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DETERMINATION OF LEVEL OF SOCIAL ANXIETY IN ALCOHOL AND SUBSTANCE ADDICTED PEOPLE

ABSTRACT

The aim of this study is to determine the social anxiety levels of individuals who use alcohol and substance. The research was designed with the quantitative method and 90 women and 224 men were interviewed with a total of 314 people. Participants of the study are addicted individuals who are treated alcohol and substance at Ankara Hacettepe Hospital. The questionnaire form was used to collect the research data and the socio-demographic information of the participants in the first section and the Liebowitz Social Anxiety Scale were included in the second section. SPSS program was used in the analysis of the data. The tests used and the analysis used in the study are descriptive statistics analysis, One Way-Variance Analysis, and Independent Samples T-Test. In the findings, the level of social anxiety of alcohol and substance users was medium level above. A significant difference was found between the addiction period, age, education level and social anxiety of people with alcohol and substance abuse.

Keywords: Addiction, addicts, social anxiety.

MADDE VE ALKOL BAĞIMLILARINDA SOSYAL KAYGI DÜZEYİNİN BELİRLENMESİ

ÖZ

Bu araştırmanın amacı, alkol ve madde kullanan bireylerin sosyal kaygı düzeylerinin belirlenmesidir. Araştırma nicel araştırma yöntemi ile kurgulanmış ve 90 kadın ve 224 erkek toplam 314 kişi ile görüşülmüştür. Araştırmanın katılımcıları Ankara Hacettepe Hastanesi'nde madde ve alkol tedavisi gören bireylerdir. Araştırma verilerinin toplanmasında anket formu kullanılmış; birinci bölümde katılımcıların sosyo-demografik bilgilerine, ikinci bölümde Liebowitz Sosyal Kaygı Ölçeği'ne yer verilmiştir. Verilerin analiz edilmesinde SPSS programından yararlanılmıştır. Çalışmada kullanılan test ve analizler Bağımsız Örneklemler T Testi ve Tek Yönlü Varyans Analizi'dir. Alkol ve madde kullananların sosyal kaygı düzeyleri orta düzeyin üzerinde bulunmuştur. Alkol ve maddeyi kötüye kullananların bağımlılık süresi, yaş ve eğitim düzeyi ile sosyal kaygıları arasında anlamlı farklılıklar bulunmuştur.

Anahtar Kelimeler: Bağımlılık, bağımlılar, sosyal kaygı.

1. INTRODUCTION

Addiction is the type of relationship which refers to a special situation occurring later in the relationship created by the person depending on the object or the situation. This relationship can be seen as moments when specific behaviors make sense. By using the substance, the individual experiences fake well-being. Habit and addiction, which means attachment to the substance, lead to physical dependence and tolerance in the individual. The consequences of drugs, stimulants and alcohol are quite harmful. These substances affecting the whole life of the individuals are so effective in the nervous system. In addition, by damaging the emotional state of the individuals, affect their emotions, thoughts, and behaviors. It makes a habit easily due to the chemically active substance so it creates addiction easily. Formation of the request for substance stems from the use of the substance to eliminate the restlessness occurring in the organism (Babaoğlu, 1997; Köknel, 1999; Şahin, 2007).

There are many reasons for using alcohol and substance. These include personal curiosity, the circle of friends and communication disorders and problems within the family. However, the causes of substance abuse are generally explained under the following headings: a) properties of the substance used, b) personal characteristics, c) environmental properties. Addictive substances are chemically active in the central nervous system by binding to receptor cells and this situation causes addiction. Substance-

addicted people are generally having low self-esteem, perceiving themselves as worthless and having deficiencies and are anxious. One of the personal features can be seen in substance abuse is excitement and pleasure from the change. Considering in terms of environmental factors, prevalence, accessibility and supply of the addictive substance plays an important role in addicting although the interactions with the social environment, peer group and the friend circle of the individual are effective (Köknel, 1999; Kulaksızığlu, 2008; Tekalan, 2012).

