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THE CONCERN ABOUT LOSING FACE AND SOCIAL ANXIETY: THE MEDIATING ROLES OF SELF-COMPASSION AND AUTONOMY

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THE CONCERN ABOUT LOSING FACE AND SOCIAL ANXIETY: THE MEDIATING ROLES OF SELF-COMPASSION AND AUTONOMY

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Abstract

Social anxiety is a prevalent mental health challenge among college students. Prior research has documented various antecedents of social anxiety, with one of them being the concern about losing face. Yet, less is known about the factors that could explain the link between concern about losing face and social anxiety. This study explores the mediating roles of self-compassion, and autonomy. A sample of 180 college students completed self-report measures of the variables of interest. The serial mediation model of concern about losing face on social anxiety, mediated by self-compassion and autonomy, explained 46% of the variance in social anxiety. Results suggested that individuals who reported having concerns about losing face were more likely to report experiencing social anxiety. This relationship was mediated by a lack of self-compassion and the failure to satisfy the fundamental psychological need for autonomy, which the model suggests leads to the experience of social anxiety. The current study provides an explanation for the link between concern about losing face and social anxiety in American college students, and it offers empirical support for the Basic Psychological Need and the Self-Compassion theories.

Keywords: culture of face, loss of face, social anxiety, self-compassion, autonomy

The Concern about Losing Face and Social Anxiety: The Mediating Roles of Self-Compassion and Autonomy

Social anxiety is regarded as one of the most prevalent mental health problems and it is characterized by fear and avoidance of social situations due to the excessive concern of being evaluated negatively by real or imagined others (American Psychological Association, 2013; Schneier & Goldmark, 2015). The National Epidemiologic Survey on Alcohol and Related Conditions reports that social anxiety has a lifetime prevalence of 5% and a 12-month prevalence of 2.8% in the United States (Grant et al., 2005). It is crucial to note that social anxiety disproportionally affects young people. For example, a recent study conducted in seven different countries found that 36% of young adults met the threshold criteria for having social anxiety (Jefferies & Ungar, 2020). Additionally, social anxiety is quite prevalent among college students around the world. For instance, 65.4% of Chinese college students experience moderate social anxiety, whereas 22.4% of them report severe cases of social anxiety. Similarly, 19.5% of Indian undergraduate university students report experiencing social anxiety (Shah & Kataria, 2010). Social anxiety is also prevalent among American college students. A study revealed that out of a sample of 81 American college students, 15 met the criteria to be identified as highly socially anxious (Purdon et al., 2001). The prevalence of social anxiety among American college students was found to be even higher in a more recent study. According to Nordstrom et al. (2014), among a sample of 271 undergraduate students in the United States, 23% of them ($N = 62$) reported high levels of social anxiety.

What are the Antecedents and Consequences of Social Anxiety?

Social anxiety has been linked to numerous detrimental health consequences, one of which is depression (Kessler et al., 1999; Stein & Chavira, 1998). In a longitudinal study of

young people aged 14 to 24 years conducted in Germany, Stein and colleagues (2001) found that socially anxious individuals who did not have depression at Time 1, had a significantly higher likelihood of developing depression at Time 2 (in a 34 to 50-month follow-up), in comparison with those who did not report any mental disorder. In addition to depression, social anxiety predicts other health issues as well. For instance, social anxiety in adolescents and young adults strongly predicts subsequent alcohol abuse in adulthood; even after controlling for age, gender, other mental health issues, substance use disorders, and antisocial behavior (Zimmermann et al., 2003). Moreover, individuals with social anxiety have been found to have a significantly elevated and less fluctuating heart rate at baseline level (Monk et al., 2001). This is concerning because increased heart rate and decreased heart rate fluctuation often suggest irregularity in cardiovascular control, which may lead to cardiovascular diseases. Most importantly, social anxiety is related to suicidal ideation both in adolescents and adults (Gallagher et al., 2014; Sareen et al., 2005). Besides its adverse effects on health, social anxiety can negatively affect other aspects of people's lives. Notably, social anxiety is associated with lower health-related quality of life, work productivity, earnings (Katzelnick et al., 2001), and negative views of the self (Flett & Hewitt, 2014)

Research suggests that social anxiety may have both biological and environmental antecedents (Schmidt et al., 2005). To elucidate this point, twin studies have shown that social anxiety has a genetic component, shared with extraversion and neuroticism (Bienvenu et al., 2007; Stein et al., 2014). Besides genetic dispositions, anxiety sensitivity is another diathesis factor of social anxiety (Panayiotou et al., 2014). Anxiety sensitivity refers to the fear of anxiety-related sensations such as the experience of unclear social threats. In a sample of college students, Panayiotou et al. (2014) found that the association between anxiety sensitivity and

social anxiety was mediated by experiential avoidance, which involves the unwillingness to remain in contact with aversive experiences, including painful thoughts and emotions. Finally, comorbid disorders such as personality disorders, affective disorders, and generalized anxiety disorders are highly prevalent in individuals who suffer from social anxiety (Koyuncu et al., 2019; Steinert et al., 2013). Schneier and colleagues (1992) have found a lifetime comorbid rate of 69% for more than 13,000 adult participants in the United States with social anxiety.

Different environmental risk factors have been associated with social anxiety (Brook & Schmidt, 2008). For example, poor parenting practices have been linked with social anxiety, including verbal aggression (Magee, 1999), and negative parenting styles such as excessive criticism, humiliation (Wang et al., 2019), and maternal overcontrol (Bynion et al., 2017). Similarly, adverse early life events including separation from parents, parents' happiness level in marriages, sexual abuse, domestic violence, and childhood illness, contribute to higher rates of social anxiety in adulthood (Bandelow et al., 2004). In addition, researchers have found that social anxiety prevalence rates are more frequent in women than men (Hidalgo et al., 2001), and societal factors like socioeconomic status (SES) play a major role in the development of social anxiety in individuals. Indeed, research suggests that there is a higher risk of social anxiety for emerging adults who come from low SES backgrounds. This relationship between SES and social anxiety has been shown to be mediated by self-esteem and the fear of negative evaluation (Cheng et al., 2015).

