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NE NE Psikoloji Dergisi

The Relationship Between Parenting and Social Anxiety: The Mediator Role of Early Schemas

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Anahtar kelimeler
Algılanan ebeveynlik, sosyal kaygı, erken dönem uyumsuz şemalar

Öz

Bu çalışma, algılanan ebeveynlik tarzları (anne ve baba) ile üniversite öğrencilerinin sosyal kaygı düzeyleri arasındaki ilişkide erken dönem uyumsuz şemaların olası aracılık rolünü araştırmayı amaçlamaktadır. Araştırmada kesitsel bir tasarım benimsenmiş olup, altı farklı üniversiteden yüz yüze görüşmeler yoluyla seçilen 419 üniversite öğrencisi (%60,4 kadın) katılmıştır. Veri toplama için Liebowitz Sosyal Kaygı Ölçeği (LSAS), Young Şema Ölçeği-Kısa Form 3 (YSQ-SF3) ve Young Ebeveynlik Envanteri (YPI) kullanılmıştır. Sonuçlar, annelerin algılanan olumsuz ebeveynlik tarzlarının, öğrencilerin sosyal kaygı düzeylerini anlamlı şekilde artırdığını göstermiştir. Özellikle, erken dönem uyumsuz şemaların 'bozulmuş özerklik' alanı, bu ilişkide önemli bir aracı olarak tanımlanmıştır. Bu durum, annelik tarzlarının, bozulmuş özerklik şemalarının gelişimi yoluyla sosyal kaygıyı artırdığına işaret etmektedir. Buna karşılık, babaların algılanan ebeveynlik tarzlarının sosyal kaygı düzeyleri üzerinde anlamlı bir etkisi bulunmamıştır. Bu bulgular, sosyal kaygının gelişiminde annelerin kritik rolünü vurgulamakta ve erken dönem uyumsuz şemaları hedefleyen terapötik müdahalelerin önemini ortaya koymaktadır. Çalışma, erken ebeveynlik etkilerinin zihinsel sağlık sonuçlarını nasıl şekillendirdiğini anlamaya katkıda bulunmakta olup, klinik uygulamalar ve gelecekteki araştırmalar için önemli çıkarımlar sunmaktadır.

Keywords
perceived parenting, social anxiety, early maladaptive schemas

A The Relationship Between Parenting and Social Anxiety: The Mediator Role of Early Schemas
Abstract

This study aimed to investigate the potential mediating role of early maladaptive schemas in the relationship between perceived parenting patterns (from both mother and father) and the social anxiety levels of university students. A cross-sectional research design was employed, involving 419 university students (60.4% female) who were selected through face-to-face interviews from six different universities. The Liebowitz Social Anxiety Scale (LSAS), Young Schema Questionnaire-Short Form 3 (YSQ-SF3), and Young Parenting Inventory (YPI) were employed for data collection. The results demonstrated that the perceived negative parenting patterns of mothers significantly predicted higher levels of social anxiety in students. Importantly, the 'impaired autonomy' domain of early maladaptive schemas was identified as a key mediator in this relationship, indicating that maternal parenting patterns contribute to increased social anxiety primarily through the development of impaired autonomy schemas. In contrast, no significant effect of perceived paternal parenting patterns on social anxiety levels was observed. These findings underscore the critical role of maternal influence in the development of social anxiety and highlight the importance of targeting early maladaptive schemas in therapeutic interventions. The results contribute to the understanding of how early parental influences shape mental health outcomes, with implications for both clinical practice and future research.

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Social Anxiety Disorder (SAD) is a state of constant fear of social environments where the person is likely to be evaluated by others and tends to avoid these environments as much as possible. It is defined as a state of constant worry about being humiliated, embarrassing, or behaving ridiculously (DSM-5, 2013). Individuals with social anxiety disorder worry that they will be judged as weak, anxious, crazy, stupid, boring, or unlovable. They have an intense fear that they will behave in a way that may cause humiliation or embarrassment, such as stuttering or sweating, and that they will show signs of anxiety such as blushing, trembling, and rapid heartbeat, and that this will be perceived negatively by others. In addition to humiliation and embarrassment, rejection and hurting others are among the consequences that individuals with social anxiety disorder fear intensely (Heimberg et al., 2014). In the light of previous findings, it can be said that the level of social anxiety, which will be the subject of this study, affects the lives of individuals negatively.

