

## Investigation of the Relationship between Well-Being, Social Anxiety and Self-Regulation Skills in Adolescents

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### Abstract

The aim of this study is to investigate the relationship between well-being, social anxiety and self-regulation skills in adolescents. The study also examined whether well-being, social anxiety, and self-regulation vary according to some demographic information variables (gender, age, grade, level of income, number of siblings) in adolescents. For this purpose, "Demographic Information Form", "EPOCH Measure of Adolescent Well-Being", "Social Anxiety Scale for Adolescents (SAS-A)" and "Adolescent Self-Regulatory Inventory-ASRI" were given to a total of 436 adolescents, 327 males and 109 females, who were studying in different high schools and secondary schools in Istanbul. Pearson Moment correlation coefficient was used to determine the level of the relationships between the well-being, social anxiety and self-regulation skills of adolescents. In addition, t-test and one way ANOVA were used to find out whether well-being, social anxiety and self-regulation skills of adolescents differed according to demographic variables. According to the findings obtained from data analysis, significant differences were found demographic variables gender and grade and well-being and avoidance in general situations, which is one of the sub-dimensions of social anxiety. Significant difference was also found between the variable of age and level of well-being. No significant difference was found between the number of siblings and level of income and well-being, social anxiety and self-regulation skills of adolescents. When the relationships between variables were investigated, a positive moderate correlation was found between well-being and success in self-regulation, while positive low level correlation was found between all sub-dimensions of social anxiety and inadequacy in self-regulation.

**Keywords:** Well-being, Social Anxiety, Self-Regulation.

**DOI:** 10.29329/ijpe.2020.280.17

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## INTRODUCTION

People often complain about certain situations in their private life. They talk about being unhappy sometimes because nobody understands their problem, and sometimes because they cannot share their problem. When these situations were closely handled it has been observed that the main source of problem might be related to the level of individual's well-being (Nur Şahin, 2011). Ryff and Keyes (1995) defined 'well-being' as the individual's being aware of his own potential or not and the quality of his relation with other people (cited from Hamurcu, 2011). Well-being emerged as a response to the focus of psychology on disorders observed in humans and the treatment of diseases that occur as a result of these disorders and it is one of the important issues positive psychology emphasizes (Ok, 2016). It is seen that the persons who have low level of well-being have much more negative emotionality. This negative emotionality is an indication of negative experiences in life. This life style which is not demanded, affects the quality of life by leaving unpleasant memories back in one's life (Diener, 2006).

It is seen that high level of well-being is crucial in all periods of a person's life. It is known that social, psychological, emotional and behavioral problems are more common in adolescence, which is one of the life periods of the individual, compared to the previous and subsequent periods (Silk, Steinberg and Morris, 2003). In this respect, it could be asserted that having high level of well-being becomes more important in adolescence. Deniz (2010) stated that adolescence is a period in which individuals experience intense physical, mental changes and development throughout their lives. When studies on well-being in adolescents are examined, it can be seen that studies emphasize adolescents' satisfaction and happiness from their lives are vital both in terms of their emotional and social development and having a ready positive power that could facilitate their lives in future years (Çivitci, 2009). According to Onur (1995), most parents demand from adolescent individuals to grow and change as a self-confident, healthy person with high level of well-being, no social anxieties, and high capacity for self-regulation. At this point, self-regulation is a concept that stands out in addition to the concept of well-being.

Self-regulation is one of the mechanisms that enables individuals to improve their understanding the world and dealing with it since the early childhood (Kaygusuz & Özpolat, 2015). In this sense, self-regulation is defined as the suppressing of the individual's internal reactions to prevent undesired behaviors (Tangney, Baumeister & Boone, 2004). In other words, self-regulation is the adaption of the individual to the environment so as to know his world and to have a much more ideal world harmony (Rothbaum, Weisz & Snyder, 1982). When studies conducted are examined, it is obviously seen that self-regulation is also synonymous with the concepts 'self-arrangement, self-discipline, and willpower' as well (Duckworth, Gendler & Gross, 2014). Having a high or low self-regulation level affects the behaviors of individual in family environment and community. To give an example, individuals with low level of self-regulation skills refrain from displaying many behaviors because they are difficult for them. On the other hand, individuals with high self-regulation skills can be assertive while displaying several behaviours (Özgül, 2017). In their study, Gottfredson and Hirschi (1990) also asserted that individuals with low level of self-regulation might have serious physiological problems and stated that these problems can occur because of the suppressing social, environmental or family factors in their lives. In the light of given literature, it could be said that one of the factors affecting both self-regulation and well-being is 'social support'. There could be many reasons for an individual not to receive social support. One of these factors is social anxiety.

