

ANXIETY

Anxiety is accepted as one of the basic emotions that human beings have. A normal level of anxiety starts as of the moment the person is born. It is considered normal to feel anxiety concerning death, old age, illness, natural disasters, new beginnings, and goals that have been set yet that have not been achieved. It is argued that normal level of anxiety warns individuals about dangers that may prevent them developing themselves, working more effectively to be successful and continuing to live their lives, hence anxiety pushes individuals to take the necessary precautions, to be more creative and productive, to increase their performance up to a certain extent and motivate them in general.

SOCIAL ANXIETY

According to the DSM-5-TR classification of disorders, social phobia is an overwhelming fear of social situations where the person thinks that they will experience humiliation in front of other people, and this fear causes the person to feel like they will be ostracized. Even if the person knows that this is a groundless fear, their worries do not stop. This persistent state of anxiety causes the person to experience problems in their private or professional life and may lead to deterioration in their relations with others. The person always feels that they should not make any mistakes in order not to be seen as inadequate by others, which increases their level of anxiety and stress even more.

Social anxiety disorder is defined as a sentiment of constant fear and anxiety in which social settings, experiences and expectations cause threatening stimuli to the person and these stimuli negatively affect the person in terms avoidance of and withdrawal from social interaction. The person is afraid of being rejected, judged, or negatively criticized, makes assumptions that they may not be accepted by other people, thinks that he will have difficulties in being involved in social settings and perceives themselves as inadequate to cope with these difficulties .

In ICD-10 Classification of Mental and Behavioural Disorders published by the World Health Organization, the symptoms of social anxiety disorder are listed as follows:

1. Social anxiety is centred around a fear of scrutiny by other people in comparatively small groups (as opposed to crowds).
2. Social anxiety may be discrete (i.e. restricted to eating in public, to public speaking, or to encounters with the opposite sex) or diffuse, involving almost all social situations outside the family circle.
3. Social anxiety is usually associated with low self-esteem and fear of criticism.
4. The anxiety must be restricted to or predominate in particular social situations.

5. Avoidance of the phobic situations must be a prominent feature.

According to Albano, DiBartolo, Heimberg, and Barlow (1995), behavioural symptoms in individuals with social anxiety are restlessness, lack of eye contact, shaky voice, nail biting, stuttering, muttering, whining, avoiding, crying, while cognitive symptoms are defined as the possibility of being negatively judged, worry about embarrassing or humiliating yourself, feelings of inadequacy, inferiority, and self-consciousness.

PREVALENCE AND AGE OF ONSET OF SOCIAL ANXIETY

It is suggested that the fact that adolescence is an important and critical period in preparation for adult life is the most important reason for further emergence of social anxiety in adolescence. In order to be a healthy and functional adult, the adolescent must be able to fulfil the self-developmental tasks specific to this period. It is expected that social skills such as starting and maintaining social interaction, being able to work with a group, seeing oneself as a part of friend groups, being able to express oneself clearly, and handling stressful situations to be gained during adolescence.

While acquiring social skills, adolescents try to make themselves accepted by the society as an individual. During this period, it is crucial for adolescents to be effective in social relations and to give a positive impression of themselves to others. Adolescents have high expectations from themselves in terms of being successful in making themselves accepted by the society as individuals. Failure to meet these expectations can lead to social anxiety. On the other hand, with their self-focused way of thinking, adolescents who start to distinguish between their own evaluations of themselves and those of others think that they are the focal point of others hence their social anxiety increases.