Phobia is the situation becoming a disproportionate fear of continuity which takes too many emotional states to avoid it although the danger does not occur or when the dangerous situation is so low (Butcher, Mineka & Hooley, 2013). The term phobia was described by Gupta, Bali & Jiloh (2009) occurrence of excessive fear which is not observed in a normal individual. Irrational elements of fear occur in behaviors. These kinds of fears generally constitute the state of fair occurring as a result of observing certain objects although there should be a state of fear which is not normally observed. It can occur in the context of pressure, anxiety, and one of irrational fear although the levels of different effects are an effective factor in the formation of phobia in the individual. The issue of occurrence of phobia is in the form that there is an intensity of emotion which acts as a result of intense reactions to unrealistic and simple events (Burkovik, 2011; Saul, 2001). Social phobia is included *Diagnostic and Statistical Manual of Mental Disorders-V* as social anxiety (DSM V, 2013). Kring, Davison, Neale & Johnson (2015) described social anxiety as an unreasonable and permanent fear to live in social environments which affect the socialization of individuals as they meet unfamiliar people. Butcher et al (2013) stated that social anxiety is insufficient fears in the social environments.

People experiencing social anxiety can develop panic disorder, obsessive-compulsive disorders, body deformities, major depression, eating orders and substance abuse disorders. Individuals with social anxiety may tend to use drugs deal with this condition according to the findings in the literature. People with social anxiety may resort to use substance or alcohol rather than medication when dealing with social anxiety. These people are embarrassed and avoid social situations because they fear shame or lack of social attention. In this context, substance abuse and addiction often bring with social anxiety. Studies addressing the relationship between alcohol and substance abuse and social anxiety can be mentioned at national and international level (Book, Thomas, Smith & Miller, 2012; Ugurlu, Sengul & Sengul, 2012; Evren, 2010; Schneier et al., 2010; Book, Thomas, Randall & Randall, 2008; Mariani & Levin, 2008; Smith & Book, 2008; Bozkurt, Pektas, Kalyoncu, Mırsal & Beyazyurek, 2003).

The frequency of lifelong social anxiety among substance users is about twice the number of non-drug users. In conducted studies, the rate of social anxiety was found to be 8-56% in patients with substance abuse. High substance dependency rate (16-36%) was found in patients with social anxiety (Davidson, Hughes, George & Blazer, 1993; Dilbaz, 2000; Schuckit et al., 1997; Davidson et al., 1993). Therefore, this study aims to determine the level of social anxiety in alcohol and substance addicts.

1.1. Aims and Research Questions

The general aim of the research is to see the frequency of social anxiety in alcohol and substance addicts and to examine this in terms of some socio-demographic variables. Answers to the following questions will be sought for this general purpose.

1. What is the frequency of social anxiety in people with alcohol and substance abuse?

2. How do the symptoms of social anxiety change according to the variables of the participants?

2. RESEARCH DESIGN

In the study, the social anxiety level of addicted people was examined according to independent variables such as addiction period, age, gender, education level. In this scope, screening research has used the study.

2.1. Participants

Population of the study is people who are addicted to the alcohol and substance. The sample of the study consists of 314 people, 90 women 224 men, who were treated for drug addiction in Ankara Hacettepe Hospital. The proportion of those between the ages of 18-24 is 30%, those between the ages of 25-34

are 36% and those between the ages of 35-44 are 20% and those between the ages of 45-54 are 6%. 45% of the participants are single, 30% are married and 24% are divorced. The rate of having 1 child participant was 13%, 2 child participant was 18%, 3 child participant was 6%, and 4 or more child participant was 4%. Considering the educational level of the participants, the ratio of primary school graduates are 20%, secondary school graduates are 25%, high school graduates are 34%, university graduates are 21%. When the addiction period is examined, the proportions of those who are addicted for 1-3 years are 19%, addicted for 3-5 years are 25%, addicted for 5-7 years are 21%, addicted for 7-9 years are 17% and addicted for 9 years and above are 17%.

2.2. Instruments

The data collection tools in this study are two: 1) Demographic Information Form is created to determine the socio-demographic information of the participants. 2) Liebowitz Social Anxiety Scale (LSAS)- developed by Heimberg et al. (1999)- is created to demonstrate having social anxiety, fear and avoidance behaviors of individuals.

