Analyzing the relationship between social anxiety, social support and problem solving approach of university students

Üniversite Öğrencilerinin Sosyal Kaygı, Sosyal Destek ve Problem Çözme Yaklaşımları Arasındaki İlişkinin İncelenmesi[*]

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Abstract

The aim of this study was to determine whether or not social support and problem solving approach employed by university students predict their social anxiety. A total of 811 students (506 female and 305 male) students who continue their education in different faculties of Ahi Evran University and Selçuk University attended. The study data were collected using Social Anxiety Scale, Problem Solving Inventory and Social Support Scale. As a result of the study, there is a significant negative correlation of all the sub-dimensions of social anxiety with all the sub-dimensions of social support, and a significant positive correlation with problem solving approaches. It was determined that social support predicts social anxiety and problem solving approach together with social support predicts social anxiety at a significant level.

Keywords: Social anxiety, social support, problem solving

Öz

Bu araştırmada, üniversite öğrencilerinin sosyal kaygı düzeyleri ile algıladıkları anne baba tutumları arasında anlamlı ilişki olup olmadığı, sosyal kaygı, sosyal destek ve problem çözme yaklaşımları arasındaki ilişki ve sosyal destek ve problem çözmenin sosyal kaygı üzerindeki etkisi incelenmiştir. Araştırmaya Ahi Evran Üniversitesi ve Selçuk Üniversitesi'nin farklı fakültelerinde öğrenim görmekte olan 506'sı kız ve 305'i erkek olmak üzere toplam 811 öğrenci katılmıştır. Araştırma verileri kişisel bilgi formu, Sosyal Kaygı Ölçeği, Problem Çözme Envanteri ve Sosyal Destek Ölçeği kullanılarak toplanmıştır. Araştırma sonucu olarak, sosyal kaygının tüm alt boyutları ile sosyal desteğin tüm alt boyutları arasında negatif yönlü, problem çözme yaklaşımları ile pozitif yönlü anlamlı ilişkiler bulunmuştur. Sosyal desteğin sosyal kaygıyı ve problem çözme yaklaşımının sosyal destekle birlikte sosyal kaygıyı anlamlı düzeyde yordadığı saptanmıştır.

Anahtar Sözcükler: Sosyal Kaygı, Sosyal Destek, Problem Çözme.

Introduction

The greatest achievement in an individual's life is strong and balanced socialization (Yavuzer, 1998b). In addition, some individuals are not comfortable compared to others in their social surroundings. For an individual to become anxious while talking in front of a group of

people, meeting or being introduced with someone, speaking to an authorized person, and to feel uncomfortable even thinking of such occasions can be interpreted as that individual to experience social anxiety (Baltacı, 2010). The term social anxiety (phobia) was first used by Janet in 1903 (phobies des situations sociales) to describe people who experience the fear of being watched by others while talking, playing piano or writing (Heckelman & Schneier, 1995). Even though social anxiety (phobia) was defined by Marks and Gelder in 1966 as a full definition, it was first mentioned in the Diagnostic and Statistical Manual of Mental Disorders (DSM III) (Kearney, 2005).Social anxiety was defined as the state of fearing from various occasions, the state of fearing to be humiliated or ashamed and the state of avoiding eating outside, using public rest rooms or doing something where others are present (Burger, 2006; Davidson & Neale, 2004; Den Boer, 1997; Dilbaz, 1997). Moreover, according to DSM-IV-TR (2005), social anxiety is a state of apparent and constant fear from performing one or more social activities that the individual can see people he/she doesn't know or can be watched by others. In social anxiety, facing the feared social occasion almost causes anxiety and even though the individual knows the anxiety is meaningless, this experienced anxiety is followed by avoidance behavior. According to Eren-Gümüş (2006), social anxiety is a state of discomfort and stress that an individual experiences with the expectation that he/she will act inappropriately, make fool of himself/herself, leave a negative impression and evaluated by others in a negative way (stupid, loser, incompetent, insufficient etc.) in various social occasions.