Socially anxious people have a strong desire to make a good impression in social settings. Unfortunately, they are not confident about their abilities to do so and engage in more self-focused attention to avoid negative social evaluations (Schlenker & Leary, 1982). Engaging in this process results in a disconnection from their surrounding environment as less attention is

allocated to external stimuli (Spurr & Stopa, 2002). Therefore, socially anxious individuals rely on internal information to infer how they look to others (Rapee & Heimberg, 1997). Perceptions of other people's negative evaluations of them verify that they are defective and flawed (Gregory & Peters, 2017). Ultimately, this external disconfirmatory information leads people with social anxiety to engage in self-critical ruminations (Cox et al., 2004), self-criticism, and the experience of dissatisfaction with the self (Kashdan & Roberts, 2004).

Moreover, and most relevant to the current thesis, cultural factors also make a significant contribution to the development and expression of social anxiety. Research suggests that there are different cultural variations, both in the expression of social anxiety and in the situations and contexts in which is elicited (Kleinknecht, 1997). For example, individuals from collectivistic cultures, where group harmony is prioritized over individuals' own needs, are significantly more socially anxious in comparison to their counterparts from individualistic cultures, where individuals value their own feelings more than they value the needs of the group (Heinrichs et al., 2006). From a cultural perspective, social anxiety is a function of how a given culture shapes the way in which its members define or construe the self as the object of social threat (Kleinknecht, 1997).

Prior research suggests that social anxiety is experienced frequently in collectivistic cultures found predominantly in Eastern societies (Bandelow and Michaelis, 2022; Markus & Kitiyama, 1991; Wong & Rapee, 2016). In collectivistic cultures in Asia, for example, socially avoidant behavior is normative (Hofmann et al., 2010), and the ability to control one's own emotions is highly valued (Triandis, 2018). These strict social norms that correspond predominantly to collectivistic cultures lead to higher levels of social anxiety (Hong & Woody, 2007). In this thesis, I will use a new cultural framework that departs from traditional

collectivistic-individualistic distinctions. Instead, this framework focuses on cultural prototypes described as honor, face, and dignity systems that explain cultural differences expressed in interdependent interactions among individuals from different national, ethnic, and racial backgrounds (Frey et al., 2020; Leung & Cohen, 2011). One of these systems, *face*, has been associated with the experience of many negative health outcomes, including social anxiety (Bathje et al., 2014; Kam & Bond, 2008; Kalibatseva et al., 2017; Lau et al, 2009; Braje & Hall, 2016). In a face system or culture, individuals' self-worth is determined by strict adherence to values that promote harmony, humility, and hierarchy (Frey et al., 2020; Leung & Cohen, 2011).

In this thesis, I chose to focus on one of the chief aspects of culture of face, namely, the concern about losing face (CLF), and investigate its relationship with social anxiety. A serial mediation model is proposed to explain the relationship between CLF and social anxiety among college students in the United States. I propose that the link between CLF and social anxiety (Lau et al, 2009; Braje & Hall, 2016), is mediated by self-compassion and autonomy. This model is predicated on the assumption that the nature of CLF, as described below, prevents individuals who are concerned about losing face from being compassionate towards the self and experiencing self-compassion. Because they lack self-compassion, these individuals might find it difficult to meet their intrinsic psychological need for autonomy. Ultimately, not meeting this basic psychological need for autonomy should lead to the experience of social anxiety. The elements of the proposed mediational model are further explained below.

How Do We Conceptualize Concern about Losing Face?

CLF represents a key aspect of culture of face. The concept of face is Chinese in origin (Ho, 1976), and follows the cultural logic expressed predominantly in Asian societies (Leung & Cohen, 2011). In face culture, social norms, people's values, worldviews, and behaviors, are

organized around the central themes of hierarchy, harmony, and humility (Kim & Cohen, 2010). People in face cultures show deference to the hierarchy, desire to maintain in-group harmony, and stay humble instead of overreaching for status claims.

Face can be defined as one's public image in interpersonal contexts that one wishes to maintain in front of others (Choi & Lee, 2002). One gains face when social performance goes above and beyond duty, expectations, or requirements (Ho, 1976), and this gain enhances individuals' social images. Whereas loss of face is the retraction of the prestige and status previously conferred by one's society because of one's violations of collective standards (Ho et al., 2004). While not everyone has the desire to gain face, nobody wishes to lose it (Ho, 1976). Discrete incidents that may cause loss of face do not happen continuously. Loss of face is embedded in a public context, so a real or imagined collective social setting is required for the event to occur and damage one's social image (Leong et al., 2018). According to Ho (1976), the consequence of losing face "lies on a continuum ranging from adverse consequences affecting only a circumscribed area of social life to the total question of one's fitness as an acceptable member of society" (Ho, 1976, p.872).

Even though culture of face follows a cultural logic prevalent in East Asian cultures (Leung & Cohen, 2011), the concept of face is not specific to Asian societies. All cultural groups are, to some extent, face cultures. Differences can be observed mainly in the frequency of the types of circumstances that trigger the face logic (Smith et al., 2021). Furthermore, both Westerners and Asians share the same motivation to present themselves positively to others, which implies that presumably both Westerners and Asians have concerns about losing face (Kim & Nam, 1998). There has been a growing interest in the field of psychology to study CLF because it can cast a negative impact on people's health, in addition to being harmful to people's

social images. For instance, CLF is linked with negative attitudes towards mental health counseling (Bathje et al., 2014), negative emotional reactions including anger and shame (Kam & Bond, 2008), depression (Braje & Hall, 2016; Kalibatseva et al., 2017), and, most importantly, social anxiety (Braje & Hall, 2016; Lau et al, 2009).

