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**THE RELATIONSHIP OF SOCIAL ANXIETY AND PEER
RELATIONSHIP WITH MENTAL WELL-BEING AMONG
UNIVERSITY STUDENTS**

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WITH MENTAL WELL-BEING AMONG UNIVERSITY STUDENTS**

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The Department of Nursing**

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2024

ACCEPTANCE AND APPROVAL

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ETHICS STATEMENT

The thesis entitled “The Relationship of Social Anxiety and Peer Relationship with Mental Well-Being among University Students” which was prepared and presented as a thesis, was written by myself and in accordance with the scientific, academic rules and ethical conduct. The idea/hypothesis of my thesis solely belongs to my supervisor and to me. The research pertaining to the thesis was conducted by myself and therefore, all of the used sentences and interpretations within the work belongs to me.

I declare the aforementioned issues to be correct.

Signature

17 /01/ 2024

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ABSTRACT

THE RELATIONSHIP OF SOCIAL ANXIETY AND PEER RELATIONSHIP WITH MENTAL WELL-BEING AMONG UNIVERSITY STUDENTS

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Master of Science in Nursing

Advisor: Asst. Prof. Dr. Tuğba ARSLAN

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In this study, it aims This study aimed to reveal the relationship between social anxiety and the mental well-being of peers among university students. This study will answer the following research questions: What role do social anxiety and peer relationships play in influencing students' mental health? and How are demographic variables related to social anxiety and peer relationships? In the period between 03/10/2023 - 25/10/2023. The research community consists of students in scientific and literary majors. According to the power analysis, the number of samples was determined to be no less than 218 students at the University of Baghdad. Data were collected using the face-to-face social and demographic model, the Social Phobia Inventory scale, the Warwick-Edinburgh Mental Well-being scale, and the Arab Version of the Family Peer Relationship Questionnaire. Analysis was done using frequency, percentage, mean, standard deviation, ANOVA, t test and Pearson test in SPSS 26. $p \geq 0.05$ was accepted as the significance level. The study showed that the average age of the participants was 22.78 ± 3.375 The majority of participants were were female. The students' mean Social Phobia Scale score was 36.08 ± 7.74 and the Warwick-Edinburgh Mental Well-being scale score was 40.13 ± 10.01 and the Family relationships with colleagues score 39.87 ± 5.01 , and there were statistically significant differences between fear, marital status, and Department of University study and Class. On the other hand, it was found that there were statistically significant differences between Warwick-Edinburgh Mental Well-being scale and gender, marital status, Department of university study, and Class, and there was a significant effect between peer relationships with colleagues score and gender, marital status, Department

of university study, and Class, There is a relationship between the Social Phobia Scale (SPIN) and social anxiety disorder the arabic questionnaire was used we recomended Mental and social aspects should be examined For students by a psychiatric nurse and identify risk factors.

2024, 76 pages

Keywords: Mental health, Peer relationships, Social anxiety, University students.



ÖZET

ÜNİVERSİTE ÖĞRENCİLERİNDE SOSYAL KAYGI VE AKRAN İLİŞKİSİNİN MENTAL İYİ OLMA İLE İLİŞKİSİ

Badraddin HADI RAHI RAHI

Hemşirelik, Yüksek Lisans

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Sosyal kaygı ya da sosyal fobi, başkalarının önünde bir şeyler yapma ve başkaları tarafından gözlemlenme ve suçlu olma korkusudur. Sosyal kaygı, gerçek veya hayali sosyal durumlarda var olan veya var olabilecek öznel değerlendirmelerden kaynaklanan kaygıdır. Sosyal anksiyete bozukluğu en sık görülen anksiyete bozukluğudur ve madde kullanım bozukluğu ve depresyondan sonra en sık görülen üçüncü ruhsal bozukluktur. Irak Sağlık Bakanlığı'nın yakın tarihli bir raporuna göre, 15 yaşın üzerindeki kişilerin yüzde 16,5'i depresyon ve sosyal anksiyete bozukluğuna sahiptir. Ayrıca yaşam boyunca sosyal kaygıya eşlik eden bozuklukların prevalansı %69 oranında belirlenmektedir. Akran ilişkileri, öğrencilerle olan ilişkilerden farklı olarak, benzersiz özelliklere sahiptir, üniversite öğrencilerinin sosyal gelişiminde büyük önem taşır ve yetişkinlerle ilişkilerinde oynayamayacakları çeşitli rolleri içerir. Akran ilişkilerinin ruh sağlığı sorunlarına ve bozukluklarına karşı tampon görevi gördüğü ve kişilerarası ilişkilerin kalitesinin refahı ve sosyal yeterliliği yordayabileceği öngörülmektedir. Orta Doğuda bu alanda çok az çalışma yapılmış ancak Iraklı üniversite öğrencileri arasında hiçbiri yapılmamıştır. Bu çalışmada üniversite öğrencilerinde sosyal kaygı ve akran ilişkileri ile mental iyi oluşları arasındaki ilişkiyi belirlemek amaçlanmıştır. Bu çalışma aşağıdaki araştırma sorularına cevap verecektir. 'Öğrencilerin ruh sağlığını etkilemede sosyal kaygı ve akran ilişkilerinin rolü nasıldır?' ve 'Demografik değişkenlerin sosyal kaygı ve akran ilişkileri ile ilişkisi nasıldır?' Araştırma 03/10/2023 - 25/10/2023 tarihleri arasında gerçekleştirilmiştir. Araştırma katılımcıları, Bağdat Üniversitesinde bilimsel ve edebi ana dallarda eğitim gören üniversite öğrencilerden oluşmaktadır. Güç analizine göre, örneklem sayısının en az 218 öğrenciden olması gerektiği belirlenmiştir. Örnek seçme yöntemi olarak kolayda örnekleme kullanılmıştır. Veriler yüz yüze görüşme yöntemiyle toplanmıştır. Yaş, cinsiyet, medeni durum, eğitim alınan bölüm, sınıf gibi kişisel veriler, Sosyal Fobi Envanteri, Warwick-Edinburgh Mental İyi Oluş Ölçeği ve Aile- Ergen İlişkileri ölçeğinin akran ilişkileri alt boyutu kullanılmıştır. Verilerin analizi SPSS 26

programında frekans, yüzde, ortalama, standart sapma, ANOVA, t testi ve Pearson korelasyon testi kullanılarak yapılmıştır. Anlamlılık düzeyi olarak $p \geq 0.05$ kabul edilmiştir. Araştırmaya göre katılımcıların yaş ortalaması $22,78 \pm 3,375$ yıl ve katılımcıların çoğunluğunu kadınlar oluşturduğu belirlenmiştir. Katılımcıların Sosyal Fobi Envanteri puanı ortalama 36.08 ± 7.74 , Warwick-Edinburgh Mental İyi Oluş Ölçeği puanı ortalama 40.13 ± 10.01 ve Aile- Ergen İlişkileri ölçeğinin akran ilişkileri alt boyutu puanı 39.87 ± 5.01 olarak bulunmuştur. Medeni durum ve üniversite eğitimi bölümü ve sınıfı olarak gruplandırılan katılımcıların Sosyal Fobi Envanteri puanlarında istatistiksel olarak anlamlı fark belirlenmiştir. Öte yandan, cinsiyet, medeni durum, üniversite eğitimi bölümü ve sınıf olarak gruplandırılan katılımcılarda Warwick-Edinburgh Mental İyi Oluş Ölçeği puanlarının arasında istatistiksel olarak anlamlı farklılıklar olduğu görülmüştür. Cinsiyet, medeni durum, üniversite bölümü ve sınıfa göre gruplandırılan Aile- Ergen İlişkileri ölçeğinin akran ilişkileri alt boyutu puanlarının istatistiksel olarak farklı olduğu hesaplanmıştır. Yapılan korelasyon analizinde sosyal fobi puanı ile akran ilişkileri ve mental iyi oluş arasında negatif ilişki olduğu belirlenmiştir. Katılımcıların tamamında sosyal fobi olduğu, orta dereceli akran ilişkileri ve mental iyi oluşa sahip oldukları belirlenmiştir. Evli olmak, fen bilimlerinde eğitim almak, birinci sınıfta olmak sosyal fobiyi arttırır. Şiddetli sosyal fobiye sahip olmak mental iyi oluşu azaltır. Kadın cinsiyette olmak, bekar olmak, edebi bir bölümde eğitim görüyor olmak mental iyi oluşu arttırır. Kadınların, bekarların, edebi bölümlerde eğitim görenlerin ve yaştan bağımsız olarak dördüncü sınıfta olanların akran ilişkileri daha iyidir. Sosyal fobi hem akran ilişkilerini hemde mental iyi oluşu olumsuz etkiler. Akran ilişkilerinin iyi olması ise mental iyi oluşu olumlu etkiler.

2024, 76 sayfa

Anahtar Kelimeler: Akran ilişkileri, Ruh sağlığı, Sosyal kaygı, Üniversite öğrencileri.

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Çankırı-2024



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LIST OF ABBREVIATIONS

ADAA	Anxiety and depression association of american
CBT	Cognitive behavioral therapy
DSM-III	Diagnostic and statistical manual of mental disorders
DSM-III-R	Diagnostic and statistical manual of mental disorders 3rd revised
DSM-IV	Diagnostic and statistical manual of mental disorders 4th edition
GABA	Gamma-aminobutyric acid
GAD	Generalized anxiety disorder
ICD-10	International classification of diseases
SAD	Social anxiety disorder
SPD	Sensory processing disorder
SPIN	The social phobia survey
WB	Wellbeing
WEMWBS	Warwick-Edinburgh Well- being scale

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1. INTRODUCTION

The prevalence of social anxiety disorder during a lifetime ranges from 8.4% to 15%, according to study conducted by epidemiologists (Koyuncu et al. 2019). The results of these studies indicate that between 5.4 and 10% of the world's population suffers from this condition. There is a similarity in the prevalence rates in the United States. When compared to the prevalence rates among children and adolescents, the rates among adults are much lower. The prevalence of social anxiety disorder is higher among females than it is among males. According to Rose and Tadi 2022, social anxiety disorder (SAD) is the third most frequent mental condition, placing it behind depression and substance use disorder as the most prevalent mental disease. Based on the findings of a recent study conducted by the Ministry of Health, it has been determined that around 16.5% of Iraqis who are above the age of 15 are affected by some kind of mental illness. According to Kathem *et al.* 2021, nine percent of the population in the Eastern Mediterranean Region suffered from depression, while ten percent of the population experienced anxiety. It is possible that a person's level of success in life may be predicted by the good relationships they have with other people, and that the social support they get from their peers can help alleviate the consequences of mental health disorders. The ability to exist and interact with others (Adedeji *et al.* 2022).

It is common for students to engage in conversation with one another in a classroom context. Because of this anxiety, young people are likely to be terrified of being humiliated, disgraced, criticised, or degraded, particularly when they are in social contexts. Within this setting, there is a greater frequency of social anxiety disorders among those who are now in their younger years. Over the course of the last several decades, the number of human problems has increased, which has resulted in an increase in the need for mental health services. In addition to that, it might be challenging for some people to go through the challenges that life throws at them. You put yourself at a greater danger of having a mindset that "life equals problem" when you confuse problems with life. When individuals are unable to effectively handle stressful situations, they may experience a worsening of anxiety, depression, and other mental health difficulties (Matar Boumosleh *et al.* 2017).

One must possess all three of these things in order to achieve success in the face of adversity. In the human brain, logic and emotion are inextricably linked to one another. Individuals who are experiencing negative emotions such as tension, anxiety, and melancholy often have the objective of finding a means to alleviate these symptoms. On other occasions, there are no problems, and positive events that have nothing to do with each other take place. Therefore, it is of the utmost importance that the issue does not reveal any other capabilities and just affects one aspect of their life. Its distinguishing characteristic is the ability to concentrate (Kaplan, *et al.* 2020).

This shift in mood is beneficial to one's mental health since it occurs when negative emotions begin to go away. A melancholy individual is considered to be acceptable in today's culture. She attributes the lack of attention and support to her appearance, that she is bored, or that she has failed. It's possible that the dread of being rejected by people who are closest to you might give birth to feelings of anxiety and tension. Depressive symptoms are a manifestation of having a negative emotional state about oneself. Those who suffer from depression often have low self-esteem. These problems might become much more severe if you are stressed up about how you appear or if you are struggling with depression. Physiological, psychological, and emotional shifts that occur as a result of real or imagined threats in the environment are the fundamental factors that contribute to the development of anxiety. It's possible that the underlying cause of anxiety is a combination of internal tensions and setbacks. Stress, anxiety, and depression are more prevalent among those who are insecure than they are among those who are confident (Demir *et al.* 2021).

A number of mental health disorders, including stress, worry, and depression, may express themselves in a variety of different ways physically. Looking at the issue from a fresh perspective may thus bring some respite from the symptoms that are being experienced. It seems that there are many items that are distinct from one another. A person's strengths are shown when they are able to triumph over obstacles (Kählke *et al.* 2019) The process of problem-solving has the potential to improve one's ability to communicate and interact with other people. College students are more likely than any other group of people to suffer from depression than any other mental disorder. Students

could have challenges when they are attending university. There are a number of things that may make the transition from high school to the workforce difficult. Some of these things include taking the SAT or ACT, beginning a new course of study, being away from loved ones, worrying about money, and anticipating the future. Depression is a condition that lasts a lifetime and has implications that are far-reaching. Research has shown that college students often experience mental health issues such as anxiety, stress, and depression. When students are under a great deal of stress and anxiety, their health and well-being are negatively impacted accordingly. This has an effect on a great number of individuals and organisations. One strategy for mitigating or eliminating these downsides is to create a mindset that is focused on finding solutions to problems. Students who are already enrolled in college are in an excellent position to look for solutions since they have a solid understanding of the problem and the relevance(Özer 2019).

Researchers and scientists have identified social anxiety disorder (SAD), which was once referred to as social phobia, as a condition that is separate from other types of anxiety disorders. In addition to this, it is often linked to a particular kind of anxiety, which is referred to as a "specific anxiety disorder" by both researchers and patients (McKay and McKieman 2023). A person may feel a particular type of dread as a result of the many social events, both good and unpleasant, that they are exposed to. Despite the fact that it goes against the general consensus, the vast majority of them are really significant. It is quite probable that an individual will experience some level of disorder anytime they engage in interactions with other individuals, particularly when they are introduced to new people whom they have never met before and when they are attending meetings that are held among members of society. One instance in which this is especially true is when he physically approaches somebody he has never met before. Furthermore, in situations in which the afflicted person is excessively obsessed with the views and judgements of other people, they may have the perception that their worry for other people is unreasonable or unnecessary, yet they are unable to completely eliminate this concern. There is a widespread tendency among academics to overlook this issue as a sort of social anxiety that is widely known as shyness, despite the fact that it has a considerable influence (Moini *et al.* 2020, Washington and Higuera 2022).

1.1. Aim of the study

This study aimed to reveal the relationship between social anxiety and the mental well-being and peer relationship among university students. This study will answer the following research questions: (1) What role do social anxiety and peer relationships play in influencing students' mental health? (2) How are demographic variables related to social anxiety, peer relationships and mental well-being?

1.2. History of social anxiety disorder

The “SAD” specifically has really many definitions, some scientists really have defined excessive fear that happens to the person (Hyett and McEvoy 2018). It was also classified based on the tenth edition of the International Classification of Diseases (ICD-10) social anxiety as a mental and behavioral disorder (Norman *et al.* 2021). When it comes to this dread, some academics believe that it stems from a type of shame, while others have connected it to the experience of being rejected. If a person is exposed to the prospect of being greeted with severely unfavourable assessment, especially while participating in activities that are typically unpleasant or when interacting socially with individuals who also suffer from seasonal affective disorder, then they are said to be experiencing seasonal affective disorder. This is true regardless of the precisely defined description (Sharma 2018, Hyett and McEvoy 2018).

