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Frequency and Causes of the Social Phobia in Medical Faculty Students

Tıp Fakültesi Öğrencilerinde Sosyal Fobi Sıklığı ve Nedenleri

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Abstract

Objective: Social phobia is the name given to intense feelings of anxiety, fear, self-awareness and shame that arise due of the fear of being observed or judged by others in the process of daily normal interactions. Clinicians also need to be successful in managing their social phobias due to their profession.

Methods: Therefore, 151 medical school students were asked about their socio-demographic characteristics and Liebowitz Social Avoidance Scale via e-survey.

Results: The results showed that the place where the students lived and the period they studied made a significant difference in the level of social phobia of medical school students. Social phobia scale scores of term 1 students were found to be significantly higher than those of term 3 students. Additionally, the social phobia scale scores of the term 1 students were found to be significantly higher than the term 4 students; and the social phobia scale scores of the term 2 students were found to be significantly higher than the term 3 students. Again, according to the data of our study: It was seen that the social phobia scale scores of those who stayed in private dormitories were significantly higher than those who stayed in their own house. Additionally, those who stayed with their families had a significantly higher social phobia scale score than those who stayed in their own house.

Conclusion: There are very few studies in the literature on the frequency of social phobia among medical school students. We believe that the results of our study will contribute to the literature.

Keywords: Social phobia, medical students, causes

Öz

Amaç: Sosyal fobi, günlük normal etkileşimler sürecinde başkaları tarafından izlenme veya yargılanma korkusundan kaynaklanan yoğun kaygı, korku, öz farkındalık ve utanç duygularına verilen isimdir. Klinisyenlerin de meslekleri gereği sosyal fobilerini yönetmede başarılı olmaları gerekmektedir.

Yöntem: Bu nedenle e-anket aracılığıyla 151 tıp fakültesi öğrencisine sosyodemografik özellikleri ve Liebowitz Sosyal Kaçınma Ölçeği sorulmuştur.

Bulgular: Öğrencilerin yaşadıkları yerin ve okudukları dönemin tıp fakültesi öğrencilerinin sosyal fobi düzeylerinde anlamlı bir farklılık yarattığını göstermiştir. 1. dönem öğrencilerinin sosyal fobi ölçeği puanları 3. dönem öğrencilerine göre anlamlı düzeyde yüksek bulunmuştur. Ayrıca 1. dönem öğrencilerinin sosyal



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Öz

fobi ölçeği puanlarının 4. dönem öğrencilerine göre anlamlı düzeyde yüksek olduğu; 2. dönem öğrencilerinin sosyal fobi ölçeği puanları 3. dönem öğrencilerine göre anlamlı düzeyde yüksek bulunmuştur. Yine çalışmamızın verilerine göre: Özel yurttaki kalanların sosyal fobi ölçeği puanlarının kendi evinde kalanlara göre anlamlı düzeyde yüksek olduğu görüldü. Ayrıca ailesiyle birlikte kalanların sosyal fobi ölçeği puanları kendi evinde kalanlara göre anlamlı derecede yüksekti.

Sonuç: Literatürde tıp fakültesi öğrencilerinde sosyal fobinin sıklığına ilişkin çok az çalışma bulunmaktadır. Çalışmamızın sonuçlarının literatüre katkı sağlayacağını düşünüyoruz.

Anahtar Kelimeler: Sosyal fobi, tıp öğrencileri, nedenleri

Introduction

Social phobia was first described in 1966 and attracted the attention of many researchers and clinicians. However, social phobia was included in the DSM-III (Diagnostic and Statistical Manual of Mental Disorders, DSM) Criteria for the first time in 1980⁽¹⁾. In DSM V-text revision, social phobia is defined as "marked and constant fear of a person in a social environment where he/she encounters people he/she does not know, or in a social environment where he/she may be in front of others, or when he/she performs an action"⁽²⁾. Additionally, social phobia is the constant fear of multiple situations in which the person will be evaluated by others; it is also defined as the fear of being humiliated, embarrassed, or behaving in a way that makes it ridiculous⁽³⁾. It has been stated that the age of onset of social phobia is between 13 and 24 in many sources, and the age of applying to clinicians is 10-15 years later⁽³⁾. In a study conducted to examine the prevalence of social phobia in our country, it was found that the lifetime prevalence of social phobia among university students was 9.6%, and the prevalence in the last year was 7.9%⁽⁴⁾. Since the medical faculty is a more intense department in terms of frequency and stress, it can restrict the social life of students. This study was conducted to determine the frequency and causes of social phobia among medical students.