Cognitive theories about social anxiety emphasize that cognitive processes play an essential role in the etiology and persistence of the disease (Clark & Wells, 1995; Heimberg, 1997; Heimberg et al., 2010; Leigh & Clark, 2018; Rapee & Turner, 1994). The cognitive model focuses on cognitive biases (e.g., attentional bias) in the information processing processes of individuals with social anxiety disorder (Mogg & Bradley, 2002). The model developed by Clark and Wells (1995) assumes that individuals with social anxiety problems make a great effort to make a good impression on others, but they have little confidence in their ability to do so. It is thought that this insecurity arises from the dysfunctional negative beliefs of individuals about themselves. Individuals with social anxiety disorder develop assumptions, rules, and beliefs about themselves and their social environment, especially based on their experiences with their parents. These individuals have negative assumptions about themselves and others ("If I keep quiet, they will think I am too boring"; "If people see that I am anxious, they will think I am stupid"). They also seem to have strict rules about how to behave in social situations ("I should never show any signs of anxiety"; "I should always have something interesting to say").

Similarly, some other studies also showed that these sets of cognitive processes could have their roots in interactions with the parents (Asbrand et al., 2017; Bögels et al., 2001; Bögels, et al., 2010; Budinger et al., 2013; Hudson & Rapee, 2001; Neal & Edelmann, 2003; Ortiz et al., 2019). In this regard, Bögels et al. (2001) state that there are two reasons why parenting plays a vital role in the etiology of social anxiety disorder. The first reason is that the onset of the social anxiety disorder mostly coincides with the early childhood period when the parents still maintain their influence on the individual. The second reason is that the family environment is the first place where individuals learn about social behaviour and develop schemas through interactions with their parents. Studies show that people with social anxiety disorder generally perceive their parents as overprotective, controlling, and directing (Hudson & Rapee, 2004; Rapee & Sweeney, 2001; Spence & Rapee, 2016). Related study findings also report that overprotective and controlling parental patterns can lead to behavioural inhibition in children and cause social anxiety in later developmental periods (Birtürk, 2021; Degnan et al., 2008; Lewis-Morrarty et al., 2012; Rubin et al., 2002; Teke et al., 2020).

Schemas, as defined in cognitive theory, are cognitive structures that enable the examination, coding, and evaluation of stimuli affecting the organism, and are shaped uniquely for everyone depending on past experiences. These cognitive schemas are cognitive patterns that play a role in the process of making sense of all kinds of events and experiences that individuals encounter and in the formation of attitudes, emotions, and behaviours (Beck, 1967; Beck et al., 1979). Based on this concept, Young et al. (2003) emphasize the basic emotional needs necessary for individuals to grow up healthy and in a harmonious way. In cases where these needs are not met, schemas associated with some emotional problems are formed, which are called early

maladaptive schemas (Young, 1999; Young et al., 2003). Young defines early maladaptive schemas (EMS) as "broad, pervasive themes or patterns, comprised of memories, emotions, cognitions, and bodily sensations, regarding oneself and one's relationships with others, developed during childhood or adolescence, elaborated throughout one's lifetime, and dysfunctional to a significant degree" (Young et al. 2003, p. 7). EMS are defined by five schema domains formed by 18 sub-dimensions. These 18 dimensions are abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame, social isolation/alienation, dependence/incompetence, vulnerability to harm and illness, enmeshment/undeveloped self, failure, entitlement/grandiosity, insufficient self-control/self-discipline, subjugation, self-sacrifice, approval-seeking/recognition-seeking, negativity/pessimism, emotional inhibition, unrelenting standards/hypercriticalness, and punitiveness. Moreover, the five schema domains are rejection, impaired autonomy and performance, impaired limits, other-directedness, over-vigilance, and inhibition (Young, 1990).