Social anxiety disorder differs from other anxiety disorders based on following aspects. An early age of onset, frequently experienced symptoms are aspects unique to social and performance related occasions (Liebowitz, 1999). There are different opinions about the age of onset of social anxiety. According to Beidel, Turner, and Morris (2000), the age of onset of social anxiety is eight and according to Kashdan and Herbert (2001), the average age of onset is 15.5. In addition, in different studies conducted in Turkey, it was determined that the age of onset of social anxiety differs between 13 and 24 (Akdemier & Cinemre, 1996; Dilbaz, 2000) and it is known that social anxiety begins at early ages (Akdemir & Cinemre, 1996; Gökalp, Tükel, Solmaz, Demir, Kızıltan, Demir, & Babaoğlu, 2001). Moreover, it is a rare occasion for social anxiety to appear for the first time after the age 25 (Kılıç, 2005).

Adolescence period is the period that this problem is experience mostly (Schneier, Johnson, Horning, Liebowitz, & Weissman, 1992). Understanding that the average age of outset of social anxiety to goes down to adolescence period revealed that this is not a disorder only seen in adults, but it is a problem of both children and adolescents. For individuals to begin the treatment after years, even though the problem begins in the adolescence period is a fact that should be thought about. This indicates the importance of knowing the group under risk in terms of social anxiety and the necessity of determining the factors that may help early diagnosis and treatment (Öztürk, Sayar, Uğurad, & Tüzün, 2005).

With the increase in the number of studies about social anxiety, it was revealed that this is a fairly widespread problem. In various conducted studies, it was accepted that social anxiety is seen in approximately 10% of the society (Davidson, Hughes, & George, 1993a; Davidson, Hughes, & George, 1993b; Izgiç, Akyüz, Doğan, & Kuğu, 2000). Furthermore, in another study it was stated that social anxiety is seen in 18% of the society (Kessler, Stein, & Berglund, 1998). This problem is the third common psychological disorder in America with a prevalence of 13% (Magee, Eaton, Wittchen, McGonagle, & Kesler; 1996). Moreover, the prevalence of disorders that accompany social anxiety throughout life is determined as 69% (Karacan, Şenol, & Şener, 1996). Thus, early detection of social anxiety will enable early intervention to others disorders that accompany this condition. In the study of Bayramkaya, Toros, & Özge (2005) that was conducted on Turkish adolescents, the prevalence of social anxiety was found as 14.4%. This percentage for social anxiety increases even more in those who have poor social support, people with low level of education, those who have been going through psychological treatments and women.

When the percentages of psychological disorders were compared for women and men, it is seen that they are close to each other. However, there is a difference among genders in terms of diagnosed cases (Çınar, 2005). It is seen that findings of the study regarding in which gender social anxiety is seen incoherent (Erkan, Güçray, & Çam, 2002). As reported in the relevant literature, while social anxiety is seen more frequently in women based (62.7% - 80%), the frequency in men is higher as reported in clinical studies. This can be explained by the idea that even though women report more social anxieties, the search for a treatment in order to get help is higher in men (Yonkers, Dyck, & Keller, 2001). Social anxiety disorder is seen more in women than men. While the prevalence of this disorder throughout life is 3.1% in women, it is reported as 2% in men. In studies, the women-men ratio for prevalence in general population is generally 1.5-2/1. Despite of this, this women-men ratio seems balanced in clinical studies (Arıcıoğulları, 2001). In some social conditions, it is known that women and men may display different behavioral patterns. Especially in social occasions faced within professional life, it is stated that the complaints of women increase more compared to men. It was seen that women with social anxiety disorders do not go back to professional life after events such as getting married and giving birth (Dilbaz & Güz, 2002). In Turkey, it was determined that social anxiety disorder is seen more widely in men. However, it cannot be said that social anxiety disorder is a condition more rarely seen in women based on this result. The possible reasons of such a result can be stated as women referring to a specialist less than men because of reasons such as most of the Turkish women not having a professional life, having limited social fields and shyness to be an accepted behavior for women (Dilbaz & Güz, 2003). Culturally, Turkish men are more concerned about the symptoms of this disorder since shyness and unsociability are encouraged and accepted in women, and perceived as a failure for men in Turkey (Sayar, Solmaz, Öztürk, Özer, & Arıkan, 2000). Moreover, the difference among genders was examined, lifelong prevalence was found as 9.8% in women and 9.4% in men; and last year's prevalence was found as 8.9% in women and 7.1% in men (Izgiç et al., 2000). It was found that among those who refer to a specialist because of social anxiety, 66% is men and 33% is women. The fact that this percentage is higher in men causes to think that the percentage of those referring to a specialist because of social anxiety complaints is more. When the fact that the social anxiety disorder is seen in men more than women, this can be related to the difference of role assigned to genders, the way the children are raised in Turkey are different than the western culture. Since being social, being talented and successful in professional and social life are expected from men more than women causes the men in Turkey to be more willing to make up such deficiencies and thus refer to a specialist more. Moreover, protective and preventive Turkish parents raise their girls with the idea that they should talk less within a group, not interrupt a conversation, and the girls who go along with this are awarded in the society as smart kids. Thus social anxiety symptoms are perceived as a part of such behaviors and the search for help may be less (Dilbaz & Güz, 2002).

