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# Confidence in Social Interactions Among Turkish Young Adults Living in the United Kingdom

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#### ABSTRACT

There is a wealth of evidence on the relationship between self-efficacy and social anxiety. However, little is known about the relationship between self-efficacy, social anxiety, and social avoidance in Turkish adults living in the United Kingdom. The present study aimed to examine the relationship between general self-efficacy and social anxiety in a sample of young adults over the age of 18. The sample consisted of 66 (46 males and 20 females) young adults aged between 18 and 41. Participants completed the General Perceived Self-Efficacy Scale and Liebowitz Social Anxiety Scale on-line. Males reported higher overall avoidance behaviours and avoidance of social interaction than females. The results did not reveal a statistically significant correlation between self-efficacy and social anxiety. A significant positive relationship was found between social anxiety and avoidance behaviours. Implications and limitation of the findings are discussed.

Keywords: Self-efficacy, social anxiety, avoidance, confidence, social interaction, Turkish adults.

## Birleşik Krallık'ta Yaşayan Türk Genç Yetişkinler Arasında Sosyal Etkileşimlere Öz-Yeterlik

#### ÖZET

Öz yeterlik ve sosyal kaygı arasındaki ilişkiye dair çok sayıda bilimsel veri vardır. Bununla birlikte, Birleşik Krallık'ta yaşayan Türk yetişkinlerde öz yeterlik ve sosyal kaygı arasındaki ilişki hakkında çok az bilgi mevcuttur. Bu çalışmada, 18 yaş üstü genç yetişkin örnekleminde genel öz-yeterlik, sosyal anksiyete, ve sosyal kaçınma arasındaki ilişkinin incelenmesi amaçlanmıştır. Örneklem 18 ile 41 yaşları arasındaki 66 (46 erkek ve 20 kadın) genç yetişkinden oluşmuştur. Katılımcılar, Genel Algılanan Öz-Yeterlik Ölçeği ve Liebowitz Sosyal Anksiyete Ölçeğini çevrimiçi olarak doldurdular. Erkekler, kadınlara göre daha yüksek genel kaçınma davranışları ve sosyal etkileşimden kaçınma bildirdiler. Sonuçlar öz yeterlik ile sosyal kaygı arasında istatistiksel olarak anlamlı bir ilişki ortaya koymadı. Sosyal kaygı ve kaçınma davranışları arasında anlamlı pozitif bir ilişki bulunmuştur. Bulguların çıkarımları ve sınırlamaları makalede tartışılmıştır.

Anahtar kelimeler: Öz yeterlik, sosyal kaygı, kaçınma, güven, sosyal etkileşim, Türk yetişkinler.

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#### **INTRODUCTION**

The construct of the self- efficacy has been first introduced by Albert Bandura in 1977. According to Bandura (1977), self-efficacy, a well-recognised construct in the field of psychology, is "the conviction that one can successfully execute the behavior required to produce the desired outcome" (p. 193). Self-efficacy beliefs are concerned with one's belief and competence with respect to his/her abilities to strive with challenges and perform particular behaviours in a certain way successfully. A significant point should be taken into consideration about self-efficacy is that self-efficacy is based on perceived abilities. Therefore, it is different than one's existing abilities. Individuals, who have low confidence in their ability, are less likely to undertake the given tasks even if they are very competent in their capability to perform these tasks (Muris, 2002).

Pajares (1997) described some characteristic of people with high and low self-efficacy. He identified that a strong belief of personal self-efficacy increases people's achievements and subjective well-being in a various way. Individuals who have a strong sense of self-efficacy view challenging problems as obstacles to be dealt with successfully rather than shy away from them. They are highly interested in activities in which they participate in. They also spend more efforts to cope with failures, setbacks, disappointment and difficult tasks. In contrast, individuals who doubt about their ability avoid challenging tasks in which they feel stress, depression and unpleasant feelings. Also, people with low sense of self-efficacy have low confidence at problem solving.