THEORETICAL APPROACHES TO SOCIAL ANXIETY

The Cognitive Theory of Social Anxiety

This theory discusses the factors that prevent individuals with social anxiety from changing their negative beliefs about the dangers of social settings and makes four determinations about why they could not avoid negative beliefs. First, the person's attention to themselves increases and the person creates a negative impression of themselves as a social object. The person turns their attention to themselves as if they are watching themselves from an observer's point of view. This shift in attention and focus activates the underlying distorted thoughts that are believed to come from others. Secondly, the person resorts to safe behaviours such as avoiding eye contact, which enhances negative beliefs and anxiety, when they found themselves in an unwanted social situation. Thirdly, social anxiety causes a decline in the person's performance that might affect the thinking and behaviour of others towards

the person. Lastly, dysfunctional beliefs and schemas that affect the person's way of thinking before being engaged in a social situation also affect their interpretations of the social situation afterwards.

The Behavioural Theory of Social Anxiety

According to behavioural approach, if socially anxious behaviours are exhibited continuously and definitively than non-anxious behaviours, the frequency of the former will be much higher. The temporary relief provided by the halting of physiological and cognitive responses that occur as a result of avoidance of fear causes the person to prefer staying away from social settings instead of participating in them, even though such distancing will have negative effects in the long term.

Social Anxiety Disorder and Attachment Theory

Bowlby's theory of attachment suggests that adults with anxious/ambivalent attachment style suffer from low self-confidence, fear of rejection and abandonment in their intimate relationships, as opposed that they tend to be more jealous and prone to anger in their distant relationships. According to the attachment theory, insecure attachment style is the underlying dynamic of anxiety disorders, especially social anxiety. Studies report that individuals with social anxiety and avoidance behaviour experience fear of losing their mother's love during the development phase of their behavioural autonomy.

CAUSES OF SOCIAL ANXIETY

Some research show that social anxiety emerges from genetic predisposition, and that the children of parents with anxiety disorders experience more mental health conditions such as anxiety, depression, and shyness compared to the children of parents without anxiety disorder.

Although some studies suggest that genetic factors play a role in the emergence of social anxiety, the impact of environmental factors is much more dominant. Children of families who have poor social interaction skills, who do not participate in or avoid social settings are thought to have acquired these behavioural patterns through learning.

A restrictive and overprotective parenting style limits children's social abilities and discourages them from developing autonomy and skills that help themselves to be self-sufficient. The approval and acceptance of the child takes place in the family when the parents show love for the child, support, accept and value them as for they are. Some parents' excessively authoritarian, indifferent, and rejecting behaviours do not meet the child's need for approval and acceptance. Such children often have a strong need for approval and acceptance.

Personality traits of an individual can play a determinant role in emergence of social anxiety. Self-esteem, which is the person's perception of one's own worthiness, is significantly important since it helps the person feel positive about oneself and life in general. It is the opinion we have of ourselves, and each individual should have a healthy self-esteem in order to be mentally healthy and productive, maintain functional social relations and be satisfied with life. Low self-esteem, which occurs for various reasons, may lead to the development of social anxiety disorder.

HOW TO COPE WITH SOCIAL ANXIETY?

Clinical psychologists Hendriksen and Clark offer us some confidence-building strategies to overcome this mental health challenge:

Choose your words carefully: According to Dr. Clark words have power. "The worst thing we can do is say to ourselves, 'I can't handle it,' while the best thing we can say is, 'I may not like it, but I can handle it,'".

Let go of perfectionism: People with social anxiety feel as if they are walking on a social tightrope, Dr. Hendriksen emphasizes. "It's this idea that we need to perform perfectly," she states. "We have unrealistic high standards where we think we must be cool, positive, and witty while carrying the entire conversation and it's too much."

Make small gestures: Instead of "jumping off a cliff" and walking straight into a situation that makes you anxious, Dr. Hendriksen suggests us to start becoming more expressive in situations that we feel are less threatening. Such as asking a stranger for directions, saying good morning to a neighbour you rarely speak with, or telling your hairstylist the exact look you are going for instead of agreeing with their suggestions. "As we challenge ourselves, we gain evidence that we can do more than what we think."