Materials and Methods

This study is a descriptive cross-sectional study conducted to determine the social phobia levels of medical faculty students and to determine the factors that will cause social phobia. Our sample was all medical faculty students, but we could reach 151 medical faculty students via e-survey. Questionnaire forms consisting of two parts were used for the study. In the first part, questions were asked about students' socio-demographic characteristics. In the second part, the Liebowitz Social Avoidance Scale, which is a sub-dimension of the Liebowitz Social Anxiety Inventory (LSAS),

was used (Table 1)⁽⁵⁾. LSAS consists of 24 questions divided into two subscales. Of these, 13 are related to performance anxiety (anxiety), and the remaining 11 are related to social situations. After answering the questions, you will be given a score between 24 and 96. The meanings the LSAS scores are as follows: 24-38: No social anxiety, 39-48: Mild social anxiety, 49-56: Moderate social anxiety, 57-63: Significant social anxiety, 64-71: Severe social anxiety, >71: Very severe social anxiety.

Statistical Analysis

Data analysis was done statistically using SPSS (Statistical Package for the Social Science for Windows 22.0). Number, percentage, mean, and standard deviation were used as descriptive analysis. After calculating the intergroup variables and group distributions, Mann-Whitney U test was used to compare the two groups, values with $p < 0.05$ were considered statistically significant.

The local ethical committee approved this study and an informed consent form was assigned to all participants.

Results

One hundred fifty one medical faculty students studying at İzmir Katip Çelebi University Medical Faculty participated in our study. Of the participants, 57.6% (n=87) were female and 42.4% (n=64) were male. Of the students participating in our study, 8.6% (n=13) were term 1 students, 17.2% (n=26) were term 2 students, 60.3% (n=91) were term 3 students, and 4.9% (n=12) were term 4 students and 6% (n=9) were term 5 students. Of the participants 10.6% (n=16) were the only child in their family, 57% (n=86) had two siblings, 17.9% (n=27) had three siblings and 14.6% had three siblings. The rest of them (n=22) stated that they had four or more siblings. The students participating in the study; 56.3% (n=85) of them stay at their family home, 10.6% (n=16) of them stay in a dormitory, 4.6% (n=7) of the students who make up the part stay in a private

Table 1. Some socio-demographic characteristics of the participants

Descriptive features	n	%	p
Gender			0.326
Female	87	57.6	
Male	64	42.4	
Education-teaching term			0.010
1 st	13	8.6	
2 nd	26	17.2	
3 rd	91	60.3	
4 th	12	7.9	
5 th	9	6.0	
Birth order in the family			0.877
1 st	89	58.9	
2 nd	40	26.5	
3 rd	16	10.6	
4+	6	4.0	
Where do you live			0.042
I'm living with my family.	85	56.3	
I'm staying in a public dormitory.	16	10.6	
I'm staying in a private dormitory.	7	4.6	
I'm staying in my own house.	43	28.5	
The number of people you live with			0.175
1	39	25.8	
2	24	15.9	
3	39	25.8	
4+	49	32.5	
Is your mother alive?			
Yes	151	100.0	
Is your father alive?			0.478
Yes	149	98.7	
No	2	1.3	
Which high school did you graduate from			0.509
Science High School	80	53.0	
Anatolian High School	50	33.1	
Private High School	17	11.3	
Other	4	2.6	
Did you choose the department where you studied voluntarily?			0.952
Yes	138	91.4	
No	13	8.6	
Total	151	100.0	

dormitory, remaining 28.5% (n=43) part reported that they stayed in their own house. When we asked how many people they had lived with; 25.8% (n=39) of the participants lived alone, 15.9% (n=24) 2 people, 25.8% (n=39) 3 people, 32.5% (n=49) reported that they lived with 4 or more people. When the participants were asked if their parents were alive, all the participants stated that their mother was alive; 1.3% (n=2) stated that their father was not alive. When the participants were asked which high school they graduated from; 53% (n=80) graduated from science high school, 33.1% (n=50) graduated from Anatolian High School, 11.3% (n=17) were from private high schools, and 2.6% (n=4) reported that they graduated from other high schools. When the participants were asked whether they voluntarily chose the department you read, 91.4% (n=138) of the participants answered yes, while 8.6% (n=13) answered no. In some descriptive statistics of the Liebowitz Social Phobia Scale applied to the research group; social avoidance score ranged from 24 to 89, with a median of 46.00±12.82. According to the results of our study, it was seen that social phobia scores were not related to gender, number of siblings, family rank, number of people living at home, father's life, whether they voluntarily chose their high school and medical school (p>0.05). Social phobia scale scores of term 1 students were found to be significantly higher than those of term 3 students (p<0.05). Additionally, while the social phobia scale scores of the term 1 students were found to be significantly higher than the term 4 students, the social phobia scale scores of the term 2 students were found to be significantly higher than the term 3 students (p<0.05). Again, according to the data of our study, it was observed that the social avoidance scores of medical school students in our scale made a significant difference according to the place of residence of the students (p<0.05). It was seen that the social phobia scale scores of those who stayed in private dormitories were significantly higher than those who stayed in their own homes, and those who stayed with their families had a significantly higher social phobia scale score than those who stayed in their own homes (p<0.05).

