



## Üniversite Öğrencilerinin Sosyal Kaygı Düzeyleri Ve Bunun Depresyon, Anksiyete ve Demografik, Sosyo-Kültürel Özelliklerle İlişkisi

The Social Anxiety Levels of University Students and Their Relationship With Depression, Anxiety And Demographic And Socio-Cultural Characteristics

Demet Ünalın<sup>1</sup>, Ferhan Soyuer<sup>2</sup>, Mustafa Baştürk<sup>1</sup>, Ferhan Elmalı<sup>3</sup>

<sup>1</sup>Erciyes Üniversitesi, Sağlık Hizmetleri Meslek Yüksekokulu; <sup>2</sup>Nuh Naci Yazgan Üniversitesi, Sağlık Hizmetleri Meslek Yüksekokulu; <sup>3</sup>İzmir Katip Çelebi Üniversitesi, Sağlık Hizmetleri Meslek Yüksekokulu, İzmir, Türkiye

### ABSTRACT

**Aim:** The aim of this study is to establish the levels of social anxiety of university students and investigate the relationship between social anxiety and depression, anxiety, and demographic and socio-cultural characteristics.

**Material and Method:** This cross-sectional study was conducted upon 264 (83.8%) students studying at 10 different programs at Erciyes University Health Services Vocational School in 2011-2012 academic year. Personal information form including the demographic-sociocultural characteristics of the students together with Social Anxiety Scale, Beck Depression Scale (BDS) and Beck Anxiety Scale (BAS) were used as data collection tool in the research. Mann-Whitney *U* Test was used to compare two groups, and one-way analysis of variance and/or Kruskal Wallis Test for comparison of more than two groups. Spearman's correlation coefficient was calculated to evaluate the relationship between variables.

**Results:** The “social anxiety” median score of the students was found as 33 (0-109), and the subdimension median scores were as follows “social avoidance” as 12.0 (6.0-

20.75), “anxiety of negative criticism” as 14.0 (8.0-20.75), and “self-depreciation” as 6.0 (2.0-10.0). The “social avoidance” score of the students living in a detached house was found significantly high ( $p<0.05$ ). The “social avoidance” score of those spending most of their lives in a village was found significantly higher when comparing with the score of those spending most of their lives in a county, and the “self-depreciation” score of them was found significantly higher when comparing with those spending most of their lives in a city and county ( $p<0.05$ ). The “anxiety of negative criticism” and “self-depreciation” subdimensions scores of the students studying at the Oral and Dental Health Technician Programme were found significantly high ( $p<0.05$ ). There was a significant negative relationship between the income level of the students and the scores of the “social avoidance” ( $\rho=-0.129$ ,  $p=0.037$ ), “anxiety of negative criticism” ( $\rho=-0.123$ ,  $p=0.046$ ) and “self-depreciation” ( $\rho=-0.155$ ,  $p=0.012$ ). There was a significant positive relationship between the depression and anxiety scores of the students and their “social avoidance”, “anxiety of negative criticism”, and “self-depreciation” subdimension scores ( $p<0.001$ ).

**Conclusion:** It would be appropriate to produce attitudes that make “feeling of adequacy” develop and become stronger and to establish policies necessary to increase

Demet Ünalın, Erciyes Üniversitesi Sağlık Hizmetleri Meslek Yüksekokulu, Tel. 05066270946,  
[Email.unalandemet@gmail.com](mailto:Email.unalandemet@gmail.com)  
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socialising instead of the attitudes causing “feeling of inadequacy” to be developed in children and the young during the process of education as well as in the family in order to prevent the social anxiety which has also a cultural dimension to be formed.

**Key words:** socialanxiety, university students, depression, anxiety

### ÖZET

**Amaç:** Bu çalışmanın amacı, üniversite öğrencilerinde sosyal kaygı düzeylerinin belirlenmesi, bunun depresyon, anksiyete ve demografik, sosyo-kültürel özelliklerle ilişkisini araştırmaktır.