The sense of self-efficacy begins to shape in early childhood as children experience a large number of events, tasks and situations and carries on developing throughout human life as they learn new skills and experience a wide range of situations. Bandura (1977) has identified four major sources that influence self-efficacy beliefs to develop. These are mastery experience, vicarious experience, verbal persuasions, and physiological states. The first way of creating self-efficacy is mastery experience which refers to personal experiences. People's past success and failures can have an important influence on their sense of self-efficacy. Simply put, achieving a task successfully strengthens individuals' self-efficacy beliefs while repeated failures result in reduction in their self-efficacy. Bandura (1986) defined mastery experiences as the most powerful source of self-efficacy. The second way of strengthening self-efficacy is vicarious experience which contains social comparisons. By vicarious experience, people witness how other people successfully accomplish tasks and by observing them, they judge their own capabilities to perform the same task as others do. This has a strong positive impact on strengthening self-efficacy (Schunk, 1983a). The third source of self-efficacy is the verbal persuasion. Those, who are persuaded and encouraged positively in respect to their skills and capabilities to perform a task, are more able to create and develop their self-efficacy beliefs compare to those who are not. In other words, receiving verbal positive encouragements from others contributes to strengthen self-efficacy while discouragements contribute to weaken self-beliefs (Bandura, 1986). The final way of creating self-efficacy is one's physiological states. A negative physiological state such as stress, anxiety, fatigue, nervousness, rapid heart rate and sweating can weaken one's sense of selfefficacy, while a positive physiological state raises it. Physiological state has the weakest impact in developing self-efficacy among the four presented sources of self-efficacy.

According to Bandura's Social Cognitive Theory (1977), the sense of individual self-efficacy plays a major role in determining how they think, feel and behave. He maintained that expectations of self-efficacy determine if coping action will be commenced in a situation, how much effort will be spent and how long this effort will be maintained in the face of difficulties.

Since Bandura (1977) presented self-efficacy as a construct, research in this area has received increasing attentions. Subsequent researchers have found a different number of variables in diverse disciplines and settings to be associated with self-efficacy beliefs. A strong sense of personal self-efficacy is associated with some clinical issues such as phobias within different contexts (Bandura, 1983), assertiveness (Lee, 1983), depression (Davis & Yates, 1982), smoking behaviors (Garcia, Schmitz, & Doerfler, 1990), general health (O'Leary, 1985) and social skills (Moe & Zeiss, 1982).

Also, self-efficacy beliefs have been found to be related to educational outcomes such as academic motivation and self-regulation (Pintrich & Schunk, 1995). Among these presented variables, social anxiety is also one of the variables that has been found to be linked with self-efficacy (Gaudiano & Herbert, 2003).

In the literature, social anxiety is also known as social phobia. The terms of social anxiety and social phobia are frequently used reciprocally. In the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, 1994), social anxiety is described as excessive and irrational fears about one or more social or performance situations in which individuals feel that they are watched, judged and evaluated by others. Another definition of social anxiety has been introduced by Schlenker and Leary (1982). According to them, social anxiety is anxiety that results from the prospect or presence of one's evaluations and fears about himself and herself in real or imagined social environment. Kessler, Petukhova, Sampson, Zaslavsky and Wittchen (2012) demonstrated that the twelve-month and lifetime prevalence of social anxiety ranges from 7.4% to 13.0% for people aged between 18 and 64 years. Epidemiological studies advocated that social anxiety is one of the most common mental health problems. In terms of the gender, Turk et al. (1998) reported that women are often more anxious and avoidant than men in domain of social situations.

In the previous studies, social anxiety has been divided into two main factors as performance situations and social interactional anxiety. These two factors are different from one another (Heimberg et al., 1999). Performance fears are related to one's performance such as eating and drinking in public places, working and writing while being scrutinized and giving a speech in front of unfamiliar people. However, social interactional fears are associated with particular social settings such as participating in or giving a party and meeting someone for the first time or speaking to people in authority. Similarly, Steinert, Hofmann, Leichsenring and Kruse (2013) stated that the fear of social and performance situations consist of wider range of specific settings such as eating or drinking in front of others, speaking in public places, casual or formal conversations with strangers and avoiding eye contact with unfamiliar people. They maintained that when individuals are exposed to these phobic social situations, these extreme and persistent fears cause them to develop some anxiety symptoms which may be cognitive (i.e. negative thoughts), behavioural (i.e. leaving early from a party) and physiological symptoms (i.e. blushing easily). As a consequence of this, these fears frequently result in people shying away from threatening situations or they profoundly feel uncomfortable and stressed when escape is impossible. In such a case, individuals with social anxiety experience an extreme anxiety under these undesirable situations.