In studies examining the relationship between early maladaptive schemas and social anxiety, it was found that schema features such as finding the self socially defective, being overly sensitive to negative evaluations, perfectionist standards, low support, and emotional intimacy, are specifically associated with social anxiety (Mairet et al., 2014; Pinto-Gouveia et al., 2006). Similarly, when the literature is examined, studies indicate a significant relationship between EMS (such as emotional deprivation, abandonment, and mistrust) and social anxiety disorder (İnci, 2019; Süeda, 2018).

Research Question and Hypotheses:

Despite robust evidence linking parenting styles and EMS to social anxiety, a significant gap remains in understanding the precise mechanisms through which these factors interact. Specifically, while previous research has identified associations between overprotective or controlling parenting and social anxiety, the potential mediating role of EMS in this relationship has not been thoroughly explored. This study aims to fill this gap by investigating whether EMS mediate the relationship between perceived parenting patterns and social anxiety levels in university students. The primary research question guiding this study is: "Do early maladaptive schemas mediate the relationship between perceived parenting styles and social anxiety?" We hypothesize that EMS will significantly mediate this relationship, providing a crucial link between early parenting experiences and the later development of social anxiety symptoms. The following hypotheses were formed accordingly:

H1: Perceived parenting patterns of the mother and the father will significantly predict social anxiety.

H2: EMS will significantly predict social anxiety.

H3: EMS will significantly mediate the relationship between perceived parenting styles and social anxiety.

In conclusion, the study seeks to build on existing literature by systematically examining the interplay between parenting styles, EMS, and social anxiety. The findings are expected to contribute to the understanding of social anxiety's etiology, highlighting the importance of early interventions that target both parenting practices and maladaptive cognitive schemas. This research not only addresses a gap in the current literature but also has potential implications for developing more effective intervention strategies for individuals with social anxiety disorder.

Method

Research Design

This study utilized a cross-sectional survey design to explore the relationships between perceived parenting styles, early maladaptive schemas (EMS), and social anxiety among university students. No experimental manipulation was conducted, and the research was observational in nature. The design does not include a control group, as the focus was on correlational analysis rather than experimental comparison.

Participants

The research sample consists of 419 university students who continue their undergraduate and graduate education at six different universities. Participants were selected using a convenience sampling method, ensuring a diverse representation across different educational levels. The inclusion criteria required that participants be actively enrolled in either undergraduate or graduate programs and willing to participate voluntarily. Data were collected through face-to-face interviews. The sample included 253 (60.4%) female and 166 (39.6%) male students. The age range of the students is 17-31, and the average age is 21.58 (SD = 2.54). The study did not exclude any participants based on gender, age, or academic level, allowing for a broad examination of the variables of interest across a general university student population. 379 (90.5%) of the participants continue their undergraduate education, and 40 (9.5%) graduate education.

Measurements

The Liebowitz Social Anxiety Scale (LSAS): The Liebowitz Social Anxiety Scale was developed by Liebowitz (1987). The 24-item scale was designed to evaluate social interaction and performance situations in which people with social phobia fear and/or show avoidance behaviour. The scale consists of 11 items related to social interaction and 13 items related to public performance. Each item is rated on two 4-point Likert-type scales. The first scale is fear/anxiety and ranges from 0 (absent) to 3 (severe). The second scale is a measure of avoidance and ranges from 0 (never) to 3 (usually; 68-100%). The total score is calculated by summing all fear and avoidance ratings. The scale consists of 6 different sub-scores. These are “total fear”, “fear of social interactions”, “fear of performance”, “total avoidance”, “avoidance of social interactions”, and “avoidance of performance”, respectively. The total score can vary between 0 and 192, and an increase in the score indicates an increase in the level of social anxiety. The suggested cut-off score was determined as 25 for anxiety and avoidance subscales, and 50 for the total scale score. This study, the total scale score was used to determine the participants' social anxiety levels. The original scale's internal consistency (Cronbach alpha) varies between .81 and .92. In the Turkish version of the scale, Soykan et al. (2003) found Cronbach's alpha values .96 for fear/anxiety, .95 for avoidance, and .98 for all scale items. Although clinicians often apply the scale, a study by Fresco et al. (2001) showed that the scale also gives reliable and valid results when used as a self-report measure. In addition, Soykan et al. (2003) reported that the scale could be used as a self-report form in a study conducted in Turkey. Accordingly, when the scale was used as a self-report measure, the Cronbach's alpha coefficient was found to be .90 for the fear/anxiety subscale, .89 for the avoidance subscale, and .94 for all scales. In the present study, the Cronbach's alpha coefficient of the scale was found to be .91 for the fear/anxiety subscale, .89 for the avoidance subscale, and .94 for all the scales.