Some people have even gone so far as to label it social phobia, which is contrary to the traditional understanding of the term. Around the year 1600, scientists were the first to define social phobia as a separate phobia, or maybe more precisely, as a kind of agoraphobia. Their recognition was widespread. Since its first scientific description, the concept has evolved from a condition that is typically considered to be unusual and overlooked to a condition that is now recognised in a precise form and is well acknowledged all over the world; this is mostly owing to the relevance of the condition (Hyett and McEvoy 2018).

With discretion in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III), which is the third edition of the original manual. The scientific description of attractive social phobia, which was first published in 1908, has, for the most part, been founded on reliable diagnosis. There were a number of reasons that precluded persons who fulfilled the criteria from being analysed. One of these characteristics was an isolated personality disorder, which is a fairly novel and significant category in its own right. Five years later, there were still some individuals who retained this perspective; however, by 1987, the “DSM-III-R” had largely eliminated the exclusion in a significant sense. To highlight the fact that there are various fundamental pathophysiological and clinical characteristics that differentiate the so-called generalised social phobia from the more narrowly defined specific phobia, the “DSM-IV” introduced the alternative label “SAD” in 1994. This was done in order to reflect the fact that the “DSM-IV” was updated in 1994. Moreover, a new diagnostic approach for “SAD” was included in the “DSM-5” in 2013, and this particular approach is vital and of utmost significance. A significant number of the current diagnostic criteria for “SAD” have been derived from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), which is the authority on mental disorders. Classification of Mental Disorders, Fifth Edition (DSM-5) for the reason that they essentially covered a lot of ground, including the following: the fear of offending others or showing a variety of anxious symptoms that could lead to rejection; the occurrence of what is commonly referred to as the fear of humiliation or fear of embarrassment; and finally, the fear of appearing foolish or foolishly (Rose and Tadi 2022). The previous version of the “DSM”, which had the generalist subtype, was replaced with the "performance only" specifier (Boyers *et al.* 2017).

1.2.1 Physical signs and symptoms of social anxiety disorder

SAD's physical symptoms can be extremely distressing. The following are some common physical symptoms (Cuncic and Block 2022, ADAA 2023).

- Vision distortion
- Blushing

- Pain and tightness in the chest
- Chills
- Diarrhea
- Dizziness
- The mouth is parched.
- Unrealization (derealization), or feelings of detachment from oneself (depersonalization).
- Headaches
- Palpitations and pounding of the heart (tachycardia).
- Thick lump in the throat
- Muscle tenseness
- Nausea
- Paresthesias (tingling) (tingling).
- Intense ringing in the ears
- Shaking
- Breathing difficulty
- Sweating
- Voice trembling (Cuncic and Block 2022, ADAA 2023).

1.2.2 Cognitive signs and symptoms of social anxiety disorder

Cognitive symptoms, such as dysfunctional thought patterns, are also present in SAD. If you have this condition, you may be bothered by negative thoughts and self-doubt in social and performance-related situations (ADAA 2023).

- Negative beliefs: Firm convictions about your inadequacy in social and/or performance situations (Cuncic and Block 2022).
- Negative bias: A tendency to discount positive social interactions while exaggerating the social abilities of others (Cuncic and Block 2022).

- Negative thoughts: Automatically negative self-evaluations in social or performance situations (Leigh and Clark 2018).

1.2.3 Behavioral signs social anxiety disorder

In the event that you suffer from “SAD”, you can behave in a way that is not appropriate. It is possible that you may make decisions that are not in accordance with your preferences, objectives, or ambitions if you are avoiding or fearing anything. If you are not confident in your ability to communicate in front of others or give presentations in front of an audience, you could decide against enrolling in a class or declining a promotion at your place of employment (Cuncic and Block 2022, Rose and Tadi 2022).

Some common behavioural symptoms are as follows:

- Avoidance: The actions taken or not taken to reduce anxiety when in social or performance-related situations.
- Actions taken to control or limit the effects of social or performance-related situations are referred to as safety behaviours. Leaving or fleeing a feared social or performance situation (Cuncic and Block 2022, Rose and Tadi 2022).

1.2.4 Physiological responsiveness

Some persons who suffer from “SAD” may get seizures that are referred to as very situational panic episodes. As opposed to what is often believed, it may frequently present itself as a physical symptom that is very similar to panic attacks in individuals who are subjected to certain social circumstances. There are times when a person could experience a trembling in their body. It is possible for a person who is suffering from this ailment to have symptoms such as excessive sweating, becoming lightheaded, and, in very rare instances, having a fast pulse. In conclusion, it is possible that he exhibits a disintegration of personality, or to put it another way, he may have a breakdown. There is a correlation between certain kinds of disorders and particular mental health problems. Either he

believes that it is an unrealistic kind, or he believes that the outside world is very unrealistic. The person may also feel additional signs referred to as sympathetic arousal. The occurrence of these symptoms in these individuals is a possibility that should not be ruled out. According to the opinions of specialists, these symptoms appear when exposed to certain social situations. To be more specific, these signs and symptoms are very similar to the actual panic attack that people often experience. Not to mention the fact that this disease is often accompanied by mild facial redness, specifically an increase in warmth around the cheekbones (McKiernan 2018).

1.2.5 Social aspects

Some people who suffer from “SAD” avoid engaging in activities that may be considered "ordinary" by the broader population. Some individuals may find it difficult to comprehend the ease with which other people cope with issues that are comparable to their own. Those who suffer from “SAD” may isolate themselves from their friends and family and completely avoid attending social gatherings, which may put a strain on their relationships. It is possible for individuals who suffer from social phobia to become so overcome by their irrational worry when they are in social situations that they completely alienate themselves from the outside world. “SAD” may be characterised by a number of symptoms, including addiction to social media platforms, difficulty sleeping, and an overall improvement in mood. “SAD” is characterised by a number of other symptoms, including a significant decrease in social skills, sensitivity to criticism, poor self-esteem, negative thinking, and major depressive illness (Khatri 2021).

1.2.6 Causes of social anxiety disorder

The factors that cause social anxiety and phobia have been investigated by researchers from a variety of disciplines, including sociology and neurology, among others. The specific cause of it is still a mystery to the scientific community. Several studies have shown that environmental factors may interact with genes to significantly impact the outcome of a situation. The condition known as social phobia is unique from other mental illnesses and is not brought on by addiction to drugs. The beginning of social anxiety is

something that the majority of individuals will feel at some point in their life. When the person is actively working towards their rehabilitation, this will become clear to them. There is a possibility that minor social shyness might grow into a dread of other people or trouble engaging with them. It has been suggested by Erliksson (2020) that some people may acquire social anxiety as a consequence of the negative experiences they have gone through on social media. Both inherited and environmental variables have the potential to play a role in the development of social anxiety. A conceivable explanation is that up to half of the variation might be attributed to hereditary. This is one of the probable explanations (Kaplan *et al.* 2020).

If a person has SAD, it is very likely that you have certain genes that increase your likelihood of developing the disease. This person also has a two to six times greater chance of developing SAD if you have a first-degree relative with the condition. There is a genetic component to social anxiety disorder, which is often referred to as the "heredity" of the disease. It is estimated that heritability rates range between 30 and 40 percent, suggesting that genetics is responsible for about a third of the underlying causes of SAD. However, heritability rates vary widely from one study to another (Cuncic and Gans 2021).

This study suggests that 'fundamental' or 'unconditional' negative beliefs (such as "I am inept") and 'conditional' beliefs that are closer to the surface (such as "If I show myself, I will be rejected") both play a role in the development of negative views. It is believed that they are triggered when a person feels threatened, and that they evolve as a result of a person's nature and the negative experiences they have had. Conditional beliefs, such as "If people see I'm anxious, they'll think I'm weak," may also be at play, according to the findings of recent study (Heeren *et al.* 2020).

On the other hand, self-concealment is hiding one's fears and beliefs related to them from others. One particular school of thought has focused its attention on the importance of concerns related to an individual's self-presentation. The negative mental model is further reinforced by the fact that anxiety symptoms are claimed to hamper a person's social functioning and attention span, which in turn leads to more social problems. A great deal

of focus and attention has also been directed to the external signs of anxiety as well as the stigma associated with them. Such a model is characterized by a number of critical elements, including the formation of an incorrect self-image, exaggeration of the possibility and impact of negative criticism, and the imposition of one's own performance standards on oneself. There are a number of components that are included in these cognitive behavioral models. Some of these aspects include neural anticipation, rumination after an event, and negatively biased memories. It has also been shown through research that “safety behaviors” and other ways to avoid negative evaluations may over time make it more difficult to interact with others and can make anxiety symptoms worse. The results of this research served as a driving force for the creation of a highly effective cognitive behavioral therapy for the treatment of social anxiety disorder (Heeren *et al.* 2020).

1.2.7 Types of social anxiety

A long time ago, Hippocrates realised that the anxious behaviours and worries of a large number of individuals, which may be experienced in a variety of ways and in a variety of settings, might contribute to disorder in their relationships, especially with society. Academics have also defined it as a reluctance to go out into public areas due to unjustified anxieties of being judged or shamed, particularly in big gatherings where individuals are likely to blend in and be ignored. This is especially prominent in situations where people are likely to blend in and be ignored. It is also possible to have physical signs such as heart palpitations, blushing, sweating, and difficulty breathing in unfamiliar situations (Gans 2021, Washington and Higuera 2023). For example, engaging in conversation with people with social anxiety, eating in public, attending events, and attending meetings. Moreover, the prevalence of this disease is 13.3%, which is the highest among all cases. According to Zuckerman *et al.* In 2019, the majority of people suffering from this anxiety disease ended up losing their jobs, which is a major concern. Here are the three different types of social anxiety: 2018 saw McCall *et al.* Some symptoms, such as anxiety, may not appear at all, especially in unusual and unusual circumstances. For example, there is a conservatively executed type of rhetoric that is described as a distinct type. On the other hand, others may not attend at all. The most

common type, to be more specific, the type that researchers have found to be fairly common can be compared to what is known as social phobia, which is defined as the fear of being alone or feeling uncomfortable in social circumstances. This is the logic that guided the researchers. It cannot be denied that it is the most common type, as its frequency ranges from fifty to eighty percent, respectively. A person's functioning at home, in the classroom, at work, and academically is negatively affected by this type of difficulty, and it is more pronounced than other types (Moradi *et al.* 2020). This is because the individual is more susceptible to being affected by this phenomenon. Especially in situations where they have to show off their abilities, such as when giving an audition or when they go on stage, some individuals can't help but feel performance anxiety. For example, individuals with this condition often experience intense anxiety when they are in social situations in which they are expected to speak in front of a group, give a presentation, interact with co-workers or members of the opposite sex, or eat out in restaurants. Or even going to the bathroom on their own (Gilboa-Schechtman *et al.* 2020). As a form of self-treatment, patients often turn to alcohol, tranquilizers, or drugs in the hope of relieving the anxiety they are experiencing. The issue can become more complex as a result of adopting these tactics, especially in cases where alcohol abuse is common. (Moradi *et al.* 2020).

In the process of restricting their children's natural capacity to engage with other people, parents who are overprotective may be indirectly contributing to the development of social anxiety in their children. Having parents who put an inappropriate emphasis on the acceptance of their peers might lead to the development of an overblown sensitivity to criticism in their kid. It is possible that having parents who battle with social anxiety will set a poor example for their children and make it more difficult for them to connect with other people. Both of these factors might contribute to the development of social phobia in children. According to research, social anxiety is not the only condition that may contribute to a child acquiring social phobia. Other anxiety disorders in parents, depression, and alcohol use are all possible risk factors that might lead to the development of social phobia in a child (Alden *et al.* 2018).

1.2.8 Theoretical models which explain social anxiety

The theories that are now in existence include a wide variety of elements, including biomedical, psychoanalytic, behavioural, cognitive, self-presentational, and family influences. Collectively, these theories provide light on the circumstances that led to the development of the several components that comprise collective cognitive-behavioral therapy. These components include the initial and later processes of idea reformulation and construction. In addition to determining what causes social anxiety and how to treat it, this kind of treatment has the additional benefit of assisting in the identification of certain social situations that are associated with the onset of symptoms. The following is a summary of these concepts for your perusal (Gök *et al.* 2019).

When it comes to social anxiety disorder, the chemical, genetic, and organic components are what make it what it is, according to the biomedical view (Hind 2015). It has been determined by Diana *et al.* (2010) that dopaminergic neurotransmission is the cause of social anxiety. In addition, Diana and colleagues (2010) discovered that the dopamine D2/3 receptor affinity of the participants was substantially connected to the marital status of the individuals who participated in the study. The findings of a previous study indicated that individuals who suffer from social anxiety had an abnormally high density of dopamine transporters. Subsequently, a subsequent inquiry revealed that individuals with social anxiety displayed a lower affinity for dopamine D2 receptors in comparison to those who were receiving therapy (Van der Wee *et al.* 2008). There have been other studies that have attempted to recreate the findings on social anxiety disorder and abnormalities in dopamine, but they have been unsuccessful (Franklin *et al.* 2009). It has been shown via research that individuals who suffer from schizophrenia and Parkinson's disease often feel social anxiety. A study that was conducted not too long ago (Kummer *et al.* 2008) found that about fifty percent of persons who have Parkinson's disease also suffer from social anxiety. The fact that patients on haloperidol show evidence of social phobia is consistent with the hypothesis that dopamine neurotransmission plays a role in the development of "SAD" (Lanzenberger *et al.* 2007).

There is some data that suggests that social anxiety disorder may be connected with a reduction in the amount of serotonin receptor binding (Lanzenberger *et al.* 2007). According to the findings of a research (Van der Wee *et al.* 2008), patients with generalised anxiety disorder who have never used a neuropsychiatric medication had enhanced serotonin transporter binding. It is possible that the limited effectiveness of drugs that reduce serotonin levels suggests the significance of aberrant serotonin neurotransmission; however, there is very little evidence to support this hypothesis. The “FDA” has given its permission to the use of selective serotonin reuptake inhibitors (SSRIs) such as fluvoxamine, sertraline, and paroxetine for the treatment of social anxiety disorder. According to the findings of study, SSRIs reduce the activity of the amygdala. Researchers are also investigating other possible transmitters, such as glutamate and norepinephrine, which may be overactive in “SAD”, and GABA, which may be underactive in the thalamus (Pollack *et al.* 2008).

An association exists between the limbic amygdala and the processes of emotional learning as well as the sense of fear. Individuals who suffer from social anxiety disorder have an amygdala that is too sensitive to social risk signals. These cues include unfavourable peer assessments, aggressive facial expressions, even the process of rehearsing one's speech itself. The anterior cingulate cortex has been linked to the experience of physical pain in the past, and it is probable that it is also involved in the experience of "social pain" such as being excluded from a group. This is something that Heeren *et al.* (2017a) points out. Heeren *et al.* (2017b) discovered that cognitive biases associated with seasonal affective disorder are retained in the prefrontal cortex, namely in the dorsolateral region of the brain. It has been shown that social anxiety is linked to the hyperactivation of the amygdala and the insula, which is connected with negative emotional processing and dread (Etkin and Wager 2007a).

According to the psychoanalytic view, college students who attempt to suppress undesirable desires are more likely to acquire pathological anxieties with their development. There is a consensus among psychoanalysts and Freud that the development of social anxiety is closely linked to the development of a robust superego. Freud, on the other hand, considers social anxiety to be a sign of severe narcissism. The subject matter

of the first annoyance evolves into a new cause of horror. On the basis of psychoanalytic theory, individuals are said to sense heightened fear in social circumstances as a result of their own subjective psychological processes, internal conflicts, and contracts. Another possible reason for instances of social anxiety is the manner in which a college student communicates to others the harsh and brutal conscience that he has. As a result of the seriousness of this conscience and the agony that it causes people, the worry that arises is enormous and terrible. Consequently, he relates the feelings of condemnation and self-pity that he experiences to other people, as if they were speaking to him in a whisper. The act of making fun of or criticising another person when one is interacting with or addressing them According to Samia (2007), this may provide an explanation for the symptoms of social anxiety (Samia 2007).