In individuals with social anxiety disorders, some symptoms may be seen when they experience such a condition in social surroundings. We can classify these symptoms as (i) physical symptoms such as sweating, shaking, palpitation, diarrhea, blushing, (ii) cognitive symptoms such as fear of being humiliated, fear of being criticized, thought of being incompetent, thought of being evaluated negatively, and (iii) behavioral symptoms such as avoiding social surroundings, crying, quavering, not being able to stand still and avoidance (Albona, Bartolo, Heimberg, & Borlow, 1995; Andrews, Creamer, Crino, Hunt, Lampe, & Page, 2006; Tarhan, 2006; Bilge & Kelecioğlu, 2008; Demir, 1997; Köroğlu, 2006).

The definitions of shyness and social anxiety are strikingly similar and they both include physical symptoms (shaking, sweating and blushing), cognitive symptoms (fearing to be evaluated negatively) and behavioral symptoms (avoiding social surroundings). Despite of these common properties, the relationship between social anxiety and shyness is not that apparent. In addition, a hypothesis regarding the relationship between social anxiety and shyness is conceptualizing of the process or a social anxiety state as "extreme shyness".

Shyness that is also assessed as the most basic social anxiety form is the condition of the individual not feeling himself/herself comfortable among other people. Shyness and the poor self-respect are conditions that are generally seen together (Heiser, Turner, Beidel, & Roberson-Nay, 2009).

It may be hard to distinguish social anxiety from agoraphobia, because in an individual with high social anxiety, the cases of staying at home and not going out to escape from that social fear can be seen. The difference between individuals with high social anxiety and agoraphobics is agoraphobics' main fear is to experience the severe anxiety symptoms again. This fear makes them shout or makes them feels that they may have a heart attack. Furthermore, the thing that makes the individuals with high social anxiety level afraid is the social occasions. The thing that makes these individuals afraid is not the symptoms as in agoraphobics but it is the thought that someone will witness these symptoms and eventually realize their pitifulness. Moreover, while agoraphobics tend to look for people for their disorders, there is the behavior of avoiding people in individuals with high levels of social anxiety (Yıldırım, 2006). In order to differentiate social anxiety and agoraphobia, the question of "would you go out if you know you won't see anyone?" can be asked to the individual. While the individuals with high levels of social anxiety will respond by saying "yes" since their fear is towards social interaction, the agoraphobics will say "no". Moreover, agoraphobia begins in older ages (older than 20) compared to social anxiety (Karacan, Şenol, & Şener, 1996).