Young Schema Questionnaire-Short Form 3 (YSQ-SF3): The scale evaluates the schemas due to inadequate fulfilment of basic childhood needs (Young, 1990) and consists of 5 schema domains, and a total of 18 early maladaptive schemas are measured under these domains. Each schema consists of 5 items. These 18 schemas are named as abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame, social isolation/alienation, dependence/incompetence, vulnerability to harm and illness, enmeshment/undeveloped self, failure, entitlement/grandiosity, insufficient self-control/self-discipline, subjugation, self-sacrifice, approval-seeking/recognition seeking, negativity/pessimism, emotional inhibition, unrelenting standards/hyper criticalness, and punitiveness, respectively (Young et al., 2003). In the 90-item form, each item has a 6-point Likert-type scale 1 = entirely untrue of me, 6 = describes me perfectly). There is no cut-off score for the scale. However, higher scores indicate the presence of more and more severe early maladaptive schemas. The validity and reliability study of the Turkish form of the scale was carried out by Soygüt, et al. (2009). According to the results of the principal components analysis, the Turkish form of the scale consists of a 14-factor structure namely, enmeshment/dependence, abandonment, failure, pessimism, vulnerability to harm, emotional deprivation, emotional inhibition, social isolation/mistrust, defectiveness, unrelenting standards, approval-seeking, entitlement/insufficient self-control, self-sacrifice and punitiveness and includes 5 schema domains namely, impaired autonomy (IA), disconnection (DS), unrelenting standards (US), other-directedness (OD) and impaired limits (IL). Although the number of items measuring the dimensions varies, the total number of items is still 90. It was determined that the test-retest reliability of the scale ranged between r=.66 -.82 in terms of schema dimensions and r=.66 - .83 in terms of schema domains. The internal consistency coefficient of the scale varies between α=.63 to .80 for schema dimensions and α=.53 to .81 for schema domains (Soygüt et al., 2009). In this study, the internal consistency coefficients of the scale were between α=.67 and .82 for the schema dimensions; For the schema domains, it was found that α=.73 to .91.

Young Parenting Inventory (YPI): The Young Parenting Scale was developed by Young (1994) to evaluate the parenting patterns that form the basis of early maladaptive schemas. In other words, this scale aims to measure perceived parenting patterns specifically related to negative core beliefs. Items in the original form were theoretically related to 17 early maladaptive schemas, namely abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame, dependence/incompetence, vulnerability to harm and illness, enmeshment/undeveloped self, failure, entitlement/grandiosity, insufficient self-control/self-discipline, subjugation, self-sacrifice, approval-seeking/recognition seeking, negativity/pessimism, emotional inhibition, unrelenting standards/hyper criticalness, and punitiveness. The scale has 72 items on a 6-point Likert type scale (1 = entirely untrue of me, 6 = describes me perfectly). Higher scores present more negative parenting patterns. The scale asks the participants to evaluate their mothers and fathers separately in a way that best describes their childhood. Studies conducted by Sheffield et al. (2005) on the psychometric properties of the scale supported the construct and criterion validity of YPI. Internal consistency coefficients vary between .67 and .92. In addition, Spearman correlations between the YSQ-SF3 sub-dimensions and the parenting scale sub-dimensions were examined to determine the construct validity of the scale, and it was stated that many sub-dimensions showed significant correlations. Turkish validity and reliability studies of YPI were carried out by Soygüt, et al. (2009). As a result of the Principal Components Analysis of the scale, a structure with 10 factors was reached for both mother and father forms, namely emotionally depriving, overprotective/anxious, belittling/criticizing, pessimistic/worried, normative, restricted/emotionally inhibited, punitive, conditional/achievement-focused, over permissive/boundless, and exploitative/abusive parenting. Moreover, the internal consistency coefficients of the mother form of YPI were between .53 and .86; The internal consistency coefficients for the father form were reported to vary between .61 and .89. It was also found that parenting patterns evaluated by YPI showed significant relationships with anxiety and depression symptom