In accordance with the behavioural theory of social anxiety, the student has the necessary capabilities with regard to the conditioned anxiety response; yet, they are unable to demonstrate these capabilities when they are in social situations. Anxiety is a behaviour that can be learned by pupils, just like any other habit, and social anxiety is not an exception to this rule. Whenever a student becomes aware that they are beginning to feel apprehensive about something, they often desire to steer clear of that situation. It is an indication that the child is receiving a reward that will make him feel less concerned about the event, which will enable him to quit avoiding it. If the child realises that avoiding the scenario or issue makes him feel better, this represents a clue that he is receiving the reward. According to Warda (2017), it creates a vicious circle from which the person is difficult to escape; more avoidance helps reduce anxiety even further (Warda 2017),

Due to the fact that schema is the primary cognitive construct that is responsible for driving data processing, it serves as the foundation for cognitive social anxiety theory (Beck and Emery's version from 1985).

To put the cherry on top of everything, this concept is regarded as the most important element of their cognitive philosophy. An individual's schemas are nothing more than a set of rules that they use in order to categorise, organise, and make sense of the information that they take in. This is analogous to how errors in memory may help with

retrieval. It is possible for a person's cognitive concepts or prejudices to take on a variety of forms, and in order to classify these forms and modes, schemas are used. According to Beck and Emery's theory, the concerned public is comprised of students who are vulnerable to and prone to this emotional state. These students see the world as hostile and dangerous, and as a consequence, they are on high alert for any potential limits that may be present in this environment. As a consequence of this, we have a propensity to misunderstand or negatively perceive recommendations that are neutral or relatively positive, to disregard or overlook positive or comforting signals, and to underestimate or dismiss the significance of our previous accomplishments, sources of self-confidence, and present sources of cohabitation. According to Gök *et al.* (2019) found that when patients explain their perspectives on anxiety triggers, the logical errors that they make in their thinking are a mirror of the schemas that they hold themselves (Gök *et al.* 2019).

People who suffer from social anxiety are often quite intuitive when it comes to recognising the indicators that others may evaluate their social conduct in an unfavourable manner. as a student responds to a question in front of the whole class, for instance, a teacher could make a critical remark to the student as they are doing so. As a consequence of this, the student's anxiety becomes readily apparent. In point of fact, college students who suffer from social anxiety have a tendency to concentrate excessively on signals of social risk, to the point where some may consider it to be a symptom of mental illness or disorientation. According to Sperer *et al.* 2020, students who choose not to react to queries may, for a period of time, suffer emotions of helplessness, social isolation, alienation, and psychological loneliness.

In situations when the college student's family is going through difficult circumstances, it may contribute to the development of unpleasant emotions such as rage and feelings of inferiority. The degree to which a student's family overprotects them may have an effect on the student's ability to improve their social skills, self-control, and ability to cope with anxiety and frustration. The discharge of negative stigmas on college students and teenagers may lead to a range of inferiority complexes as well as a lack of self-confidence in the individuals involved. There are a number of factors that contribute to this anxiety,

including worries about a large number of prohibitions, codes of behaviour, and instructions, as well as worries about other academic and family issues (Hind 2015).

1.2.9 Factors related to social anxiety

It has been shown that having a family history of social anxiety disorder in one or more relatives is connected with an increased likelihood of getting the problem oneself (Buckner *et al.* 2020).

- The development of social anxiety disorder is more prevalent among adolescents who have been subjected to bullying, ridicule, ostracism, or mocking. This is because this kind of behaviour is associated with negative occurrences. The presence of a person's past experiences of trauma, abuse, or conflict within their family may also be a factor in the development of this illness (Buckner *et al.* 2020).

- Students who demonstrate symptoms such as shyness, fear, withdrawal, or trouble socialising in socially new contexts are more prone to develop this condition. This disease is more likely to be acquired by college students (Scanlon *et al.* 2020).

- It is common for the first symptoms of social anxiety disorder to manifest themselves during the adolescent years; however, these symptoms may also manifest themselves in reaction to unexpected social events, such as an interview for a job, a presentation, or a gathering with a multitude of individuals (Jore *et al.* 2020).

- It is possible for some people to acquire social anxiety disorder if they have extreme self-consciousness over certain parts of their appearance or conduct. For example, if they stutter, have a limp, or have a facial deformity, they may show signs of social anxiety disorder. (Buckner *et al.* 2020).

- Gender: When classifying social anxiety disorder by gender, the percentage of males ranges between 0.4% and 10%, while its percentage among women ranges between 1.3%

and 1.7%. However, it has been observed that male patients are more likely to have fears of the same type when they visit hospitals or clinics. One possible explanation for this phenomenon is that male college students, both in terms of their cultural background and their own circumstances, are more likely to suffer from social distress resulting from Sensory Processing Disorder (SPD). For example, when they stutter, walk with a limp, or develop a disfigurement. in the face; When they act a certain way (Jore *et al.* 2020).

- Environmental Factors: The departments of genetics, biology, and temperament have not provided many answers about the origins of social anxiety disorder, which has led to the investigation of environmental factors. For a considerable amount of time, researchers have acknowledged the necessity of shedding light on the relationship between social anxiety disorder and the quality of one's immediate surroundings. They have conducted research on the condition in relation to several components such as family life, peer connections, school, and other similar issues. According to the findings of a large study that investigated the role of family history in social phobia, college students who have a first-degree relative who suffers from social anxiety disorder may be at a larger risk of developing the condition themselves (Scanlon *et al.* 2020).

The development of social anxiety disorder is largely influenced by three primary environmental factors. These include environmental, social and environmental factors. Unwanted social contacts, unpleasant events, and actions taken by parents are all examples of things that fit this definition. It has been proven beyond a doubt that the upbringing styles of university students have an impact on their early psychological and social development. One parenting style, known as overprotective or controlling parenting, has been shown to be associated with increased levels of social anxiety in those with social anxiety disorder, for example. It is because their parents are very careful and controlling that college students suffer from high levels of social anxiety and inadequate social skills. This is because their parents limit their children's opportunity to learn and develop. Furthermore, it has been suggested that avoiding something leads to improvement of that particular behavior. It has been shown that parents who were highly controlling and emotionally detached from their children were associated with higher levels of social anxiety in their children. Parental rejection is one of the factors that must

be taken into consideration when analyzing the causes of social anxiety disorder. In the same way that insecure attachment is significantly related to parental rejection, social anxiety is also significantly related to it (Buckner *et al.* 2020).

1.2.10 Academic achievement

The cognitive processes of a student have an effect on their conduct, which might cause them to make bad decisions when they are confronted with social anxiety. In situations when he is confronted with social situations that cause him anxiety, he makes the decision to isolate himself, avoid other people, and maintain his distance. According to cognitive psychologists, the thinking processes of a person are the primary and most basic basis of social anxiety. He has a negative image of himself, minimises his achievements, and exaggerates his shortcomings when he is talking about himself and other people. The only way to lessen his agony is to increase his self-assurance, improve his reasoning abilities, and increase his ability to perceive himself and his actions through the eyes of other people, all while simultaneously reducing his resistance to unpleasant thoughts and feelings (Scanlon *et al.* 2020).

1.2.11 Nursing care for social anxiety disorder

- Remaining calm and non-threatening as the nurse works with the client. Anxiety is contagious, and it can spread from employees to customers or vice versa.
- Ensure the safety of your customers. Reassuring the customer of their safety and security, this can be communicated through the nurse's physical presence, do not leave the client alone at this time.
- To explain hospital experiences to the client, use simple words and concise messages while speaking calmly and clearly. The client is unable to understand anything other than basic communication when suffering from severe anxiety.

- Provide a relaxing environment (low lighting, few people, simple decor)., Anxiety levels may rise in a stimulating environment.
- Giving sedatives as ordered by the doctor, Evaluation of medication in terms of effectiveness and adverse side effects.
- Determine the influencing factors. When the level of anxiety has decreased, discuss with the client the possible causes of its occurrence, identifying the causative factors is the first step in teaching the client how to stop the buildup of anxiety.
- Encourage the client to express his or her emotions. Encourage the client to talk about a traumatic experience in a safe environment, assist the client in dealing with feelings of guilt related to the traumatic event, Assist the client in understanding that this was an event to which most people would have responded similarly (Belleza 2023).

1.3 Peer relationship

Peer friendships include a wide range of aspects, including the following: the sharing of interests, the resolution of problems, the development of self-esteem, the commitment to intimacy and loyalty, and the enjoyment of pleasure. On the other hand, peer relationships are described as ones in which two persons consistently interact or engage with one another owing to a shared desire for one another's presence, a strong feeling of mutual liking, or both (Hay *et al.* 2018). Peer relationships may range from casual acquaintances to romantic partnerships.

The contacts that college students have with their classmates have a significant impact on the health behaviours that they engage in. Young people who have previously suffered with substance abuse are less likely to have friends who are able to comprehend what it is like to be in their position. When it comes to determining danger, the two most important factors to consider are the frequency and intensity of use. It is possible that an individual's likelihood of engaging in substance abuse may increase, for example, if a

significant number of their friends engage in dangerous behaviours on a regular basis, such as smoking, drinking, or participating in drug use. Worry levels would significantly increase. Choosing to become a member of a peer group requires careful consideration of a number of different aspects. However, despite the fact that college students are expected to be active participants in campus life, substance abuse is more prevalent in circumstances where they have significant support from their peers but minimal support from their parents. It's possible that some schools have separate subcultures that revolve on certain hobbies, such as skateboarding, 'heavy metal' music, or even the sporting teams that have been established at the school. It is possible that the types of peers and the behaviours that they display are more significant than the quantity of time that is spent interacting with peers. Prevention courses that aim to train social skills to respond assertively when possibilities for problematic conduct arise have placed a key emphasis on appropriate responses to the behaviour of one's peers (Prinstein *et al.* 2020).

Adequate reactions to the behaviour of one's peers have been the primary focus of these programmes. It is becoming more difficult to supervise the interactions that college students have with one another, and they are spending more time in their dorm rooms than they do at home. On the other hand, teens tend to have more personal ideas of peer relationships, while university students tend to connect to their classmates more via activities and interests that they have in common. The term "homophily" refers to the phenomenon that occurs when individuals at a university gravitate towards a "fluff" because of their similar appearance, as well as influence (college friends often affect one another's behaviours and perspectives when they are hanging out together). It is necessary to offer an explanation for the similarities that may be seen in the behaviours and attitudes shown by a group of college students (Spörer *et al.* 2020).

1.3.1 Peer relationship types

Peer relationship includes many types and forms, which can be determined according to the personality of the friend, including the following:

True spiritual relationship amongst people of the same age. Due to the fact that having a reliable buddy may significantly simplify and rationalise one's life, these peers are crucial for the well-being of everyone. These peers love and respect one another without reservation, regardless of the circumstances, and they do not pass judgement on one another, blame one another, or cause one another to get unhappy for no apparent reason. Consequently, individuals confide in and open up to their peers as a consequence of this. Regardless of the extent or relevance of the secrets, he may have peace of mind knowing that he will always be loyal and supportive, and that his treatment of him will not change over the course of time (Kim *et al.* 2018a).

The foundation of an open peer connection is the shared goal of becoming technologically savvy. Someone who is kind and approachable may be very bright. He is able to stay current on all the latest news about many topics such as pop culture, politics, music, and the lives and actions of famous people. For the simple reason that it never sleeps and establishes a solid foundation in private social media; for the same reason, it has the potential to become one of the most intimate and well-connected peers if the user is just starting out and is eager to learn about the latest innovations in digital communication; for the same reason, this friend could be encouraging and have many other members. In the same vein as other internet users, he assists his pals by introducing them to one another via various online groups and websites. He is also content with facilitating their communication so that they may get expert assistance when they need it (Nesi *et al.* 2018).

If a person has a sensible and informed peer relationship with someone who is also a friend, a mentor, and an inspiration for justice, then that person is considered to be very fortunate. In other words, a friend like this has a distinctive point of view and a natural talent for instructing and guiding other people. The majority of the time, he inspires his pals to better themselves without being bothersome to them or intentionally making them feel horrible about themselves or the things they own. Being in the company of someone like him motivates you to perform at a higher level, and you can rely on his support as you strive to become the very best version of yourself. One does not necessarily need to be someone he works with or someone who shares his interests and hobbies in order to

be considered a peer. On the contrary, he is a patient and smart leader who makes baby steps towards his friends in order to make a difference in their life. He is so nice and kind that he finally adopts them. He is a leader who is patient and wise (Çetin 2019).

It is possible that having a friend who is both positive and optimistic may have a significant influence on a person's life, particularly in terms of the kind of interactions they have with their peers. While he is around him, his carefree, naïve, and impetuous nature is brought up to the surface. Additionally, it made him feel happy and conveyed joy to his heart by its presence. When we finally meet, he will have a smile on his face. How come? For the simple reason that his affable and laid-back demeanour captivates everyone he comes in contact with. He is interested in having a nice time for leisure, pleasure, and relaxation, and it is possible that he enjoys going out, having fun, and going for walks. Going along with him is the finest way to achieve harmony with him if you want to achieve it. In order to get away from the stresses and challenges of everyday life, rid oneself of tension, and get positive energy and a consistent boost to one's morale while doing so (Fethi *et al.* 2017).

Being able to listen, being patient and considerate, and having a genuine concern for other people are all characteristics that define a friend in the context of a peer relationship that is centred on communication and discourse. They come to their buddy when they have a lot to say, when they need someone to listen to them and respect them, and when they are prepared to let them take out their frustrations. He was able to think things through in a clear and concise manner, listening intently and reacting correctly; he shown self-control and knew when to act; he recognised the significance of friendly attitude and expression; and he never interrupted or made a quick judgement. Many individuals seek them out when they are experiencing negative emotions, when they are feeling overwhelmed, or when they just want to release all of their pent-up feelings without being concerned about how other people may react (Çetin 2019).

The degree of the connection dictates the categories of peers. Peers include the following kinds of people, the significance of whom is proportional to the strength of the connections, interactions, and dialogue between them (Yılmaz *et al.* 2021).

There is a deep friendship between two people who are of the same age. In this form of relationship, the friend is very dependent on his friend and takes great satisfaction in their connection. He looks up to him as a rock who will always be there for him, a confidant who will keep his secrets, and someone who will support him through the highs and lows of life. He does all of these things because he is afraid of losing him(Yılmaz *et al.* 2021).

Comfortable and reassuring peer relationship: the friend in this relationship is honest. The rest of the peers are comfortable with him and they enjoy happiness, joy and comfort when being with him, which may make them want to get closer to him more. They prefer to consolidate and support the relationship with him whenever the opportunity allows him (Yılmaz *et al.* 2021).

Peer relationship in knowledge, In this type, peers are less deep, and they are with people who have known them for a long time, and who have become part of his life. They meet them permanently, but despite their presence together and regularly, they are not very close to him, and their communication together is superficial, but it is present actually (Nas 2017).

When attending formal and public gatherings, people who are in formal peer relationships often come into contact with one another. Having a meeting once a week in the gymnasium, for instance, or holding a conference between the teachers and parents at the school. Due to the fact that their encounters are enjoyable but short, the person does not like to engage in social activities with them. When two people are in a romantic relationship, the connection between them is formalised and restricted because of the circumstances that brought them together. This is in contrast to the process of getting to know each other better or going deeper with them. how male and female peers connect in various ways. On the other hand, there are fundamental aspects that guarantee the endurance of a true peer relationship. In terms of the methods that are used to choose certain peers and the general equilibrium of interactions between them, experts have noticed a number of differences between male and female peers, including the following: (Fethi *et al.* 2017).