Researchers have attempted to describe some characteristics of phobic people. For instance, Clark and Wells (1995) and Rapee and Heimberg (1997) argued that people with social anxiety extremely worry about how other people perceive, evaluate and judge them. They explained the reasons of why phobic people experience such feelings in terms of cognitive perspective. According to them, individuals with social anxiety focus on their weaknesses rather than strengths. Compare to non-phobic people, socially anxious people have excessive negative thoughts about themselves as they have high levels of unreasonable thoughts about others. Socially anxious people also lack confidence in their own performance. For that reasons, people with social anxiety tend to escape from or avoid external threatening social situations. Further findings by Clark and Wells (1997) suggested that people with social anxiety tend to demonstrate some safety behaviours in order to prevent failures in social situations when it is not possible to escape from threatening social situations. Avoiding making eye contact with others can be given as an example of such safety behaviours.

Schlenker and Leary (1985) proposed that all types of social anxiety develop when one's concerns arise about how other people consider and assess him. According to Leary and Atherton (1986), people are inclined to perform in a particular way in order to introduce themselves to others for positive impressions. By this way, they prevent themselves against unfavorable impressions by others. As a consequence of this, the conviction that one is not capable to make favorable impressions causes people to feel anxious in social situations. Within this context, studies on young adults showed that there was a negative correlation between the proportion of negative self-evaluative thoughts and selfefficacy ratings earlier and during the conversation as well as a negative correlation between subjective anxiety ratings and self-efficacy (Mahone, Bruch & Heimberg, 1993). This suggests that a low sense of self-efficacy causes social anxiety.

Studies related to the link between self-efficacy and social anxiety have demonstrated a moderate inverse relation between the two constructs (Leary & Atherton, 1986). Also, research has shown that social anxiety has been linked to avoidance behaviours in both social and performance situations (Liebowitz et al., 1999). Self-efficacy theory clarifies the reasons why individuals feel anxious, unsure and inhibited in social situations and performance such as conversations with strangers for the first time, public speaking and being interviewed for a job (Leary & Atherton, 1986). Furthermore, Maddux, Norton and Leary (1988) conducted a study to test the usefulness of the integration of self-efficacy theory and self-presentation theory of social anxiety by asking subjects to imagine themselves in various social situations and rate their degree of self-efficacy and anxiety. The findings suggested that a negative correlation between efficacy expectancies and participants expected social anxiety. Also, a high negative correlation was found between self-efficacy expectancies and a dispositional measure of social anxiousness in the pictured social scenarios.

Similar results have been obtained from samples of adolescents. For instance, Muris (2002) demonstrated that there is a negative correlation between the level of global self-efficacy and the level of trait and social anxiety. Adolescents with higher level of global self-efficacy have lower level of trait and social anxiety. In a similar vein, Gaudiano and Herbert (2006) reported that changes in the level of adolescents' self-efficacy and the level of social anxiety symptoms are strongly correlated to one another in social and performance situations. Compare to high self-efficacy, low self-efficacy may cause adolescents to feel and experience more anxious socially. Also, this situation may result in individuals to show a lower performance in social situations. These scholars concluded that an increase in the sense of self-efficacy has positive benefits on phobic people in reduction their level of social anxiety in social situations. In addition, a negative significant correlation between self-efficacy and symptom of anxiety, depression, worry and social avoidance was reported in the study of Tahmassian and Moghadam (2011).