**Materyal ve Metot:** Kesitsel tipteki bu çalışmada, 2011-2012 eğitim- öğretim yılında, Erciyes Üniversitesi Sağlık hizmetleri Meslek Yüksekokulu’nda 10 farklı programda öğrenim gören 264 (%83.8) öğrenci üzerinde yürütülmüştür. Araştırmada veri toplama aracı olarak, öğrencilerin demografik-sosyokültürel özelliklerini içeren kişisel bilgi formu ile Sosyal Kaygı Ölçeği, Beck depresyon Ölçeği (BDÖ) ve Beck Anksiyete Ölçeği (BAÖ) kullanılmıştır. İki grubun ortalamalarının karşılaştırılmasında Mann-Whitney U testi, iki den fazla grup ortalamalarının karşılaştırılmasında tek yönlü varyans analizi ve/veya Kruskal Wallis testi uygulanmıştır. Değişkenler arasındaki ilişkinin değerlendirilmesinde sperman korelasyon katsayısı hesaplanmıştır.

**Bulgular:** Öğrencilerin “sosyal kaygı” puan ortancası 33 ( 0-109), alt boyut puanı ortancaları ise, “sosyal kaçınma” 12.0 ( 6.0-20.75), “eleştirilme kaygısı” 14.0 ( 8.0-20.75), “bireysel değersizlik” ise 6.0 ( 2.0-10.0) olarak bulunmuştur. Konut tipi müstakil olan öğrencilerin “sosyal kaçınma” puanı anlamlı düzeyde yüksek bulunmuştur ( $p<0.05$ ). Yaşamının uzun bir süresini köyde geçirenlerin “sosyal kaçınma” puanları ilçede geçirenlere göre, “bireysel değersizlik” puanları ise il ve ilçede yaşayanlara göre anlamlı düzeyde yüksek bulunmuştur ( $p<0.05$ ). Araştırmamızda öğrencilerin gelir düzeyleri ile “sosyal kaçınma” ( $\rho=-0.129$ ,  $p=0.037$ ) eleştirilme kaygısı” ( $\rho=-0.123$ ,  $p=0.046$ ) ve bireysel değersizlik” ( $\rho=-0.155$ ,  $p=0.012$ ) alt boyut puanları arasında negatif yönde anlamlı bir ilişki bulunmuştur. Öğrencilerin depresyon ve anksiyete puanları ile “sosyal kaçınma” eleştirilme kaygısı” ve bireysel değersizlik” alt boyut puanları arasında pozitif yönde anlamlı bir ilişki bulunmuştur ( $p<0.001$ ).

**Sonuç:** Kültürel bir boyutu da bulunan sosyal kaygının oluşmaması için gerek aile içerisinde gerekse eğitim sürecinde çocuk ve gençlerin “yetersiz ben” duygusunun gelişmesine sebep olabilecek tutumlar yerine “yeterli ben” duygusunun gelişmesi ve pekişmesini sağlayacak tutumların geliştirilmesi ve sosyalleşmenin artırılması için gerekli politikaların oluşturulması uygun olacaktır.

**Anahtar Kelimeler:** Sosyal kaygı, üniversite öğrencisi, depresyon, anksiyete

### Introduction

Social phobia is one of the most common psychiatric disorders<sup>1</sup>. It is an anxiety disorder also known as social anxiety, in which fear from certain situations and tendency to avoid them is seen, with a substantially important prevalence (2-6%) especially in terms of public health<sup>2-4</sup>. Social phobia is defined in DSM-IV as a distinct and persistent fear appearing in social environments or in situations needed to reveal a performance or in front of strangers<sup>5</sup>. Social phobia is an anxiety disorder that progresses together with extreme fear, lack of self-confidence and feelings of inadequacy, and people having social phobia avoid from the situations having the potential of being criticised negatively by others, and when they face such situations they have anxiety and stress. Besides, feelings of inadequacy and the fear of being criticised by other people lie behind the social anxiety. There are differences between patients having social phobia especially with regard to the types and number of social fears, the frequency of avoidance behaviour, functionality levels in daily life, socio-demographic factors, self confidence and therapeutic needs<sup>6-10</sup>. Due to these differences, the topic of subtypes of social phobia is still controversial. The most common approaches

about subtypes specific and generalized subtypes.