Men are more inclined to form friendships with others who share their interests or hobbies, such as watching or playing sports. On the other hand, women are more prone to seek out intimate ties in which they are able to openly divulge personal facts and sentiments. The link that exists between male peers is often one that is more enduring. It is not necessary for this relationship to have as many elements and items from its ends, in contrast to the dynamics that exist between female peers and the things that they need from one another. The desire for continuous face-to-face communication is something that female peers need, in addition to being more emotional. Male peer relationships are often more platonic and supportive of one another when times are difficult; yet, they may be less emotionally open and personal with females and less likely to share ideas, feelings, and emotional support than female peer relationships. This is because males tend to be more emotionally open and personal with girls (Nas 2017).

1.3.2 Dimensions of peer relationships

In accordance with Kim *et al.* (2018a), the social development of college students is significantly dependent on their interactions with their peers. These interactions are distinct from the connections that college students have with adults in a number of significant ways. In many cases, educational institutions are the starting point for contacts between students at the same university. It is for this reason that schools play a key part in the relationships that children have with their peers. A number of factors, including early social interactions with classmates, behavioural concerns as puberty proceeds, feelings of loneliness, academic success, and adjusting to a new school, have been associated to it. The process of adapting to university life and making relationships with one's peers are two sides of the same coin. It is because of the trust, care, and support that kids get from their peers that they are able to increase their confidence in themselves over the years. When individuals are able to get along well with one another, it gives them the impression that they are a part of a community. University students who are able to adapt to their new surroundings are more likely to have good interactions with their classmates, to make more frequent use of their social talents, and to experience universal acceptance and admiration from their peers. It is essential to have the acceptance of one's classmates in order to have a seamless transition to academic life. Some features of the relationships

that college students have with their peers, such as antagonism, exposure to violence, dislike, and so on, may have a detrimental influence on the degree to which they are able to adapt to their new environment. If a student has poor social skills and has unpleasant encounters with their peers before enrolling in university, they may continue to experience academic failure, rejection from their peers, and difficulties in communicating with their peers throughout their time there. In order to successfully transition to the lifestyle of a college student, it is essential to cultivate friendships that are mutually helpful and to get acceptance from another student. A negative correlation was found between university adjustment and factors such as having a small number of close friends, having been the victim of peer hostility, being ostracised from or rejected by one's social group, and other similar factors (Kim *et al.* 2018b).

1.3.3 Peer relationship in adolescence

It is no secret to anyone that adolescence is a sensitive stage characterized by the persecution of emotions, feelings and spiritual feelings. Adolescence is a stage in which boys and girls break away from childhood and progress to adulthood and maturity at various levels. One of the characteristics of this stage is that male and female adolescents tend to form peer relationships with advantages, but peer relationships have a profound effect on the personality of adolescents and their effects can last a lifetime and may disappear completely. The location of the family and parents as adolescents are most of the time at university with their peers, and after college they may talk to them on the phone or elsewhere (Wang *et al.* 2017).

Peer relationships in adolescence are characterized by several advantages. First, the adolescent does not allow his family to interfere in the formation of the peer relationship or to break it off. The peer relationship in the adolescent is a cornerstone in his sense of self. Independence from the family, and given that the adolescent does not have sufficient experience. Likewise, the stage he is going through is characterized by the dominance of emotions over the mind. Many of that peer relationship collapses, and it proves to the adolescent after dealing that many of his peers are not worthy of that relationship, so he begins to scrutinize his future choices, which gives him experiences that qualify him for

the stage of peer maturity. Peer relationship at that stage is an unreal relationship. Some, respect each other, support each other in crises, and we only learn secrets within very narrow limits (Nesi *et al.* 2018).

Secondly, peer relationship helps the adolescent to discover himself, in the home his contact with others is limited, unlike the group of comrades, they ask for his opinion, participate in the group's situation and work to implement it with each other, which contributes to the formation of the adolescent's personality (Kim, *et al.* 2018b). In the peer relationship, the adolescent learns to give to the group, and how to adapt to those who differ from him in opinion and thought, so that he accepts others as they are, so that others accept him as he is (Nesi, *et al.* 2018). Peer relationship in adolescence is characterized by an imbalance between the adolescent's need for peer relationship and his need for self-development. desirable, which helps the growth and development of his personality (Kim *et al.* 2018b).

This stage may be characterized by a kind of intense attachment in the adolescent to a particular friend of the same sex, and this strong attachment appears in the relationships of girls more than boys, and this attachment can be considered a normal stage of development, but there are certain cases of this attachment that need attention Serious by educators because of its severity or because of its persistence for a long time, not because it is an undesirable activity, but because it impedes the growth of social relations in a healthy and healthy development (Wang *et al.* 2017).

1.4 The relationship between social anxiety and peer relations

Social anxiety is “an anxiety arising from interpersonal evaluations that exist or may exist in real or imaginary social situations”. Self-presentation theorists argue that the expectation of interpersonal evaluation leads to social anxiety. Social evaluation anxiety is also a component of social anxiety. Excessive social evaluation anxiety prevents the development of positive interpersonal relationships. Individuals with social anxiety have doubts about their interpersonal competence and ability to create positive impressions (Cejudo *et al.* 2018).

Lack of social acceptance and close peer communications were associated with fear of negative evaluation, these variables predict fear of negative evaluation. Socially anxious college students should avoid and submissive behaviors make them easy targets for victimization by their peers, and being victimized further increases their social fears. Peer interaction is a common source of discomfort among people with social anxiety. Comparative studies show that individuals with social anxiety have less social support than others. Some researchers have also found that social acceptance by teachers and peers is an important determinant of adjustment in later years. In addition, aggression in students is a predictor of both teacher choice and peer rejection. They examined the factors related to social anxiety during the university period and found a high correlation between increased peer victimization and decreased peer acceptance and social anxiety. In addition, a relationship was found between negative social performance expectations and social withdrawal and social anxiety (Demir *et al.* 2021).

Some researchers examining social anxiety in university students have also found significant relationships between social anxiety and some characteristics. These features can be listed as follows: (Cejudo *et al.* 2018). Social anxiety is associated with behavioral inhibition and social withdrawal. This situation negatively affects students' ability to establish close and successful relationships with their peers, as well as hinders the quality and development of peer relationships. It also plays an important role in understanding the interpersonal behavior and psychological functions of adults. A high level of social anxiety, which starts in the student period, shows the effect of social anxiety, gives a lot of trouble, plays a very negative role in daily work. It also causes other maladjustments such as high social anxiety, major depression, alcohol addiction (Cejudo *et al.* 2018).

1.5 Well being

The term "wellbeing" (WB). also known as "wellbeing," "prudential value," or "quality of life," refers to what is intrinsically valuable to someone. So a person's WB is what is ultimately good for this person, what is in this person's self-interest. The term "well-being" can refer to both positive and negative feelings. It is sometimes contrasted with ill-being as its opposite in its positive sense. The term "subjective WB" refers to how

people experience and evaluate their lives, which is typically measured in relation to self-reported WB obtained via questionnaires (Bradford 2017, Crisp 2021, Osmond 2022).

1.5.1 Type of wellbeing

There are various types of WB, such as mental WB, physical WB, economic WB, and emotional WB. Improved physical WB, for example, is associated with improved emotional WB (e.g., by reducing or ceasing an addiction). As another example, better economic WB (having more wealth). is associated with better emotional WB, even in adverse situations like the COVID-19 pandemic. WB is important in ethics because what we should do depends, at least in part, on what will make someone's life better or worse. There are no other values than WB, according to welfarism (Fletcher 2015, Haiyang and Jingjing 2021).

In everyday language, the terms WB, pleasure, and happiness are used interchangeably, but their meanings diverge in technical contexts such as philosophy or psychology. Pleasure is an experience that feels good and is commonly regarded as one component of WB. Other factors, such as health, virtue, knowledge, or the fulfilment of desires, may also play a role. For example, happiness is frequently regarded as a component of WB. Either as "the individual's balance of pleasant over unpleasant experience or as the state of being satisfied with one's life as a whole. The goal of positive psychology is to discover the factors that contribute to human WB (Haybron 2020a).

1.5.2 Theories of wellbeing

In its most fundamental definition, "well-being" may be understood as "the good for people that is beneficial to them." WB theories make an effort to understand which aspects of a person's state are responsible for their WB. The pleasure, want, and objective list theories all fall within the category of WB theories. Theories of pleasure and desire are always going to be open to interpretation. They believe that a person's mental condition as well as their thinking determine their WB. It is possible, according to

objective list theories, that a person may benefit from things regardless of how they personally feel about such things (Haybron 2020b).

The mental states in question for hedonistic theories are pleasure and pain experiences. One such account can be found in Jeremy Bentham's works, where it is proposed that the value of experiences is determined solely by their duration and the intensity of pleasure or pain they contain. Several counterexamples to this viewpoint have been developed. They usually involve cases where common sense suggests that options with a lower aggregate pleasure are preferable, such as intellectual or aesthetic pleasures being superior to sensory pleasures (Crisp 2017, Haybron 2020b). or that entering Robert Nozick's experience machine would be a bad idea. These counter-examples are not decisive, but the proponent of hedonistic theories must explain why common sense fails us in the problematic cases (Crisp 2017).

By holding that WB consists in desire-satisfaction, desire theories can avoid some of the problems of hedonistic theories: the greater the number of satisfied desires, the greater the WB. One issue with some versions of desire theory is that not all desires are good, in fact, some desires can have disastrous consequences for the agent. Desire theorists have attempted to avoid this objection by claiming that what matters are the desires the agent would have if she were fully informed (Haybron 2020b).

According to objective list theories, a person's WB is dependent on a variety of basic objective goods. These goods may also include subjective factors such as pleasure-pain balance or desire-satisfaction, as well as factors independent of the subject's attitudes such as friendship or virtue. The problem with objective list theories is explaining how subject-independent factors can determine a person's WB even if the person does not care about these factors. Another point of contention is the selection of these factors. Various theorists have proposed very different combinations of fundamental objective goods. These groupings appear to be arbitrary unless a clear criterion is provided as to why all and only the items within their selections are relevant factors (Haybron 2020a).

1.5.3 Well-being models and components

Several models have been developed (Fried *et al.* 2016, Byrd 2020, Hakulinen *et al.* 2020).

- **Well-being causal network models (and Ill-being).**

In ‘The Good Life: Unifying the Philosophy and Psychology of Well-being’ philosopher Michael Bishop developed a causal network account of well-being. According to the causal network account, well-being is the result of many factors—feelings, beliefs, motivations, habits, resources, and so on—that are causally related in ways that explain increases or decreases in well-being. Causal network theories of ill-being have recently been applied to depression and digital technology. Network approaches have also been used in the field of mental health in general (Fried *et al.* 2016, Byrd 2020, Hakulinen *et al.* 2020).

- **Diner proposes a three-part model of subjective well-being.**

Diner's three-part model of subjective well-being is one of the most comprehensive well-being models in psychology. Diner proposed "three distinct but often associated components of well-being: repeated positive affect, non-repeated negative affect, and cognitive assessments such as life satisfaction" in 1984. Subjective well-being is influenced by cognitive, emotional, and contextual factors Subjective well-being is based on the idea "How each person thinks and feels about their life matters," according to Diner and Suh (Diener 2023).

1.6 The research on the relationship between peer relations and social anxiety

Social anxiety disorder in general, can also be defined as the state of being constantly afraid of environments that can be evaluated by others, avoiding these environments as

much as possible, and behaving in a way that will be humiliated and embarrassed (Liu *et al.* 2021).

It is critical for students to develop social skills and self-confidence that are essential for adulthood through their peers relationships and interactions with their peers. Students' sense of self-identity and independence from family influences appear to be enhanced by their interactions with their peers. As a result, the study of university students' interpersonal functioning is a critical area for clinical and developmental research. Social anxiety may be an important factor to investigate among university students in this context. It has been widely accepted that adults' interpersonal behavior and psychological functioning can be explained by social anxiety, but the study of social anxiety among university students is still in its early stages (Lun *et al.* 2018). Therefore, in a study examining the relationship between social anxiety disorder and social environment in terms of peer relationships, social support, social acceptance, and quality of peer relationships were found to be associated with low social anxiety levels (De Lijster *et al.* 2018).

When it comes to coping with emotional challenges, peer relationships can be just as important as parents in early adulthood. A deeper level of reciprocity and equality is the hallmark of true peers relationships. The support of peer relationships in each other's self-determination contributes to a better sense of well-being. Only these two studies have examined the relationship between the support given by university students and the right of their friends to self-determination. During university education, they become the most important and non-hierarchical of all relationships for overcoming anxiety, making them particularly fascinating and important to study (Demirsu 2018).

1.7 The importance of studying

Social anxiety is used synonymously with social phobia (Khatri 2021). Peer relationships, unlike relationships with students, have unique characteristics and are of great importance in the social development of university students, involving different roles that they cannot play in their relationships with adults (Kim *et al.* 2018a). Few studies have been

conducted in this field in the Middle East (Jarallah *et al.* 2017, Elhadad *et al.* 2017, Hakami *et al.* 2018), like Arab world both the general population and the undergraduate students in Saudi Arabia have a limited understanding of SAD (Al-Qahtani 2012). On the other hand, substantial prevalence rates have been documented among Saudis, particularly among young people and adolescents (Al-Qahtani *et al.* 2012, Alkhathami *et al.* 2014, Ghazwani *et al.* 2016, Elhadad *et al.* 2017, Jarallah *et al.* 2017). In a study that was carried out by (El-Haddad *et al.* 2017) on a total of 380 medical students, the researchers discovered that 59.5% of the students tested positive for social anxiety disorder. A seasonal affective disorder was shown to be related with inferior academic success, poorer performance on a clinical test, and avoidance of oral presentation in the same research (Elhadad *et al.* 2017) but no studies have been conducted on Iraqi university students. What is the role of social anxiety and peer relations, and what is the relationship between demographic data, social anxiety and peer relations among Baghdad University students?

1.8 Research questions

- What is the level of social anxiety among university students?
- What is the relationship of social anxiety and the relationship of peers with the mental well-being of university students?

1.9 Limitation

Also, the results are limited by the duration of the sample at the University of Baghdad in Iraq, as these data were based on self-reports from students at this university.

1.10 Assumptions

- H0: There is no relationship between social anxiety and the relationship of peers with the mental well-being of university students

- H1: There is a relationship between social anxiety and the relationship of peers with the mental well-being of university students

2. MATERIALS AND METHODS

2.1. Design of the study

This research was planned with a cross-sectional descriptive design.

2.2. Setting of the study

This study was conducted in the city of Baghdad the capital and largest city of Iraq at the University of Baghdad. It was held at the University of Baghdad, which is the largest city in the country. The total number of students at this university is 500 students studying in various specializations. 218 the simple random sampling method, which is one of the probability sampling methods, was used to select the sample. The G power was used in the sampling calculation (Aslan and Bilgin 2020, Murad 2020) The sample size was set at 218 students, divided into the literature department and the science department.

2.3. Sample of the study

Through non-probability selection, the sample was selected from a total of 500 students studying in literature department and the science department. Sample data was collected for the period from 03/10/2023 - 25/10/2023. The university was chosen on the basis of the presence of the specialization of these two departments. Throughout the data collection period, there were 218 students overall at this university. Simple random sampling, which is a probability sampling method, was used to select the sample.

Based on the theoretical value of 1.96, 95% confidence interval, and sampling error of 0.05, the sample size was accordingly set at $p = 0.5$, $q = 0.5$, $d = 0.05$, assuming $\alpha = 0.05$, According to Figure 3.1,

$$n = \frac{Nt^2 pq}{d^2(N - 1) + t^2 pq}$$

According to the results of the calculation,

N: Universe

n: Frequency of application

p: Frequency of the event under investigation

q: Frequency of non-occurrence of the investigated event

t: Theoretical value found from the table t at a certain degree of freedom and detected error level

d: The desired \pm deviation according to the incidence of the event

G-Power analysis was also performed to determine the sample size. It was decided that at least 218 samples would be necessary to accurately represent the group of 500 students studying in the science and literary departments, as shown in Figure 2.1. Being a student studying in scientific departments and literary departments and being 18 years or older at the relevant university, Students studying in secondary education will be included as the exclusion criterion of the research. are the inclusion criteria.

