completed, the results were analyzed. Response rate was high.

Ethical Consideration

The present study ensured that each adolescent participant and their guardian are fully informed about the study's goals, methods, risks, and benefits, and obtain their written consent, emphasizing their right to withdraw at any time. Keep participant data, especially concerning anxiety or emotional regulation, confidential and accessible only to authorized personnel was prioritized. Informed consent clearly states that participation is voluntary and free from coercion. Participants were provided a detailed debriefing at the end of the study, clarifying its true purpose and addressing any concerns, especially if misinformation was used. By addressing these ethical considerations, the present study ensured that our research is scientifically sound and respectful of adolescent participants' rights and well-being.

Statistical Analysis

In this study, we use SPSS statistical software and apply statistical correlation analysis to determine the association between variables. Regression Analysis was used to determine the strength and direction of the predictive relationship between the study variables, and Moderation Analysis was used to quantify the effect of a moderating variable in the research.

Results

Table 1 shows Cronbach's Alpha, mean, standard deviation of the constructs and inter-correlation between demographics, social support, anxiety-sensitivity, and emotional regulation. The Cronbach's alpha value for social support is .80, emotional regulation ranged from .60 to .77, which is considered acceptable. Moreover, correlation demonstrated a significant yet negative relationship between social support and anxiety-sensitivity ($r = -.18^{**}$). Moreover, social support was observed negatively but significantly associating with the sub-scales of anxiety-sensitivity affect; physical concerns ($r = -.17^{**}$), psychological concerns ($r = -.14^*$) and social concerns ($r = -.17^{**}$). A significant yet negative relationship was again observed between the social support and emotional suppression ($r = -.14$).

Table 1: *Inter-correlation between Demographic Characteristics, Social Support, Anxiety-sensitivity and Emotional Regulation.*

Measures	2	3	4	5	6	7	8	9	10	11	12
1- Age	-.14*	.13*	.34**	-.12*	.17**	.18**	.12*	.10	-.10	-.10	-.08
2- Gender	-	.01	-.14*	.01	.06	.06	.01	.02	.06	.04	.07
3- Whom You Lost		-	-.11	.11	.21**	.20**	.23**	.01	.05	.05	.04
4- Currently Studying			-	-.17	-.05	-.05	-.02	.02	-.03	-.07	.01
5- Social Support				-	-.18**	-.17**	-.14*	-.17**	-.06	.01	-.14*
6- Anxiety-sensitivity					-	.94**	.86**	.60***	.05	.01	.10
7- Physical Concerns						-	.69**	.50***	.03	-.01	.08
8- Psychological Concerns							-	.36**	.08	-.01	.03
9- Social Concerns								-	.19**	.15*	.21**
10- Emotional Regulation									-	.92***	.86***
11- Cognitive Reappraisal										-	.60***
12- Emotional Suppression											-
α				.80		.79	.65	.15	-	.77	.60
M				18.6		18.7	14.2	5.23	-	23.	18.5
SD				7.05		7.29	5.03	2.01	-	6.4	5.04

Note: * = $p < .05$, ** = $p < .01$

Table 2: Standard Regression Weights of Social Support, Anxiety-sensitivity (& sub-scales) Emotional Regulation.

Measures	B	SE	95% CI
Moderating Role of Anxiety Sensitivity			
Constant	35.91**	5.56	
Social Support	.268	.263	-.25 to .78
Anxiety Sensitivity	.206	.131	-.05 to .46
Social Support × Anxiety Sensitivity	-.009	.006	-.02 to .03
R ²	.013		
ΔR ²	.007		
Moderating Role of Physical Concerns			
Constant	40.37	4.91	-.38 to .53
Social Support	.074	.231	-.26 to .65
Physical Concerns	.194	.232	-.03 to .01
Social Support × Physical Concerns	-.008	.011	
R ²	.006		
ΔR ²	.002		
Moderating Role of Psychological Concerns			
Constant	31.9***	5.15	21.7 to 42.0
Social Support	.553***	.246	.06 to 1.03
Psychological Concerns	.839**	.325	.19 to 1.48
Social Support × Psychological Concerns	-.044***	.016	-.07 to -.01
R ²	.032		
ΔR ²	.028		
Moderating Role of Social Concerns			
Constant	43.2***	4.82	33.7 to 52.7
Social Support	-.317	.239	-.78 to .15
Education	.049	.816	-1.55 to 1.65
Social Support × Social Concerns	.052	.042	-.03 to .13
R ²	.045		
ΔR ²	.005		