The major risk factors for social phobia are; low socio-economic level, not having been married, unemployment, low educational level, loss of social support during the onset of the disease, trauma, and genetic susceptibility. It is important to identify the high risk groups and situations for early intervention. Also, the probability of diagnosing other comorbid psychiatric disorders such as depression, other anxiety disorders and substance abuse disorders in social phobic people during their lifetime is substantially high<sup>12,13</sup>. Social phobia causes considerable inadequacy in interpersonal communication and in professional and social environments. The intensity of this inadequacy can increase up to the extent of that chronic disorders such as severe depression reach<sup>14</sup>. Social phobia is an anxiety disorder usually seen in early adolescence and early adulthood<sup>2</sup> in different intensities, effective in relations with other people, development of the career and determination of social relationships, and causing social isolation<sup>15</sup>. Social phobia arising with negative states such as fears of becoming a shamed, not being approved, unacceptance-rejection, and not being liked also comprises sensitivity to other people's expectations, inability to say no, and self-criticism<sup>16</sup>. Its basic characteristic is an extreme and continuous fear from being criticised negatively in front of other people, humiliation and being disgraced. Cognitive behavioural approaches reveal the fear of negative criticism as the core of social phobia in examining the social phobia cognitively<sup>17</sup>.

In general, agoraphobia, specific phobia, somatization disorder, major depression, obsessive compulsive disorder, dysthymic disorder and bipolar disorder are stated among the other behavioural disorders accompanying (comorbidity) social phobia<sup>18,19</sup>. Social phobia generally accompanies other psychiatric disorders, and most frequently anxiety disorders and depressive disorders. However, this association is more significant for the more common sub-type<sup>18,20</sup>. Social phobia is a common public health problem with a significant psycho-social inadequacy and life-long chronic existence. Its onset is in early childhood or adolescence, and usually shows comorbidity with depression, other anxiety disorders, alcohol and substance abuse or eating disorders<sup>15</sup>. Major depression is seen frequently in social phobia, and its rate of incidence is high in the family members of those with social phobia. The reason of this relationship is not clear. Depression can cause social avoidance and vice versa. This association can be related to genetic factors, and upbringing in childhood. Even if depressive patients usually express that social phobia started first, this is rarely true, and is usually due to the misperception of the memories<sup>21</sup>. In people with social phobia, the inadequacy especially in interpersonal communication leads to depressive symptoms to be arisen. On the other hand, social phobia and depression can occur due to excessive vulnerability. Atypical depression is associated with vulnerability against criticism and rejection which is similar to the situation in social phobia. As a matter of fact, both

disorders respond to treatment with monoamine oxidase<sup>15</sup>. There are studies investigating the factors effective in the prevalence and occurrence of social phobia in university students<sup>22-37</sup>. Gultekin et al.<sup>22</sup> have reported a year long social phobia prevalence in university students as 20.9%, and a lifelong prevalence as 21.7%. Izigic et al.<sup>25</sup> reported a year long prevalence as 7.9%, and lifelong prevalence as 9.6%. Furmark et al.<sup>26</sup> reported point prevalence of social phobia as 15.6%, Bella et al.<sup>27</sup> reported the lifelong prevalence of social phobia as 9.4% and the prevalence in the recent year as 8.5%.

The aim of this study was to establish the social anxiety levels in university students and investigate its relationship with depression, anxiety and demographic and socio-cultural characteristics.

### **Material and Method**

315 students selected from 629 students by half simple coincidental sampling method and studying at 10 different programs at Erciyes University Health Services Vocational School during 2011-2012 academic year were included in this cross sectional study. Due to reasons such as not being at school at the dates the research was conducted, suspending study or not accepting to participate in the study, the study was conducted upon 264 (83.8%) students.

Data collection tools; A personal information form including demographic and socio-cultural characteristics of the students with Social Anxiety Scale, Beck Depression Scale (BDS) and Beck Anxiety Scale (BAS) were used as data collection tool.

Social anxiety scale has been developed by Ozbay and Palancı in order to establish the issues regarding social anxiety experienced by university students.<sup>28</sup> The scale developed to be used for student population has been structured to measure students' skills appropriate to their social circumstances and anxieties that might develop in these circumstances. Following the factor analysis evaluating structural validity, the scale was structured as a three factor test with 30 items. These three factors were defined as social avoidance, fear of negative evaluation and self-deprecation. The scale is a five point likert scale, between 0-4. The higher the scores are, the higher is the social anxiety level. The Cronbach-alpha internal consistency coefficient of the social anxiety scale was found to be 0.930, the reliability coefficients of the subscales were; "social avoidance" as 0.86, "fear of negative evaluation" as 0.84 and "self evaluation" as 0.89.