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t tests – Means: Difference between two dependent means (matched pairs)

Analysis: A priori: Compute required sample size

Input:	Tail(s)	= Two
	Effect size dz	= 0.2455984
	α err prob	= 0.05
	Power (1- β err prob)	= 0.95
Output:	Noncentrality parameter δ	= 3.6262169
	Critical t	= 1.9709563
	Df	= 217
	Total sample size	= 218
	Actual power	= 0.9505447

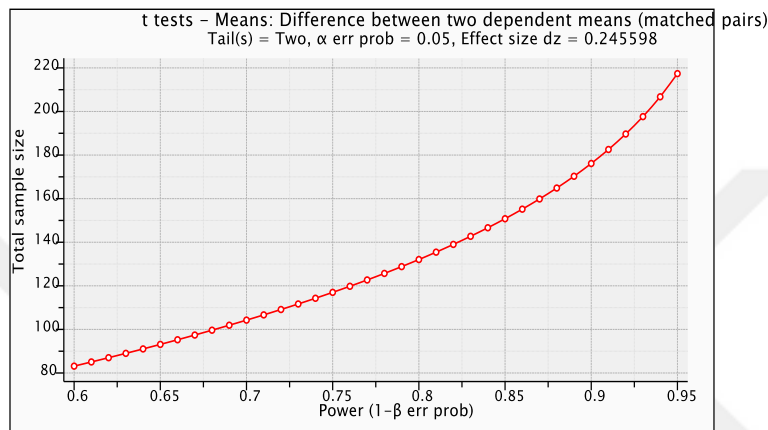
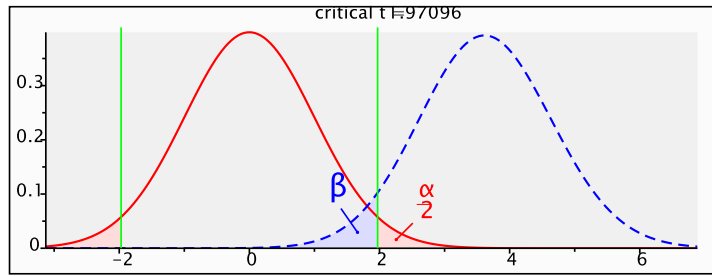


Figure 2.1.G- Power analysis

2.4. Data collection tools

Social and demographic (Part One): This part includes the social and demographic characteristics of students. This questionnaire was prepared by the researcher in the form that was filled out by the participants face to face. The social and demographic information contains 5 items: age, gender, marital status, department, year of class (Appendix 1).

The second part of the questionnaire was The Social Phobia Inventory (SPIN) scale. The Social Phobia Survey (SPIN) was validated by Kessler *et al.* (1994), Translated into Arabic by Al-Johani *et al.* (2022). The 17-item social anxiety disorder screening tool will

be available in 2022. Each score is rated on a five-point Likert scale (0 = no, 1 = low, 2 = somewhat, 3 = high, 4 = very). The total score ranges from 0 to 68, Therefore, a person who scores more than 20 is considered disturbed (Non ≤ 20 , Mild 21-30, Moderate 31-40, severe 41-50, very severe ≥ 51) SPIN was a good test. Test-retest reliability, internal consistency, convergent and divergent validity, and Cronbach's alpha were 0.85 (Al-Johani *et al.* 2022), (Appendix 2).

The third part of the questionnaire was Warwick-Edinburgh Mental Well-being scale (WEMWBS). Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by a group of researchers in Scotland (Tennant *et al.* 2007). It was adapted into Arabic by Al Lawatih *et al.* (2022). The scale consists of 14 items containing positive statements regarding positive mental well-being and covers mental well-being and subjective well-being related to the positive mental health of individuals. An example item is 'I feel optimistic about the future'. Each questionable statement is answered on a 5-point Likert scale (1=Strongly Disagree, 2=Disagree, 3=Somewhat Agree, 4=Agree, 5=Completely Agree). A maximum of 14 points can be obtained from the scale. Therefore, the minimum score that can be obtained from the scale is 14 and the upper limit is 70. Upper score means better well-being. In reliability studies, Cronbach's alpha coefficient was calculated as 0.91. I received permission from the author to use the scale (Appendix 3).

The four part of the questionnaire was the Arab Version of the Family Peer Relationship Questionnaire (Gage *et al.* 2006). It consists of four subscales: teamwork, nurturing and disclosure, parent as mediator, and peer relations developed by (Aroian *et al.* 2008) in 2006, Cronbach's alpha .66 (Aroian *et al.* 2008, Gets 2008). In this study, the value of Cronbach's alpha was 0.88. Acting as a mediator, feeding disclosure, and parent-peer relationships. It consists of 24 questions on a five-point Likert scale, with answers ranging from (5) totally agree (1) I strongly disagree, as higher scores indicate higher peer influence 12 questions were deleted due to their unsuitability for the age group of university students, as there is no Arabic version designated for this age group, and thus it became better and compatible with this study. Students responses ranged from 0.6 to 0.81: 1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly disagree

There are a total of 24 questions in this research, the first 12 questions that were appropriate for the participants in this research were used. The minimum score that could be obtained was 12. The maximum score was 60. The higher the score, the more positive the peer relationship (Appendix 4).

2.5. Data collection method

Data were collected face to face for students in the universities under study to collect study data. The researcher introduced himself and informed the students of the purpose of the research. The students were told that their information would be kept confidential. Then the students answered the questions, and the students filled out the questionnaire face to face. Ten of the students refused to participate and fill out the questionnaire due to being too tired. Filling out the questionnaire took 15 to 20 minutes.

2.6. Data analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS version 26.0) at a significance level of 0.05. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used for categorical variables. Kurtosis tests were performed to determine whether the data were normally distributed. The results showed that the data were normally distributed. Therefore, one-way analysis of variance (ANOVA), independent sample t-tests, Pearson correlation analysis, and were used for the analysis. Bonferroni was applied to find the group that made the difference

2.7. Ethical Considerations

This section deals with the approvals of the Ethics Committee that preceded the collection of data, which are considered one of the foundations and ethics of scientific research, as shown below:

- Ethical approval was obtained from Çankırı Karatekin University Committee No. 28 dated 10/25/2022 (Appendix 5).
- Iraq Ethical approval No. 1656 / SAOG, obtained from the University of Baghdad, College of Science in Iraq on October 02, 2023 (Appendix 6).
- Ethical approval No. SH 14934 was obtained from the University of Baghdad, College of Literature Department, Iraq on October 8, 2023 (Appendix 7).
- Confidentiality or anonymity was ensured by not obtaining the identity of the student. All students participating in the study were informed that the results of this questionnaire would be used for scientific research purposes only, and their consent was obtained verbally to participate in the research according to the system followed in Iraq for participation in scientific research, most of which is done through the participants' verbal consent. Students were informed that they had the right to refuse to participate.

3. RESULTS

This study determines the relationship of social anxiety and peer relationships to mental health among university students. The results of the research were discussed in four parts: the first is the descriptive characteristics of the research group, the second is an assessment of social phobia among university students, the third is an assessment of the mental well-being of university students, and the fourth is an assessment of peer relationships among university students.

In Table 3.1, the mean age of university students was 22.78 ± 3.375 years, and 56.4% of them were female, 70.2% were single, 70.2% were in literature specialization, and 35.8% were in class 4.

Table 3.1. Socio-demographic data

Variables	Mean±SD	Min	Max
Age (years)	22.78±3.375	18	28
		N	%
Gender	Female	123	56.4
	Male	95	43.6
Marital status	Single	153	70.2
	Married	65	29.8
Department of study	Literature specialization	173	79.4
	Scientific specialization	45	20.6
Class	Class 1	25	11.5
	Class 2	47	21.6
	Class 3	68	31.2
	Class 4	78	35.8
Total		218	100

Abbreviation: n: Number, SD: standard deviation, Min: minimum, Max: maximum

Table 3.2. was used, test skewness performed using. It were found to be subject to a normal distribution. It was determined that the total social phobia score average of the student was 36.08, Warwick-Edinburgh Mental Well-Being average score was 40.13 and family relationships with colleagues average was 39.87.

Table 3.2. Distribution of mean the Total ‘Social Phobia Inventory’ score, ‘Warwick-Edinburgh Mental Well-Being’ score and the peer relations score

	Min	Max	Mean	SD	Median	Skewness
Total ‘Social Phobia Inventory’ score	24	50	36.08	7.74	36.00	0.166
Total ‘Warwick-Edinburgh Mental Well-Being’ score	16.00	52.00	40.13	10.01	43.00	-1.235
Total peer relations score	20.00	48.00	39.87	5.01	40.00	-1.838

In Table 3.3. shows the distribution of college students' scores on the SPIN subscales. We found that the all of the university students suffer from mild phobia. 42.2% of participants had moderate social phobia.

Table 3.3. Distribution of ‘The Social Phobia Inventory2 subscale scores

The Social Phobia Inventory Level	N	%
Non ≤ 20	0	0
Mild 21-30	56	25.7
Moderate 31-40	92	42.2
Severe 41-50	70	32.1
Very severe ≥ 51	0	0

Abbreviation: n: Number, %: percentage

Table 3.4 presents the distribution of ‘The Social Phobia Inventory’ scores according to some socio-demographic characteristics of the students. It was found that the student's, the marital status variable, the department of study variable, and the class variable were among ‘The Social Phobia Inventory’ scores makes a difference, statistically significant. when the gender variable was examined, it was found that it was a variable that made a difference in ‘The Social Phobia Inventory’ scores, and the difference was not statistically significant. Students in scientific departments suffered from social anxiety more than students in literary departments, and first-year university students suffered from social anxiety more than other students.

Table 3.4. Comparison of ‘The Social Phobia Inventory’ scale total scores according to demographic variables

Variables		n	Mean± SD	Test statistics	p
Gender	Female	123	30.78±4.68	t=-18.29	0.667
	Male	95	42.93±5.08		
Marital status	Single	153	32.07±5.30	t=-19.349	0.000
	Married	65	45.52±2.76		

Table 3.4. (Cont...): Comparison of ‘The Social Phobia Inventory’ scale total scores according to demographic variables

Department of university study	Literature specialization	173	33.43±6.26	t=-13.343	0.000
	Scientific specialization	45	46.26±2.91		
Class	Class 1(1)	25	43.56±7.09	F=18.093	0.000
	Class 2(2)	47	39.08±5.70		
	Class 3(3)	68	34.60±5.56		
	Class 4(4)	78	33.16±8.52		

Abbreviation: P =probability value was calculated by using t-test when there are two groups and F: distribution using One-way ANOVA when there are three or more groups, = Significant if the $p \leq 0.05$, n: Number, SD: standard deviation Significant Differences (Bonferroni analysis) 1>2,1>3,1>4,2>3,2>4,3>4

In Table 3.5, there are statistically significant differences between Total score of WEMWBS and The Social Phobia Inventory’, where those with The Social Phobia Inventory’ had a higher Warwick-Edinburgh Well-being score than other participants.

Table 3.5 Comparison of mental well-being scores in social phobia level groups

	The Social Phobia Inventory Level Mild 21-30 (1) Mean±SD	The Social Phobia Inventory Level Moderate 31-40 (2) Mean±SD	The Social Phobia Inventory Level Severe 41-50 (3) Mean±SD	F	p
Total score of WEMWBS	43.12±1.94	41.80±7.12	35.66±14.52	11.902	0.000

F: distribution using One-way ANOVA when there are three or more groups, = Significant if the $p \leq 0.05$, n: Number, SD: standard deviation, Bonferroni analysis 1>2, 1>3, 2>3.

In Table 3.6, there is no correlation between social phobia and the age of the university students participating in the study.

Table 3.6. Correlation table between age and ‘Social Phobia Inventory’ score

Correlations			
		Age	Total score of ‘Social Phobia Inventory’ score
Age	Pearson Correlation	1	-,090
	Sig. (2-tailed)		,186

Table 3.6. (Cont...): Correlation table between age and ‘Social Phobia Inventory’ score

	N	218	218
Total score of ‘Social Phobia Inventory’ score	Pearson Correlation	-,090	1
	Sig. (2-tailed)	,186	
	N	218	218

In Table 3.7, we found that there were statistically significant differences in the average scores of the WEMWBS scale according to the variables of gender, marital status, department of study, and class, where the level of significance was $p < 0.05$.

The results of our study demonstrated that university students were significant differences between males and females, as females had higher well-being than other males. In addition, single people had higher well-being than married people. Scientific majors also had higher well-being than literary majors, and finally, Class 2 students had higher well-being than other students.

Table 3.7. Comparison of ‘Warwick-Edinburgh Mental Well-Being’ scale total score medians according to demographic variables

Variables		n	Mean± SD	Test statistics	p
Gender	Female	123	44.47±2.89	t=8.340	0.000
	Male	95	34.52±12.81		
Marital status	Single	153	42.07±6.10	t=4.571	0.000
	Married	65	35.58±14.87		
Department of study	Literature specialization	173	42.02±12.80	t=-1.420	0.038
	Scientific specialization	45	39.64±9.13		
Class	Class 1(1)	25	44.20±3.86	F=20.147	0.000*
	Class 2(2)	47	47.27±5.90		
	Class 3(3)	68	34.83±10.86		
	Class 4(4)	78	39.15±9.60		

Abbreviation: P =probability value was calculated by using t-test when there are two groups and F: distribution using One-way ANOVA when there are three or more groups, = Significant if the $p \leq 0.05$, n: Number, SD: standard deviation, * Significant Differences (Bonferroni analysis)
 $2 > 1, 2 > 4, 2 > 3, 1 > 4, 1 > 3, 4 > 3$

In Table 3.8, there is no correlation between mental well-being and the age of the university students participating in the study.

Table 3.8. Correlation table between age and ‘Warwick-Edinburgh Well- being’ scale score

Correlations			
		Age	Total score of ‘Social Phobia Inventory’ score
Age	Pearson Correlation	1	-,090
	Sig. (2-tailed)		,186
	N	218	218
Total score of ‘Social Phobia Inventory’ score	Pearson Correlation	-,090	1
	Sig. (2-tailed)	,186	
	N	218	218

In Table 3.9, we found that there are statistically significant differences in the average scores of the Arabic version of the Family Relations with Colleagues Questionnaire. With the variables of gender, marital status, academic department, and class, the significance level was $p < 0.05$. The results of our study showed that female university students were influenced by their peers much more than males. In addition, single people had higher relationships with peers. Above and beyond those who were married, literary majors also had higher relationships with peers than scientific majors, and finally students in Class 4 had higher peer relationships than other students.

Table 3.9. Comparison of peer relations total score according to all demographic variables

Variables		N	Mean± SD	Test statistics	p
Gender	Female	123	41.86±2.64	t=11.339	0.000
	Male	95	35.18±6.06		
Marital status	Single	153	42.07±6.10	t=4.571	0.000
	Married	65	35.58±14.87		
Department of study	Literature specialization	173	41.36±2.97	t=10.60	0.000
	Scientific specialization	45	34.13±6.84		
Class	Class 1(1)	25	40.40±4.48	F=19.446	0.000*
	Class 2(2)	47	35.53±7.67		
	Class 3(3)	68	40.72±1.15		
	Class 4(4)	78	41.57±3.60		

Abbreviation: P =probability value was calculated by using t-test when there are two groups and F: distribution using One-way ANOVA when there are three or more groups, = Significant if the $p \leq 0.05$, n: Number, SD: standard deviation, *4>3,4>1,4>2,3>1,3>2,1>2

In Table 3.10, there is no correlation between family relationships with colleagues and the age of the university students participating in the study

Table 3.10. Correlation table between age and the peer relations score

Correlations			
		Age	Total score of Family Relation
Age	Pearson Correlation	1	,008
	Sig. (2-tailed)		,911
	N	218	218
Total score of peer relations	Pearson Correlation	,008	1
	Sig. (2-tailed)	,911	
	N	218	218

In Table 3.11, social phobia, mental well-being, and peer relationships were compared. There is a negative relationship ($p < 0.05$) between phobia, mental well-being, and peer relationships, and there is a positive relationship between mental well-being and peer relationships.