levels. Finally, the internal consistency coefficient of the dimensions of the mother form of YPI was .90, and the internal consistency coefficient of the dimensions of the father form was .91. Analysis of the convergent validity of the scale indicate that the mother form showed significant correlations with YSQ-SF3 at the level of .51, and the father form at the level of .47 (p<.01). The correlation between the mother form and the father form was found to be .68 (Soygüt et al., 2009). In this study, the internal consistency coefficient of the dimensions related to the mother form of YPI was .88, and the internal consistency coefficient of the dimensions related to the father form was .89.

Procedure

After obtaining permission from the Okan University ethics committee for the research (meeting no: 69), each stage of the research was carried out by the researcher. The research was conducted between May and September 2024. First, the participants signed the consent form in the personal information form before the research. The general purpose of the research was explained to the participants both.

Results

Correlation analysis was conducted to explore the relationship between the perceived parenting patterns of the mother and father, early maladaptive schemas, and social anxiety levels. Results showed that all variables were positively and significantly correlated with social anxiety levels, except for the impaired limits (IL) schema domain, which was therefore discarded from further analysis (see Table 1).

A hierarchical regression analysis was then conducted to test the predictors of social anxiety. In line with Hypothesis 1, the first step of the analysis included the total score of the perceived parenting patterns of the mother and the father. Consistent with the hypothesis, results suggested that the perceived parenting pattern of the mother significantly predicted the Liebowitz Social Anxiety Scale (LSAS) total score; however, the perceived parenting pattern of the father was not a significant predictor ($R^2 = .06$, $F(2,416) = 13.07$, $p < .001$). The perceived parenting pattern of the mother alone explained 6% of the variance in LSAS total score. These results support the first hypothesis by indicating that the social anxiety of the participants increased as the perceived negative parenting from the mother increased.

Table 1
Correlation Coefficients

	1	2	3	4	5	6	7	8
LSAS Total	1							
YPI-M	.24**	1						
YPI-F	.19**	.65**	1					
IA	.46**	.42**	.39**	1				
DS	.42**	.46**	.44**	.78**	1			
US	.24**	.25**	.20**	.43**	.36**	1		
IL	.07	.22**	.18**	.24**	.28**	.53**	1	
OD	.30**	.35**	.28**	.59**	.53**	.56**	.41**	1

Note 1. ** $p < .01$
Note 2. LSAS Total: Liebowitz Social Anxiety Scale total score, YPI-M: Perceived parenting style total score for the mother, YPI-F: Perceived parenting style total score for the father, IA: Impaired Autonomy, DS: Disconnection, US: Unrelenting Standards, IL: Impaired Limits, OD: Other-Directedness.

A hierarchical regression analysis was then conducted to test the predictors of social anxiety. In line with Hypothesis 1, the first step of the analysis included the total score of the perceived parenting patterns of the mother and the father. Consistent with the hypothesis, results suggested that the perceived parenting pattern

of the mother significantly predicted the Liebowitz Social Anxiety Scale (LSAS) total score; however, the perceived parenting pattern of the father was not a significant predictor ($R^2 = .06$, $F(2,416) = 13.07$, $p < .001$). The perceived parenting pattern of the mother alone explained 6% of the variance in LSAS total score. These results support the first hypothesis by indicating that the social anxiety of the participants increased as the perceived negative parenting from the mother increased.