Beck Depression Scale (BDS); It was developed by Beck et al. (1961) to measure the behavioural findings of the depression in adolescents and adults. The Turkish validity and reliability study was done by Hisli (1989)<sup>29</sup>. It evaluates the physical, emotional and cognitive symptoms seen in depression. It is a likert type scale with four self evaluation items comprising 21 symptom categories with points between 0-3. The highest obtainable score is 63. The height of total score shows the severity of depression. The Cronbach-alpha internal consistency coefficient was found to be 0.91 in our study.

Beck Anxiety Scale (BAS); It was developed by Beck et al. (1988). The Turkish validity and reliability study was done by Ulusoy et al.<sup>30</sup> It is a likert type scale with four self evaluation items comprising 21 categories with points between 0-3, evaluating the frequency of anxiety symptoms the person experiences. The higher the scores are correlated with severe anxiety.<sup>31</sup> The Cronbach-alpha internal consistency coefficient of BAS was found to be 0.88 in our study.

In the study parametric and non-parametric analysis were performed by testing the coherence of the variables to the normal distribution in order to compare the constant variables. Mann-whitney *U* was used for the comparison of the means of two groups and one way variance analysis and/or Kruskal Wallis test (KW) was used for the comparison of the means of more than two groups, and in order to establish which group was the source of the difference, Dunn's test, one of the multiple comparison tests (post hoc) was performed. To establish the relationship between variables Spearman correlation coefficient was calculated. The data was evaluated using IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp. program. The median (25-75 percentile) was given with the values, and  $p < 0.05$  was accepted as statistically significant.

## Results

The mean age of the students in the study was  $20.5 \pm 3.6$  years, 73.1% were female, 87.9% had a nuclear family structure, 62.5% lived in apartment houses, 51.5% lived in the

city center, 40.9% were living with their family, 94.7% were non-smokers.

The median of the "social anxiety" score of the students was 33 (0-109), and the median scores of the subdimension were; "social avoidance" was 12.0 (6.0-20.75), "fear of negative criticism" was 14.0 (8.0-20.75), and "self-depreciation" was 6.0 (2.0-10.0).

The comparison of the social anxiety subscale scores of the students according to their dwelling type shows that the "social avoidance" scores of the students living in a detached house was significantly higher ( $p < 0.05$ ) (Table 1).

The comparison of the social anxiety subscale scores of the students according to their settlement shows that the "social avoidance" scores of the students who had lived most of their lives in a village were found significantly higher when compared with the ones who lived in a county, and the "self-depreciation" scores were significantly higher when compared with those who had lived in the county and city ( $p < 0.05$ ) (Table 1).

The comparison of social anxiety subscale scores according to the educational program showed that the "fear of negative criticism" subscale scores of the students in Oral and Dental Health (ODH) Programme were significantly higher than the students in the Audiometry (ADIO) Programme, and their "self-depreciation" subscale scores were significantly higher when compared to the students in Emergency and First Aid (EFA), Anaesthesia (ANE), and Electroneurophysiology (ENP) Programmes ( $p < 0.05$ ) (Table 1).

The BDS score median of the students was 10.0 (0-44), and the BAS score median was 14.0 (0-58).

In our study there was a significant negative relationship between the income level of the students and “social avoidance” ( $\rho=-0.129$ ,  $p=0.037$ ), “fear of negative criticism” ( $\rho=-0.123$ ,  $p=0.046$ ) and “self-depreciation” ( $\rho=-0.155$ ,  $p=0.012$ ) subscale scores (Table 2).

There was a significant positive relationship between the students’ depression scores and “social avoidance” ( $\rho=0.331$ ,  $p<0.001$ ), “fear of negative criticism” ( $\rho=0.303$ ,  $p<0.001$ ) and “self-depreciation” ( $\rho=0.387$ ,  $p<0.001$ ) subscale scores (Table 2).