Note: * = $p < .05$, ** = $p < .01$, *** = $p < .001$

A series of moderation analyses were executed by running regression analysis through Model 1 Process V4.0 by Hayes (2016) process on SPSS version 25. The moderating role of anxiety-sensitivity with social support and emotional regulation was estimated in moderation analysis. Moderation analyses were run between all subscales (physical, psychological and social concerns) of anxiety-sensitivity with social support and emotional regulation (emotional suppression and cognitive reappraisal). Only one of the moderation analyses between the variables were significant. The results of the moderation analysis revealed that the analysis of with moderating role of anxiety-sensitivity was insignificant. Psychological concerns were a significant predictor of emotional suppression ($\beta = -.044***$). At low levels of social support, more emotional suppression was observed in the participants with leading concerns of psychological in nature. However, other two sub-scales were non-significant.

Figure 1: Moderating Role of psychological concerns between social support and Emotional Suppression.

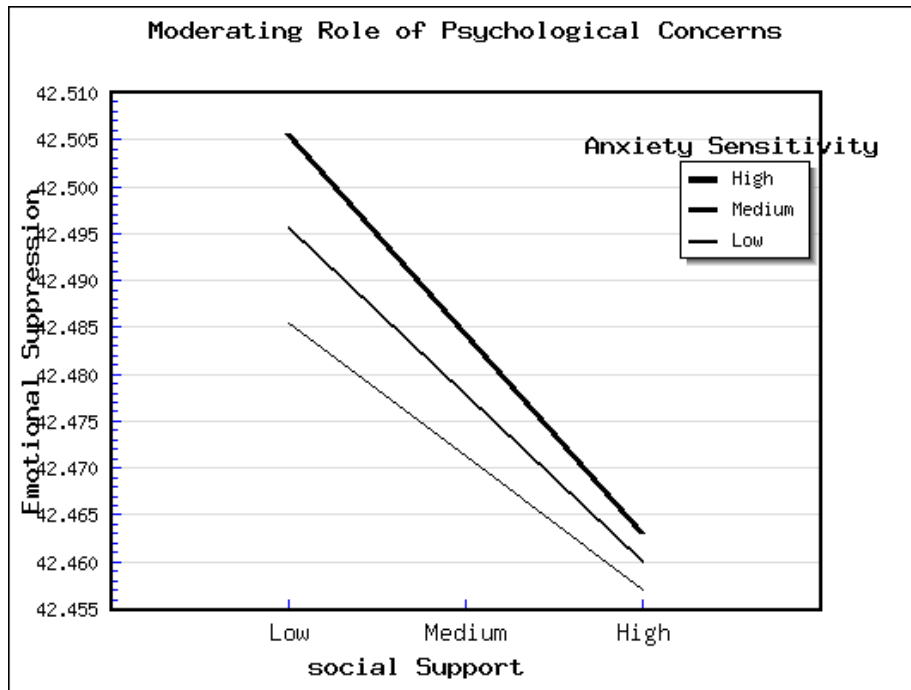
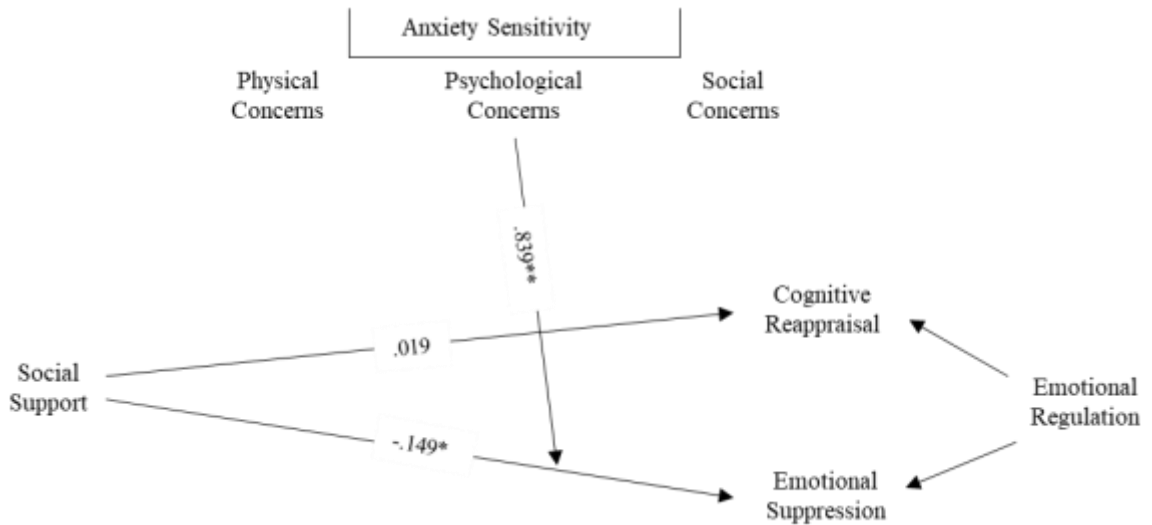