Currently, only a limited number of studies have examined the association between CLF and social anxiety. In particular, Lau et al. (2009) found that Asian American college students experienced high levels of social anxiety relative to their European American counterparts, and CLF mediated this ethnic difference in social anxiety. According to Lau et al. (2009), this relationship could be explained by the value Asian cultures place on interpersonal harmony. As Asian American students are strongly motivated to attend to social cues and others' evaluations of them, they become more vulnerable to experiencing social anxiety (Okazaki, 1997). CLF involves an individual's awareness of their social prestige in relation to others, meeting the expectations of others, and avoiding negative evaluations by others. Therefore, in order to avoid losing face, it "requires the ability to anticipate and recognize the evaluative and affective reactions of others to the self" (Lau et al., 2009, p.3).

Another study that shed light on the link between CLF and social anxiety was conducted by Braje and Hall (2016). This study presents a parallel mediation model, in which the association between CLF and social anxiety is mediated by indirect and direct coping. The researchers argued that CLF would not automatically lead to social anxiety, or else CLF would not be consistently proven to be a cultural motivator. Instead, the impact of CLF was manifested through a particular process such as coping. Braje and Hall's (2016) model of CLF leading to social anxiety with indirect and direct coping as the mediators accounted for approximately 28% of the variance in social anxiety. Since this is the only mediation model that explains the link

between CLF and social anxiety, alternative mediation models can further elucidate the relationship between CLF and social anxiety. One goal of this thesis is to propose a model that incorporates two constructs that have been directed and indirectly associated with social anxiety: social compassion and autonomy.

How Do We Define Self-Compassion?

Compassion is conceptualized primarily in terms of others. A compassionate person is someone who shows patience, kindness and understanding to others, regardless of their faults and flaws and particularly when they see them suffering (Neff, 2004). Self-compassion can be defined as the recognition and acknowledgment of one's own pain and suffering, faults and shortcomings, and results in the ability to express kindness and patience toward the self (Neff, 2004). Research suggests that self-compassion offers individuals the same benefits as self-esteem, increasing greater happiness and buffering depression (Neff, 2004). According to Neff (Neff, 2003b), self-compassion can be viewed as healthier than self-esteem for two reasons. First, self-compassion is not based on positive judgments or evaluations, so one does not need to compete with other people against a particular set of standards to feel good about oneself. Second, self-compassion offers more emotional stability than self-esteem because self-compassion postulates are always present regardless of the circumstances.

Self-compassion can be conceptualized as consisting of three different components based on competing judgments and motivations: (a) self-kindness vs. self-judgment, (b) common humanity vs. isolation, and (c) mindfulness vs. over-identification (Neff 2003a; 2003b). Self-kindness vs. self-judgment argues that individuals should be kind towards the self instead of being critical of the self. Common humanity vs. isolation posits the recognition that one's suffering is a normal part of being human. Everyone suffers, so individuals should not view

themselves as experiencing pain in isolation. Mindfulness vs. over-identification is the acknowledgment that one should mindfully observe one's negative feelings as they are experienced, instead of exaggerating or suppressing them (Neff 2003a; 2003b).

Self-compassion has proven to be an essential construct to explain certain mental health outcomes (Neff, 2003a). For example, greater self-compassion is associated with greater life satisfaction, social connectedness, lesser self-criticism, depression, anxiety, and rumination (Neff, 2003a). Although the consequences of self-compassion have been well examined, the antecedents of self-compassion remain understudied. Dodson and Heng (2022) conducted a systematic literature review on self-compassion research in the workplace under the context of industrial and organizational psychology. This review identified several antecedents of self-compassion that comprised individual factors (dispositional characteristics and demographics) and contextual factors (organizational support and employee workload). Dodson and Heng (2022) reported that some personality traits such as agreeableness predicted self-compassion, whereas neuroticism was negatively associated with self-compassion. As for demographic factors, older people and males reported higher scores on self-compassion as opposed to younger individuals and females. Organizational support factors that predicted self-compassion indicated that the more employees felt supported by the workplace and the people they worked with, the more self-compassionate they seemed to be. Lastly, a lack of time to engage in self-care predicted a lack of self-compassion.

A few empirical studies have examined the association between self-compassion and social anxiety. This research has shown, for example, that socially anxious individuals score significantly lower on a self-compassion scale than their healthy counterparts (Werner et al., 2012). Several lines of research may suggest plausible explanations for this negative association

between self-compassion and social anxiety. First, cognitive models suggest that socially anxious individuals perceive social interactions through a biased lens that emphasizes excessive negative self-judgment (Clark & Wells, 1995). In contrast, self-compassion encourages individuals to accept themselves and treat themselves kindly when encountering social failure. Second, since self-compassion has been consistently shown to be negatively correlated with poor mental health outcomes, socially anxious individuals are expected to be less self-compassionate than those who do not report social anxiety. Finally, self-compassion can help dampen the impact of adverse life events and stressors (Leary et al., 2007). Individuals who experience social anxiety might not experience the buffering effect that self-compassion provides (Werner, 2012).

Research has also shown that the relationship between self-compassion and social anxiety is mediated by emotional regulation strategies such as expressive suppression (Bates et al., 2021). Socially anxious people aim to gain acceptance from others, but this pursuit is often clouded by a deep fear of being judged negatively. Individuals with social anxiety tend to believe that they cannot attain the acceptance they desire. Accordingly, they engage in expressive suppression, consciously or unconsciously, to control their emotional responses (Schlenker & Leary, 1982) to hide their emotions from others (Gross, 2015). The experience of self-compassion reduces social anxiety and emotional expression. Thus, it appears that the adoption of self-compassion diminishes the concern of being evaluated negatively by others and reduces the drive for emotional suppression (Bates et al., 2021).

