THE EXPERIENCE OF EMOTION REGULATION IN PEOPLE WITH SOCIAL ANXIETY SYMPTOMS: A QUALITATIVE STUDY

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Abstract

The present study explored the subjective experience of emotion regulation in people with social anxiety symptoms through a qualitative approach based on semi-structured interviews. The participants were selected following an initial screening of social anxiety symptoms. Inductive thematic analysis outlined three central themes: the experience of overwhelming emotions, the social impact of emotion regulation difficulties and the initial experiences associated with overwhelming emotions. The accounts highlighted shame, guilt, loneliness and insecurity, associated with avoidance and intense physiological manifestations. Early experiences of rejection, criticism and bullying were retrospectively evoked as significant landmarks for understanding current emotion dysregulation. The results contribute to a contextualised understanding of emotion regulation in association with social anxiety symptoms and provide relevant landmarks for psychological assessment and intervention.

Keywords: emotion regulation, social anxiety, expressive suppression, avoidance.

Emotion regulation is one of the central psychological mechanisms involved in the individual's adaptation to environmental demands and in maintaining mental health. According to Gross (1998), emotion regulation refers to the processes by which individuals influence the emotions they experience, the timing of their occurrence, as well as the way in which they are experienced and expressed. These processes allow the adjustment of affective responses according to the demands of the context and facilitate social and interpersonal functioning. Ineffective or maladaptive emotion regulation strategies can contribute to the development and maintenance of psychological difficulties, including anxiety disorders.

Among these, social anxiety is characterised by persistent fear associated with social or performance situations in which one anticipates the possibility of being negatively evaluated, criticised, rejected, or humiliated. This experience may be accompanied by avoidance behaviours, heightened concerns about one's own social

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performance, and intense emotion and physiological reactions. Research indicates that people with social anxiety symptoms tend to use more maladaptive emotion regulation strategies, such as expressive suppression and avoidance of emotional experiences and self-criticism, and, to a lesser extent, adaptive strategies, such as cognitive reappraisal (Dryman & Heimberg, 2018). These characteristics are associated with the maintenance of emotional distress and impaired social functioning.

Gross' process model of emotion regulation (1998) served as the basis for developing explanatory models specific to anxiety disorders. Building on this, Mennin (2005) described emotion regulation difficulties through several characteristics, including increased intensity of emotional experiences, difficulties in understanding and identifying one's own emotions, negative reactions to emotional experiences, and the use of ineffective emotion management strategies. Further research showed that people with social anxiety had difficulties in recognising and expressing emotions, increased levels of shame and fear of their own affective reactions, and difficulties in accessing effective emotion regulation strategies (Sønderland, 2010).

In Romanian research on the mechanisms underlying social anxiety, an experimental study showed that state shame was the only significant predictor of post-event rumination following a stressful social task, within a model that included social anxiety symptoms, state anxiety, and performance self-evaluation (Cândea & Szentágotai-Tătar, 2017). Additionally, a study based on experience-sampling highlighted that self-criticism and experiential avoidance predicted state social anxiety in daily life (Stefan *et al.*, 2025).

In recent years, researchers have also focused on the role of early experiences in the development of social anxiety. Studies suggest the existence of associations between exposure to emotional abuse, neglect, or repeated experiences of rejection and the development of shame, self-criticism, and negative beliefs about the self, mechanisms considered relevant in the emergence and maintenance of social anxiety symptomatology (Shahar *et al.*, 2015; McBride *et al.*, 2022). In a sample of Romanian adolescents, individual differences in emotion regulation accounted for approximately 20% of the variance in shame proneness, much more than the contribution of childhood traumatic experiences. Among the strategies investigated, self-blame and catastrophizing were associated with higher shame proneness (Szentágotai-Tătar & Miu, 2016). However, the relationship between early experiences and current symptomatology should be approached with caution, especially in retrospective research, where the data reflect the meaning that participants attributed to their own life experiences.