There was a significant positive relationship between the students’ anxiety scores and “social avoidance” ( $\rho=0.255$ ,  $p<0.001$ ), “fear of negative criticism” ( $\rho=0.241$ ,  $p<0.001$ ), and “self-depreciation” ( $\rho=0.287$ ,  $p<0.001$ ) subscale scores (Table 2).

## Discussion

In our study, the “social anxiety” score median of the students’ was found as 33 (0-109), “social avoidance” as 12.0 (6.0-20.75), “fear of negative evaluation” as 14.0 (8.0-20.75), and “self-worthlessness” as 6.0 (2.0-10.0). Increasing the scores obtained from the social anxiety scale show that social anxiety level increases. The university education is an education period that a young is sometimes away from his/her family and in different rules from the secondary education as well as it is a period covering the end of adolescence or late

adolescence period including the process of completing one’s process of personality development and transition to adulthood. In a sense, it is a period that a young is in a larger environment than he/she is familiar with and shows a tendency to the opposite sex. This is also a preparatory process in which the young person chooses a profession, is worried about getting a job and tries to get prepared for the future. All these conditions are stressors and challenging factors affecting the young person’s relationships with himself and the surrounding people, and can lead to conflicts regarding such as self-confidence, expressing himself, being able to communicate with others and feelings of adequacy, and thus feelings of inadequacy (inferiority complex) and the belief that other people are superior, and afterwards social phobia.

Some studies report a higher rate of social phobia in females some others in males, and some studies report no difference.<sup>2,25,26,32-36</sup> In our study there is no difference in the social anxiety scores in terms of gender. The high rate of social anxiety in women can be explained by the different social role imposed upon women and the fact that in some societies there is more social pressure upon women. On the other hand, another explanation can be the psychological factors and the roles they embrace due to their gender within their social and personal relationships. Also, psychological problems are more common in women due to hormonal changes, fertility period and menopausal period, and thus, being parallel to all these, it can be expected to find a higher social anxiety rate in women<sup>2</sup>.

In our study the “social avoidance” scores of the students living in a detached house was found to be significantly higher. If living in detached houses means living in the slums, this also means belonging to a lower socio-economic level, so a high “social avoidance” score is an expected result. Hence, in our study we found a significant negative relationship between income levels and “social avoidance” scores.

The “social avoidance” scores of the students that had lived most of their lives in a village was found significantly higher when compared to those that lived in the county, and their “self worthlessness” scores was again significantly higher when compared to those that had spent their lives in the county and city. It has been reported that being born and having lived in the countryside has an effect upon the frequency of social phobia<sup>22,25</sup>. Izgic et al. have reported a higher lifelong prevalence of social phobia in people born in the countryside when compared to those born in counties and cities.<sup>25</sup> In a study conducted upon students in Sweden, it is stated that even if it is not statistically significant, social phobia is seen more frequently in those living in small places<sup>37</sup>. It is an expected fact that social avoidance and feelings of self-depreciation are higher in those spending most of their lives in the countryside, it is advantageous to grow up and live in crowded social environments for socialization.

In our study we found a significant negative relationship between income level and “social avoidance”, “fear of negative evaluation”, and “self-depreciation” subscale scores.

There are studies reporting a higher frequency of social phobia in people with a low income level<sup>22,25,38,39</sup>. Low socio-economic level is listed among the major risk factors for social phobia<sup>11</sup>. Turan et al. have reported a higher rate of social phobia in those with a low income level when compared to those with a high income level, but the difference was not statistically significant<sup>40</sup>. Izgic et al., though statistically not significant, have reported a higher lifelong and past one year prevalence of social phobia in people with a low socio-economic level.<sup>25</sup> In a study performed by Erozkun it was reported that the “social avoidance” and “self-depreciation” scores of those with a low socio-economic level were significantly higher when compared to those with a medium and high socio-economic level, and the “fear of negative criticism” scores of those with a high socio-economic level were significantly higher when compared to those with a medium and low socio-economical level.<sup>41</sup> Negative relationship between social anxiety and income level and many opportunities provided by financial possibilities plays role in having self confidence and socializing.