What is the Relationship Between Self-Compassion and Autonomy?

Research has shown that self-compassion leads to the satisfaction of basic psychological needs, especially the satisfaction of the need for autonomy. The need for autonomy is one of the three components of the ***basic psychological needs theory*** (BPNT; Deci & Ryan, 2000). From a

BPNT perspective, there are three basic psychological needs: autonomy, competence, and relatedness. These three needs are essential for an individual's well-being (Deci & Ryan, 2000), and not meeting them results in the experience of psychopathology (Vansteenkiste & Ryan, 2013). The need for autonomy is defined as the desire of individuals to experience ownership of their actions and to wield full free will when deciding to carry them out (Ryan & Deci, 2017), as opposed to engaging in activities out of fulfilling an obligation or being under pressure (Deci & Ryan, 2000). Presumably, when the need for autonomy is not met one feels being controlled by externally enforced pressures and one no longer feels in control of one's own actions (Deci & Ryan, 1985).

Research suggests that self-compassion is an antecedent of autonomy (Gerber & Anaki, 2021). Autonomy refers to individuals engaging in activities that originate in one's own volition (Deci & Ryan, 2014), and this experience allows individuals to feel like they are taking full ownership of their actions (Ryan et al. 2012). Similarly, self-compassion posits that individuals should be responsible for their actions without distorting or denying them (Allen & Leary. 2010). Thus, the interpretation of autonomy converges with the premise of self-compassion, implying that autonomy may be facilitated by self-compassion (Legault & Inzlicht 2013). This assumption is supported by research that has found that college students who report high levels of self-compassion perceive that their basic psychological needs, including autonomy, are more likely to be satisfied (Ghorbani et al., 2012). In addition, research shows that college freshmen students who score high on self-compassion are more likely to endorse autonomous goal pursuits (Hope et al., 2014). This line of research indicates that self-compassion not only facilitates autonomy, but also maintains it (Legault & Inzlicht 2013).

The mediating role of autonomy in reducing anxiety has been assessed in the context of test anxiety and body image anxiety. For example, Maralani et al., (2018) have found that basic psychological needs (i.e., autonomy, competence, and relatedness) significantly mediate the association between agentic engagement and test anxiety. In addition, Tóth-Király et al. (2021) have shown that basic psychological needs significantly mediated the link between sociocultural attitudes toward body image and anorexia nervosa. Although the existing literature has not examined the mediating role of autonomy in reducing social anxiety, the reported findings lend credence to the idea that autonomy is also directly related to social anxiety.

How is Concern of Losing Face Related to Self-Compassion and Autonomy?

In this thesis, I argue that CLF plays a role in inhibiting individuals from meeting their need for autonomy, as they fear negative evaluations from others. This view is consistent with current theorizing that proposes that the fear of negative evaluation from others may hinder individuals from meeting their basic psychological needs for relatedness, competence, and autonomy, (Deci & Ryan, 2000). Individuals' views on BPN are socialized (Buttle, 1989), and culture sets the standards for what values to prioritize (Chen et al., 2015). Therefore, cultural factors shape individuals' needs satisfaction process (Deci & Ryan, 2012). Research has found that perceived satisfaction with the need for autonomy is lower in Asian cultures than in non-Asian cultures (Church et al., 2012). Not yet examined is the specific component of Asian culture that is responsible for the lower levels of autonomy, which I presume is CLF.

The BPN theory outlines differences between autonomous reasons for goal pursuit and controlled reasons. Controlled reasons for goal pursuit are conceptualized as individuals who would only do something because somebody else wants them to, would feel guilty or anxious if they did not do it, or would never do it if they would not get praise, reward, or compliment. On

the other hand, autonomous reasons for goal pursuit lead to striving for something because individuals deeply believe in its value and importance, striving for it out of pure enjoyment, and striving for it for the interest in the experience (Sheldon & Elliot, 1998). In the context of CLF, I argue that individuals who are constantly concerned about losing face should engage in controlled goal pursuit because of a normative pressure to conform to others' wishes and avoidance to negative evaluations. These individuals strive for achievement, not for enjoyment nor personal importance, but to look good in front of others in social settings. They value fulfilling societal expectations and others' expectations of them, instead of prioritizing their own needs or feelings. Therefore, I argue individuals with CLF are more likely to have controlled reasons for goal pursuit, which prevents them from meeting their fundamental psychological need for autonomy.

This theorizing is also consistent with the role that lack of self-compassion plays in the development of social anxiety. Research reveals that, in comparison with controlled motivation, autonomous motivation yields increased effort and goal attainment, which ultimately predicts increased well-being (Sheldon & Elliot, 1998, 1999). Self-compassionate individuals are more willing to pursue personally meaningful goals, rather than being externally pressured to pursue them to obtain external rewards (e.g., compliments, social status) or to avoid feeling guilty if they feel obligated to meet others' expectations (Neff, 2003b). Several research lines have produced findings indicating this relationship between self-compassion and autonomy (Ghorbani et al., 2012; Hope et al., 2014).