Although the relationship between emotion regulation and social anxiety is well documented in the international literature, most research uses quantitative methods and tracks the frequency of emotion regulation strategies or the relationships between psychological variables. However, there are fewer studies that explore the subjective experience of people with social anxiety symptoms and

the way they describe, interpret and attribute meaning to their own emotional experiences in social contexts. A qualitative perspective can complement these results by investigating how people portray and interpret their own emotional experiences and by exploring the meanings they assign to them.

In this context, the present study aims to explore the subjective experience of emotion regulation in people with social anxiety symptoms through a qualitative approach. The way participants describe overwhelming emotions, the impact of emotion difficulties on social functioning, and the early experiences they associate with the development of difficulties in emotion regulation are investigated.

METHOD

OBJECTIVES AND RESEARCH QUESTIONS

The present study aims to explore the subjective experience of emotion regulation in people with social anxiety symptoms, through a qualitative design, based on semi-structured interviews. The research aims to identify the main themes associated with overwhelming emotions, their impact on social functioning and the early experiences relevant to the development of difficulties in emotion regulation.

In this context, this research aimed to answer the following questions:

1. How do participants describe the experience of overwhelming emotions in everyday life?

2. What is the impact of emotion dysregulation on social functioning?

3. What early experiences are perceived by participants as relevant to the development of social anxiety symptoms?

PARTICIPANTS AND PROCEDURE

The study used a qualitative design, preceded by a quantitative screening phase. The quantitative component aimed to identify individuals with the highest levels of social anxiety symptoms in order to select them for the qualitative phase.

In the first phase, 80 individuals completed the *Liebowitz Social Anxiety Scale* – LSAS (Liebowitz, 1987). The initial sample consisted of 69 women (86.3%) and 11 men (13.7%), aged between 18 and 54 (M = 25.93; SD = 8.33). Of the participants, 31.3% came from rural areas and 68.8% from urban areas. The inclusion criteria in the initial phase were being at least 18 years old and expressing consent to participate in the research and to have their data processed for scientific purposes.

For the qualitative phase, the 12 female participants who obtained the highest LSAS scores were selected. They were between 19 and 36 years old. Therefore, the selection for the qualitative phase was intentional, oriented towards exploring the experiences of people who presented the highest levels of social anxiety symptomatology within the investigated sample. Qualitative data were collected

through a semi-structured interview consisting of 23 questions regarding the subjective experience of emotion regulation and 4 questions regarding socio-demographic characteristics. When the answers required clarification or further development, additional in-depth questions were used. The interviews were conducted individually, online, via the Skype platform, lasting 30 minutes on average. With the participants' consent, the interviews were audio or audio-video recorded and subsequently fully transcribed for analysis.

INSTRUMENTS

To assess the participants' social anxiety symptoms, the *Liebowitz Social Anxiety Scale* – LSAS was used. This instrument is a self-report questionnaire, consisting of 24 items divided into two subscales that target social interaction situations (11 items) and performance situations (13 items). Participants rated each situation separately in terms of fear/anxiety and avoidance on 4-point scales ranging from 0 to 3. Fear/anxiety ratings ranged from 0 (none) to 3 (severe), whereas avoidance ratings ranged from 0 (never) to 3 (usually). The LSAS provides scores for fear associated with social interaction, fear associated with performance situations, total fear, avoidance of social interaction situations, avoidance of performance situations and total avoidance, as well as a total LSAS score. The scale has internal consistency coefficients ranging from .81 to .96 for the investigated dimensions (Heimberg *et al.*, 1999).

In the present study, the results indicate excellent internal consistency for the total score ($\alpha = .96$). The Cronbach α coefficients corresponding to the derived scores ranged from .90 to .92, indicating very good internal consistency: total fear ($\alpha = .90$), fear associated with social interaction ($\alpha = .92$), fear associated with performance situations ($\alpha = .92$), total avoidance ($\alpha = .90$), avoidance of social interaction ($\alpha = .92$), and avoidance of performance situations ($\alpha = .92$).