Table 3.11. The relationships between social phobia, mental well-being, and peer relations scores with each other using pearson's coefficient

Correlations				
		Social Phobia Survey	Warwick-Edinburgh Well- being scale	Total score of peer relations
Total score of Social Phobia Survey	Pearson Correlation	--		
	N	218		
Total score of Warwick-Edinburgh Well- being scale	Pearson Correlation	-.221**	--	
	Sig. (2-tailed)	.001		
	N	218	218	
Total score of peer relations	Pearson Correlation	-.533**	.092	--
	Sig. (2-tailed)	<.001	.177	
	N	218	218	218

** . Correlation is significant at the 0.01 level (2-tailed).

4. DISCUSSION

The gender and age of the study participants are not as interesting as all college students experiencing social phobia. This is the first time such a study has been conducted with Iraqi university students.

Approximately half of the participants in this study were women, with an average age of 22.78 ± 3.375 . 218 university students participated. Participants' Social Phobia Inventory, was mild. The average Social Phobia Inventory scores (SPIN) of the students was 36.08 ± 7.74 , the WEMWBS score was 40.13 ± 10.01 , the score relationships with peers was 39.87 ± 5.01 . We found that the all of the university students suffer from social phobia. One third of participants had severe social phobia. There were significant differences between social phobia, social status, university study section, and class of university. On the other hand, it was found that there were statistically significant differences between the WEMWBS score and gender, marital status, university department, and class of university. There was a significant effect between the degree of peer relationship and gender, marital status, and education department, university study, class.

We found that the all of the university students suffer from social phobia. One third of participants had moderate social phobia. It is consistent with a study conducted in Saudi Arabia, which found that 42.3% (N=52) had moderate to marked symptoms (Hakami et al. 2018) Also compatible with (Tillfors and Furmark 2007, Shah and Kataria 2010, Ramzi) Who found the majority of students had mild to moderate forms social phobia. This result is different with a study not conducted in Ethiopia (Mohammedamin and Zakir 2020) who showed that the majority (69.4%) of students are from the mild category of phobia, and this result it is also consistent with a study conducted in Italy, and Australia (Adawi et al. 2019, Bragazzi et al. 2019, Sharma et al. 2019) Who found that social phobia was mild among the majority of university students. This result maybe because in Iraq, men and women receive education in separate schools before university. At university, there are people of both genders in the same class. Circumstances changing from this moment may have triggered social phobia. As a matter of fact, in a study

conducted on high school students in Iraq. In this study the 25.7% of students had mild social phobia this result consistent with a study conducted in Erbil, Iraq, which showed that 25.7% suffer from mild social anxiety (Kamel *et al.* 2016).

In this study, married people suffered from social phobia more than single people. This result is consistent with (Xinyi *et al.* 2023). Who found that college students showed a phobia and cognitive bias in marriage and love and a negative inclination toward marriage. This result is consistent with (Doshi *et al.* 2021) who found that married individuals have the highest levels of Covid-19 phobia, and it is not consistent with the study of Gencer (2020) who found that levels of fear of the Corona virus among single people are higher than married people (Gencer *et al.* 2020). The possible reason for this result is that married students have higher family and financial obligations than single students, which makes them have a higher social phobia than single students. In this study, students in scientific majors had a higher social phobia than students in literary majors. This result is consistent with (Simpson *et al.* 2017, Nunes *et al.* 2022) who found that students who study science have a phobia and the fear of failure reduces their likelihood of pursuing a high degree. The possible reason for this result is the scientific competition between their fear of the consequences of failure is not equal for everyone and is one of the main challenges that science students face. In this study, university students in the first year suffer from social phobia more than others. The possible reason for this result may be because the students were forced to travel to major cities to study, live away from their parents for the first time, and be exposed to new environmental stressors, including social status. This result is consistent with studies conducted in Ireland, India, Benin, (Wallace 2014, Ganapathi *et al.* 2016, Djidonou *et al.* 2018, Tully, 2022) Who found that first-year students showed higher levels of social phobia compared to other students. This result is not consistent with a study conducted in Ethiopia (Desalegn *et al.* 2019). Which found that fourth- and fifth-year students suffer from social phobia more than other students.

In this study, the mental well-being score, WEMWBS score, averaged 52.00 This result is consistent with (Al-Lawatih *et al.* 2022). who found that the average WEMWBS score

was 51.44, and it is also consistent with (Çetin *et al.* 2021) who found that male university students had a mental well-being of 52.12 on the WEMWBS scale.

The rate of mental well-being of female university students is higher than that of males. This study is consistent with (Alabucak 2019) found a significant difference in participants' mental well-being scores in terms of gender, it was concluded that female participants obtained higher mental well-being scores than male participants. In their study, Şener and Imamoglu (2020) found that mental well-being differed before and during the pandemic in terms of gender, with women having higher well-being scores than men (Sekban and İmamoğlu 2021) found that well-being scores differed by gender during the coronavirus process. Such a result is not consistent with what (Bekiroğlu and Tatar 2019) found in their study conducted on students of the Department of Physical Education. And not consist with (Güvenç 2021). They found no difference in levels of psychological happiness among male and female students. The possible reason for this result is that female university students enjoy high well-being due to the lack of financial and family obligations they have and devote themselves solely to study. The mental well-being rate for single people is higher than that of married university students. Maybe the reason for this result is the lack of duties and responsibilities they have and their only time to study. In addition, single people have friendship that represents strong social support for them, which increases their mental well-being. This result is consistent with (Licy 2015, Nanik and Tairas 2022) Who found that single people enjoy mental well-being because they live by their own choice as singles, which indicates self-acceptance and is one of the dimensions of mental well-being. In this study, second-year university students had higher mental well-being than other students. This result is consistent with a study conducted in China (Liu *et al.* 2019), which reported that Chinese university students had a decrease in anxiety scores and a gradual increase in mental well-being from the first year to the next. Second, this result is consistent with (Macaskill 2013, Mey and Yin 2015). who found that challenges to the mental health and well-being of higher education students begin as soon as they start studying at university, although this stress decreases throughout their studies and their mental well-being increases (Macaskill 2013, Mey and Yin 2015). This contradicts another similar study conducted in the United Kingdom, which indicated that once students started university, significant pressure was

placed on their well-being, with a significant decline in levels of mental well-being observed from the first to the second semester (Beiter *et al.* 2015). This result may be because students adapt to the university environment, which increases their social support and thus mental well-being. Also, public universities in Iraq are characterized by lower tuition fees, unlike universities in the United Kingdom, and this is the reason for the difference in mental well-being due to the financial burden placed on them. Students in literary majors had higher psychological flexibility than students in scientific majors. This result is consistent with (Kurtipek 2013) who found in secondary schools, physical education is provided by studying the personal structures of students and comparing them with others, as they have higher psychological flexibility than another student. Also, it is consistent with (Bülbül 2015) Who conducted a study of basketball and tennis players having higher psychological flexibility than other disciplines. In addition, it is also consistent with (Sezgin 2012, Tümlü and Receptoğlu 2013), Who found that teachers and academics in literary disciplines have high psychological flexibility. The possible reason for this result is that the academic achievement of students in literary majors is higher, which makes their psychological flexibility higher Fourth-year university students had higher psychological flexibility than others. This result is consistent with (Jeffords *et al.* 2018). Who found that fourth-year students have higher psychological flexibility than other university students in the first years. The possible reason for this result is that the integration of students at the university with each other increases psychological flexibility due to the social support they receive from friends.

In this study, the influence of peer relationships was higher among female university students than males. This result is consistent with (Zeng *et al.* 2022) who found that females are more likely to be influenced by peers who have better academic performance Also compatible with (Mouganie, P., Wang 2020) Who found High-performing females influence peers in high school. The possible reason for this result is that peer relations between females are higher because they do not often work in Iraq and are free, so the influence of peers on them becomes much higher than that of males.

In this study there is a positive between mental well-being and peer relationships. This result is consistent with what was found (Akdoğan and Yalçın 2018). In the study,

subjective well-being was negatively associated with aggression and positively associated with problem solving. Negative orientation was positively associated with family and peer support, and was considered an indicator of subjective well-being. It is also consistent with Güler-Yazıcı (2017) in his research that as individuals' life satisfaction increases, their psychological flexibility increases, Feeling lonely reduces mental well-being, and increasing peer relationships and family harmony increases mental well-being.

This study included bachelor's students at the University of Baghdad, but it is considered one of the few studies in the field of social anxiety, mental well-being, and peer relations. The results cannot be generalized because they are limited to a specific university and a specific time period. Perhaps the study would have generalized the results if the study was conducted on a broader level as students of other universities. It should include master's and doctoral students, and perhaps if a study like this were conducted on primary and middle school students, it would be better and the results could be generalized.

5. CONCLUSION

- It was found that the student's overall rate of social phobia, We found that the largest number of university students suffer from moderate social phobia.
- It was found that the student's well-being and relationships with peers were moderate.
- Students in scientific departments suffered from social phobia more than students in literary departments, and first-year university students suffered from social anxiety more than other class of students.
- Females had higher mental well-being than males. In addition, single students had higher mental well-being than married students. Literature specialization had a higher level of mental well-being than scientific specialization. Finally, second-year students had a higher level of mental well-being than other class of students.
- Female university students were better peer relationships than males. In addition, single university students had better peer relationships than university students Literature specialization had better peer relationships than scientific specialization.
- There is a positive relationship between mental well-being and peer relationships
- There is a negative relationship between social anxiety, mental well-being, and peer relationships.

Recommendations

- Establishing a special psychological counselling department in universities to reduce social anxiety for first-year students and married couples
- Psychological education through a role played by the psychiatric nurse for first-year students in order to increase psychological well-being
- Measuring the level of psychological well-being and social anxiety of students in scientific departments at regular intervals
- The study recommends sports activities for students within universities to reduce the level of social anxiety and increase mental well-being

- Conducting special activities for scientific departments, such as having group meals for them to reduce social anxiety
- Form student committees, especially for first-year students, to reduce social anxiety
- Providing social support for married male students and financial support to reduce pressure on them and increase their mental well-being
- Organizing activities for male students at the university periodically to increase peer relationships



REFERENCES

- ADAA, 2023. Social Anxiety Disorder, Web site. <https://adaa.org/understanding-anxiety/social-anxiety-disorder>. Date of access: 03.10.2023.
- Adawi, M., Zerbetto, R., Re, T.S., Bisharat, B., Mahamid, M., Amital, H., Del Puente, G., Bragazzi, N.L. 2019. Psychometric properties of the brief symptom inventory in nomophobic subjects: Insights from preliminary confirmatory factor, exploratory factor, and clustering analyses in a sample of healthy Italian volunteers. *Psychol. Res. Behav. Manag*, 12, 145–154
- Adedeji, A., Otto, C., Kaman, A., Reiss, F., Devine, J. and Ravens-Sieberer, U. 2022. Peer relationships and depressive symptoms among adolescents: Results from the german bella study, sec. *Psychopathology*,6:24-39
<https://doi.org/10.3389/fpsyg.2021.767922>
- Akdoğan, B. and yalçın, S. B. 2018. High school students' psychological resilience and conflict resolution behaviors predicting their subjective well-being. *Dergipark*,(46):174-197
- Al Lawatih, S., Zayed, K. and Anai, M. 2022.The effect of sport program in reducing light and moderate depressive symptoms and improving psychological well-being (Experiment study on sample of university students).*Association of arab Universities Journals For Education and Psychology*, 19: 20-25
- Alabucak, E. 2019. Beliren yetişkinlerin psikolojik iyi oluşlarını açıklamada yalnızlık, sosyal destek,kardeş ilişkileri ve bazı demografik değişkenlerin rolü, Yüksek Lisans Tez, İstanbul Üniversitesi, 120 sayfa, İstanbul.
- Alden, L. E., Buhr, K., Robichaud, M., Trew, J. L. and Plasencia, M. L. 2018. Treatment of social approach processes in adults with social anxiety disorder. *Journal of Consulting and Clinical Psychology*, 866, 490-505.
- Al-Johani, W. AlShamlan, N., AlAmer, N.,Shawkhan, R., Almayyad, A., Alghamdi, L., Alqahtani, H., Al-Shammari, M., Gari, D. and AlOmar, R. 2022.Social anxiety

- disorder and its associated factors: a cross sectional study among medical students, Saudi Arabia, *BMC Psychiatry*, 22:500-505, <https://doi.org/10.1186/s12888-022-04147-z>
- Alkhatami, S., Kaviani, H. and Emma, S. 2014. Social anxiety among adolescents and its relation to quality of life. *Eur Proc Soc Behav Sci*, 1, 218-228
- Al-Qahtani, A. 2012. Prevalence and risk factors of social phobia among secondary school male students in Khamis Mushayt, Kingdom of Saudi Arabia. *Med J Cairo Univ*, 80:871-6.
- Aroian, K.J. 2006. Children of foreign-born parents. *Journal of Psychosocial Nursing*, 44(10):15–18
- Aslan, M. and Bilgin, O. 2020. Investigation of the relationship between well-being, social anxiety and self-regulation skills in adolescents. *International Journal of Progressive Education*, 16:1-13
- Beck, A.T. and Emery, G. 1985. *Anxiety disorders and phobias: A cognitive perspective*, Vol I. Publisher, 200 page, New York
- Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M. and Sammut, S. 2015. The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *J. Affect. Disord*, 173, 90-96
- Bekiroğlu, B. and Tatar, O. 2019. Genç yetişkinlerde kişisel iyi oluşun duygu odaklı yapılarla incelenmesi. *Social Sciences Research Journal*, 8 (3), 204-218
- Belleza, M. 2023. Anxiety disorders and panic disorders, nurseslabs, <https://nurseslabs.com/anxiety-disorders-and-panic-disorders/>. Date of access: 03.10.2023.
- Bilgin, O. 2020. Investigation of the relationship between well-being, social anxiety and self-regulation skills in adolescents. *International Journal of Progressive Education*, 16(6):287-295
- Boyers, G.B., Broman-Fulks, J.J., Valentiner, D.P., McCraw, K., Curtin, L. and Michael, K.D. 2017. The latent structure of social anxiety disorder and the performance only specifier: a taxometric analysis. *Cogn Behav Ther*, 46:507-521
- Bradford, G., 2017, Problems for Perfectionism, *Utilitas*, 29: 344–64.