In this thesis, I propose that CLF impedes individuals from developing self-compassion because individuals who are high in CLF are likely to engage in harsh self-criticism, feel isolated in their suffering, and overidentify their suffering. This assumption is consistent with culture of

face theorizing. From this perspective, loss of face incurs shame (Leung & Cohen, 2011). This shame originates from the rejected self, and loss of face activates self-rejection (Ho et al., 2004). Scholars point out that shame is a painful emotion that oftentimes triggers negative emotional responses including hostility (Tangney, 1990). Since shame can be triggered by real or imagined disapproval from other people, individuals who feel shamed would target their shame-based anger toward others. Moreover, when shamed individuals fail to find external targets to project their anger on, they direct their shame-based anger toward themselves (Tangney et al., 1992). Kim and Nam (1998) supported this finding by noting that people with CLF tend to attribute their failures externally to those who do not have CLF, which might lead to harmful consequences including finding scapegoats, and not learning from criticism.

This evidence points to that loss of face is a serious matter; individuals with CLF are unable to process the painful emotional turmoil that results from losing face. It appears that they are unable to accept or cope with failures and are overwhelmed by them, as losing face can be considered as failing to be accepted or respected by other people. Instead of recognizing their imperfections and taking a kind and understanding attitude toward their failures, individuals with CLF are presumably being fairly harsh on themselves. Furthermore, by directing the shame-based anger toward the self, individuals high on CLF are being extremely unkind towards the self. Self-compassion posits adopting an open, caring, kind, and understanding attitude toward one's own suffering (Neff, 2003a). Therefore, being harsh and judgemental towards the self prevents individuals with CLF from being self-compassionate.

Individuals high in CLF tend to become absorbed by their flaws and deficits and fail to recognize that other individuals face them as well. Individuals high in CFL are overconcerned about their feelings and tend to exaggerate the extent to which they are suffering. This process in

the self-compassion literature is referred to as "overidentification." One is incapable of distancing oneself from a situation in which one fears the self is being judged negatively, as one becomes engrossed in one's subjective emotional reactions (Neff, 2003a). Overidentification presents itself as an obstacle to achieving self-compassion. Instead of engaging in overidentification, self-compassion entails mindfulness. That is, self-compassion individuals objectively observe their internal states without emotional reactions or engaging in self-criticism or judgment.

Presumably, CLF not only leads to over-identification that prevents the development of self-compassion, but it also leads to feelings of suppression. According to Kim and Nam (1998), people who experience CLF tend to suppress their feelings to avoid being ridiculed or ostracized by other people. Suppression is controlling specific actions due to external circumstances (Hsu 1944). Individuals with CLF are extra sensitive to external evaluations of themselves, as well as others' opinions of the self. These external evaluations and opinions of the self, contribute significantly to their own self-evaluation process (Kim & Nam, 1998). Since the worth of individuals who endorse a culture of face is conferred externally, it is crucial for these individuals to receive positive evaluations from others, fulfill others' expectations of the self, and avoid violating social norms (Uskul & Kikutani, 2014). In other words, if one is high on CLF, one's evaluation of the self would depend on others' evaluations of the self. Accordingly, individuals with CLF have a strong desire not to lose face, as losing face affects how others see them, ultimately impacting how they feel about themselves. Thus, they prioritize meeting others' expectations of them while ignoring their own needs and feelings. In order not to lose face in front of others, individuals high on CLF need to constantly scrutinize and evaluate themselves in the eyes of others (Choi & Lee, 2002), and suppress their own thoughts, feelings, and behaviors.

Suppression of the inner voices and being judgmental towards the self, hinders individuals' self-compassion development, as it prevents them from being mindful of their inner state. To achieve self-compassion, one must not avoid or repress their own thoughts or feelings.

In sum, CLF makes it likely for people to overidentify and engage in self-judgment, which adds to the difficulty of developing self-compassion. In addition, the act of projecting negative emotions onto innocent others suggests that individuals who score high on CLF are isolated. As mentioned previously, these types of behaviors are egocentric. It is difficult for self-absorbed CLF individuals to acknowledge that suffering is a common human experience and that others are worthy of compassion. Because they are so focused on their problems, they forget the fact that others are worthy of compassion too. In addition to acknowledging that the self is worthy of caring and kindness, self-compassion entails acknowledging that other people deserve to be treated with warmth as well. "Self-compassion entails acknowledging that suffering, failure, and inadequacies are part of the human condition, and that all people, oneself included, are worthy of compassion" (Neff, 2003, p.224). Inevitably, CLF makes individuals adopt a false sense that they are the only ones suffering, which manifests into isolation, and prevents individuals from being self-compassionate.

Overview of the Research

Although previous studies have shown that CLF leads to the experience of social anxiety in American college students, less is known about the potential factors that can explain this association. The goal of this research is to fill in the gap in the literature by gaining a better understanding of the relationship between CLF and social anxiety. Specifically, a serial mediation model is proposed to explain the relationship between CLF and social anxiety. It is

hypothesized that the relationship between CLF and social anxiety is partially mediated by self-compassion and autonomy. The proposed mediation model can be found in Figure 1.

I theorize that individuals high in CLF significantly emphasize what others think of them and fear negative evaluations. Accordingly, these individuals are more likely to be socially anxious since social anxiety results from the fear of being evaluated by other people. Consistent with previous literature, I expect to find a positive link between CLF and social anxiety (Lau et al, 2009; Braje & Hall, 2016). In addition, individuals who have CLF engage in self-judgment, isolation, and overidentification as they are unkind to the self, prioritize meeting others' expectations of them so they suppress their thoughts, feelings, and behaviors, and fail to see their suffering as a larger human experience. The very nature of CLF prevents these individuals from developing self-compassion. Individuals who are concerned about losing face might lack self-compassion. Therefore, not only do I expect to find a negative association between CLF and self-compassion, but I also expect to find that the negative subscales of the Self-Compassion Scale (Self-Judgment, Isolation, and Overidentification) to be negatively correlated with CLF. Given that the previous study (Neff et al., 2019) supported the single-factor structure of the Self-Compassion Scale, in the current study, the Self-Compassion Scale will be assessed as a whole, rather than inspecting each of its subscales. I am especially interested in the negatively worded factors and their association with CLF.