QUALITATIVE DATA ANALYSIS

The interview transcripts were analysed using an inductive thematic approach. The analysis aimed to identify recurring patterns of meaning in the participants' accounts, starting from the empirical material and without a priori imposition of theoretical categories on the data. In the first stage, the transcripts were reviewed to become familiar with the material and to identify units of meaning relevant to the research objectives. Subsequently, relevant fragments were coded, and codes with similar meanings were grouped into broader conceptual categories. By examining the relationships between these categories, the themes and subthemes of the analysis were constructed. Throughout the analytical process, we paid particular attention to preserving the meanings expressed by participants in their accounts and the recurring patterns identified in the interviews were defined as the final themes.

RESULTS

DESCRIPTIVE RESULTS

Descriptive analysis of the LSAS scores revealed a mean total score of 65.16 (SD = 32.87), with values ranging from 7 to 135 points. The amplitude of the variation interval, corroborated by the standard deviation, indicates considerable heterogeneity of the scores within the sample, suggesting important interindividual differences in terms of the intensity of social anxiety symptoms.

Regarding the two general dimensions assessed by the instrument, the mean score corresponding to fear was 31.05 (SD = 16.91), with values ranging from 2 to 65 points, while for avoidance an average of 34.11 (SD = 16.70) was recorded, with scores ranging from 3 to 70 points. The values obtained underline a substantial variability in both the fear felt in social and performance situations, as well as the avoidance behaviours reported by the participants. The analysis of the scores corresponding to the performance situations indicated a mean of 16.65 (SD = 8.38) for the fear dimension, with values ranging between 1 and 36 points, and a mean of 18.02 (SD = 8.60) for the avoidance dimension, with values ranging between 0 and 37 points. The dispersion of the scores reveals considerable interindividual differences in terms of the intensity of fear and the frequency of avoidance associated with performance situations. In the case of social interaction situations, the mean score for fear was 14.40 (SD = 8.90), with values ranging from 0 to 32 points, and the mean score for avoidance was 16.08 (SD = 8.67), with values ranging from 0 to 33 points. For these dimensions, significant variability is also noticed, indicating differences among participants in terms of fear and tendency to avoid social interaction situations.

The descriptive results highlight a considerable variability of social anxiety symptomatology in the investigated sample, both at the level of the total score and of the dimensions related to fear and avoidance in social interaction and performance situations. This heterogeneity supports the relevance of exploring in-depth the subjective experience of people with more pronounced levels of social anxiety symptomatology, especially the way they experience and manage their emotions in social contexts.

RESULTS OF THEMATIC ANALYSIS

The thematic analysis of the results brought to light three central themes:

a. The experience of overwhelming emotions

b. The impact of emotion regulation difficulties on social functioning

c. The first experiences associated with emotion difficulties.

a. The experience of overwhelming emotions

The first theme identified in the analysis, the experience of overwhelming emotions, captures the complexity of how participants perceive, live and try to

manage intense emotion experiences. Regarding their self-perception, some participants describe themselves with characteristics associated with introversion and withdrawal ("*I am a very introverted, very closed person*"), while others describe themselves as emotion, insecure and as having difficulties in social interactions ("*I find it difficult to interact with new people, I often feel awkward, ashamed, I lack confidence in myself or I talk nonsense, say the wrong words or make mistakes*"). However, the statements also highlight personal resources and an attitude oriented towards self-acceptance ("*I am curious, warm, I am learning to be compassionate with myself and accept that I am imperfect*").

The impact of overwhelming emotions is characterised by difficulty in understanding and managing them, sometimes accompanied by a sense of loss of control ("*I couldn't understand what was happening, I didn't know how to react, what to start with, what I should do*"). The intensity of emotional experiences can interfere with daily activities and social functioning ("*it's hard for me to do normal things: go to the store, to college, to make friends*"). Participants report states of mental exhaustion ("*I feel exhausted after these emotions pass"*) and, in some situations, the feeling of being blocked (*"paralysing, it freezes me and makes me lost, confused, like a child*"). However, intense emotional experiences are not exclusively associated with negative consequences; in contexts of success, they can also acquire a mobilising role ("*they motivate me to move at a faster pace. They drive me to act*").