Social anxiety is a fear that a person's behaviors are being observed and evaluated by another person (Kashdan, 2007). Most of the individuals who experience social anxiety have the fear that they will be perceived as a bad person by people around them and the society they are in, they will leave an undesired impression and be evaluated negatively (Eren-Gümüş, 2000). Individuals with social anxiety feel the fear of negative evaluation and humiliation of their behavior by other individuals in social zones or places where they need to perform a behavior. As a result of this negative emotion and fear, individuals tend to criticize themselves negatively (Dilbaz, 1997). According to Davison and Neale (2004), social anxiety is an irrational persisting fear. It might affect and restrict the life of an individual. A person who has social anxiety could demonstrate timidity before he performs his

behavior since he has already had negative thoughts. Other cases seen in individuals with high level of social anxiety are shyness for making a speech in public, eating and drinking in front of the public, and using the common areas (Baltacı, 2010). According to Erikson, in adulthood which follows adolescence, individuals are ready to socialize with their friends around them, purified from the search for their identity. However, if these individuals have social anxiety, they could show behaviors of wishing to be alone and unwilling to keep in touch with others by considering this period as dangerous and harmful (Sübaşı, 2007). Summarizing the obtained literature data, especially adolescents' well-being, self-regulation skills and social anxiety levels are closely associated with their being psychologically healthy.

The aim of the present study is to investigate the relationships between well-being, social anxiety and self-regulation skills in adolescents. Another aim of this study is to examine whether adolescents' well-being, social anxiety and self-regulation skills vary according to variables like gender, age, grade, number of siblings and level of income.

## METHOD

### Research Model

This research was designed using a correlational survey model as a quantitative research. A correlational survey model is a research model that reveals the differences, changes, relationships and their degree among the variables. These differences and relationship could be determined by t-test, variance analysis, regression and correlational methods (Büyüköztürk et al., 2018).

### Population and Sample

The research population consists of individuals attending secondary and high schools in private and public schools in İstanbul. Sample selection was conducted with the convenience sampling method. Creating a sample by selecting the persons who are easily reached is called sampling method. In this sampling, data is collected by conducting applications on the person who is encountered and caught by the practitioner at certain times.

The scales were applied to 436 students studying in various schools. The sample consists of 436 adolescent students, 327 male and 109 female, studying in various secondary and high schools. Students were selected on a voluntary basis. The data of the students regarding their age, grade and gender are presented in Table 1.

**Table 1: The Distribution of Students According to Age, Grade and Gender Variables**

	Groups	f	%
Age	13	64	14,7
	14	207	47,5
	15	165	37,8
Grade	8 <sup>th</sup> grade	220	50,4
	9 <sup>th</sup> grade	216	49,5
Gender	Female	109	25
	Male	327	75

As can be seen in Table 1, of the students who participated in the study, 64 (14.6%) are 13 years old, 207 (47.4%) are 14 years old, 152 (34.8%) are 15 years old. Based on this, the average age of the group was found as 14.37. Considering the distribution of the participants according to their grades, 220 (50.4%) are 8th graders, 216 (49.5%) are 9<sup>th</sup> graders. Finally, 109 (25%) of the participants are female students and 327 (75%) are male students.

### Data Collection Tools

**Demographic Information Form:** In this form, there are questions about individuals' age, grade, and gender. The form was designed by the researcher.

**“EPOCH” Measure of Adolescent Well-Being:** The “EPOCH” measurement tool developed by Kern et al. (2015) aims to measure Seligman's 5-dimensional conceptualization about feeling good, well-being. This measurement tool was adapted to Turkish by Demirci and Ekşi (2015). As a result of arranging these dimensions at the level of adolescents, dimensions of commitment, determination, optimism, relevance and happiness were developed. Total points could also be used in the scale. 5 Likert type was used in the scale. The scale is scored between 1 (never) and 5 (always). The average of each dimension is calculated between 1 and 5 points. The lowest level score that individuals can get from the measurement tool consisting of a total of 20 questions is 20, and the highest score they can get is 100. There are no items that require reverse scoring. As the score obtained from these scales increases, students' well-being levels increase (Demirci & Ekşi, 2015).