As previous studies have shown, self-compassionate individuals have more of a sense of autonomy, as they are more intrinsically motivated (Gerber & Anaki, 2021; Ghorbani et al., 2012; Hope et al., 2014). Consistent with previous literature, I expect to find a positive link between self-compassion and autonomy. Furthermore, I argue that since individuals with CLF are less likely to be self-compassionate, they are less likely to be internally driven as they feel

obligated to prioritize fulfilling others' expectations of them rather than that of their own. For this reason, they might feel controlled through externally enforced pressures. As a result, I expect to find a negative link between CLF and autonomy.

Lastly, consistent with Deci and Ryan's argument (2000), I also believe that the need for autonomy not being met is likely to result in the development of psychological issues including social anxiety. Therefore, I expect autonomy and social anxiety to be negatively correlated. Moreover, since self-compassionate individuals are more likely to have their need for autonomy satisfied, they are less likely to develop mental health issues including social anxiety. I expect a negative link between self-compassion and social anxiety.

To test these assumptions, I conducted a study that consisted of a survey administered to psychology undergraduate students enrolled in an introductory psychology. All participants in the study received experimental credit towards their psychology class for their participation.

Method

Participants

Participants of the current study consisted of 180 University of Oklahoma undergraduate students (females, $N = 144$) who completed an online survey for class credit. The sample was predominately White ($N = 143$), Asian ($N = 16$), Black ($N = 14$), Latinx ($N = 29$), Native Hawaiian or Pacific Islander ($N = 1$), Native American ($N = 13$), Middle Eastern ($N = 2$), Others ($N = 2$). The average age of the participants was 19.29 ($SD = 1.23$).

Procedure

Participants were recruited on the SONA research participation website and were asked to complete a computer-based Qualtrics survey through the SONA. Upon signing up for the study on SONA, participants were directed to the study link. In this survey, participants were

first asked to read and agree to the terms of the informed consent, and then were instructed to complete a set of demographic questionnaires, followed by four measures assessing each of the four variables (CLF, self-compassion, autonomy, and social anxiety) in the proposed mediation model.

Measures

Concern about Losing Face (Loss of Face Scale; α = .91). The 21-item Loss of Face Scale (Zane, 2000) measures the extent to which individuals are concerned about losing face. Participants indicated to what extent they agreed or disagreed with statements such as "I am more affected when someone criticizes me in public than when someone criticizes me in private", and "I carefully plan what I am going to say or do to minimize mistakes" from 1 (Strongly Disagree) to 7 (Strongly Agree).

*Self-Compassion (*Self-Compassion Scale; α = .92). The 26-item Self-Compassion Scale (Neff, 2003a) contains 6 subscales. It measures to which extent individuals are self-compassionate. Participants indicated how often they behave in a stated manner from a scale of 1 (Almost Never) to 5 (Almost Always). This scale consists of subscales including the 5-item Self-Kindness subscale (α = .89; e.g., "I try to be loving towards myself when I'm feeling emotional pain"), the 5-item self-Judgement subscale (α = .88; e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"), the 4-item common Humanity subscale (α = .78; e.g., "I try to see my failings as part of the human condition"), the 4 item isolation subscale (α = .84; e.g., "When I'm feeling down, I tend to feel like most other people are probably happier than I am"), the 4-item Mindfulness scale (α = .83; e.g., "When I'm feeling down I try to approach my feelings with curiosity and openness"), and the 4-item overidentification subscale (α = .83; e.g., "When something painful happens I tend to blow the incident out of proportion").

In this thesis, self-compassion was assessed through the Self-Compassion Scale as a whole, with all 6 subscales included.

Autonomy (Basic Psychological Need Satisfaction Scale - Autonomy subscale; $\alpha = .61$). The 7-item Autonomy subscale comes from the Basic Psychological Need Satisfaction Scale (Deci & Ryan, 2000). The Autonomy subscale measures the degree to which the participants experience the satisfaction of the need for autonomy. Participants were instructed to think about how each item related to their lives, and then indicate how true each item was for them on a scale of 1 (Not at All True) to 7 (Very True). Some example items include "I feel like I am free to decide for myself how to live my life", and "I generally feel free to express my ideas and opinions."

Social Anxiety (Social Interaction Anxiety Scale; $\alpha = .90$). The 20-item Social Interaction Anxiety Scale (Mattick & Clarke, 1998) assesses the extent to which participants are fearful of negative evaluation in various social situations that involve interactions with other people. Participants were asked to indicate the degree to which they felt each statement was characteristic or true for them on a scale of 0 (Not at All Characteristic or True of Me) to 4 (Extremely Characteristic or True of Me). Example items include "I have difficulty making eye contact with others", and "I find difficulty mixing comfortably with the people I work with."

Results

The correlation matrix indicated that CLF scores were negatively linked with both the extent to which individuals are self-compassionate [$r\,(178) = -.297$, $p < .001$] and the degree to which individuals meet their fundamental psychological needs for autonomy [$r\,(178) = -.229$, $p < .05$]. CLF scores were positively linked with social anxiety scores [$r\,(178) = .596$, $p < .001$]. All four variables of interest were significantly correlated with one another. Correlations among

the variables, means, and standard deviations for the variables of interest in testing whether CLF impacts social anxiety through self-compassion and autonomy are displayed in Table 1.

The three of Self-Compassion Scale subscales that showed moderate significant correlations with CLF are the negative subscales including Self-Judgment, $r(178) = -.36$, $p < .01$, Isolation, $r(178) = -.39$, $p < .01$, and Overidentification, $r(178) = -.33$, $p < .01$. Among the three positive Self-Compassion subscales, only Self-Kindness displayed significant low correlation with CLF, $r(178) = -.16$, $p < .05$, while Common Humanity and Mindfulness were not significantly correlated with CLF.