In terms of triggers, participants identify a variety of personal and situational contexts, such as loneliness and the significance attributed to it ("*they arose because I felt very lonely and because she was convinced that if you are a solitary person, it is not normal to live like this*"). Previous emotion experiences are also perceived as influencing current reactions ("*there are some emotion imprints left [...] that automatically activate the same states and episodes in me"*). Interactions with people perceived as having a position of authority constitute another relevant context, with emotions being described as "*triggered by different people who are in a position of superiority*". Evaluation situations ("*emotions are present during examinations*") and contexts characterised by crowdedness and intense social stimulation ("*when I am in places with noise, bustle, a lot of people, shows and concerts*") are also associated with the intensification of emotional experiences.

On an emotional level, guilt and shame appear recurrently in the participants' discourse ("*I feel guilty for reacting like this*"; "*I feel embarrassed, ashamed, I wanted the ground to swallow me up"*). These experiences are accompanied by various physiological and bodily manifestations, such as an accelerated heart rate ("*alert heartbeat*"), chest pressure ("*In my chest, I feel a painful pressure*") and abdominal discomfort ("*In my stomach, I feel like something is cutting me or shooting me*"). Participants also mention motor agitation (*"tendency to continuously kick my leg like a bunny*"), sweating ("*I sweat all over*", "*my palms sweat*"), crying ("*I was crying long before I gave the lesson*"), dizziness ("*I feel dizzy*"), tremor ("*my body reacts by shaking*"), chills ("*feeling cold all over, like a panic attack*

of freezing"), and facial flushing ("*I tend to get hot in the cheeks and forehead and...my face turns a very strong red color*"). Reports also include repetitive behaviours directed at one's own body ("*I tend to bite my nails [...] to gnaw behind my ear*", "*to pull out my hair or scratch myself so hard that I cause lesions on my skin*").

The description of recent experiences of intense emotion activation featured four main contexts: ● family ("*My mother called me [...] I answered her very grumpily to what she asked me, and when I got home I had the same tone as on the phone, which made me answer my father quite angrily*"); ● professional ("*when I had a passive-aggressive attitude with my boss, trying to explain and justify myself to her*"); ● social (in a social context with strangers, a participant describes: "*I was at a party with many unfamiliar faces and I only had my boyfriend with me, who was also socializing with other people, so from time to time I was left alone*") and ● academic ("*we had to present in front of the class [...] when it was my turn to read...I started shaking*"). These situations were associated with loneliness and disappointment ("*I felt very, very...lonely and disappointed by the reaction I received"*), the feeling of not being understood ("*I felt misunderstood, unimportant, strange*"), shame ("*I was ashamed and I never wanted to be seen like that again*") and insecurity ("*I felt embarrassed, insecure*").

In an attempt to understand the origin and intensity of these feelings, the participants identify both external factors, particularly related to the perception of social evaluation ("*I think the others' gazes terrify me*"), and internal factors ("*my thoughts*" and "*fear of disappointing, of not living up to expectations*"). Responses associated with emotion activation include crying ("*such a tearful reaction, recognising such personal emotions*"), bodily tension and agitation ("*I kept shifting…as if I were jumping from one foot to the other…I kept my hands very tense, clenched"*), and interpersonal reactions ("*passive-aggressive…trying to justify myself*").

In terms of managing emotional experiences, the qualitative data reveal different strategies, such as withdrawal and avoidance ("*I locked myself in my room*"), orientation towards familiar people ("*I tried to spend more time with people I already knew*"*),* and confronting the situation by expressing dissatisfaction (*"I expressed my frustrations and tried to justify myself*").