**Social Anxiety Scale for Adolescents (SAS-A):** The Turkish version of this assessment tool developed by La Grace and Lopez (1998) was prepared by Aydın and Sütçü (2007). 4 items of the scale, which has actually 22 items, are the filling items that are not included in the scoring. SAS-A is a 5-point Likert type scale. The minimum score to be taken by those who answer the scale is 18 and the maximum score is 90. As a result of the factor analysis, SAS-A is divided into 3 sub-scales: Fear of Negative Evaluation (FNE), Social Avoidance and Distress in New Situations (SAD-N) and General Social Avoidance and Distress (SAD-G). The internal consistency coefficient of the scale was found as .88, as .83 for the FNE subscale, as .68 for the SAD-N subscale and as .71 for the SAD-G subscale. In the Social Anxiety Scale for Adolescents, high scores from both the total scale and the subscales indicate high level of social anxiety.

**Adolescent Self-Regulatory Inventory-ASRI:** The Adolescent Self-Regulatory Inventory-ASRI was developed by Moilanen (2005) to evaluate self-regulation skills in adolescent individuals. The translation of this scale into Turkish was done by Harma (2008). This developed scale has been prepared both in adult and adolescent individuals in a separate form. This measurement tool aims to evaluate at what stage the adolescents' emotions, thoughts and behaviors will activate, adapt, to what extent they continue and limit them. This measurement tool was prepared as a 4-point Likert type scale and is a 32-item scale scored from 1 (not suitable at all) to 4 (very convenient). In this scale, besides the self-evaluation of adolescents, there is also a parent form that provides the opportunity to evaluate their child. As a result of the analysis, the factors of displaying the behaviors of the long-term and short-term individuals in community, i.e. self-regulation, were obtained; The internal consistency coefficients of the surveys of parents and adolescent individuals were found to be high for both factors (Short term  $\alpha$  parent = .85,  $\alpha$  adolescent = .84; long term  $\alpha$  parent = .87,  $\alpha$  adolescent = .89 ). In the analysis, self-regulation, which has the ability to regulate the behavior, feelings and desires of the individual in the society, has been realized as 2 dimensions as success (18 items) and inadequacy (14 items). The success dimension explains 19.15% of the variance (26.07% in parenting notice) and 10.07% of inadequacy (7.12% in parenting notice). In the analysis of internal consistency as a result of the findings obtained, the internal consistency of success was found as,  $\alpha$  parent = .89,  $\alpha$  adolescent = .85; the internal consistency of inadequacy was determined as  $\alpha$  parent = .79,  $\alpha$  adolescent = .80.

### Data Analysis

Statistical Package for the Social Sciences (SPSS) 25.00 application was used for data analysis. Data are given as mean and standard deviation. Independent Samples T test was used in two-group variables for significant differences in research variables, and One-way ANOVA test was used in case of more than three groups. The relationship between variables was calculated by Pearson Correlation. In the study, the margin of error in the analysis of the data was taken as  $p < 0,05$ . However, the significance levels of  $p < 0,01$  and  $p < 0,001$  were also indicated.

## RESULTS

In this part of the study, it was investigated whether the well-being, social anxiety and self-regulation skills of adolescents participating in the study differ according to some demographic variables. Apart from this, it was examined whether adolescents' well-being, social anxiety and self-

regulation skills were significantly related to each other. Comparison of well-being by gender is shown in Table 2.

**Table 2: T-Test analysis results of well-being in adolescents according to the gender variable**

Variable	Gender	N	$\bar{X}$	ss	t	p
Well-Being	Male	326	3,45	0,62	2,45	0,015*
	Female	110	3,28	0,66		

p<0.5\*

When Table 2 is examined, the average score of female adolescents on the scale of well-being is 3.28, while the average score of male adolescents is 3.45. It was concluded that the difference between the groups was statistically significant ( $t = 2.45$ ,  $p < 0.05$ ). According to the results obtained, the well-being levels of male students are significantly higher than those of female students.  $\bar{x}$ . (average) and ss. (standard deviation) values of well-being according to the age variable of are shown in Table 3.