In our study, the “fear of negative criticism” scores of the students in ODH were significantly higher than the students in ADIO program, and the “self-depreciation” scores were significantly higher in students in the ODH program when compared to the students in EFA, ANE, and ENP. In our opinion, the probable cause of this can be the fact that these students are working as technical helpers to dentists which are the main leaders in the

faculties, and their work needs special sensitivity, and they can be criticized by both patients and the dentist in charge. This situation can actually have a negative effect upon their self confidence.

In our study we found a positive significant relationship between the students' depression and anxiety scores and "social avoidance", "fear of negative criticism", and "self-depreciation" scores. Social phobia is usually seen together with psychiatric diseases, it is stated that the depression levels in adolescents having social phobia<sup>18,22,27,38,42,43</sup>. In a study performed in Malaysia upon university students, the prevalence of anxiety was found to be 53.9%<sup>2</sup>. Sayar et al. reported in their study that the most common disorder accompanying social phobia was depression, and that depression affected 70% of the patients with early onset social phobia.<sup>44</sup> Since depression causes feelings of unworthiness and depersonalization (loss of ego) most of the time, it can lead to social anxiety increase. In other words, both situations will cause being affected negatively in the cause and effect relation. On the other hand, difficulties in social interactions will cause anxiety as well as anxiety is a process that can increase one's social anxiety levels.

In this study aiming to determine the social anxiety levels of the university students and investigate their relation with depression, anxiety and demographic and socio-cultural characteristics we found that the "social avoidance" scores of those living in detached houses, the "social avoidance" and "self-depreciation" scores of those that had lived

most of their lives in the countryside, and the "fear of negative criticism" and "self-depreciation" scores of the students in Oral and Dental Health program were significantly high.

Socio-cultural environment, family dynamics, educational programs, and educational consciousness are very important factors in the development of social anxiety. Studies are necessary to make the young gain their self confidence in educational institutions and within the family, and bring out the talents and abilities of the young.

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**Table 1.** Social anxiety scores of the students according to their socio-demographic characteristics

Characteristics	n (%)	Social anxiety subscales		
		Social avoidance Median (25p-75p) <sup>§</sup>	Fear of negative criticism Median (25p-75p)	Self-deprecation Median (25p-75p)
<b>Gender</b>				
Female	193 (73.1)	12 (6.0-20.0)	13 (8.0-20.0)	6 (3.0-10.0)
Male	71 (26.9)	15 (6.3-22.0)	16 (8.0-21.0)	6 (2.0-11.8)
<i>p</i>		0.378	0.328	0.985
<b>Family type</b>				
Extended	17 (6.4)	12 (6.3-22.5)	16 (8.0-20.3)	8 (2.8-10.0)
Nuclear	232 (87.9)	12 (6.0-20.0)	14 (8.0-20.0)	5.5 (2.0-10.0)
Other	15 (5.7)	17 (5.0 -22.0)	15 (11.3-23.5)	9 (5.0-12.8)
<i>p</i>		0.908	0.466	0.219
<b>Dwelling type</b>				
Apartment	165 (62.5)	10 (5.0-19.5)	13 (8.0-20.0)	5 (2.0-10.5)
Detached	99 (37.5)	14 (8.0-22.0)	16 (8.0-21.0)	16 (3.0-10.0)
<i>p</i>		<b>0.034</b>	0.294	0.383
<b>Settlement</b>				
City	136 (51.5)	11.5 (6.0-19.0) <sup>ab</sup>	15.0±9.0	5 (2.0-10.0) <sup>b</sup>
County	84 (31.8)	10 (5.0 -20.0) <sup>b</sup>	13.3±8.4	5 (2.0-9.5) <sup>b</sup>
Village	44 (16.7)	18 (10.0-24.5) <sup>a</sup>	16.7±8.8	8 (5.0 -14) <sup>a</sup>
<i>p</i>		<b>0.022</b>	0.103	<b>0.028</b>
<b>Residence</b>				
House with a friend	73 (28.7)	14 (6.8-19.3)	15.9±9.1	6(2.0-11.0)
Government student residence	43 (16.9)	10 (4.0-19.0)	12.4±7.8	5 (3.0-8.0)
With family	104 (40.9)	11.5 (6.5-20.0)	14.7±9.4	5.5 (3.0-12.0)
Private student residence	16 (6.3)	15.5 (8.0-22)	16.8±6.5	7.5 (2.5-14.5)
Other	18 (7.2)	16.5 (6.5-23.5)	14.3±7.9	6.5 (1.5-9.5)
<i>p</i>		0.418	0.275	0.708
<b>Working status</b>				
Yes	51 (19.3)	10(5.0-19.8)	15(7.3-19.8)	5(2.0-12.0)
No	213(80.7)	13 (7.0-21.0)	14 (8.0-21.0)	6(2.8-10.0)
<i>p</i>		0.254	0.423	0.865
<b>Smoker</b>				
Yes	14 (5.3)	12 (6.0-20.0)	16 (13.0-22.0)	8 (4.0-14.0)
No	250 (94.7)	17.5 (15.0-24.0)	14 (8.0-20.0)	6 (2.0-10.0)
<i>p</i>		0.092	0.099	0.146
<b>Program*</b>				
ADIO	19 (7.2)	18 (7.0-25.5)	17 (15.3-24.0) <sup>b</sup>	9 (5.3-11.5) <sup>ab</sup>
RAT	29 (11.0)	18 (8.8-23.3)	13 (7.8-19.5) <sup>ab</sup>	6 (1.8-12.8) <sup>ab</sup>
EFA	17 (6.4)	7 (0.8-13.0)	12 (0.8-15.3) <sup>ab</sup>	4 (0.0-6.8) <sup>b</sup>
ODH	10 (3.8) <sup>a</sup>	19.5 (12.0-29.0)	24 (22.0-27.0) <sup>a</sup>	13.5 (10.0-16.0) <sup>a</sup>
ANE	23 (8.7)	11 (6.3-17.8)	11 (8.3-19.3) <sup>ab</sup>	4 (2.3-9.8) <sup>b</sup>