Shift your awareness: Our attention is like a spotlight, and we choose where to point it, says Dr. Hendriksen. "People with social anxiety tend to point that spotlight inward and illuminate the commentary of our inner critic," she explains and adds: "We regularly self-monitor and ask our inner critic how things are going and of course our critic will say it's going horribly. However, the antidote is turning that spotlight outward. Look around your environment, pay attention to what another person is actually saying, even focus on their face. Focus on what is happening around you, not inside you.", Dr. Hendriksen advises.

Seek help: Keep in mind that people suffering from this chronic mental health condition are at an increased risk for developing major depressive disorder and alcohol use disorders, but professional

guidance can help reduce feelings of social anxiety. The treatment will likely include medication, as well as cognitive-behavioural therapy.

To deal with the social anxiety disorder, you may also try to learn techniques to control your breathing.

Calming and keeping yourselves in the moment with breath control, avoiding immoderate consumption of stimulants such as tea, coffee, or acidic beverages, staying away from alcoholic beverages or uncurbed use of drugs such as sedatives can contribute to the healing process as well.

Trying to cope with social anxiety alone can be difficult. Getting help from a professional will help you better understand the process and develop stronger coping skills. If you need help get over social anxiety or any other challenge that negatively affects your mood, you can always make an appointment with us any time by sending an email to psikolojikdestek@altinbas.edu.tr

REFERENCES

Baltacı, Ö . (2010). Üniversite öğrencilerinin sosyal kaygı, sosyal destek ve problem çözme yaklaşımları arasındaki ilişkinin incelenmesi. Yüksek lisans tezi, Selçuk üniversitesi Eğitim bilimleri enstitüsü, Konya.

DSM-V

Dünya Sağlık Örgütü ICD–10 Ruhsal ve Davranışsal Bozuklukların Sınıflandırılması Kitabı

Gümüş, A. E. (1997). Üniversite öğrencilerinin sosyal kaygı düzeylerinin çeşitli değişkenlere göre incelenmesi. Yüksek lisans tezi, Gazi üniversitesi Sosyal bilimler enstitüsü, Ankara.

Kalkan, N. (2008). Ergenlerde bilişsel yapılar ve sosyal kaygı arasındaki ilişkinin bilişsel davranışçı yaklaşım açısından yorumlanması. Yüksek lisans tezi, Marmara üniversitesi Eğitim bilimleri enstitüsü, İstanbul.

Kılıç, G. (2005). İlköğretim 7. ve 8. sınıf öğrencilerinin atılganlık düzeyleri ile sosyal kaygı düzeyleri arasındaki ilişki. Yüksek lisans tezi, Çukurova üniversitesi Sosyal bilimler enstitüsü, Adana

Kıratlı, D. (2001). Depremzede olan ve olmayan gençlerin kaygı ve depresyon düzeylerinin incelenmesi. Yüksek lisans tezi, Ankara üniversitesi Fen bilimleri enstitüsü, Ankara.

Mercan, Ç. S. (2007). Bilişsel davranışçı yaklaşımla bütünleştirilmiş sosyal beceri eğitiminin ergenlerin sosyal kaygı düzeylerine etkisi. Doktora Tezi, İstanbul üniversitesi Sosyal bilimler enstitüsü, İstanbul.

Orgun, G. K. (2007). Bir grup üniversite öğrencisinde sosyal fobi yaşama durumlarının ve başa çıkma stratejilerinin değerlendirilmesi. Anadolu Psikiyatri Dergisi(8), 262-270.

Palancı, M. (2004). Üniversite öğrencilerinin sosyal kaygı sorunlarını açıklama Yüksek lisans tezi, İnönü üniversitesi Eğitim bilimleri enstitüsü, Malatya.

Ümmet, D. (2007). Üniversite öğrencilerinde sosyal kaygının cinsiyet rolleri ve aile ortamı bağlamında incelenmesi. Yüksek lisans tezi, Marmara üniversitesi Eğitim bilimleri enstitüsü, İstanbul