In the second step, where the schema domains were included, it was observed that only the impaired autonomy and disconnection schema domains significantly predicted the LSAS total score, supporting Hypothesis 2. In contrast with Hypothesis 2, the unrelenting standards and other-directedness schema domains did not significantly predict LSAS total score ($R^2 = .23$, $F(4,412) = 20$, $p < .001$). Furthermore, the significant predictor effect of the perceived parenting pattern of the mother on LSAS total score disappeared when the maladaptive schema domains were included in the analysis. This result indicates that the effect of the mother's perceived parenting pattern on social anxiety is mediated by these schemas. Specifically, when the effect of the total scores of the perceived parenting pattern was kept constant, the impaired autonomy and disconnection schema domains explained 17% of the variance in the total LSAS score (Table 2).

Table 2
Hierarchical Regression Analysis Results

	Model 1			Model 2		
	B	SE	*β*	B	SE	*B*
YPI-M	.14	.04	.21**	.04	.04	.07
YPI-F	.03	.04	.05	-.03	.03	-.05
IA				.32	.08	.31**
DS				.21	.01	.15*
US				.11	.13	.04
OD				.02	.14	.01
R^2(R^2 change)		.06			.23 (.17)	
F		.13			.20	
Δ R^2 F		.13			.22	

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

As mentioned earlier, in the hierarchical regression analysis, it was found that the perceived parenting pattern of the father and the unrelenting standards and other-directedness schema domains did not have significant effects. Therefore, these variables were excluded from subsequent analyses. At this point, the mediating role of impaired autonomy and disconnection schema domains in the relationship between the perceived parenting score of the mother and the LSAS total score was tested using the bootstrap method. PROCESS macro was utilized to test the proposed model (Preacher & Hayes, 2008). Results yielded that the perceived parenting pattern of the mother significantly predicted the LSAS total score ($\beta = .16$, $t = 5.05$, $p < .001$). Additionally, the effect of the perceived parenting pattern of the mother on impaired autonomy ($\beta = .26$, $t = 9.31$, $p < .001$) and disconnection ($\beta = .22$, $t = 10.54$, $p < .001$) schemas were statistically significant. Moreover, the mediator variables (IA and DS) were found to have a statistically significant effect on LSAS total score ($\beta = .34$, $t = 4.68$, $p < .001$; $\beta = .20$, $t = 2.09$, $p < .05$). After adding the mediators, it was seen that the effect of the perceived parenting pattern of the mother on the LSAS total score disappeared ($\beta = .02$, $t = .73$, $p > .05$). These findings suggest that the impaired autonomy and disconnection schemas fully mediate the

relationship between the mother's perceived parenting pattern and social anxiety levels, in support of Hypothesis 3.

However, to test the significance level of indirect effects through these mediators, the bootstrap method with 1000 samples was used. Results showed that the 95% BCa confidence intervals for the impaired autonomy schema domain did not include zero, indicating that the indirect effect of this mediating variable was significant. However, the 95% BCa confidence intervals for the disconnection schema domain did include zero, suggesting that the indirect effect of the disconnection schema domain was not significant (Preacher & Hayes, 2008). This result supports Hypothesis 3, as it confirms the mediating role of impaired autonomy but not disconnection (see Table 3).

Table 3
Point estimates, BCa (Bias-Corrected and Accelerated) Confidence Interval for LSAS Total

	Product of Coefficients				*%95 BCa CI*	
	Point Estimates	*SE*	*z*	*p*	Lower	Upper
LSAS Total	.14	.02	6.76	.00	.10	.18
IA	.09	.02	4.20	.00	.05	.14
DS	.05	.02	2.05	.04	-.003	.09

Note. LSAS Total: Liebowitz Social Anxiety Scale total score, IA: Impaired Autonomy, DS: Disconnection

Finally, the mediating role of the impaired autonomy schema domain was tested alone. The results indicated that the impaired autonomy schema domain has a full mediator role in the relationship between the perceived parenting pattern of the mother and social anxiety levels, further solidifying the support for Hypothesis 3 (see Table 4).