MDS	87 (33.0)	13 (6.3-19.0)	14 (8.0-20.8) <sup>ab</sup>	6 (2.3-9.0) <sup>ab</sup>
MIT	29 (11.0)	10 (6.0-21.0)	14 (8.8-22.0) <sup>ab</sup>	5 (2.0-11.8) <sup>ab</sup>
MLT	19 (7.2)	13 (7.5-20.3)	16 (8.5-19.0) <sup>ab</sup>	6 (4.0-12.5) <sup>ab</sup>
ENP	15 (5.7)	10 (3.8-16.5)	10 (3.5-14.0) <sup>ab</sup>	3 (1.3-6.5) <sup>b</sup>
OPS	16 (6.1)	12 (7.0-21.0)	12.5 (10.0-18.0) <sup>ab</sup>	5.5 (3.5-8.5) <sup>ab</sup>
<i>p</i>		0.064	<b>0.002</b>	<b>0.019</b>

\* ADIO: Audiometry, RAT: Radiotherapy, EFA: Emergency and First Aid, ODH: Oral and Dental Health, ANE: Anaesthesia, MDS: Medical Documentation and Secretaryship, MIT: Medical Imaging Techniques, MLT: Medical Laboratory Techniques, ENP: Electroneurophysiology, OPS: Operation Room Services.

§: (25.p-75.p) : shows the 25 and 75 percentile values.

<sup>a,b</sup>: There is no difference between groups having the same alphabetical superscripts

**Table 2.** The relationship between the social anxiety scale and age, income, depression and anxiety scores

Variables	Social anxiety subscales		
	Social avoidance	Fear of negative criticism	Self-deprecation
Age	$\rho = -0.012, p = 0.840$	$\rho = -0.005, p = 0.937$	$\rho = 0.006, p = 0.922$
Income	$\rho = -0.129, p = 0.037$	$\rho = -0.123, p = 0.046$	$\rho = -0.155, p = 0.012$
BDS score	$\rho = 0.331, p < 0.001$	$\rho = 0.303, p < 0.001$	$\rho = 0.387, p < 0.001$
BAS score	$\rho = 0.255, p < 0.001$	$\rho = 0.241, p < 0.001$	$\rho = 0.287, p < 0.001$

$\rho$ : Spearman Correlation Coefficient; BDS: Beck Depression Scale; BAS; Beck Anxiety Scale