- Bragazzi, N.L., Re, T.S., Zerbetto, R. 2019. The Relationship between nomophobia and maladaptive coping styles in a sample of Italian young adults: Insights and implications from a cross-sectional study. *JMIR Ment. Health*, 6, e13154.
- Buckner, J. D., Lewis, E. M., Terlecki, M. A., Albery, I. P. and Moss, A. C. 2020. Context-specific drinking and social anxiety: The roles of anticipatory anxiety and post-event processing. *Addictive behaviors*, 102, 106-184.
- Bülbül, A. 2015. Basketbol ve Tenis sporcularının psikolojik dayanıklılıklarının incelenmesi ve karşılaştırılması. Yüksek lisans tezi, Gedik Üniversitesi, 85 sayfa İstanbul
- Byrd, N. 2020. causal network accounts of ill-being: depression & digital well-being ethics of digital well-being: A multidisciplinary approach. *Philosophical Studies Series*. 140: 221–245. [doi:10.1007/978-3-030-50585-1_11](https://doi.org/10.1007/978-3-030-50585-1_11).
- Cejudo, J., Rodrigo-Ruiz, D., López-Delgado, M. L. and Losada, L. 2018. Emotional intelligence and its relationship with levels of social anxiety and stress in adolescents. *International Journal of Environmental Research and Public Health*, 1,156- 1073.
- Crisp, R. 2017. Well-Being. *The Stanford Encyclopedia of Philosophy*. Metaphysics Research Lab, Stanford University. Web site. <https://plato.stanford.edu/entries/well-being/> Date of access: 03.10.2023.
- Cuncic, A. and Gans, S. 2021. Understanding the causes of social anxiety disorder, verywellmind. Web site. <https://www.verywellmind.com/social-anxiety-disorder-causes-3024749#citation-1>
- Cuncic, A. and Block, D. 2022. Symptoms of social anxiety disorder, social anxiety disorder guid, Web site. <https://www.verywellmind.com/social-anxiety-disorder-symptoms-and-diagnosis-4157219#citation-8>. Date of access: 03.10.2023.
- Çetin, A. 2019. Ergenlerde sosyalleşme, akran ilişkileri ve dindarlık arasındaki ilişkinin incelenmesi Master's thesis, Necmettin Erbakan Üniversitesi 111 pages, Konya.
- Çetin, M. B., Sezgin, Y., Akıncı, S. and Alptekin, N. Ö. 2021. Evaluating well-being among dental students using the warwick-edinburgh. Mental Well-being Scale and the Relationship Between Mental Wellbeing and Socio-demographic Findings. *Meandros Med Dent J*, 22:33-125.

- De Lijster, J. M., Dieleman, G. C., Utens, E. M., Dierckx, B., Wierenga, M., Verhulst, F. C. and Legerstee, J. S. 2018. Social and academic functioning in adolescents with anxiety disorders: A systematic review. *Journal of Affective Disorders*, 230, 108-117.
- Demir, R., Tanhan, A., Çiçek, İ., Yerlikaya, İ., Kurt, S. Ç. and Ünverdi, B. 2021. Yaşam kalitesinin yordayıcıları olarak psikolojik iyi oluş ve yaşam doyumu. *Yaşadıkça Eğitim*, 351, 192-206.
- Demirsu, Ö. 2018. Üniversite öğrencilerinde algılanan ebeveyn tutumları ile sürekli kaygı düzeyleri arasındaki ilişkide psikolojik dayanıklılığın ve kaygı duyarlılığının aracı rolleri Master's thesis, Işık Üniversitesi, 96 sayfa, İstanbul.
- Desalegn, G. T., Getinet, W. and Tadie, G. 2019. The prevalence and correlates of social phobia among undergraduate health science students in Gondar, Gondar Ethiopia. *BMC Res Notes*, 12: 430-438. doi: 10.1186/s13104-019-4482-y
- Diener E, Pressman S, Hunter J, Chase D. 2017. If, why, and when subjective wellbeing influences health, and future needed research. *Appl Psychol Health Well Being*, 9(2):133–67
- Diener, E. 2023. Happiness: the science of subjective well-being. In R. Biswas-Diener. and E. Diener Eds, *Noba textbook series: Psychology*. Champaign, IL: DEF publishers. Web site. <http://noba.to/qnw7g32t>. Date of access: 03.10.2023.
- Djidonou, A., Tchégnoni, F.T., Adoukonou, T., Ataïgba, I.NE., Assa-Issa, C.N. and Gandaho, P. 2016. Associated factors and impacts of social phobia on academic performance among students from the University of Parakou (UP) *Open J Psychiatry*, 6:151–157. doi: 10.4236/ojpsych.2016.62018.
- Doshi, D, Karunakar, P, Sukhabogi, J.R., Prasanna, J.S. and Mahajan, S.V. 2021. Assessing coronavirus fear in Indian population using the fear of COVID-19 scale. *Int J Ment Health Addict*, 19(6):85-91.
- Diana, M., Daria, O., Rajesh, N., Mark, S., Fei, L., Dileep, K., Allegra, B., Ronald, V. H. & Herbert, D. K. 2010. D2/3 receptor availability in the striatum and social status in human volunteers. *Biol Psychiatry*. 67 (3): 275–278. doi:10.1016/j.biopsych.2009.07.037
- Elhadad, A.A., Alzaala, M.A., Alghamdi, R.S. et al. 2017. Social phobia among Saudi medical students. *Middle East Curr Psychiatry*, 24:68-71.

- Erliksson, J. 2020. Measuring associations between social anxiety and use of different types of social media using the Swedish Social Anxiety Scale for Social Media Users: A psychometric evaluation and cross-sectional study. *Scandinavian Journal of Psychology*. 61 6: 819–826. [doi:10.1111/sjop.12673](https://doi.org/10.1111/sjop.12673)
- Etkin, A., Wager, T. D. 2007. Functional neuroimaging of anxiety: A Meta-analysis of emotional processing in ptsd, social anxiety disorder, and specific phobia. *The American Journal of Psychiatry*, 164 (10): 1476–1488. [doi:10.1176/appi.ajp.2007.07030504](https://doi.org/10.1176/appi.ajp.2007.07030504)
- Fethi, N. A. S. 2017. Üniversite Öğrencilerinin Arkadaşlık Seçimini Belirleyen Etkenler Bartın Üniversitesi Örneği. *ODÜ Sosyal Bilimler Araştırmaları Dergisi Odüsobiad*, 73, 489-497.
- Fletcher, Guy 2015. Introduction. *the routledge handbook of philosophy of well-being* <https://philpapers.org/rec/FLETRH> . Date of access: 05.09.2023.
- Franklin, R., Schneier, M., Anissa, M., Martinez, D., Slifstein, M., Dah-Ren, H., Michael, R., Liebowitz, M., Marc, D. 2009. Dopamine transporters, d2 receptors, and dopamine release in generalized social anxiety disorder, *Depression and Anxiety*. 26 (5): 411–418. [doi:10.1002/da.20543](https://doi.org/10.1002/da.20543)
- Fried, E. I., Borkulo, C. D. van, Cramer, A. O. J., Boschloo, L., Schoevers, R. A. and Borsboom, D. 2016. Mental disorders as networks of problems: A review of recent insights. *Social Psychiatry and Psychiatric Epidemiology*. <https://doi.org/10.1007/s00127-016-1319-z>
- Gage, J.D., Everett, K.D. and Bullock, L. 2006. Integrative review of parenting in nursing research. *Journal of Nursing Scholarship*, 38:56–62.
- Ganapathi, K.C., Duraimurugan, M., Kokila, K. and Gopal, A.M. 2016. A study on the prevalence of social anxiety disorder (SAD) among medical undergraduate students and its relation with self esteem. *Community Med*,3(4):31–35.
- Gans, S. 2021. What Is Social Anxiety?. *very well health* , <https://www.verywellhealth.com/social-anxiety-5091930>. Date of access: 05.09.2023.
- Gencer, N. 2020. Coronavirus (COVID-19) fear of individuals during the pandemia: Çorum sample. *International Journal of Social Sciences Academy*,2(4):1153-73.

- Ghazwani, J.Y., Khalil, S.N. and Ahmed, R.A.S. 2016. Social anxiety disorder in Saudi adoles-cent boys: Prevalence, subtypes, and parenting style as a risk factor. *J FamCommunity Med*, 23:25-31.
- Gilboa-Schechtman, E. 2020. A dual-system model of social anxiety disorder: The interplay of the social-rank and affiliation biopsychosocial systems. *Clinical Psychology and Special Education*, 93, 15-33.
- Gök, B. G. 2019. Sosyal kaygı için kavramsallaştırma ve modelleme çalışması doctoral dissertation, Yüksek Lisans Tezi, Ankara Yıldırım Beyazıt Üniversitesi , 99 sayfa, Ankara
- Güler-Yazıcı, E. 2017. Beliren yetişkinlerin psikolojik dayanıklılık düzeylerinde yordayıcı değişkenler olarak yaşam doyumu ve yalnızlık. Yüksek Lisans Tezi, Necmettin Erbakan Üniversitesi, 97 sayfa, Konya
- Güvenç, A. 2021. Beden eğitimi ve spor öğretmenlerinin psikolojik iyi oluş düzeyleri İle Olumlu Düşünme Yüksek Lisans Tezi, Karamanoğlu Mehmetbey Üniversitesi, 127 sayfa, Karaman
- Haiyang, Y. and Jingjing, M. 2021. Relationship between wealth and emotional well-being before, during, versus after a nationwide disease outbreak: A large-scale investigation of disparities in psychological vulnerability across COVID-19 pandemic phases in China. *BMJ Open*. 11 6: e044262. [doi:10.1136/bmjopen-2020-044262](https://doi.org/10.1136/bmjopen-2020-044262)
- Hakami, M., Mahfouz, S., Adawi, M., Mahha, J., Athathi, J., Daghreeri, H., Najmi, H., Arishi, A. 2018. Social anxiety disorder and its impact in undergraduate students at Jazan University, Saudi Arabia. *Mental Illness*, 9(2), 1–5. doi:10.4081/mi.2017.7274
- Hakami, R. M., Mahfouz, M. S., Abdulrahman, A. M., Adeebah, M., J., Alaa J. A., Hadi H., D.,... Nuha, A. A. 2018. Social anxiety disorder and its impact in undergraduate students at Jazan University, Saudi Arabia. *Mental Illness*, 9(2), 1–10. doi:10.4081/mi.2017.7274
- Hakulinen, C., Fried, E. I., Pulkki-Råback, L., Virtanen, M., Suvisaari, J. and Elovainio, M. 2020. Network structure of depression symptomology in participants with and without depressive disorder: The population-based health 2000–2011 study. *Social*

- Psychiatry and Psychiatric Epidemiology,1, 2-6. <https://doi.org/10.1007/s00127-020-01843-7>
- Hay, D. F., Caplan, M. and Nash, A. 2018. The beginnings of peer relations. Handbook of peer interactions, relationships, and groups, 2, 200-221.
- Haybron, D. 2020a. Happiness. The stanford encyclopedia of philosophy. Metaphysics Research Lab, Stanford University. <https://plato.stanford.edu/entries/happiness/> Date of access: 05.09.2023.
- Haybron, D. 2020b. Happiness: 2.1 The chief candidates. The stanford encyclopedia of philosophy, Metaphysics Research Lab, Stanford University. <https://plato.stanford.edu/entries/happiness/> Date of access: 05.09.2023.
- Heeren, A., Billieux, J., Philippot, P., De Raedt, R., Baeken, C., De Timary, P., Maurage, P. and Vanderhasselt, M.A. 2017a. Impact of transcranial direct current stimulation on attentional bias for threat: a proof-of-concept study among individuals with social anxiety disorder. Social Cognitive and Affective Neuroscience. 12 (2): 251–260. [doi:10.1093/scan/nsw119](https://doi.org/10.1093/scan/nsw119)
- Heeren A, Dricot L, Billieux J, Philippot P, Grynberg D, de Timary P, Maurage, P. 2017b. Correlates of Social Exclusion in Social Anxiety Disorder: An fMRI study". Scientific Reports. 7 (1): 260. [Bibcode:2017NatSR...7..260H. doi:1 0.1038/s41598 -017 -00310-9](https://doi.org/10.1038/s41598-017-00310-9)
- Heeren, A., Bernstein, E.E. and McNally, R.J. 2020. Bridging maladaptive social self-beliefs and social anxiety: a network perspective. Journal of Anxiety Disorders,1,70-74. [doi:10.1016/j.janxdis.2020.102267](https://doi.org/10.1016/j.janxdis.2020.102267)
- Hind, R. 2015. Psychological problems, Cairo: Dar Al-Kholud, 1, 1-10.
- Hyett, M.P. and McEvoy, P.M. 2018. Social anxiety disorder: looking back and moving forward. Psychol Med, 4812:1937-1944
- Jarallah, H., Al-Omari, F., Altowairiqi, I., Al Saadi, K.2017. Magnitude of social anxiety disorder, and impact on quality of life among medical students, taif city-KSA. J Psychol Clin Psychiatry, J Psychol Clin Psychiatry, 7(5):12-14.
- Jeffords, J. R., Bayly, B. L., Bumpus, M. F. And Hill, L. G. 2018. Investigating the relationship between university students' psychological flexibility and college self-efficacy. Journal of College Student Retention: Research, Theory & Practice, (1), 15-22. doi:10.1177/1521025117751071

- Jore, T., Oppedal, B. and Biele, G. 2020. Social anxiety among unaccompanied minor refugees in Norway. The association with pre-migration trauma and post-migration acculturation related factors. *Journal of Psychosomatic Research*, 1, 136- 145.
- Kählke, F., Berger, T., Schulz, A., Baumeister, H., Berking, M., Cuijpers, P. and Ebert, D. D. 2019. Efficacy and cost-effectiveness of an unguided, internet-based self-help intervention for social anxiety disorder in university students: Protocol of a randomized controlled trial, *BMC Psychiatry*, 191, 1-12.
- Kamel, S., Saber, M. and Al-Banna, D. A. 2016. Assessment of social phobia among students of nursing college in hawler medical university at Erbil City-Iraq, *Kufa. Journal For Nursing Sciences*, 2, 5-10.doi: 10.36321/kjns.vi20162.2687
- Kaplan, M. and Hocaogulları, Y. 2020. The impact of emotional capital on psychological well-being, Vol I. Department of Business Administration collection, 431 page,
- Kathem, S., Al-Jumail, A., Noor-Aldeen, M., Najah, N. and Khalid, D.2021. Measuring depression and anxiety prevalence among Iraqi healthcare college students using hospital anxiety and depression scale, *Pharmacy Pract Granada*, 19(2):2 1-8
- Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C.B., Hughes, M., Eshleman, S., et al. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the national comorbidity survey. *Arch. Gen. Psychiatry*, 51, 8–19.
- Khatri, M.2021. What is social anxiety disorder or social phobia?, WebMD, <https://www.webmd.com/anxiety-panic/guide/mental-health-social-anxiety-disorder>. Date of access: 01.10.2023.
- Kim, B., Jee, S., Lee, J., An, S. and Lee, S. M. 2018a. Relationships between social support and student burnout: A meta-analytic approach. *Stress and Health*, 34(1), 127-134.
- Kim, H. J., Min, J. Y., Min, K. B., Lee, T. J. and Yoo, S. 2018b. Relationship among family environment, self-control, friendship quality, and adolescents' smartphone addiction in South Korea: Findings from nationwide data. *PloS one*, 13(2), e0190896.
- Koyuncu, A., İnce, E., Ertekin, E. and Tükel, R. 2019. Comorbidity in social anxiety disorder: Diagnostic and therapeutic challenges. *Drugs Context*, 8:212-273

- Kummer, A., Cardoso, F. and Teixeira, A. 2008. Frequency of social phobia and psychometric properties of the Liebowitz social anxiety scale in Parkinson's disease. *Mov. Disord*, 23 (12): 1739–1743. [doi:10.1002/mds.22221](https://doi.org/10.1002/mds.22221).
- Kurtipek, S. 2013. Spor eğitimi veren liselerdeki öğrencilerin kişilik yapılarının incelenmesi ve diğer liselerdeki öğrenciler ile karşılaştırılması. Yayınlanmamış yüksek lisans tezi. Gazi Üniversitesi 123 sayfa, Ankara
- Langer, J. K., Tonge, N. A., Piccirillo, M., Rodebaugh, T. L., Thompson, R. J. and Gotlib, I. H. 2019. Symptoms of social anxiety disorder and major depressive disorder: A network perspective. *Journal of Affective Disorders*, 243, 531-538.
- Lanzenberger, R. R., Mitterhauser, M., Spindelegger, C., Wadsak, W., Klein, N., Mien, L. K., Holik, A., Attarbaschi, T., Mossaheb, N., Sacher, J., Geiss-Granadia, T., Kletter, K., Kasper, S., Tauscher, J. 2007. Reduced serotonin-1a receptor binding in social anxiety disorder. *Biological Psychiatry*. 61 (9): 1081–1089. [doi:10.1016/j.biopsych.2006.05.022](https://doi.org/10.1016/j.biopsych.2006.05.022)
- Leigh, E. and Clark, D.M. 2018. Understanding social anxiety disorder in adolescents and improving treatment outcomes: Applying the cognitive model of Clark and Wells 1995. *Clin Child Fam Psychol Rev*, 213:388-414. doi:10.1007/s10567-018-0258-5
- Licy, A.D. 2015. The support system of single women. *International Journal of Applied Research*, 1(12), 882–890
- Liu, X., Ping, S. And Gao, W. 2019. Changes in Undergraduate Students' Psychological Well-Being as They Experience University Life. *International Journal of Environmental Research and Public Health*, 16(16), 1-10. doi:10.3390/ijerph16162864
- Liu, X., Qian, W., Liang, P., Xie, T. and Wang, J. 2021. The relationship between peer victimization and social anxiety among adolescents: a moderated mediation model with cognitive flexibility and affect intensity. *Psychology, Health & Medicine*, 1,1-13.
- Lun, K. W., Chan, C. K., Ip, P. K., Ma, S. Y., Tsai, W. W., Wong, C. S . and Yan, D. 2018. Depression and anxiety among university students in Hong Kong. *Hong Kong Med J*, 245, 466-472.