Table 4
Mediation analysis results for Impaired Autonomy

Path Estimates	*b*	*SE*	*z*	*p*	*95% Confidence Interval*	
YPI-M → IA	.26	.03	8.19	<.001	.20	.33
IA → LSAS TOTAL	.46	.05	8.46	<.001	.35	.56
YPI-M → IA → LSAS TOTAL	.04	.03	1.17	.244	-.03	.10
Effects						
Direct	.04	.03	1.17	.244	-.03	.10
Indirect	.12	.02	6.37	<.001	.09	.16
Total	.16	.03	5.04	<.001	.10	.22

Note. LSAS Total: Liebowitz Social Anxiety Scale total score, YPI-M: Perceived parenting pattern total score for the mother, IA: Impaired Autonomy

Discussion

As it was mentioned earlier, this study aimed to explore the relationship between retrospective reports of parenting, early maladaptive schemas, and social anxiety. The study contributes to the existing theoretical framework by supporting the notion that perceived parenting patterns are significantly associated with social anxiety levels. Specifically, the first finding of the study provides evidence that only the perceived parenting pattern of mothers has a significant predictive effect on social anxiety levels when compared to fathers. This result aligns with previous research and supports existing theories, particularly the idea that mothers play a more significant role in influencing a child's social anxiety, especially when the anxiety level is low to

moderate (Bögels & Perotti, 2011; Bögels et al., 2010). This aligns with the broader theoretical perspective that emphasizes the differential impact of maternal and paternal roles in child development.

Moreover, this study examined social anxiety in the context of symptomatology rather than a disorder, by working on a non-clinical sample. This distinction is crucial as it underscores the relevance of the findings to a broader population and not just those diagnosed with social anxiety disorder. This means that the existing social anxiety level in this study likely falls somewhere between moderate and low; therefore, it supports the finding of the greater significance of the mother's effect. This is consistent with attachment theory, which posits that primary caregivers, often mothers, have a profound impact on a child's emotional regulation and social functioning (Bowlby, 1982). Moreover, the findings obtained in the literature also show that the mother's parenting pattern has an important role in the anxiety experienced by the child (Adibsereshki et al., 2018; Crevelin et al., 2010). These findings contribute to the broader understanding of the parental influence on anxiety development, adding nuance to existing theories by highlighting the specific roles of different parental figures. Similarly, another study reports that emotional intimacy, rejection, and overprotection associated with social anxiety are perceived from the mother rather than the father (Xu et al., 2017). Thus, when the findings are evaluated together, it becomes clear that mothers may have more significant roles from anxiety experienced in childhood to social anxiety experienced in adulthood.

The study's second major finding reveals that impaired autonomy EMS serves as a significant mediator in the relationship between the mother's perceived parenting pattern and social anxiety. This mediating role underscores the theoretical importance of early maladaptive schemas in the development of social anxiety, consistent with schema theory (Young et al., 2003). This finding is like other findings in the literature. However, the impaired autonomy schema domain specifically distinguishes individuals' expectations about themselves and the world, highlighting that they cannot act independently from their parent figures (Young et al., 2003). This is significant as it aligns with the broader cognitive-behavioral framework, which emphasizes the role of early cognitive patterns in shaping adult psychopathology. In addition, when the childhood life of these people is examined, it is seen that their families do everything for them, or alternatively, are overprotective to a detrimental degree. These parenting patterns significantly hinder the child's self-confidence and ability to behave competently outside the family environment. Thus, the findings suggest that such schemas could be a crucial target for therapeutic interventions, particularly in schema-focused therapies. As a result, these people are unable to form their own identities and create a world of their own. This has profound implications for understanding the mechanisms underlying social anxiety and provides a basis for further exploration of therapeutic approaches targeting these schemas.