I used 5,000 percentile-bootstrap confidence intervals in PROCESS macro Version 4.1 (Hayes, 2013; Model 6) in IBM SPSS Statistics to test the proposed mediation model. As shown in Figure 2, the overall mediation model was statistically significant, $R^2 = .46$, $F(3,176) = 50.03$, $p < .01$. This model explained approximately 46% of the variance in social anxiety.

The indirect effect of CLF on social anxiety mediated through self-compassion and autonomy was significant (Mediated Effect [ME] = .04, SE = .01, 95% CI [.01, .07]). However, the indirect effect of CLF on social anxiety mediated through self-compassion was not significant (Mediated Effect [ME] = -.01, SE = .02, 95% CI [-.04, .02]), nor was the indirect effect of CLF on social anxiety mediated through autonomy (Mediated Effects [ME] = .03, SE = .02, 95% CI [-.01, .07]. The direct effect of CLF on social anxiety was significant ($\beta = .42$, SE = .05, 95% CI [.33, .51], $p < .01$).

As shown in Figure 2, results indicated that CLF was a significant predictor of self-compassion, $\beta = -.21$, SE = .05, 95% CI [.24, .58] = 4.86, $p < .01$. Self-compassion was a significant predictor of autonomy, $\beta = .67$, SE = .10, 95% CI [.47, .86], $p < .01$. Lastly,

autonomy was a significant predictor of social anxiety, β = -.27, SE = .05, 95% CI [-.37, -.17], p < .01.

Discussion

Despite its prevalence among the general American population (Grant et al., 2005), existing literature shows that social anxiety even more significantly impacts the American college student population (Nordstrom et al., 2014; Purdon et al., 2001). The current thesis addressed the literature gap in cultural antecedents of social anxiety among American college students through the examination of the link between CLF and social anxiety (Braje & Hall, 2016; Lau et al., 2009), and the mediating roles of self-compassion and autonomy in this association. The main hypothesis was supported as the proposed mediation model was statistically significant. There was a significant positive association between CLF and social anxiety, and CLF was found to significantly influence social anxiety indirectly through two mediating variables: (a) self-compassion, and (b) autonomy. These findings suggested that among American college students, having CLF predicted social anxiety, and this association was explained by a lack of self-compassion and failure to meet the fundamental human need for autonomy. Broadly speaking, the current study provided important evidence of a cultural factor that might lead to social anxiety and its reason.

Previous studies have demonstrated a variety of antecedents of social anxiety. However, most of these studies failed to incorporate cultural components that may play a role, despite the fact that culture of face, CLF to be exact, has been shown to have a significant association with social anxiety (Braje & Hall, 2016; Lau et al., 2009). As expected, CLF was a significant predictor of social anxiety. In line with previous literature, the current study provides convergent evidence supporting the desire to not present oneself negatively in front of others in social

settings predicted social anxiety among American college students (Lau et al., 2009). This research expands on the findings presented by Braje and Hall (2016) which indicated that the association between CLF and social anxiety was mediated by direct and indirect coping. Consistent with Braje and Hall's (2016) finding, this study supports the view that CLF would not automatically lead to social anxiety, rather, the impact of CLF was manifested through a particular process. Rather than direct and indirect coping, the mediators I used in my model were self-compassion and autonomy. In this thesis, the proposed mediation model of self-compassion and autonomy mediating the link between CLF leading social anxiety has not only introduced an alternative explanation of the association between CLF and social anxiety, but also explains more variance in social anxiety in comparison with the mediation model proposed by Braje and Hall (2016). The current study explained approximately 46% of the variance in social anxiety in American college students, as opposed to 28% of the variance in social anxiety in Braje and Hall's (2016) study. According to my mediation model, individuals with CLF are more likely to have social anxiety because they were not kind enough towards themselves, making them feel like their fundamental psychological need for autonomy was not met. Not meeting the need for autonomy results in the development of social anxiety.

This study is the first to provide insights into the connections between CLF and self-compassion. Consistent with my assumptions, the results suggest that individuals who do not wish to lose face in social situations are less self-compassionate. In other words, individuals who experience CLF show unkindness towards the self, engage in harsh self-criticism, and overidentify their suffering. Therefore, individuals with CLF were less self-compassionate. In addition, the data supported my expectation that each of the three negatively worded factors of self-compassion (Self-Judgment, Isolation, and Overidentification) showed moderate negative

correlations with CLF, supporting my conceptualization of the link between CLF and self-compassion. Individuals with CLF did indeed engage in harsh self-criticism, feel isolated in their suffering, and overidentify their suffering. These were potential barriers preventing them from being self-compassionate.

Additionally, consistent with previous research (Gerber & Anaki, 2021; Ghorbani et al., 2012; Hope et al., 2014), I also found a positive link between self-compassion and autonomy, providing support to the argument that self-compassionate individuals were more likely to meet their basic human desire to experience ownership for their actions. Lastly, the study results support the assumption that CLF is related to BPNT (Deci & Ryan, 2000). There was a positive significant association between autonomy and social anxiety, indicating the health significance of meeting the need for autonomy. This result suggested that people were likely to develop social anxiety if the need for autonomy was unmet.

Finally, in alignment with my initial proposition that individuals with CLF are less likely to have their need for autonomy met, this study revealed a negative relationship between CLF and autonomy. However, the link was not statistically significant. Contrary to my belief that self-compassionate individuals were less likely to have social anxiety, the data displayed a positive association between self-compassion and social anxiety. However, this association was not statistically significant either.