b. The impact of emotion regulation difficulties on social functioning

The social impact of emotion regulation difficulties was one of the complex themes addressed in the interviews. On a personal level, some participants described attempts to identify and understand the relationship between their own emotional states and the behaviours manifested in interactions with others ("*I realise that my behaviour towards him is probably caused by an emotion that I feel*"). On a relational level, emotional difficulties were also reported, including reactions from family members ("*they classified it as hysteria*"). The perception of being observed and evaluated by others, described by expressions such as "*under*

the microscope" and "*analysing what I do or say*", is associated in the participants' narratives with a variety of affective experiences. Guilt is captured through the tendency to retrospectively analyse one's own reactions ("*I sit and analyse everything that happened, I feel guilty about the reactions I had*"), and fear is expressed through the statement "*I have always been afraid of the world*". Shame appears explicitly ("*it seems shameful to me*"), while the intensity and persistence of emotional discomfort are illustrated by the description of an event ("*it was the strongest and longest episode I have ever gone through, and which somehow was a volcano of depression and anxiety*"). Also, the accounts highlight experiences of frustration and anger associated with the visibility of one's own emotional reactions in social contexts ("*feelings of frustration that appeared on my face and everyone noticed*"). At the same time, expectations arise regarding the ability of significant people to understand their undergoing an emotion experience ("*I simply expected them to...understand the psychological underlayer of my states*").

Several participants adopt a reflective perspective on their own behaviour and its consequences for others, trying to understand and manage the impact of their own reactions on interpersonal relationships ("*the poor guy is not to blame and he doesn't deserve it to take out my nerves and frustrations on him*"). This reflection suggests awareness of how personal emotional states can influence interactions with close people. At the same time, self-analysis is mentioned as a way of managing and understanding emotional experiences ("*I analyse what I feel, how I behaved towards him, I identify what bothered me*"). The narrative underscores an approach to identifying emotions, examining one's own behaviour, and exploring factors perceived as triggers for emotional reactions.

c. The first experiences associated with emotion difficulties

Recalling the first experiences associated with overwhelming emotions revealed a diversity of contexts and significant situations, across different stages of development. The earliest memories of experiencing intense emotions are placed by some participants in childhood. In the family environment, conflicts between parents are evoked as contexts with significant emotional charge ("*when my parents argued*"). Other early experiences are associated with the preschool context and interactions with others. One participant describes repeated experiences of mockery and the significance she later attributed to them ("*there were times in childhood when I was made fun of for this and I developed a complex*"). The account emphasises how childhood interpersonal experiences are retrospectively integrated into the understanding of one's own emotional and social vulnerabilities.

Upon entering the school environment, the participants describe situations in which intense emotional experiences were associated both with relationships with teachers and peers, and with exposure and evaluation in front of the group. One participant reports repeated experiences of criticism from a teacher ("*the English teacher kept reproaching me that I did not know anything, did not get involved in*

activities, and because I was the only one in the class who was silent in front of her, she always took it out on me, even though my peers were upsetting her"). The narrative captures the perception of a school relationship characterised by criticism and repeated negative exposure. The difficulties associated with visibility and expression in front of others are present in the accounts ("*I had difficulty speaking in front of the class, whether I was very familiar with the material or I had doubts about how much I knew*"). This experience suggests that the discomfort associated with social exposure could be felt even in situations where the person felt adequately prepared.

In adolescence, intense emotional experiences are associated by participants with significant changes, peer relationships and serious evaluative situations. One of the participants describes the emergence of these difficulties in relation to periods of transition and change ("*I also felt this in the 9th grade or when there were big and significant changes in my life: job changes, city changes, breakups*"). Another report highlights the role of difficult interactions with peers ("*these emotions were also triggered by peers who often teased me*"). At the same time, the approach of exams and the need to make important decisions are described as sources of intensification of emotional experiences ("*when the emotions of the baccalaureate and other important decisions for me somehow began*").

During youth, emotional difficulties are described in association with integration into the university environment and exposure to unknown people ("*there were unknown people there and I shouldn't necessarily have been afraid that they might say something negative about me*"). At the same time, academic assessment situations are described as experiences in which emotion intensity interfered with the perceived ability to manage the task ("*I felt like I no longer had control over what I was doing and it was very difficult to manage the exam; for this reason, I failed the test the first time*"). Difficulties in managing emotions are not limited to the academic environment, however. The participants' statements indicate the occurrence of intense emotion and physiological reactions in medical contexts as well (*"I was sitting in the doctor's chair and I was shaking so much that even the light was moving"*), recreational ("*I forgot some of my equipment at home and realized that I wouldn't be able to ski. Then I started crying terribly and couldn't help myself*"), or everyday situations such as the experience in a crowded commercial space ("*I actually stopped in the middle of the shopping lane. [...] I simply felt like getting down on my knees and starting to cry*").