The findings of this study underscore the importance of incorporating schema-focused interventions in clinical practice to address social anxiety. Specifically, targeting impaired autonomy schemas can help individuals reduce dependency on parental figures and foster the development of self-confidence and independence. Clinicians can employ schema therapy techniques to identify and challenge maladaptive schemas, enabling clients to build healthier cognitive and emotional patterns. Furthermore, integrating family dynamics into therapeutic interventions could enhance the effectiveness of treatment, as addressing maladaptive parenting patterns may help prevent the intergenerational transmission of social anxiety. Prevention programs focusing on parental education and early intervention could also mitigate the formation of maladaptive schemas, ultimately reducing the prevalence of social anxiety disorders.

When the results of the study are considered together, the mediating role of the early maladaptive schema impaired autonomy emerges as the most crucial finding. This suggests a novel contribution to the theoretical understanding of social anxiety, by identifying specific schemas that play a pivotal role in its

development. It is thought that this important role in the relationship between perceived negative parenting and social anxiety should be considered in terms of treatment. In particular, the study suggests that addressing impaired autonomy schemas within the context of schema therapy (Young, 1994) could offer a more targeted and effective intervention for individuals suffering from social anxiety. This also has practical implications for the development of intervention programs, which could be tailored to focus on the parental influences that contribute to these maladaptive schemas. Moreover, based on findings related to perceived parenting, it is crucial to consider these factors in the development of intervention programs focusing on the role of parents in the formation of impaired autonomy early maladaptive schema. Such programs could potentially reduce the incidence of social anxiety by intervening early in the parent-child dynamic, thus providing both theoretical and practical contributions to the field. In this regard, it is thought that the findings of the study are important.

Limitations of the Study and Recommendations for Future Research

Despite these significant contributions, there are certain limitations in this study that must be acknowledged. The first limitation of the study is that data were collected only from university students. This may lead to certain limitations in terms of the generalizability of the obtained findings. This demographic limitation suggests that the findings may not fully represent the broader population, particularly those from different age groups or socioeconomic backgrounds. Another limitation of the study is that the research design is a cross-sectional design. This methodological choice restricts the ability to infer causality and track developmental changes over time. Using a longitudinal design in future research will lead to more meaningful results when determining the relationship between the parenting pattern experienced in childhood and the current level of social anxiety. Additionally, another limitation may be that the data obtained from the study relied on participants to make their assessments retrospectively while filling out the data collection tools. This reliance on self-report data introduces the possibility of recall bias, which could affect the accuracy of the findings. Similarly, another limitation of the study can be seen as having a single source of information and a cross-sectional design, thus being open to common method errors. These methodological limitations should be considered when interpreting the findings and in the design of future studies.

Considering these limitations, several recommendations for future research emerge. The first of these is to evaluate the issue through caregiving in addition to parenting to better understand the effect of perceived parenting. This could offer a more nuanced understanding of how different caregiving figures influence the development of social anxiety. Studies conducted on caregivers may help us re-evaluate our references to mothers by explaining the possible role that caregiving processes play in this relationship. Furthermore, exploring the role of caregiving could broaden the theoretical framework, offering insights into alternative pathways through which early maladaptive schemas develop. Another issue that warrants further investigation is the examination of the relationship between the findings obtained in this study and attachment patterns. Attachment theory provides a robust framework for understanding the long-term effects of early relationships on emotional and social development, and integrating this with the current findings could deepen our understanding of the mechanisms underlying social anxiety. In this way, the factors that may play a role other than the concepts of parenting in explaining the psychological processes underlying caregiving can be clarified, and a contribution can be made to attachment studies. Furthermore, the integration of attachment theory with schema theory could lead to more comprehensive models of social anxiety, which could inform both theoretical advancements and clinical practice. In future studies, addressing the therapeutic effect of schema therapy on the schema domains, which have mediator roles in this study, may provide preliminary contributions to the literature on the treatment of social anxiety disorder. This could pave the way for more targeted interventions that address the specific cognitive patterns identified in this study. Finally, future

research can increase the generalizability of the results by addressing the socio-economic level and the confounding characteristics of adolescents, which were not included in this study. Expanding the demographic scope of the research could provide a more comprehensive understanding of the generalizability of the findings and offer insights into how these dynamics play out across different populations.

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