**Table 3: Descriptive statistics of adolescents' well-being levels by age variable**

	Age	N	$\bar{X}$	ss
Well-Being	13 years	64	3,24	0.64
	14 years	207	3,40	0.59
	15 years	165	3,48	0.67

The results of one-way analysis of variance applied to these values are shown in Table 4.

**Table 4: Variance analysis results of adolescents' well-being level according to age variable**

	Source of Variance	Total of Squares	df	Average of Squares	f	p
Well-Being	Inter-group	2,63	2	1,32	3,30	0,038*
	In-group	173,11	433	0,40		
	Total	175,75	435			

\* p < 0.05

When Table 4 is examined, a statistically significant difference was found in terms of the mean scores of adolescents from the well-being scale in order to see the difference between the scores obtained from the well-being levels of adolescents ( $F (2-433): 3.30$ ,  $p < 0, 05$ ). As a result of the "Bonferroni Test" conducted to find out from which age level of this difference resulted, a significant difference was found between the age group of 13-year-old students and the age group of 15-year-old students in terms of the scores they received from the well-being scale. Accordingly, the well-being levels of adolescents in the age group of 15 are significantly higher than the well-being levels of adolescents in the age group of 13. Comparison of well-being by grade level is shown in Table 5.

**Table 5: T-test analysis results of well-being in adolescents according to the grade variable**

Variable	Grade	N	$\bar{X}$	ss	t	p
Well-Being	Grade 8	220	3,34	0,60	-2,19	0,029*
	Grade 9	216	3,48	0,66		

p < 0.5\*

When Table 5 is examined, the average score of the adolescents studying in the 8th grade from the well-being scale is 3.34. The average score of the adolescents studying in the 9th grade is 3.48. It was concluded that the difference between these two groups was statistically significant ( $t = -2.19$ ,  $p < 0.05$ ). According to this result, the well-being levels of adolescents studying in the 9th grade are significantly higher than those studying in the 8th grade. It was also examined whether social anxiety, another variable of the study, differed in terms of some demographic variables. Findings also included the sub-scales of social anxiety, "Fear of Negative Evaluation (FNE), Social Avoidance and Distress in New Situations (SAD-N) and General Social Avoidance and Distress (SAD-G)". A comparison of the sub-dimensions of social anxiety by gender is given in Table 6.

**Table 6: Results of t-test analysis of social anxiety sub-dimensions by gender variable**

Variable	Gender	N	$\bar{X}$	ss	t	p
FNE	Male	326	2,63	0,94	1,66	0,097
	Female	110	2,44	1,10		
SAD-N	Male	326	2,75	0,84	2,69	0,135
	Female	110	2,60	0,88		
SAD-G	Male	326	2,38	0,88	1,49	0,007*
	Female	110	2,12	0,96		

Fear of Negative Evaluation (FNE), Social Avoidance and Distress in New Situations (SAD-N) and General Social Avoidance and Distress (SAD-G). () \*p<0,05

When Table 6 is analyzed, a significant difference was found according to gender in the sub-dimension of “SAD-G”. (p<0.05). Accordingly, the level of avoidance and distress in males is significantly higher than females in general social situations. No significant difference was found between the other sub-dimensions, FNE and SAD-N, and the gender variable. Average and standard deviation values of the sub-dimensions of social anxiety by age variable are given in Table 7.

**Table 7: Descriptive statistics of adolescents' social anxiety subscales by age variable**

	Age	N	$\bar{X}$	ss
FNE	13 years	64	2,47	0,96
	14 years	207	2,65	1,04
	15 years	165	2,54	0,93
SAD-N	13 years	64	2,71	0,88
	14 years	207	2,68	0,90
	15 years	165	2,76	0,79
SAD-G	13 years	64	2,23	0,90
	14 years	207	2,33	0,93
	15 years	165	2,34	0,88

(Fear of Negative Evaluation (FNE), Social Avoidance and Distress in New Situations (SAD-N) and General Social Avoidance and Distress (SAD-G))

The results of one-way analysis of variance applied to these values are demonstrated in Table 8.