In describing the evolution of emotional difficulties, some participants report episodes that they identify as panic attacks ("*I started having very strong panic attacks*"). These were associated with various physiological manifestations, such as "headaches", "my face turns red" and "my hands get sweaty". The accounts also include cutaneous manifestations that the participants associate with their emotional experiences ("*I developed seborrheic dermatitis*").

DISCUSSION

This study explored the subjective experience of emotion regulation in individuals with social anxiety symptoms. The thematic analysis outlined three central themes: the experience of overwhelming emotions, the social impact of emotion dysregulation, and the initial experiences associated with overwhelming emotions.

The first theme, the experience of overwhelming emotions, highlights the multidimensional nature of participants' experiences, who describe shame, guilt, insecurity, and loneliness, associated with difficulties in managing their own states and, at times, with a sense of loss of control. These results are consistent with the literature on the role of emotion regulation in social anxiety. Dryman and Heimberg (2018) emphasise the association of social anxiety with the increased use of expressive suppression and with difficulties in the effective use of cognitive reappraisal. At the same time, Sønderland's (2010) qualitative perspective, focused on affective organisation in people with social anxiety disorder, provides a relevant benchmark for understanding how affective experiences are perceived and integrated. However, the comparison must be limited to the level of affective experience, as the present study investigates social anxiety symptomatology, and not a clinically diagnosed population. The emotional experiences described also include a pronounced bodily component, expressed through palpitations, tremors, sweating, chest pressure, abdominal discomfort, or facial flushing, sometimes accompanied by concern about being observed and evaluated by others. The relevance of attentional processes in social anxiety is supported by Heeren *et al.* (2015), who identified particularities of attention orientation associated with symptom intensity. Although the present study did not directly assess such mechanisms, the participants' concerns about others' gazes and reactions indicate their relevance to further research. Regarding the management of emotional experiences, participants describe withdrawal and avoidance, orientation towards familiar people, but also confronting difficult situations. At the same time, some accounts indicate self-compassion and self-acceptance. This dimension is consistent with the results presented by McBride *et al.* (2022), which highlight the relationships among self-compassion, emotion regulation strategies and social anxiety.

The second theme, the social impact of emotion regulation difficulties, reveals their implications on relational functioning. Fear of evaluation, shame, guilt and concern about one's own reactions appear in family, academic, professional and social contexts. Interpersonal relationships acquire a double meaning: interactions perceived as critical, authoritarian, or evaluative are associated with heightened discomfort, whereas closeness to familiar people can serve as a resource for managing it. The presence of shame and self-criticism in the participants' statements is consistent with the results of Shahar *et al.* (2015), who identified associations between childhood emotional maltreatment, shame-

proneness, self-criticism, and social anxiety symptomatology. Given the cross-sectional nature of the authors' research, these relationships should be interpreted associatively, rather than causally.

The retrospective self-analysis described by the participants ("I sit and analyse everything that happened") exhibits characteristics consistent with post-event rumination, a cognitive process associated with persistent concerns regarding one's own performance in social situations. In this regard, Cândea and Szentágotai-Tătar (2017) highlighted the role of shame experienced following negative social evaluation in predicting post-event rumination. Furthermore, the presence of self-criticism alongside tendencies towards withdrawal and avoidance in the participants' accounts aligns with recent findings showing that self-criticism and experiential avoidance predict social anxiety in everyday contexts (Stefan *et al.*, 2025).

The third theme, early experiences associated with overwhelming emotions, outlines a subjective trajectory of emotional experiences from childhood to adolescence. Participants attribute significance to contexts such as family conflicts, criticism, teasing, bullying, difficulty expressing themselves in front of a group, and evaluation situations. These results can be discussed in relation to the associations identified by Shahar *et al.* (2015), but the retrospective and qualitative nature of the present study does not allow for the establishment of causal relationships. Early experiences are therefore more appropriately understood as autobiographical landmarks that participants retrospectively attribute significance to when explaining current emotional difficulties.