In the study, the subject of social support was also discussed in order to understand some relations more clearly. 'Social support' concept is defined in different forms. It is generally accepted as the material, moral help provided by people close to the individual who is under stress or tough situation such as spouse, family and friends (Sarason, 1982). In addition, according to another definition, social support means the individual to satisfy the needs that are basic in the need hierarchy such as belonging, love, recognition and self-realization as a result of the interaction established with the individuals such as friends, family, superiors or professional consultants (Ekinci & Ekici, 2003). According to Yıldırım (1997), social support can be defined as the social and psychological support that the individual obtains from the environment. The researchers highlighted the importance of social support in coping with stress. Within this framework; family, wide family circle, friends, boyfriend or girlfriend, teachers, colleagues, neighbors of the individual, ideological, spiritual or ethic groups the individual belongs and factors such as the society the individual lives in compose the social support resources of that individual.

In individual coping capacity with the tough life conditions, it is revealed that social support is a strong resource. Especially within the scope of crisis theorems, it is argued that social support plays a significant and required role in cases such as death, loss of job or bankruptcy, change of location, selection of profession, health problems, stress, depression, marriage, stepparents, infidelity, arrest, drug addiction, quitting school or returning to school (Budak, 1999). On the other hand, social support plays a protective role for dangers against physical and mental health. The most important function of social support is for the act as a buffer decreasing or balancing the psychological harms that the stressful life conditions create (Terzi, 2008).

We can think of the social support in two categories as structural and functional. In structural support, the people that the individual receives support from, number of these supporters and their closeness to the individual are accepted as important. Moreover, in functional support, the importance is attached more to the factors concerning how important the provided support is for the individual, what does this support mean for the individual and how much of the support need of the individual is satisfied (Yıldırım, 2005).

Based on the social support hypotheses, Cohen and Wills (1985) explained social support types in four dimension as follows: *(i) Emotional Support:* This is the support type that

includes the needs of being loved, liked, understood, accepted, valued, cared and protected. In the literature, it is also named as expressive support, value-expressive support and close support. *(ii) Instrumental Support:* This is the support type that includes concrete helps such as financial help, material resources and instrument help. *(iii) Informational Support:* This is the support type that can be defined as providing descriptive information and thus enabling to understand the problem in coping with events that are accepted as issues. *(iv) Widespread Support:* This is the support type defined as spending time with other people, having fun, relaxing and social companionship in spare times. Problem is a state that people respond based on their internal or external desires. Furthermore, "solution" can be named as the coping mechanism that can be affective against a problematic state (Batıgün Durak, 2000). Problem solving can be defined as all of the intentional mental behaviors carried out to remove the events that disturb the physical and psychological balance, and that disturb the individual because of either internal or external factors (Arkonanç, 2005).

Problem solving skill helps the individual and the group to adapt effectively to the environment they are in. All generations have to learn solving problems to adapt to their environment effectively. Problem solving is an important and required skill for the entire human life (Senemoğlu, 2010; Arslan, 2005b). The variety and complexity of the problems that people of our age face reveals the need of people to have adequate perspective in problem solving (Deniz, Arslan, & Hamarta, 2002).

Since emotional barriers such as fear, anxiety, shyness may hinder creativity and the skill of succeeding at a task and attending an event, it will negatively affect the problem solving skill. In this sense, soft and comfortable relations are required for a good problem solving climate (Bingham, 2004). It is observed that shy and withdrawn individuals generally lack the skills of problem solving. Absence of such skills also prevents the development of friendship relations and positive relations with adults. With structured problem solving skill training programs, these skills can be learned and taught (Kargı, 2009). It is stated that individuals with social anxieties face various problems in their daily lives and have difficulty solving these problems (Hamarta, 2009). In the light of above given definitions, this study has the goal of determining the relationship between social anxiety, social support and problem solving approaches of university students and it aims to determine whether social support and problem solving approaches significantly predict social anxiety scores or not.

Method

Participants

The general search model was adopted for the study. The sample set of the research was taken from faculties of law, literature, education, technical education and vocational education in Selcuk University and Ahi Ervan University. The participants for this study were totally 811 students 506 of which are girls and 305 of which boys. The age of the participants was between 17-27 (age for entire group, M=20.36, SD=1.79).