LSAS has two subscales. One of them is a fear scale and the other is avoidance scale. There are 24 items in total. 11 of these items are social, 13 are performance-related items. High scores on the scale mean anxiety and avoidance are high. When the significance value is analyzed, it was found that the Cronbach's Alpha value of LSAS ranged between 0.81 and 0.92. Soykan, Özgüven & Gençöz (2003) adapted the scale to Turkish. The significance of the scale was found to be 0.98. This Cronbach Alpha value indicates that the reliability of the scale is very high. The Cronbach Alpha value was 0.94 for the 'fear' sub-dimension and Cronbach Alpha value for the 'avoidance' sub-dimension was 0.93.

3. RESULTS

Descriptive statistics related to social anxiety levels of addicts are given below.

Table1. Descriptive Statistics About the Level of Social Anxiety of Addicts

	N	x̄	Sd
Social Anxiety	314	65,70	8,39

According to the results in the table, social anxiety mean scores of addicts were calculated as 65,70 and standard deviation of them was calculated 8,39. Accordingly, it can be stated that the social anxiety of addicts is above the middle level.

The results of the analysis of social anxiety by socio-demographic variables of individuals with substance abuse are presented in the table below.

Table2. Results of Statistical Tests of Social Anxiety by Socio-demographic Variables

Statistical Analysis	*$p<0.05$
	One-way anova analysis
Addiction Period	F=4,176*; p=0,03
	Independent samples t test
Gender	t=1,37; p=0,796
	One-way anova analysis
Age	F=4,312*; p=0,002
	One-way anova analysis
Education Level	F=3,726*; p=0,030

As a result of the analysis, a statistically significant difference was found between the means of the groups of addiction period, age, and education level. On the other hand, no significant difference was found among the social anxiety of addicts according to their gender.

4. DISCUSSION AND CONCLUSION

Alcohol and substance addiction and social anxiety are serious risk factors which should be evaluated clinically in society. Addicted people, especially alcohol and substance users, tend to develop numerous harmful coping strategies because life is very difficult for those who have social anxiety. The high rate of substance abuse is detrimental to the patient's performance at work. Thus, the number of days the

person does not go to work and even unemployment may be an issue (Schuckit et al. 1997). People with social anxiety use substance instead of medication to deal with their social anxiety. These people are often afraid and avoiding social environments due to the delusion that they will suffer rather than fear of shame or lack of social interest. Substance abuse and addiction are often accompanied by social anxiety (Davidson et al. 1993).

In the study, social anxiety was found to be above the medium level in alcohol and substance users. Studies done by Book, Thomas, Smith & Miller (2012) support this finding. They reported that social anxiety of alcohol and substance users was largely serious level. Studies in the literature reveal the relationship between substance abuse and social anxiety (Book, Thomas, Smith & Miller, 2012; Evren, 2010; Schneier, Foose, Hasin, Heimberg, Liu, Grant & Blanco, 2010; Book, Thomas, Randall & Randall, 2008; Mariani & Levin, 2008; Smith & Book, 2008). Almost half of those with social anxiety have also been diagnosed with substance abuse (Evren, 2010). A significant difference was found between the age group of people with substance abuse and social anxiety. In the study of Aydın (2015), it was concluded that there was no significant relationship between the social anxiety score and the age variable. A significant relationship was found between the educational level of substance addicts and social anxiety. In the study conducted by Aydın (2015), according to the results of data analysis, it was determined that there was no statistically significant relationship between social phobia and education level.

Establishing a mechanism in the family which will respect the individual's decisions and make it autonomous can prevent individuals from getting bad habits. Spreading sports and artistic activities and encouraging and ensuring the participation of individuals in them can decrease the rate of substance use. Individuals can have very different abilities. Exploring individuals' abilities and creating environments that allow them to do this are situations which will reduce substance use (Uzbay, 2011).

Finally, professionals -doctors, psychologists, social workers, psychiatrists- working on addiction treatment and rehabilitation should evaluate the relationship between social anxiety and addiction carefully. Increasing alcohol and substance addiction in Turkey attracts the attention of both the public and science and researches are carried out on the subject. The study is intended to shed light on extensive research on various samples to be carried out in the future.

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