**Table 8: Results of variance analysis of the adolescents' social anxiety scale sub-dimension levels by age variable**

	Source of Variance	Total Squares	df	Average Squares	f	p
FNE	Inter-group	1,96	2	0,98	1,00	0,37
	In-group	423,63	433	0,97		
	Total	425,59	435			
SAD-N	Inter-group	0,54	2	0,27	0,37	0,69
	In-group	317,98	433	0,73		
	Total	318,53	435			
SAD-G	Inter-group	0,53	2	0,27	0,32	0,72
	In-group	356,32	433	0,82		
	Total	356,86	435			

(Fear of Negative Evaluation (FNE), Social Avoidance and Distress in New Situations (SAD-N) and General Social Avoidance and Distress (SAD-G) \*p<0.5

In Table 8, it was found that the mean score obtained from the social anxiety scale sub-dimensions of adolescents was not statistically significant as a result of the variance analysis conducted to determine the differences between the scores obtained from the social anxiety scale sub-dimensions according to the age of adolescents. (F (2-433): 0.32, p> 0.05). Comparison of social anxiety sub-dimensions by grade level is given in Table 9.

**Table 9: Results of variance analysis of the adolescents' social anxiety scale sub-dimension levels by grade**

Variable	Grade	N	$\bar{X}$	ss	t	p
FNE	Grade 8	220	2,59	1,00	0,15	0,881
	Grade 9	216	2,58	0,97		
SAD-N	Grade 8	220	2,67	0,87	-1,18	0,239
	Grade 9	216	2,76	0,84		
SAD-G	Grade 8	220	2,23	0,87	-2,14	0,033*
	Grade 9	216	2,41	0,93		

Fear of Negative Evaluation (FNE), Social Avoidance and Distress in New Situations (SAD-N) and General Social Avoidance and Distress (SAD-G) \*p<0.5

When Table 9 is examined, a significant difference was found in the social anxiety scale sub-dimension of SAD-G in terms of grade ( $p < 0.5$ ). The level of general social avoidance and distress of 9th graders is significantly higher than those of 8th graders. No significant difference was found between the other sub-dimensions of social anxiety and the grade level. When it was examined whether there is a difference between the last variable of the research, self-regulation skills and some demographic variables, sub-dimensions of self-regulation skills scale (self-regulation success and self-regulation inadequacy) were also examined. The comparison of the sub-dimensions of the self-regulation skills scale by gender is given in Table 10.

**Table 10: Results of the t-test analysis of the self-regulation scale sub-dimensions according to the gender variable**

Variable	Gender	N	$\bar{X}$	ss	t	p
Success in Self-Regulation	Male	326	2,69	0,50	1,296	0,196
	Female	110	2,61	0,55		
Inadequacy in Self-Regulation	Male	326	2,70	0,48	-1,385	0,167
	Female	110	2,77	0,49		

\*p<0.5

According to Table 10, there was no significant difference between the sub-dimensions of the self-regulation scale and gender. ( $P > 0.05$ ). The average and standard deviation values of the sub-dimensions of the self-regulation scale by age variable are given in Table 11.

**Table 11: Descriptive statistics of adolescents' Self-Regulation Scale sub-dimension levels by age variable**

	Age	N	$\bar{X}$	ss
Success in Self-Regulation	13 years	64	2,63	0,56
	14 years	207	2,63	0,50
	15 years	165	2,72	0,51
Inadequacy in Self-Regulation	13 years	64	2,68	0,51
	14 years	207	2,73	0,45
	15 years	165	2,71	0,51

The results of one-way analysis of variance applied to these values are shown in Table 12.

**Table 12: Results of variance analysis of the Self-Regulation Scale sub-dimensions of adolescents according to age variable**

	Source of Variance	Total Squares	df	Average Squares	f	p
Success in Self-Regulation	Inter-group	0,81	2	0,405	1,51	0,220
	In-group	115,542	433	0,267		
	Total	116,652	435			
Inadequacy in Self-Regulation	Inter-group	0,168	2	0,084	0,354	0,702
	In-group	102,747	433	0,237		
	Total	102,915	435			

\*p<0.5

In Table 12, it was determined that there was no statistically significant difference in terms of the average of the scores obtained from the self-regulation scale sub-dimensions as a result of the variance analysis performed to determine the differences between the scores obtained from the sub-dimensions of the self-regulation scale of the adolescents. (F (2-432): 0.35,  $p > 0.05$ ). The comparison of sub-dimensions of self-regulation scale by grade level is given in Table 13.