Instruments

Perceived Social Support Scale-Revised (PSSS-R)

The PSSS-R is a 3-point Likert-type, 50-item multidimensional scale measuring perceived social support from three sources: family, peers and teachers (Yıldırım, 2004). Higher scores from the subscales indicate higher perceived social support from respected groups. The reliability and validity of the scale were studied with over 660 students. The internal consistency coefficients of the scale were found to be .94 for family support, .91 for peer support, and .93 for teacher support. Test-retest reliability coefficients were found to be .89

for family support, .85 for peer support, and .86 for teacher support. According to data of the study, the calculated internal consistency coefficient .93 for regarding to the whole scale,.91 for family support, .88 for peer support, and .94 for teacher support.

Social Anxiety Scale (SAS)

This scale was developed by Özbay and Palancı (2001) to determine the "social anxiety" related problems that university students experience. The scale had been subject to criteria and structure validity tests. For criteria validity, related five scales of SCL-90 scale, Rathus assertiveness inventory and "Social Introversion" sub-test of MMPI test were used. As a result of the factor analysis performed for structure validity, a test structure of 30 items with three factors was created. In the factor analysis, factorization capacity had been analyzed with various methods. As a result of the factor analysis conducted, three factors named as (1) social avoidance (2) Criticism anxiety and (3) feeling of self-worthlessness were found. With reliability calculations, the validity of the compatibility regarding distribution was analyzed. At the end of the performed variance analysis, the result in the level of F= 68.58, p<0.001 was found significant. The Cronbach's alpha value calculated with internal consistency method for reliability calculations is 0.89. The test has Likert-type five points in the range of 0 to 4. Increase of the received points indicates an increase in the social anxiety level (Özbay & Palancı, 2001). According to data of the study, the calculated internal consistency coefficient .91 for regarding to the whole scale, .85 for social avoidance, .77 for criticism anxiety, .71 for self-depreciation.

The Problem Solving Inventory (PSI)

PSI was developed by Heppner and Petersen (1982) to measure people's perceptions of their personal problem solving behaviors and attitudes. It was adapted for use in Turkey by Şahin, Şahin, and Heppner (1993). It consists of 35 Likert-type (1-6) items. Lower scores indicate assessment of oneself as a relatively effective problem solver, whereas higher scores indicate assessment of oneself as a relatively ineffective problem solver. As for the reliability of the scale, the internal consistency is .90 and that of the subscales between .72-.85. According to data of the study, the calculated internal consistency coefficient .79 for regarding to the whole scale and between .66 and .92 for regarding to subscales. The correlation range for the sum of items is between .25-.71. Test-retest reliability is between .83-.89. The high scores on the scale show that the participant perceives him/herself as inadequate in problem solving.

Analysis of Data

In order to determine the relationship between social anxiety, social support and problem solving approaches, 'Pearson Product-Moment Correlation Technique' was used. Furthermore, to determine the power of problem solving and social support scores of students in explaining the social avoidance, Criticism anxiety and feeling of self-worthlessness sub-dimensions' scores of social anxiety scale, 'Regression Analysis' was performed. The Durbin – Watson coefficient was used to test auto correlation. Durbin – Watson values are changing between 1.825 and 1.963. In order to do the regression analysis, the detrented fluctuation analysis was used to determine whether the data was normally distributed or not, and it is seem that the data did not deviate from normal seriously.

Findings

In this section, social support and problem solving scores of university students on the social anxiety (social avoidance, Criticism anxiety, Self-depreciation) scores were examined explanatory power.

Findings Regarding the Relationship Between Social Anxiety, Social Support and Problem Solving Approaches

Table 1.