Figure 2: Emerged Moderation Model



Discussion

In this study, we assessed the social support, anxiety sensitivity, anxiety-sensitivity, and emotion regulation among adolescents. Social support, anxiety-sensitivity and emotion regulation

play pivotal roles in shaping the emotional wellbeing of adolescents. In addition, we aimed to evaluate the influence of social support and anxiety-sensitivity on adolescents' emotion regulation. The constructs were measured by their respective scales. The results finding showed that there was a significant negative relationship between social support, anxiety-sensitivity, and emotion regulation. So, there is a correlation between positive social support, lower anxiety, and improved emotional regulation in adolescents. Moreover, moderation analysis revealed the analysis with a moderating role of anxiety-sensitivity was insignificant.

In addition, we aimed to measure that social support, anxiety sensitivity, and emotional regulation are likely to be associated with one another. To support this, we examined different research and studies in this research. A study was conducted in March 2020 in order to evaluate the COVID-19 impact on parents' and children's mental health, stress, anxiety (state/sensitivity), and emotional regulation strategies (cognitive reappraisal/expressive suppression) when they have social support using pre-pandemic measures in this study. The epidemic significantly increased the stress and anxiety levels of parents compared to before, but not of their children, according to the results. Over time, children reported comparable perceptions of social support from all sources. Lastly, there was no significant correlation between the scores of the parents and the kids at either point. These findings imply that parental and child responses to the COVID-19 pandemic differed in aboutstress, anxiety, and emotion regulation techniques (Journault et al., 2022).

Numerous research studies have shown the different contributions of emotion regulation and social support to death anxiety. In this study, people living with HIV/AIDS were asked to consider whether social support predicts multidimensional death anxiety as a function of emotion regulation strategies (cognitive reappraisal and expressive suppression). The findings revealed that social support from friends and significant others indirectly reduces death anxiety in terms of death acceptance and death thoughts, but not in terms of death certainty or externally generated death anxiety. Expressive suppression in particular is a key component of emotion regulation strategies. It was discovered that the family support mediation mechanism was only effective for death acceptance (Chukwuorji et al., 2019).

A review of several randomized controlled trials (RCTs) has looked into how well cognitive behavioral therapy (CBT) works in reducing the symptoms of anxiety. The purpose of the current research was to investigate the absolute and relative mediation of anxiety-sensitivity (AS) and emotion regulation (ER) challenges in the reduction of anxiety symptoms. The results of individual mediation models showed that the decrease in anxiety-related symptoms during treatment was strongly mediated by both anxiety-sensitivity and emotional regulation. These findings indicated that increased impulse control may function as a mechanism for reducing anxiety symptoms and may be significant to focus on in cognitive behavioral therapy (CBT) with naturalistic samples (Asnaani et al., 2020).