**Table 13: T-test analysis results of Social Regulation sub-dimensions by grade variable**

Variable	Grade	N	$\bar{x}$	ss	t	p
Success in Self-Regulation	Grade 8	220	2,62	0,48	-1,676	0,094
	Grade 9	216	2,71	0,54		
Inadequacy in Self-Regulation	Grade 8	220	2,73	0,45	0,602	0,547
	Grade 9	216	2,70	0,52		

\* $p < 0.5$

In Table 13, the differences in the scores of the adolescents from the sub-dimensions of the self-regulation scale were analyzed by t-test in terms of grade variable. Accordingly, it was observed that there was no significant difference between the sub-dimensions of the self-regulation skills measurement tool and the grade level variable. ( $t = -1,676, 0,602$   $p > 0.05$ ).

**Table 14: Correlations between Well-Being, Social Anxiety, and Self-Regulation Skills**

	Well-Being	FNE	SAD-N	SAD-G	Success in Self-Regulation	Inadequacy in Self-Regulation
<b>Well-Being</b>	1					
<b>FNE</b>	,011	1				
<b>SAD-N</b>	,060	,646**	1			
<b>SAD-G</b>	-,030	,640**	,569**	1		
<b>Success in Self-Regulation</b>	,474**	-,022	,083	-,009	1	
<b>Inadequacy in Self-Regulation</b>	,094	,264**	,223**	,158**	,192**	1

(Fear of Negative Evaluation (FNE), Social Avoidance and Distress in New Situations (SAD-N) and General Social Avoidance and Distress (SAD-G)\*\*  $p < 0.01$ )

Correlation coefficients between well-being, social anxiety, and self-regulation skills scores of adolescents constituting the sample group of the study are shown in Table 14. When we review the relationships between the variables, a medium significant positive correlation was found between the well-being levels of adolescents and the success in self-regulation, which is a sub-dimension of self-regulation ( $r = 0.47$ ;  $p < 0.01$ ). A positive and low level of significant relationship was found between the FNE, which is a sub-dimension of adolescents' social anxiety, and inadequacy in self-regulation which is a sub-dimension of self-regulation ( $r = 0.26$ ;  $p < 0.01$ ).

In the SAD-N, which is another sub-dimension of social anxiety, a positive and low level of significant relationship was found between inadequacy in self-regulation. ( $r = 0.22$ ;  $p < 0.01$ ). Similarly, a low level of positive relationship was found between SAD-G, which is a sub-dimension of social anxiety, and inadequacy in self-regulation. ( $r = 0.16$ ;  $p < 0.01$ ). To summarize, according to these results, there is a positive relationship between all sub-dimensions of social anxiety and inadequacy in self-regulation. According to other findings obtained from the correlation analysis; there was no significant relationship between well-being and sub-dimensions of social anxiety in adolescents.

## CONCLUSION, DISCUSSION AND SUGGESTIONS

The results obtained as a result of data analysis were discussed in the context of the research findings regarding the hypotheses tested by the researcher and within the context of findings of studies conducted in literature related with the variables discussed in this study. In the research findings, it



was seen that the well-being levels of adolescents differ significantly according to the gender variable and the well-being levels of males were higher than those of females. It can be seen that there are studies in literature which have reached different findings related to this. Similar to the findings of the present study, there are studies that have reached the conclusion that well-being levels of males are higher than those of females (Saföz - Güven, 2008; Özkan, 2014; Tümkaya, 2011; Yazar, 2019). There are also studies with opposite results in literature, studies which have found that well-being levels of female individuals are higher than those of male individuals (Gündoğdu and Yavuzer, 2012; Kuyumcu, 2012; Özden 2014; Sezer, 2013). There are also studies in literature which show well-being does not differ by gender (Alim, 2018; Akgündüz and Bardakoğlu, 2012; Çevik, 2010; Eken, 2010; Eryılmaz, 2011; Oymak, 2017; Tuzgöl-Dost, 2006).