The relationship between social anxiety, perceived social support and problem solving approaches

		Social Avoidance	Criticism Anxiety	Self-Depreciation
Family	r	-.283**	-.226**	-.315**
Friend	r	-.229**	-.158**	-.227**
Teacher	r	-.199**	-.093**	-.178**
Impatient	r	.164**	.159**	.188**
Thinking	r	.216**	.080*	.176**
Avoidant	r	.251**	.182**	.295**
Evaluative	r	.183**	.120**	.183**
Self-Confident	r	.359**	.239**	.294**
Planned	r	.251**	.165**	.236**
	N	811	811	811

* p< 0.05, ** p<0.01

When Table 1 was examined, it was seen that there is negative correlation between social avoidance, criticism anxiety, self-depreciation sub-dimensions of social anxiety and family, friend and teacher sub-dimensions of perceived social support. When the relationships between social avoidance, criticism anxiety, self-depreciation sub-dimensions of social anxiety and problem solving approaches were examined, it was seen that there is positive correlation between all sub-dimensions of social anxiety and problem solving approaches. Since getting high scores in problem solving scales indicate low problem solving, it shall be considered as a negative correlation between social anxiety and problem solving.

Table 2.

Results of regression analysis regarding the capacity of perceived social support and problem solving approaches to explain 'social avoidance' sub-dimension of social anxiety

R	R^2	ΔR^2		B	Standard Error	b
.33(a)	.11	.105	Constant	42.861	2.743	
			Family	-.258	.046	-.207*
			Friend	-.245	.070	-.127*
			Teacher	-.104	.035	-.106*
.435(b)	.189	.180	Impatient	.105	.057	.067
			Thinking	-.082	.106	-.034
			Avoidant	.120	.069	.068
			Evaluative	-.051	.106	-.020
			Self-Confident	.400	.077	.253*
			Planned	.084	.115	.039

p<.01

Hierarchical regression analysis is used in determining whether perceived social support and problem solving approaches explain 'social avoidance' sub-dimension of social anxiety at a significant level or not. Moreover, it was seen that contribution of the perceived social support (family, friend, teacher) to the model that is entered to the composed model at the first step is significant (R=.33, R^2=.11, $F_{(3/805)}$ = 32.65, *p*<.001). Perceived social support explains 11% of the variance in social avoidance. It was seen that perceived family (b=*.207, p*<.01), friend (b=*.127, p*<.01) and teacher (b=*.106, p*<.01) support are important predictors of social avoidance. In addition, it was seen that the contribution of the problem solving approaches that are entered to the model

at the second step is significant (R=.44, R^2=.19, $F_{(9/799)}$ = 20.75, p<.001), and the perceived social support explains 19% of the variance in social avoidance and it was found that only self-confident approach among problem solving approaches (b=.253, p<.01) is a significant predictor of social avoidance.

Table 3.

Results of regression analysis regarding the capacity of perceived social support and problem solving approaches to explain 'criticism anxiety' sub-dimension of social anxiety

R	R^2	ΔR^2		B	Standard Error	b
0.240(a)	.06	.054	Constant	31.605	2.166	
			Family	-.182	.036	-.190*
			Friends	-.126	.055	-.085**
			Teacher	-.011	.027	-.015
0.335(b)	.113	.103	Impatient	.141	.046	.117*
			Thinking	-.273	.085	-.151*
			Avoidant	.044	.055	.033
			Evaluative	.017	.085	.009
			Self-Confident	.226	.062	.186*
			Planned	.129	.093	.078

*p<.01** p<.05

Hierarchical regression analysis is used in determining whether perceived social support and problem solving approaches explain 'criticism anxiety' sub-dimension of social anxiety at a significant level or not and it was seen that contribution of the perceived social support (family, friend, teacher) to the model that is entered to the composed model at the first step is significant (R=.24, R^2=.06, $F_{(3/805)}$ = 16.41, p<.001). Perceived social support explains 6% of the variance in social avoidance. It was seen that perceived family (b=.190, p<.01) and friend support (b=.085, p<.05) are significant predictors of 'the Criticism anxiety, and it was seen that the contribution of the problem solving approaches that are entered to the model at the second step is significant (R=.34, R^2=.11, $F_{(9/799)}$ = 11.26, p<.001), and the perceived social support explains 11% of the variance in the Criticism anxiety. The impatient (b=.117, p<.01), thinking (b=.151, p<.01) and self-confident (b=.186, p<.01) approaches among problem solving approaches are found to be significant predictors of social anxiety.