A study on how perceived social support affects the relationship between trait anxiety and threat-related amygdala response showed that social resources may reduce the effects of adverse circumstances, which can lead to psychopathology, especially when there is a comparatively higher biological risk. The result shows that perceived social support, a tool for overcoming adversity, moderates the expression of trait anxiety as a function of threat-related amygdala reactivity. Those who reported below-average levels of support showed a strong positive connection between amygdala activation and trait anxiety; this correlation did not appear in those who reported medium or above-average levels of support (Hyde et al., 2019).

Research was conducted and the goal of this research was to examine the life expectancy structural equation modelling in older people by taking into account their pain perception, social support, and anxiety sensitivity. The study used an analytical cross-sectional design and was modelling research. According to the findings, life expectancy and social support, including its three sub-scales of family, friends, and significant others, had a strong positive connection. Furthermore, a significant negative association was found between life expectancy and the fear of losing cognitive control. According to the findings, older people's pain and anxiety would decrease if efforts were made to improve their social support and life expectancy (Sebea et al., 2021).

The current longitudinal study compared cognitive behavioral therapy with or without medication (calm) to usual care in a randomized controlled trial for anxiety disorders. It assessed reciprocal relationships between perceived social support and anxiety sensitivity, and investigated the indirect effects of the intervention. Anxiety and depression symptoms were found to impact indirect effects and reciprocal connections in secondary studies. The results indicate that perceived social support may be particularly addressed in future interventions to improve the reassessment of somatic symptoms and vice versa (Metts et al., 2023).

This study aimed to evaluate social anxiety in teenagers in Birgunj, Nepal, and to determine the specific roles that emotion regulation, social support, and mindfulness play in social anxiety. The findings indicate that girls reported more symptoms of social anxiety, and there was a significant association between age and symptoms. These findings imply that enhancing dispositional awareness, social support, and emotion regulation may benefit teenagers afflicted with or at risk of social anxiety (Singh et al., 2020).

This quantitative, observational, cross-sectional study attempted to determine the mediating effects of other variables, such as social support and sensitivity to anxiety, in the association between emotional intelligence and mobbing as experienced by nurses. Results were made for mediation models and descriptive analysis. Personal traits associated with low emotional intelligence and high anxiety-sensitivity suggested that workplace mobbing was more common. If the targeted person feels that they have enough support from friends, family, or significant others, this mobbing might be decreased. According to our findings, nursing staff should be trained in emotional intelligence in both university and on the job programs, and their social support network should be strengthened to enhance the work environment (Del Mar Molero Jurado et al., 2021).

The present research examined Chinese soldiers' acute stress reactions, social support, resilience, and cognitive emotion control. Social support and resilience fully mediated the relationship between positive cognitive emotion regulation strategies and acute stress. At the same time, regression and bootstrap analyses showed that these variables only partially mediated the relationship between negative cognitive emotion regulation strategies and acute stress. The results demonstrate the mediation effects of social support and resilience in the relationship between cognitive emotion regulation and acute stress reactions. They also emphasize the strong relationships between military acute stress, cognitive emotion regulation, social support, and resilience (Cai et al., 2017).

This study investigated how social support, emotion regulation (cognitive reappraisal and expressive suppression), and religious commitment relate to preoperative anxiety. They decided on a cross-sectional design. Regression analysis revealed that whereas expressive suppression was positively linked with preoperative anxiety, cognitive reappraisal, social support, and interpersonal religious commitment were adversely associated with preoperative anxiety after adjusting for

relevant demographic characteristics. Preoperative anxiety variance was consistently and significantly explained by the emotion management techniques (Aliche et al., 2018).