## **Present study**

As can be seen from the existing literature, research related to the link between self-efficacy and social anxiety has shown that there is a moderate inverse correlation between two constructs (Leary & Atherton, 1986) and the level of social anxiety is linked to avoidance behaviours in both social and performance situations (Liebowitz et al., 1999). However, research is still needed to examine the association between self-efficacy and social anxiety in different samples such as immigrant students. This would serve to further develop our understanding of the relationship between self-efficacy and social anxiety. There is evidence showing that self-esteem affects the overall functioning and mental health of individuals, particularly immigrants. For example, reports demonstrated that young immigrants tend to experience feelings of inadequacy, poor self-image, helplessness, feelings of anxious, sometimes suicidal thoughts by self-degrading and self-blame (Altinyelken, 2009; Virupaksha, Kumar & Nirmala, 2014). Turkish immigrant students were used in this study. Studies also showed that Turkish immigrants report more mental health problems such as anxiety and depression (Beutel et al., 2016). However, there is scarcity of evidence in this area. As such, it is important to identify the levels of anxiety and self-esteem as indictors of mental health in order to gain a better insight into the mental health of Turkish immigrants in the United Kingdom. Therefore, thus, the current research aimed to examine the relationship between general self-efficacy and social anxiety in a sample of Turkish young adults living in the United Kingdom. To end this, three hypotheses were generated as follows.

H3: Male and female would differ in the scores of the self-efficacy and dimensions of social anxiety and avoidance behaviours in Turkish young adults living in the United Kingdom.

H2: Self-efficacy has a negative correlation with social anxiety and avoidance behaviours in Turkish young adults living in the United Kingdom.

H3: Social anxiety has a positive relationship with avoidance behaviours in Turkish young adults living in the United Kingdom.

#### METHOD

#### Participants

The present sample consisted of 66 (46 males and 20 females) young adults residing in the United Kingdom. Male participants ranged in age between 18 and 41 years, with a mean age of 27.04 (SD = 3.78), while female participants ranged in age between 22 to 45 years, with a mean age 29.2 (SD = 5.82). All participants were asked to complete the Turkish versions of General Perceived Self-Efficacy Scale and Liebowitz Social Anxiety Scale, as well as Demographic Form.

#### Design

This was a correlational study designed to find out the relationship between the analysed variables. In the present study, a survey research design was used to gather the data via self-report questionnaire. This method it is fruitful in terms of providing an opportunity to people to take part in the questionnaire at any time they want, and it facilitates those who are not confident to participate in an experimental research or group setting. It is also very fast and economical way for collecting data (Greenlaw & Brown-Welty, 2009).

#### Materials

**General Self-Efficacy Scale** (GSE: Scholz, Doña, Sud & Schwarzer, 2002): The GSE is a 10-items self-report scale developed to measure one's general level of perceived self-efficacy. The scale is onedimensional, and each item has to be scored on a 4-point Likert scale ranging from 1 (not at all true) to 4 (exactly true). The overall GSE score ranges between 10 and 40 by summing up responses. A high score closes to maximum of 40 represents people who have high level of self-efficacy as a low score close to minimum of 10 represents people who have low level of self-efficacy. The validity and reliability of this scale has been tested in a variety of previous empirical studies (Luszczynska, Scholz & Schwarzer, 2005). The Cronbach's alpha coefficient of the GSE ranges between .75 and .91. In the present study, the Cronbach's alpha coefficient for the GSE scale was computed as .85.

**Liebowitz Social Anxiety Scale** (LSAS: Heimberg et al., 1999): The LSAS is widely used to assess individual's social anxiety level in a different range of social interaction and performance situations. The LSAS scale includes 24 items that address both performance situations (13 items) and social interactions (11 items). The scale has four specific subscales: anxiety of performance, anxiety of social interaction, avoidance of performance and avoidance of social interaction. A total score can be obtained for overall anxiety and avoidance. Each response is made on a 4-point Likert scale ranging from 0 (none) to 3 (severe) for anxiety and from 0 (never) to 3 (usually) for avoidance. A total LSAS score can also be calculated by summing all responses. The overall LSAS score for both subscales varies from 0 to 72, with the highest score of 144. A high score closes to maximum of 72 describes individuals who are less anxious and avoidant. The validity and reliability of the scale has been assessed in variety of prior empirical studies (Baker, Heinrichs, Kim & Hofmann, 2002). The internal consistency of the LSAS varies between .80 and .85. In the present study, Cronbach's alpha