Table 4.

Results of regression analysis regarding the capacity of perceived social support and problem solving approaches to explain 'self-depreciation' sub-dimension of social anxiety

R	R^2	ΔR^2		B	Standard Error	β
0.346(a)	.120	.116	Constant	26.435	1.735	
			Family	-.201	.029	-.253*
			Friends	-.144	.044	-.118*
			Teacher	-.046	.022	-.074**
0.436(b)	.190	.181	Impatient	.086	.037	.086**
			Thinking	-.123	.067	-.082
			Avoidant	.152	.044	.135*
			Evaluative	.015	.067	.009
			Self-Confident	.112	.049	.111**
			Planned	.166	.073	.121**

*p<.01** p<.05

Hierarchical regression analysis is used in determining whether perceived social support and problem solving approaches explain 'self-depreciation' sub-dimension of social anxiety at a significant level or not, and it was seen that contribution of the perceived social support (family, friend, teacher) to the model that is entered to the composed model at the first step is significant (R=.35, R^2=.12, $F_{(3/805)}$ = 36.51, p<.01), and that perceived social support explains 12% of the variance in self-depreciation. It was seen that perceived family (b=*0.253*, *p*<.01), friend (b=*0.118*, *p*<.01) and teacher (b=*0.074*, *p*<.05) support are important predictors of self-depreciation. In addition, it was seen that the contribution of the problem solving approaches that are entered to the model at the second step is significant (R=.44, R^2=.19, $F_{(9/799)}$ = 20.83, p<.001), and the perceived social support explains 19% of the variance in social avoidance. The impatient (b=*.086*, *p*<.05), avoidant (b=*.135*, *p*<.01), self-confident (b=*.111*, *p*<.05) and planned (b=*.121*, *p*<.05) problem solving approaches were found to be significant predictors of 'self-depreciation' sub-dimension of social anxiety.

Discussion

It was seen that there is negative correlation between social avoidance, criticism anxiety, self-depreciation sub-dimensions of social anxiety and family, friends and teacher sub-dimensions of perceived social support. Family, friend and teacher sub-dimension of the social support perceived by university students are significant predictors of 'social avoidance' sub-dimension of social anxiety; family and friend sub-dimensions are significant predictors of 'Criticism anxiety' sub-dimension of social anxiety; family, friend and family sub-dimension are significant predictors of 'self-depreciation' sub-dimension of social anxiety. These results indicate that the individuals with social anxiety experience social avoidance, Criticism anxiety and Self-depreciation when they do not feel adequate social support from their families, friends and teachers. The finding that the perceived social support levels are low in socially anxious individuals in the studies about the relationship between social support and social anxiety (Aras and Tel, 2009; Calsyn, Winter, & Burger, 2005; Potoczinak, Mirela, & Cirleen, 2007; Wonderlich-Tierney & Vander, 2010) are in line with the findings of this study. In addition, the finding that the individuals receiving social support experience less anxiety (Akkök, 1989; Arı, 2006; Chen & Tang, 1997; Cohen & Wills, 1985; Çürük, 2008; Dalgard, Bjork, & Tambs, 1995; Holyord, 1987; Özkan, 2002) is also supportive of this study. Restriction of social activities causes individuals to have difficulty and to feel anxious in carrying out their expected roles within family and society. This causes an increase in the requirements related to social support. It is stated that sufficient social support increase the life quality of the individuals as a result of decreasing social isolation by positively affecting protection and treatment of health, and insufficient social support causes the symptoms of the disorder to reveal, increase its frequency and magnitude, and lengthen time of effectiveness. The situation of having sufficient social support is reported to decrease the frequency of experiencing anxiety and depression (Aras and Tel, 2009). The individual running away from social mediums may feel more comfortable in such mediums with the support received from immediate surroundings. Moreover, the individual will relieve himself/herself from the feeling of loneliness and feel secure in social environments, and the feeling that he/she is important for someone else will strengthen him/her and free himself/herself from self-depreciation.