This study observed that dysfunctional emotion regulation and anxiety-sensitivity are associated with symptoms of depression and anxiety. Maladaptive ideas about emotions are when emotional regulation and anxiety-sensitivity overlap with beliefs about emotions. The relationship between anxiety symptoms and anxiety-sensitivity can be partially explained by both beliefs about emotions and emotional regulation, according to bootstrapped serial mediation analyses. The importance of the uncontrollability of emotions in cognitive-behavioral models of anxiety and emotion regulation is highlighted by these findings, which highlight the important roles that anxiety-sensitivity and emotional regulation play in maintaining anxiety and depressive symptoms (Ouimet et al., 2016).

The present research focused on the relationship between procrastination, perceived social support, anxiety sensitivity, and internet addiction. The results of the correlational analysis showed an important connection between procrastination, perceived social support, anxiety sensitivity, and degrees of internet addiction. The model that included procrastination, social support, and anxiety-sensitivity explained 31% of the variance in internet addiction, according to multiple regression analysis. Higher internet addiction was associated with loneliness, which suggests decreased perceived social support. According to the study, prevention and social support interventions may help decrease internet addiction (Küçük et al., 2022).

The moderating role of anxiety sensitivity in the link between social support and emotional regulation suggested that individual with high anxiety sensitivity may experience a different impact of social support on their emotional regulation compared to those with lower anxiety sensitivity. It determined that the influence of social support on emotional regulation may be based on an individual's level of anxiety sensitivity. Numerous studies assessed the association between social support, anxiety-sensitivity and emotion regulation.

The study was conducted on the moderating role of anxiety-sensitivity in the co-occurrence of anxiety and depression symptoms among clinically anxious children. They expected that anxiety-sensitivity would moderate the co-occurrence between anxiety and depression symptoms. Results of the study showed that moderation analysis revealed that higher anxiety was related to higher depression only among girls with higher anxiety sensitivity. The anxiety and depression symptoms were correlated among clinically anxious boys (Andres G, Viana, et al, 2018).

Furthermore, another research study was conducted on the stress, anxiety, emotion regulation, and social support in parent-child dyads during a pandemic. The sample was of 136 dyads of Canadian parents and children. Results revealed a significant increase in parents' stress and state anxiety during that period compared to the children. Children reported similar perceived social support from all the sources over time. Finally, parent and children scores were not significantly correlated at either time, parent and children responded differently regarding stress, anxiety and emotion regulation strategies (Jasmine, Nelli, Inga., et al, 2023).

Meanwhile, the study was conducted on the role of social support and emotional exhaustion in the association between work family conflict and anxiety symptoms. The sample was 764 female nurses and physicians, the model was checked in which emotional exhaustion served as mediator and support was regarded as moderator between work-family and anxiety symptoms. Results showed that there is a relationship between the variables and anxiety symptoms, via emotional exhaustion, was weakest for female staff who reported high levels of social support.

The results implicate various interventions to promote mental wellbeing (Zhang, Tang & Mu, 2020).

Conclusion: The current study was conducted to explore the moderating role of anxiety sensitivity, the link with social support, and emotional regulation in the community adolescents. Statistical analysis was done through SPSS to explore the moderating role of anxiety-sensitivity on social support and emotional regulation. Statistical analysis shows that social support and one of the subscales of emotional regulation, emotional suppression, was significant but negative. ($r = -.149$). Which reveals that higher social support was associated with lower emotional suppression. Moreover, there was no significant relationship between emotional regulation and anxiety sensitivity, which contradicts the hypothesis of a direct association.

Moderation analysis shows that the moderating role of only one of the subscales of anxiety sensitivity anxiety-sensitivity, that is, psychological concerns, was significant with one of the subscales of emotional regulation, emotional suppression, which means that at a low level of social support, individuals with higher psychological concerns engage in more emotional suppression than those with lower concerns. Moderation effects were nonsignificant for the other two subscales of anxiety sensitivity (physical and social concerns). Current study provides evidence for a complex relationship between social support, anxiety sensitivity, and emotional regulation in community adolescents (orphan). Moreover, Social support seems to have a protective effect, reducing emotional suppression, but this effect is moderated by specific aspects of anxiety-sensitivity (psychological concerns). Further research is needed to explore the mechanisms underlying these relationships and identify other potential moderators.

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