## Procedure

Permission to recruit and gather information from participants was first obtained from the Psychology Research Ethics Committee in the School of Psychology at the University of Leicester (ethic reference number: my98-95ef). Along with demographic questions (age and gender), General Self-Efficacy Scale and Liebowitz Social Anxiety Scale were placed online using SurveyGizmo software. A link for the survey was created and sent around via e-mail and social networking sites (e.g., Facebook) to participants to complete the questionnaire on-line. Before participants took part in the study, information about the study was provided to them in the consent form and they were asked to give their consent. Participants, who agreed, were allowed to participate in the study. They were informed that they could withdraw from the research without giving any reasons at any point during completing the questionnaires. A debriefing statement was also provided at the end of the questionnaire recommending that if they feel that they have social phobia and would like to get help then they should speak to their doctor. Also, two links related to helping organisations, in which participants can find useful information about social anxiety if they are unable to speak to their doctors and want to get some help, were presented to participants. The survey took less than 15 minutes and participation was voluntarily.

## **Data Analysis**

Prior to the main analysis, an overall score was created for the main variables and they were used to perform Pearson product-moment correlation in order to explore the relationship between self-efficacy and social anxiety. An independent sample t-test was used to compare gender across the study variables. To ensure that there are no data points within the data set that follow an unusual pattern, outliers were also treated for self-efficacy, anxiety and avoidance variables. However, no scores were found to be treated as an outlier. The variables did not violate the assumption of normality. Significant value was set to 0.05. All data analyses were conducted by using SPSS.

#### RESULTS

Table 1 presents means and standard deviations for age, self-efficacy, and scale and subscales of social anxiety used in this study. The table also represents the results of an independent sample t-test for the main variables of this study compared by gender. The results showed that in general, participants reported a high level of general self-efficacy (M= 29.30) and low levels of general anxiety (M= 29.10) and avoidant behaviours (M= 24.70). Participants also reported low scores in anxiety of social interaction (M= 13.0), anxiety of performance (M= 16.10), avoidance of social interaction (M= 11.30), and avoidance of performance (M= 13.30).

The results of independent sample t-test showed that there was a nonsignificant difference between male and female in the scores of self-efficacy. The results also demonstrated a nonsignificant difference between males and females in the score of social anxiety and avoidance of performance. The only significant difference was observed between males and females in the scores of overall avoidance behaviour and avoidance of social interaction. This suggest that males reported more overall avoidant behaviours and avoidance of social interaction when compared to females.

	Gender comparison						
	Overall sample (n=66)		Male (n=46)	Female (n=20)			
Variable	М	SD	Mean SD	Mean	SD	t	p
Age	27.70	4.60	27.00 3.80	29.00	6.00	-1.38	0.18
Overall self-efficacy	29.30	4.70	29.00 4.60	30.00	5.00	-0.77	0.45
Overall anxiety	29.10	11.60	30.40 11.30	26.20	12.10	1.32	0.20
Anxiety of performance	16.10	6.50	16.60 6.40	14.90	6.60	0.97	0.34
Anxiety of social interaction	13.00	5.70	13.80 5.40	11.30	6.20	1.56	0.13
Overall avoidance	24.70	12.20	27.00 11.40	19.20	12.40	2.4	0.02*
Avoidance of performance	13.30	6.80	14.50 6.60	10.80	6.90	2.03	0.05

Table 1. Means and standard deviations for overall sample and gender comparison

Muhakeme Dergisi/Journal 3(2): 92-102, 2020

Avoidance of social interaction	11.30	5.90	12.60 5.60	8.50	5.80	2.67	0.01*
Note. <i>p</i> < 0.05							

Following descriptive statistics and comparison analysis, the Pearson product - moment correlation was run between age, gender, self-efficacy, anxiety and avoidance. A criterion for assessing the strength of the correlation coefficient (r) is as follows. If the r value ranges between |0| and |.2|, the correlation is usually considered as weak. However, if the r value ranges between |.3| and |.6| and |.7| and |1|, the correlation is considered as moderate and strong, respectively (Brace, Kemp & Snelgar, 2012). Table 2 shows the correlations among the variables analysed in this study. The results show that there was a positive correlation (r = .74, p < 0.01) between overall anxiety and overall avoidance. That suggests that as individuals' level of social anxiety increase, their level of social avoidance increase at the same time when they interact in social and performance situations. The results also demonstrated that there was no correlation between self-efficacy and social anxiety as well as self-efficacy and avoidance behaviours. In the same way, age was not found to be correlated with gender, self-efficacy, social anxiety and avoidance behaviours. A negative significant correlation was found between gender and overall avoidance suggesting that males tend to be more avoidant than females.