- Macaskill, A. 2013. The mental health of university students in the United Kingdom. *Br. J. Guid. Couns.* 41, 426–441. doi: 10.1080/03069885.2012.743110
- Matar Boumosleh, J. and Jaalouk, D. 2017. Depression, anxiety, and smartphone addiction in university students-A cross sectional study. *PloS one*, 128, e0182239.
- McCall, H.C., Richardson, C.G., Helgadottir, F.D. and Chen, F.S. 2018. Evaluating a Web-Based Social Anxiety Intervention Among University Students: Randomized Controlled Trial *J Med Internet Res*, 20(3):85-91
- McKay, D. and McKiernan, K. 2023. social anxiety disorder. *Encyclopædia Britannica*, <https://www.britannica.com/science/social-anxiety-disorder>. . Date of access: 01.10.2023.
- McKiernan, K. 2018. Social anxiety disorder, *Britannica*, Web site. <https://www.britannica.com/science/social-anxiety-disorder>. Date of access: 03.10.2023.
- Mey, S. C., and Yin, C. J. 2015. Mental health and wellbeing of the undergraduate students in a research university: A Malaysian experience. *Soc Indic Res*, 122, 539–551. doi: 10.1007/s11205-014-0704-9
- Mohammedamin, H. and Zakir, A. 2020. Social phobia and its impact on quality of life among regular undergraduate students of mettu university, mettu, Ethiopia. *Adolescent Health, Medicine and Therapeutics*, (11), 79–87.
- Moini, J., Ahangari, R., Miller, C. and Samsam, M. 2020. Social and psychological problems. *Global Health Complications of Obesity*, 13, 315-336.
- Moradi, M., Mohammadipour, M. and Soliamanian, A. A. 2020. The causal model of social anxiety of university students based on brain-behavioral systems with mediating of cognitive emotion regulation strategies. *Journal of Fundamentals of Mental Health*, 225, 340-351.
- Mouganie, P., Wang, Y. 2020. High-performing peers and female stem choices in school. *J. Labor Econ*, 38, 805–841
- Murad, O. 2020. Social anxiety in relation to self-esteem among university students in Jordan. *International Education Studies*, 13 (2):100-103.
- Nanik, H. W. and Tairas, M. 2022. Single women's potency to achieve psychological well-being. *proceedings of the 3rd international conference on psychology in health*,

- educational, social, and organizational settings (ICP-HESOS 2018). Improving Mental Health and Harmony in Global Community, (1):55-62
- NAS, F. 2017. Üniversite öğrencilerinin arkadaşlık seçiminde cinsiyet, inanç ve etnisite değişkenlerinin önemi Bartın Üniversitesi örneği. Sosyal Bilimler Araştırmaları Dergisi, 1, 70-73.
- Nesi, J., Choukas-Bradley, S. and Prinstein, M. J. 2018. Transformation of adolescent peer relations in the social media context: Part 1—a theoretical framework and application to dyadic peer relationships. Clinical Child And Family Psychology Review, 213, 267-294.
- Norman, S., Henderson, A.S., Strotzka, H., Lipowski, Z., Yu-cun, Shen, You-xin, ... Lokar, J. 2021. The ICD-10 Classification of mental and behavioural disorders clinical descriptions and diagnostic guidelines. Microsoft Word. Bluebook.Doc, 110, 113-4.
- Nunes, K., Du, S., Philip, R., Mourad, M. M., Mansoor, Z., Laliberté, N. and Rawle, F. 2022. Science students' perspectives on how to decrease the stigma of failure. FEBS Open Bio, 12(1): 24-37. doi: 10.1002/2211-5463.13345
- Osmond, C. 2022. Well-being vs. wellbeing vs. well being, grammarist, Web site. <https://grammarist.com/spelling/well-being-wellbeing/>. Date of access: 05.09.2023
- Özer, İ. Ö. 2019. Öznel iyi oluşu artırma programının, zararlı alışkanlıkları olan ergenlerin öznel ve psikolojik iyi oluş düzeyleri üzerindeki etkisi Master's thesis, 103 pages. Bursa Uludağ Üniversitesi. Bursa
- Pollack, M. H., Jensen, J. E., Simon, N. M., Kaufman, R. E., Renshaw, P. F. 2008. High-field MRS study of GABA, glutamate and glutamine in social anxiety disorder: Response to treatment with levetiracetam. Progress in Neuro-Psychopharmacology and Biological Psychiatry. 32 (3): 739-743. doi:10.1016/j.pnpbp.2007.11.023
- Prinstein, M. J. and Giletta, M. 2020. Future directions in peer relations research. Journal of Clinical Child & Adolescent Psychology, 494, 556-572.
- Ramzi, M. Hakami, R., Mahfouz, M., Adawi, A., Mahha, A., Athathi, A., Daghreeri, H., Najmi, H. and Areeshi, N. 2017. Social anxiety disorder and its impact in undergraduate students at Jazan University, Saudi Arabia. Mental illness, (9): 72-74

- Rose, G. and Tadi, P. 2022. Social Anxiety Disorder, National library of medicine, Web site. <https://www.ncbi.nlm.nih.gov/books/NBK555890/>. Date of access: 05.09.2023
- Samia, A. 2007. Social phobia and its relationship to drug addiction, Master's thesis. University of Mohamed Khider.100 pages. Algeria
- Scanlon, C. L., Del Toro, J. and Wang, M. T. 2020. Socially anxious science achievers: the roles of peer social support and social engagement in the relation between adolescents' social anxiety and science achievement. *Journal of Youth & Adolescence*, 1, 490-495.
- Sekban, G. and İmamoğlu, O. 2021. Life satisfaction and psychological well-being of university educated students during the covid-19 pandemic. *Apuntes Universitarios*, 11(4),384-398, <https://doi.org/10.17162/au.v11i4.819>
- Sezgin, F. (2012). İlköğretim okulu öğretmenlerinin psikolojik dayanıklılık düzeylerinin incelenmesi. *Kastamonu Eğitim Dergisi*, 20(2), 489-502.
- Shah, P.S. and Kataria, L. 2010. Social phobia and its impact in Indian university students. *Internet J Ment Health*, 6:1-8,
- Sharma, M. 2018.The development of serial killers: A grounded theory study. MSc. Thesis, Eastern Illinois University, 3720 pages. Eastern Illinois
- Sharma, M., Amandeep, Mathur, D.M., Jeenger, J. Nomophobia and its relationship with depression, anxiety, and quality of life in adolescents. *Ind. Psychiatry J.* 2019, 28, 231–236.
- Simpson A, Maltese A. 2017. Failure is a major component of learning anything: The role of failure in the development of STEM professionals. *J Sci Educ Technol*, 26:223–37.
- Spörer, N., Lenkeit, J., Bosse, S., Hartmann, A., Ehlert, A. and Knigge, M. 2020. Students' perspective on inclusion: Relations of attitudes towards inclusive education and self-perceptions of peer relations. *International Journal of Educational Research*, 103, 1-13.
- Şener, O.A. and İmamoğlu O. 2020. Investigation of university students' life satisfaction levels during corona virus outbreak process, 3. *International Conference on Sports for All and Wellness*, Full Text Book, 1,195-204

- Tillfors, M, Furmark, T. 2007. Social phobia in Swedish university students: Prevalence, subgroups and avoidant behavior. *Soc Psychiatry Psychiatr Epidemiol*,42:79-86.
- Tully, J. 2022. An Examination of social phobias among undergraduate college students in Ireland. bachelor of arts (honours) in psychology, National college of Ireland, 1, 50-53
- Tümlü, G. Ü. and Recepoğlu, E. 2013. Üniversite akademik personelinin psikolojik dayanıklılık ve yaşam doyumu arasındaki ilişki. *yükseköğretim ve bilim Dergisi. Journal of Higher Education and Science*, 3(3), 205-213
- Van der Wee, N. J., van Veen, J. F., Stevens, H., van Vliet, I. M., van Rijk, P. P., Westenberg, H. G. 2008. Increased serotonin and dopamine transporter binding in psychotropic medication-naive patients with generalized social anxiety disorder shown by 123I- -(4-iodophenyl)-tropane spect. *Journal of Nuclear Medicine*, 49(5), 757–763. doi:10.2967/jnumed.107.045518
- Wallace, K. (2014). Risk factors identified in college students exhibiting social phobia. *HIM 1990-2015*. 1626.
- Wang, P., Zhao, M., Wang, X., Xie, X., Wang, Y. and Lei, L. 2017. Peer relationship and adolescent smartphone addiction: The mediating role of self-esteem and the moderating role of the need to belong. *Journal of Behavioral Addictions*, 64, 708-717.
- Warda, B. 2017. The effect of a cognitive-behavioral program in the treatment of social phobia among a sample of university students, PhD Thesis, Merbah University, 170 pages, Kasdi.
- Washington, N. and Higuera, V. 2023. Social anxiety disorder. Healthline, Web site. <https://www.healthline.com/health/anxiety/social-phobia>. Date of access: 03.10.2023.
- Washington, N. and Higuera, V. 2022. Social Anxiety Disorder, Hindawi, Web site. <https://www.healthline.com/health/anxiety/social-phobia>. Date of access: 03.10.2023.
- Xinyi, Y., Han, M. And Yichen, Z. 2023. Marriage phobia on campus and society reconstruct the universities' cultural ecology of marriage and childbirth. *International Journal of Education and Humanities*, (7): 6702- 2770

- Yilmaz, N., Ateş, F and Yildiz, E. 2021. Akademide akran desteğinin rolü. *Opus Uluslararası Toplum Araştırmaları Dergisi*, 1841, 3552-3582.
- Zeng, G., Zhong, M. and Wu, W. 2022. The fellow effect on college students' academic performance. *Front. Psychol*, 13, 1055963.
- Zukerman, G., Yahav, G. and Ben-Itzhak, E. 2019. Diametrically opposed associations between academic achievement and social anxiety among university students with and without autism spectrum disorder. *Autism Research*, 129, 1376-1385.



APPENDICES

APPENDIX 1. Sociodemographic characteristics

APPENDIX 2. The Social Phobia Inventory scale

APPENDIX 3. Warwick-Edinburgh Mental Well- being scale

**APPENDIX 4. The Arabic version of the Family Relationships with Colleagues
Questionnaire**

**APPENDIX 5. Cankiri university's ethical approval committee in Turkey gave its
approval to the study's ethical aspects no:28,date:25-10-2022**

**APPENDIX 6. Ethical approval from the University of Baghdad in Iraq,
Department of Science No 1656 / SAOG**

**APPENDIX 7. Ethical approval from the University of Baghdad in Iraq,
Department of Literature Department No SH 14934**

APPENDIX 1. Sociodemographic characteristics

Please take the time to read this document carefully. We invite you to participate in a research entitled "The Relationship of Social Anxiety and Peer Relationship With Psychological Well-Being Among University Students" conducted by Badraddin Hadi Rahı RAHI and Asst. Prof. Tuğba ARSLAN Before deciding whether or not to participate in this research, you need to know why and how to conduct the research. Therefore, it is very important to read and understand this model. If there is something you do not understand and is not clear to you, or if you want more information, ask us. Participation in this study is completely voluntary. You have the right to refuse to participate in the Study or to withdraw from the Study at any time after participation. Your response to the research will be interpreted as your consent to participate in the research. Do not be pressured or suggested by anyone while answering the questions in the forms provided to you. Personal information obtained from these forms will be kept strictly confidential and will be used for research purposes only.

Socio-demographic Questionnaire

“Age”	
“Gender”	1. Female 2. Male
“Marital Status”	1. Married 2. Single
“Department of study”
“Class”	1. One 2. Two 3. Three 4. Four 5. Five 6. Six

APPENDIX 2. The Social Phobia Inventory (SPIN) scale

Social Phobia Inventory (SPIN) scale

Please read each statement and circle the number 0, 1, 2, 3, 4 to indicate how much the statement has applied to you over the past week. There is no right or wrong answer. Don't waste too much time on any one statement. 0= not at all, 1= a little bit, 2= somewhat, 3= very much, 4= extremely	0	1	2	3	4
1. "Fear of people in authority"					
2. "Bothered by blushing"					
3. "Fear of parties and social events"					
4. "Avoids talking to strangers"					
5. "Fear of criticism"					
6. "Avoids embarrassment"					
7. "Distressed by sweating"					
8. "Avoids parties"					
9. "Avoids being the centre of attention"					
10. "Fear of talking to strangers"					
11. "Avoids speeches"					
12. "Avoids criticism"					
13. "Distressed by palpitations"					
14. "Fear of others watching"					
15. "Fear of embarrassment"					
16. "Avoids talking to authority"					
17. "Distressed by trembling or shaking"					

APPENDIX 3. Warwick-Edinburgh Well- being scale (WEMWBS)

The following items relate to your daily experiences. Each

What do you say using the scale between 1 and 5 to the right of the item?

Please tick to indicate that you experience this frequently. true or false

1."I totally agree"

2. "I agree"

3. "I somewhat agree"

4. "I disagree"

5. "I strongly disagree"

No	"Mental Well-Being Scale"	5	4	3	2	1
1	"I am optimistic about the future"					
2	"I feel useful"					
3	"I feel relaxed"					
4	"I am caring towards other people"					
5	"I have the energy to spare time for different tasks"					
6	"I can deal with problems well"					
7	"I can think clearly"					
8	"I am happy with myself"					
9	"I feel close to other people"					
10	"I am confident"					
11	"I can make my own decisions"					
12	"I feel loved"					
13	"I am interested in new things"					
14	"I feel joyful"					

APPENDIX 4. The Arabic version of the Family Peer Relationship Questionnaire

Section 3 Mother and Child Arab Family Peer Relationship Questionnaire

Please read each statement and circle the number 1, 2, 3, 4 or 5 to indicate how much the statement has applied to you over the past week. There is no right or wrong answer. Don't waste too much time on any one statement.

1 “strongly disagree”

2 “disagree”

3 “undecided”

4 “agree”

5 “strongly disagree”

“Togetherness Subscale”					
1. “Go to social activities”					
2. “Dance, listen to, or play music with”					
3. “Take to or watch a sport”					
4. “Shop, do errands together”					
5. “Take to an after school activity or a friend’s house”					
6. “Go to the library”					
7. “Go to a movie or play”					
8. “Go to a party”					
9. “Go to a picnic”					
10. “Go for a walk”					
11. “Go to a park”					
12. “Go to the beach or swimming”					

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