Discussion

According to the results of our study, it was examined whether there was a statistically significant difference in social phobia scores according to gender, and it was seen that there was no significant difference toward the data. Conflicting results have been reported in the literature on this subject. Like our results, İzgiç et al.⁽⁴⁾ reported that there was no significant difference between genders in social phobia. In different studies in the literature, it has been reported

that the frequency of social phobia is higher in women⁽⁶⁻¹¹⁾. In another study, it was stated that although men face more social phobia disorders than women in treatment conditions, it is more prevalent in women in the general population sample⁽¹²⁾. In some epidemiological studies, social phobia disorder is more common in women. In the study of Stein et al.⁽¹³⁾ on major depression in patients with social phobia, it was reported that social phobia was more common in women, out of 63 patients with social phobia and 54 patients with panic disorder. In another study, when social phobia disorder is examined in terms of gender, it was seen that men are in the majority compared to women with 54.7%. The reason for the difference in the ratio of men and women is that men may experience more problems due to social phobic characteristics while trying to fulfill the expectations of society and their responsibilities in working life⁽¹⁴⁾. In a study conducted on 700 students at Adnan Menderes University in Turkey, it was observed that the risk of social phobia was 1.7 times higher in women than in men. Additionally, a higher rate of social phobia was observed in those living in rural areas and those with low socioeconomic status⁽¹⁵⁾.

Because of this study, when analyzed according to the semester they studied, the social phobia scale scores of the semester 1 students were found to be significantly higher than those for the semester 3 students. The social phobia scale scores of the term 1 students were found to be significantly higher than those of the term 4 students. The social phobia scale scores of the term 2 students were found to be significantly higher than those of the term 3 students. This may be because the students, who had just started university, could not adequately provide both in terms of friendships and social environment and social adaptation. Another reason may be that they did not receive adequate mental health services in their adolescence. In a similar study, it was determined that there are missed opportunities in health services for adolescence. It was emphasized that psychosocial evaluations should be performed regularly for early diagnosis and treatment of problems⁽¹⁶⁾.

In a similar study conducted on university students, without any faculty distinction, it was determined that the 1st year university student scored higher on the scale than his/her upper class. It was determined that younger students acquired higher scores on the Liebowitz Social Phobia Scale⁽¹⁷⁾. Because of the study by Keskin and Orgun⁽¹⁷⁾ on university students; younger students were found to score higher on the Liebowitz Social Phobia Scale. Again, in the same study, it was concluded that the 1st year university

student got a higher score from the scale compared to his/her upper class.

In our study, the social avoidance scores of medical school students in our scale did not show a significant difference according to the number of children in the family. Similar results were obtained in the research conducted by Gültekin and Dereboylu⁽¹⁵⁾.

According to the DSM-V, a person with social phobia demonstrates avoidance or avoidance in feared social situations or endures it with intense anxiety or distress. This avoidance may push the person to be alone. Therefore, it was thought that this situation may be inversely proportional to social phobia, since the presence of others in the environment where people with social phobia live, it was thought that this situation might be inversely proportional to social phobia. Therefore, the participants were asked how many people they live at home, but no significant difference was found.

In our study, the social phobia scale scores of those staying in private dormitories were found to be significantly higher than those staying in their own homes. Social phobia scale conclusion scores of those who stayed with their families were found to be significantly higher than those who stayed in their own house. There is no data reported in the literature on this subject.

In our study, we investigated the effect of being alive or not on social phobia, but no significant results were found. Magee et al.⁽¹⁸⁾ stated that losing the father and mother at an early age increases agoraphobia. The reason why our study was not significant may be the insufficient sample size.

Study Limitations

There are some limitations to our study. The limitations were that data were collected via e-surveys and the number was low.

Conclusion

In this study, the frequency of social phobia, the levels of social avoidance, and the personal factors that will affect this frequency and levels of the students of İzmir Katip Çelebi University Faculty of Medicine were investigated. There are very few studies in the literature on the frequency of social phobia among medical school students. We believe that the results of our study will contribute to the literature.

Ethics

Ethics Committee Approval: This study was approved by the University of Health Sciences Turkey, İzmir Tepecik

Education and Research Hospital Ethics Committee (decision no: 2021/03-20, date: 24.03.2021).

Informed Consent: An informed consent form was assigned to all participants.

Peer-review: Externally peer-reviewed.

Authorship Contributions

Surgical and Medical Practices: O.Ö., S.D.B., D.G., K.Ç., Ç.Z., Concept: G.Ö., P.G., Design: P.G., Data Collection or Processing: O.Ö., S.D.B., D.G., K.Ç., Ç.Z., Analysis or Interpretation: M.A.T., Writing: O.Ö., P.G.

Conflict of Interest: No conflict of interest was declared by the authors.

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