Variable	1.	2.	3.	4.	5.
1. Age					
2. Gender	.22				
3. Overall self-efficacy	.14	.09			
4. Overall anxiety	19	17	05		
5. Overall avoidance	06	30*	12	.74**	

Table 2. Correlations between age, gender, self-efficacy, social anxiety and avoidance (n=66)

#### DISCUSSION

The purpose of the present study was to examine the relationship between self-efficacy, social anxiety and avoidance behaviours among young adults over the ages of 18. For this purpose, three hypotheses were proposed in the study. The first hypothesis aimed to examine the relationship between self-efficacy and social anxiety. Although there was an expected trend between the two variables, surprisingly, the results of correlation matrix demonstrated no significant correlation between self-efficacy and social anxiety. This result was inconsistent with previous research results that show a moderate negative relationship between self-efficacy and social anxiety. This result was inconsistent with previous research results that show a moderate negative relationship between self-efficacy and social anxiety (Gaudiano & Herbert, 2006, 2003; Leary & Atherton, 1986; Maddux, Norton & Leary, 1988; Mahone, Bruch & Heimberg, 1993; Muris, 2002; Tahmassian & Moghadam, 2011; Wheeler & Ladd, 1982 ). One explanation for this unexpected result might be related to sample used. Although Stevens (1996) suggests that a predictor should be represented with at least 15 participants, the sample size used in this study was relatively small and this small sample might not be adequate to produce a statistically significant correlation between these two variables.

In the same way, for the second research hypothesis, which sought to investigate the relationship between self-efficacy and avoidance behaviours, no significant correlation was found between self-efficacy and avoidance behaviours despite an expected trend between the two variables. This insignificant result was also unexpected with earlier research. In previous study, a significant negative correlation was reported between the two variables. For example, Tahmassian and Moghadam (2011) found a moderate negative correlation between self-efficacy and social avoidance.

The third research hypothesis in the present study aimed to find out the relationship between social anxiety and avoidance behaviours. As expected, the results of the present study revealed a significant positive correlation between the social anxiety and avoidance behaviours. This result is consistent with

previous research results which provided supportive evidences for the link between social anxiety and avoidance behaviours (Liebowitz et al., 1999; Steinert et al., 2013 Tahmassian & Moghadam, 2011). It can be concluded from this result that as individuals' level of social anxiety increase, their level of social avoidance also increases in social and performance situations. That is, this current data would suggest that those who have a high sense of social anxiety are more likely to avoid in social (i.e. going to or giving a party and meeting someone for the first time or speaking to people in authority) and performance situations (i.e. eating and drinking in public places, working and writing while being scrutinized and giving a speech in front of unfamiliar people) compare to those who have a low sense of social anxiety. Furthermore, the present result suggests that males exhibited more avoidant behaviours than females. This suggests that males tend to shy away from threatening social and performance situations more than females. This is an interesting result and it is in contrast to the findings of Turk et al. (1998) who demonstrated that women are often more anxious and avoidant than men in domain social situations. One possible explanation for this interesting finding may be related to disproportion of the groups as the number of males was significantly greater than the number of females. It might also be related to measurement tools used in this study. For example, the measurement concerns with social anxiety and avoidance used in this study may not be adequate to explore the gender difference.

The results of present study may have some implications for health professionals who treat people with social anxiety. Understanding the level and strength of social anxiety in relation to avoidance behaviours in detail may be helpful for health professionals to treat people with social anxiety more effectively because by being aware of the relationship between social anxiety and avoidance behaviours may enable them to run an appropriate program and interventions for their patients so that patients would be able to overcome from social anxiety more easily and with less cost. The results also may be useful for university administrators. Immigrant students, specifically freshmen, may suffer from social anxiety which may cause them to withdraw from social interaction with their peers and even it may affect their academic performance as well. In such circumstances, university administrators may want to look at some ways for implementing some workshops or programs to encourage students with social anxiety for a reduction in their social anxiety and avoidance behaviours. By this way, students with social anxiety would able to engage in social activities. This may have a positive effect on their academic performance and a reduction in their social anxiety and avoidance behaviours. Furthermore, determining the level and strength of social anxiety and how it affects avoidance behaviours may give a better insight and understanding to socially phobic young adults for seeking a self-help or treatment for their anxiety.