When the relationships between social avoidance, criticism anxiety, self-depreciation dimension of social anxiety and problem solving approaches were examined, it was seen that there is positive correlation between all sub-dimensions of social anxiety and problem solving approaches. It was found that self-confident approach from problem solving approaches is significant predictor of 'social avoidance' sub-dimension; impatient, thinking and self-confident approaches are significant predictors of 'the criticism anxiety' sub-dimension; and impatient, avoidant, self-confident and planned approaches are significant predictors of 'self-depreciation' sub-dimension. This indicates that the unconfident individuals who do not receive social support experience social avoidance; the impatient individuals, the individuals who act without thinking and the unconfident individuals experience the anxiety of being criticized; and the impatient,

avoidant, unconfident and unplanned individuals experience self-depreciation. It can be said that social support and problem solving affect each other and that the individuals who perceive social support think more positively when they face problematic situations think and cope better with such problems (Arslan, 2009; Budak, 1999; Işık-Terzi, 2000). In the perception of the young people who can talk their problems with their parents, friends and other people older than them as more problem solvers, social support has a positive impact. Even the existence of someone who they talk their problems with indicates that they have significant social support resources (Korkut, 2002). As loneliness and lack of social support may cause psychological disorders, the social support provided to the individuals brings advantages in using strategies for coping with stressful occasions (Plotnik, 2007). Even though problem solving is skill that is developed as a result of all education and training activities, this skill can be more easy and effective with the support provided to the individuals and may facilitate the individual's adaptation to life. Problem solving is related with coping with stressful and anxious events, psychological health and adaptation, and all of these is closely related with existing or perceived social support (Okanlı, Tortumluoğlu, & Kırpınar, 2003; Sorias, 1989).

It is stated that individuals who are not effective in solving their problems are more anxious and insecure compared to the individuals with the skill of effective problem solving, and that they are inadequate in understanding other's expectations and they experience more emotional problems. Situations such as anxiety, shyness and fear negatively affect the problem solving skill of individuals (Ağır, 2007; Bingham, 2004). When the studies conducted regarding the relationship between problem solving and the individuals avoiding social environments were examined, it was seen that avoidant decision making is correlated with problem solving (Deniz, 2004) and the individuals exhibiting social avoidance behavior have poor problem solving skills (McGuire, 2002). When individual receive problem solving training, they begin not being afraid of being evaluated negatively and thus establish social relations easily (Mcmurrran & McGuire, 2005): Being able to use effective problem solving skills frees the individual from social anxiety as well as general anxiety (Stein, Hollander, & Rothbaum, 2009). The studies indicating that problem solving skills are correlated with general anxiety, shyness, social anxiety level (Erenler, 2007) and that this anxiety can be decreased with problem solving training (Anderson & Kazantzis, 2008; Dutton, 2002; Szabo and Lovibond, 2002) support the findings of this study. The findings of studies researching the relationship between problem solving and social anxiety (Adalbjarnardottir, 1995; Hamarta, 2009; Hamarta, Baltacı, Üre, & Demirbaş, 2010; Palancı, 2004; Rubin & Mills, 1988; Stewart & Rubin, 1995) about socially anxious individuals having poor problem solving skills are similar to the findings of this study.

Within the framework of these study results, the following suggestions were made: *(i)* The findings indicating that there is a correlation between social anxiety, social support and problem solving shows that activities focused on development of problem solving skills in a way that will include family and friends can take part in studies conducted to reduce social anxiety. *(ii)* The most important thing for university student that are about to step into the adult life to have low social anxiety levels is about democratic parental attitudes that let them to express themselves and respect their decisions. Thus, it can be enabled to generalize democratic parental attitudes by organizing parent trainings. *(iii)* New studies can be conducted with these variables in different sample group in order to generalize the findings of the study for Turkey and new variables can be added to the future studies in line with the findings obtained from these studies.

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