Limitations and Future Directions

Although the current study is the first to shed light on the association between CLF and self-compassion, factors that mediate this association need further elucidation and empirical testing. One potential mediator that might be able to explain this relationship is the silencing of the self. Self-silencing is conceptualized as constantly inhibiting self-expression, thoughts, and

actions (Jack, 1991). Self-silencing is derived from the cultural moralistic voice that censures the self for deviating from culturally prescribed "shoulds" (Jack & Ali, 2010). Even though, the mediating role of the construct of self-silencing in the relationship between culture and mental health has been examined in limited research (Abrams et al., 2019), more empirical studies are still needed to explore further mediating role of self-silencing for the association between culture and health. My rationale for self-silencing potentially being able to explain the relationship between CLF and self-compassion is that people who have CLF tend to engage in self-silencing since they tend to base self-evaluation on others' evaluation of one, prioritize others' needs over their own needs, and inhibit their expressions of thoughts or feelings to ensure harmony in interpersonal relationships. This process is going to make them lack self-compassion as they neglect their needs and feelings, and ultimately leads to social anxiety. Nevertheless, research is still yet to be conducted to provide empirical evidence on this proposition and other factors that could mediate the relationship between CLF and self-compassion.

Another limitation of this study can be found in the sample that was used to test the mediational model. Although the purpose of the study was intended to test social anxiety among college students, the sample was predominantly White, with very few Asian American participants. This is relevant because most research on social anxiety among college students in the United States has used an Asian American population. This research has assumed that the high levels of social anxiety reported by Asian Americans are the result of CLF, a fundamental element of culture of face that is likely to be expressed among this population. Although the concept of face is not specific to Asian groups (since all cultural groups are, to some extent, face cultures; Kim & Nam, 1998), it is important to test if the results of the current study would be

stronger in a sample of Asian American students. Thus, future studies should focus on testing the current model using predominantly Asian American students.

Conclusion

In conclusion, this thesis bridged the existing void in research by exploring the factors mediating the link between CLF and social anxiety. Specifically, the findings suggest that CLF predicts social anxiety through a lack of self-compassion and failure to meet the fundamental psychological need for autonomy. The potential of self-silencing mediating the link between CLF and self-compassion suggests avenues for future exploration. Additionally, it would be necessary for future research to further investigate the model established in the current thesis in an Asian American population. Overall, this study underscores the significance of culture, namely, CLF, and encourages continued investigation to enhance our understanding of the role of culture in affecting people's mental health.

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Appendix A

Table 1

Means, Standard Deviations, and Correlations Among Variables of Interest in Study 1

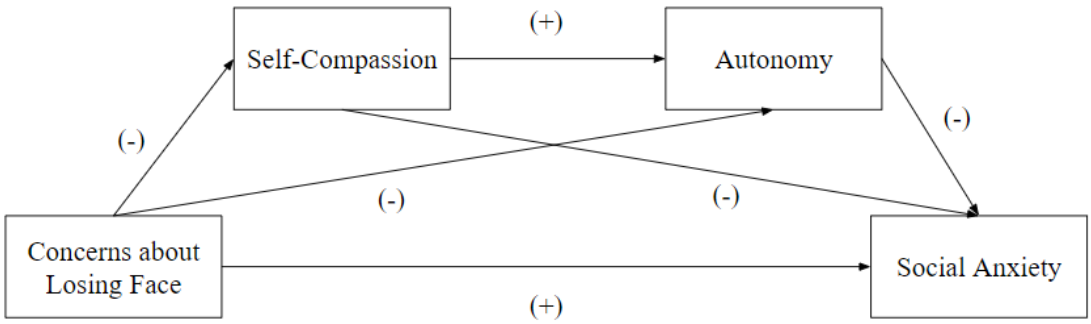
Measure	1	2	3	4	*M*	*SD*
1. CLF	-	-.297**	-.229*	.596**	97.14	18.71
2. Self-Compassion		-	.483**	-.281**	75.12	16.10
3. Autonomy			-	-.451**	32.38	5.60
4. Social Anxiety				-	52.28	13.42

Note: *p<.05, **p<.01; N = 180. CLF is Concerned about Losing Face.

Appendix B

Figure 1

Proposed Mediation Model in Study 1

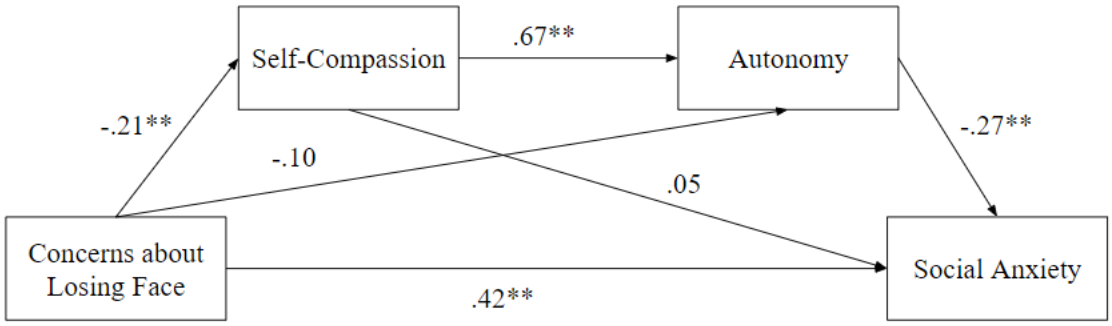


Note. This figure demonstrates the proposed mediation model of the relationship between concerns about losing face and social anxiety mediated by self-compassion and autonomy.

Appendix C

Figure 2

Mediation Model with Coefficients for Study 1



Note. This figure demonstrates the relationship between concerns about losing face and social anxiety mediated by self-compassion and autonomy. Unstandardized coefficients were reported. N=180. *p< .05. p< .01. R^2 =.46.