There are several limitations of the present study. First, the sample size was relatively small and disproportional between the groups. For example, males were more than doubles than females. Therefore, enough sample size with approximately equal number of males and females should be recruited for the further study in order to obtain a representative result for young adults over the age of 18. Another limitation of the study is that this study was conducted online using self-reported measures. Participants could have lack opportunity to ask and clarify questions if they did not understand in the online survey. Misunderstanding questions could affect participants' responses negatively. Therefore, future research should use different approach such as paper-based questionnaires, interviews, and peer reports. The last limitation of the study is that in this study, questions related to education level, martial statues, types of job and other background information were not asked. These factors may affect participants' level of self-efficacy, social anxiety and avoidance behaviours. Future research should take these factors into account to examine to what extent these factors have affect on self-efficacy, social anxiety and avoidance behaviours.

In conclusion, the present findings provided some insights into the relationship between self-efficacy, social anxiety and avoidance behaviours among young Turkish adults living in the UK. Although some results presented here are not consistent with earlier research, they have potential to open up a new research avenue looking the links between the above-mentioned variables. Further research is needed to confirm the results obtained in this study.

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#### REFERENCES

Altinyelken, H. K. (2009). Migration and self-esteem: a qualitative study among internal migrant girls in Turkey. *Adolescence*, *44*(173), 149–163.

American Psychiatric Association. (2013). *Diagnostic Statistical Manual of Mental Disorder* (DSM-V, 5th ed.). Washington, DC.

Baker, S. L., Heinrichs, N., Kim, H. J., & Hofmann, S. G. (2002). The Liebowitz social anxiety scale as a self-report instrument: a preliminary psychometric analysis. *Behaviour Research and Therapy*, 40(6), 701-715.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191-215.

Bandura, A. (1983). Self-efficacy determinants of anticipated fears and calamities. *Journal of Personality and Social Psychology*, 45(2), 464-469.

Bandura, A. (1986). Social foundations of thought and action (pp. 5-107). Prentice Hall: Englewood Cliffs, NJ.

Beutel, M. E., Jünger, C., Klein, E. M., Wild, P., Lackner, K. J., Blettner, M., ... & Brähler, E. (2016). Depression, anxiety and suicidal ideation among 1 st and 2 nd generation migrants-results from the Gutenberg health study. *BMC Psychiatry*, *16*(1), 288.

Clark, D. M., & Wells, A. (1995). A cognitive model of social phobia. Social Phobia: Diagnosis, Assessment, and Treatment, 41(68), 22-23.

Davis, F. W., & Yates, B. T. (1982). Self-efficacy expectancies versus outcome expectancies as determinants of performance deficits and depressive affect. *Cognitive Therapy and Research*, 6(1), 23-35.

Garcia, M. E., Schmitz, J. M., & Doerfler, L. A. (1990). A fine-grained analysis of the role of selfefficacy in self-initiated attempts to quit smoking. *Journal of Consulting and Clinical Psychology*, 58(3), 317-322.

Gaudiano, B. A., & Herbert, J. D. (2003). Preliminary psychometric evaluation of a new self-efficacy scale and its relationship to treatment outcome in social anxiety disorder. *Cognitive Therapy and Research*, 27(5), 537-555.

Gaudiano, B. A., & Herbert, J. D. (2006). Self-efficacy for social situations in adolescents with generalized social anxiety disorder. *Behavioural and Cognitive Psychotherapy*, *35*(02), 209-223.

Greenlaw, C., & Brown-Welty, S. (2009). A comparison of web-based and paper-based survey methods: Testing assumptions of survey mode and response cost. *Evaluation Review*, *33*(5), 464-480.

Heimberg, R. G., Horner, K. J., Juster, H. R., Safren, S. A., Brown, E. J., Schneier, F. R., et al. (1999). Psychometric properties of the Liebowitz social anxiety scale. *Psychological Medicine*, 29(1), 199-212.