The participants' accounts of being teased, mocked, and criticised at school can be understood within the broader context of the emotional consequences associated with negative peer experiences. Recent data from Romania indicate associations between involvement in bullying and higher levels of stress and anxiety, low self-esteem, and social isolation among middle school students (Coman *et al.*, 2026). At the same time, the vulnerability associated with shame can also be examined through the lens of emotion regulation processes: among Romanian adolescents, strategies such as self-blame and catastrophizing have been connected to a heightened predisposition to shame, beyond the contribution of childhood traumatic experiences (Szentágotai-Tătar & Miu, 2016). Together, these findings provide a relevant framework for understanding how negative interpersonal experiences and the ways in which they are managed can contribute to the emotional vulnerability retrospectively described by the participants.

CONCLUSIONS, LIMITATIONS AND FUTURE DIRECTIONS

The present research highlights the multidimensional and contextual nature of emotion regulation in association with social anxiety symptomatology. The participants' experiences integrate intense affective experiences, bodily manifestations, perceived difficulties in managing emotions, and implications for

social functioning. At the same time, the interpersonal context is described as both a source of emotion activation and a potential resource for managing discomfort.

The results must be interpreted in relation to several methodological limitations. The small sample size and the inclusion of exclusively female participants limit the transferability of the results. The retrospective nature and the use of self-report may imply influences of autobiographical memory, reinterpretation of experiences, and social desirability. The online conduct of the interviews may have influenced the researcher-participant interaction and access to some nonverbal cues, although it could have facilitated the expression of personal experiences. An additional limitation concerns the operationalisation of social anxiety: in the absence of a standardised diagnostic clinical interview, the results refer to individuals with social anxiety symptomatology and cannot be extrapolated to individuals diagnosed with social anxiety disorder. Also, the qualitative and retrospective design does not allow for the formulation of causal relationships between early experiences, emotion regulation, and current symptomatology.

Future research could include more diverse samples and diagnostically assessed clinical populations, as well as mixed and longitudinal designs. Integrating interviews with standardised measures and behavioural or psychophysiological indicators could allow for a deeper understanding of the relationships among emotion regulation, shame, self-criticism, self-compassion, attentional processes, and avoidance strategies.

From an applied perspective, the results can contribute to the individualised assessment and conceptualisation of difficulties associated with social anxiety symptomatology, by exploring the contexts of emotion activation, bodily manifestations, meanings attributed to social evaluation and regulation strategies used. Exploring early experiences can facilitate understanding the meaning attributed to current difficulties, without assuming the existence of a direct etiological relationship.

Beyond implications at the individual level, the results highlight the relevance of educational and professional contexts in understanding the emotion regulation difficulties associated with social anxiety symptoms. Accounts of criticism, teasing, and mockery in the school environment align with recent data from Romania, indicating associations between exposure to bullying and elevated levels of stress and anxiety, while documenting experiences of shame, humiliation, fear, and social isolation (Coman *et al.*, 2026). At the professional level, situations involving evaluation, criticism, and interactions with authority figures were, according to the participants, also linked to heightened emotional intensity. The relevance of this context can be analysed in relation to Romanian literature on mobbing, characterised by repeated and persistent exposure to criticism, humiliation, isolation, and professional discrediting (Gheondea *et al.*, 2010), as well as to data regarding bullying behaviours in organisational settings (Maidaniuc-Chirilă, 2014). Although the present study did not investigate mobbing and does not permit causal inference, these results point to the need for further research into the role of interpersonal and organisational contexts in the experience of social anxiety. Future studies could longitudinally

examine the relationships between exposure to bullying and mobbing, sensitivity to social evaluation, emotion regulation processes, and social anxiety symptomatology, thereby providing an empirical basis for developing preventive interventions at educational, organisational, and societal levels.

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