According to the findings of this study, it was concluded that the well-being levels of adolescents differ according to the age variable and the difference is between students between the ages of 13 and 15. Subjective well-being levels of 15-year-olds were higher than those of 13-year-olds. When the literature is analyzed, in a study conducted with undergraduate students, it was observed that the level of subjective well-being increased as the age level increased (Duman, 2016). In another study on subjective well-being, it was found that subjective well-being does not differ by age (Nur Şahin, 2011; Topuz, 2013).

According to the findings of the present study, there was a significant difference in the overall score of subjective well-being of adolescents compared to their grades. It was found that the general well-being score of 9<sup>th</sup> graders is higher than that of 8<sup>th</sup> graders. In his study, Hamurcu (2011) reported that 10<sup>th</sup> and 11<sup>th</sup> graders had higher level of well-being than 9<sup>th</sup> graders. When the literature is examined, it is seen that unlike the present study, the level of well-being does not differ according to grade (Saföz-Güven, 2008; Uğur, 2013; Turp, 2017). It might be thought that 9th grade adolescents, who are the first level of the high school level, had a calmer year after the exams they had previously and this situation had a positive effect on the well-being levels of students. At the same time, it could be thought 9th graders are generally less concentrated in terms of university enrollment exams, which may have affected individuals to have higher levels of happiness.

According to the findings of the current study, it was found that there is a significant difference between the gender variable and social avoidance in general situations which is a sub-dimension of social anxiety. It is concluded that males show more avoidance than females in general situations. When the studies conducted in the literature are examined, some results have been found that social anxiety does not differ between females and males (Beidel, Turner & Morris, 1999; Demirbaş, 2009; Leary & Kowalski, 1995; Stein, Walker & Forde, 1994; Turk et al., 1998). In another study, Gültekin & Dereboy (2011) concluded that social anxiety in women is more intense than men and they experience this problem more in their lives. Findings in the literature are not similar to the findings of this study. It might be thought that the reason for this difference in the literature could be due to cultural differences.

The results of the present study show that there is no significant difference in the social anxiety score according to the age variable. When the studies in literature are examined, it can be seen that Mersin and Öksüz (2014) stated that social anxiety does not differ by age. In the study of Türe (2009), it was observed that the scores obtained from the social anxiety scale were higher in individuals who are younger. As a result of the research, it was concluded that social anxiety showed significant difference in avoidance score in general situations in terms of students' grades. Accordingly, the level of social avoidance in general is significantly higher in 9<sup>th</sup> graders when compared with 8<sup>th</sup> graders.

In the study conducted by Yıldırım, Çırak and Konan (2011) with university students, it was found that the social anxiety levels of the students studying in their first year were significantly higher than those of the students studying in their fourth year. In a study conducted by Ben (2017), it was stated that the social anxiety levels of the first-year students were higher than the students studying at the upper level.

The current study also examined the relationships between adolescents' well-being, self-regulation skills, and social anxiety levels. According to the findings of the study, a moderate significant positive correlation was found between the well-being levels of adolescents and the success in self-regulation. Also, a low positive relationship was found between all sub-dimensions of social anxiety and inadequacy in self-regulation. There are no studies in literature that examine these three concepts together. In a similar study by Yang, Asbury, Griffiths (2019), subjective well-being and self-regulation skills were found to be interrelated. In addition, self-regulation has been found to affect subjective well-being positively. Similarly, Singh, Sharma (2018) examined the relationship between subjective well-being and self-regulation, and concluded that self-regulation capacity positively affected psychological well-being. These results are in line with the results of the present study. Mamassis and Doganis (2004) examined the effects of the mental studies they developed to increase self-regulation skills on anxiety, self-confidence and performance in tennis. As a result of the study, it was concluded that the level of anxiety decreased as self-regulation skills increased. It could be said that the obtained result is similar to the findings of this study.

Some suggestions are given below regarding the results of the study.

- The research was conducted in Istanbul and on adolescent students, and it could be conducted on adolescents in other provinces in terms of generalizability. Based on the information obtained from studies conducted, it is seen that adolescence has a variable structure. A longitudinal study might be conducted to cover post-adolescence.

- In the future studies, the relationship between the concepts of well-being, self-regulation and social anxiety might be examined with different demographic variables (parental attitude, parental education level, etc.).

- It can be suggested to study the concepts of well-being, social anxiety, self-regulation on individuals from different age groups.

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