Kessler, R. C., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Wittchen, H. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the united states. *International Journal of Methods in Psychiatric Research*, 21(3), 169-184.

Leary, M. R., & Atherton, S. C. (1986). Self-efficacy, social anxiety, and inhibition in interpersonal encounters. *Journal of Social and Clinical Psychology*, 4(3), 256-267.

Lee, C. (1983). Self-efficacy and behaviour as predictors of subsequent behaviour in an assertiveness training programme. *Behaviour Research and Therapy*, 21(3), 225-232.

Luszczynska, A., Scholz, U., & Schwarzer, R. (2005). The general self-efficacy scale: multicultural validation studies. *The Journal of Psychology*, *139*(5), 439-457.

Maddux, J. E., Norton, L. W., & Leary, M. R. (1988). Cognitive components of social anxiety: An investigation of the integration of self-presentation theory and self-efficacy theory. *Journal of Social and Clinical Psychology*, 6(2), 180-190.

Mahone, E. M., Bruch, M. A., & Heimberg, R. G. (1993). Focus of attention and social anxiety: The role of negative self-thoughts and perceived positive attributes of the other. *Cognitive Therapy and Research*, *17*(3), 209-224.

Moe, K. O., & Zeiss, A. M. (1982). Measuring self-efficacy expectations for social skills: A methodological inquiry. *Cognitive Therapy and Research*, 6(2), 191-205.

Muris, P. (2002). Relationships between self-efficacy and symptoms of anxiety disorders and depression in a normal adolescent sample. *Personality and Individual Differences*, *32*(2), 337-348.

O'Leary, A. (1985). Self-efficacy and health. Behaviour Research and Therapy, 23(4), 437-451.

Pajares, F. (1997). Current directions in self-efficacy research. Advances in Motivation and Achievement, 10(149), 1-49.

Pintrich, P. R., & Schunk, D. H. (1996). *Motivation in education: Theory, research, and applications*. Merrill: Englewood Cliffs, NJ.

Rapee, R. M., & Heimberg, R. G. (1997). A cognitive-behavioral model of anxiety in social phobia. *Behaviour Research and Therapy*, 35(8), 741-756.

Schlenker, B. R., & Leary, M. R. (1985). Social anxiety and communication about the self. *Journal of Language and Social Psychology*, 4(3-4), 171-192.

Schlenker, B. R., & Leary, M. R. (1982). Social anxiety and self-presentation: A conceptualization and model. *Psychological Bulletin*, *92*(3), 641-669.

Scholz, U., Doña, B. G., Sud, S., & Schwarzer, R. (2002). Is general self-efficacy a universal construct? Psychometric findings from 25 countries. *European Journal of Psychological Assessment*, 18(3), 242-251.

Schunk, D. H. (1983). Developing children's self-efficacy and skills: The roles of social comparative information and goal setting. *Contemporary Educational Psychology*, 8(1), 76-86.

Steinert, C., Hofmann, M., Leichsenring, F., & Kruse, J. (2013). What do we know today about the prospective long-term course of social anxiety disorder? A systematic literature review. *Journal of Anxiety Disorders*, 27(7), 692-702.

Stevens, J. (1996). Applied multivariate statistics for the social sciences. Mahwah, NJ: Lawrence Erlbaum.

Tahmassian, K., & Jalali Moghadam, N. (2011). Relationship between self-efficacy and symptoms of anxiety, depression, worry and social avoidance in a normal sample of students. *Iranian Journal of Psychiatry and Behavioral Sciences*, *5*(2), 91-98.

Turk, C. L., Heimberg, R. G., Orsillo, S. M., Holt, C. S., Gitow, A., Street, L. L., et al. (1998). An investigation of gender differences in social phobia. *Journal of Anxiety Disorders*, *12*(3), 209-223.

Wells, A., & Clark, D. (1997). Social phobia: A cognitive approach. Davey, 20, 3-26.

Wheeler, V. A., & Ladd, G. W. (1982). Assessment of children's self-efficacy for social interactions with peers. *Developmental Psychology*, 18(6), 795-805.

Virupaksha, H. G., Kumar, A., & Nirmala, B. P. (2014). Migration and mental health: An interface. *Journal of Natural Science, Biology, and Medicine*, 5(2), 233–239.