

Social Phobia in Higher Education: The Influence of Nomophobia on Social Phobia

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Abstract

The purpose of the study was to determine the level of nomophobic and sociophobic behaviours of young adults and to consider the degree to which being nomophobia relates to social phobia. The research was carried out through relational survey method and the questionnaire approaches over the research population, that is, higher education students at ESOGÜ. Nomophobia (NMP) questionnaire developed by Yıldırım and Correia (2015) and the fear of positive evaluation scale (FPES) developed by Weeks and et al. (2008) were used to identify potential correlation between nomophobia and social phobia levels wit to what extent nomophobic behaviour of young adults forecast their social phobia. Descriptive statistics, correlation and regression analysis were applied to dependent and independent variables. For computing SPSS 19.0 statistical software was used. The research concluded that nomophobic behaviour of young adults predict their social phobia levels to a small extent. That is, when nomophobia level increases, their social phobia level is predictable with the increase concerned.

Keywords: nomophobia, social phobia, college students

Introduction

A phobia is a type of anxiety disorder, usually defined as a persistent fear of an object or situation in which the sufferer commits to great lengths in avoiding, typically disproportional to the actual danger posed, often being recognized as irrational. In the event the phobia cannot be avoided entirely, the sufferer will endure the situation or object with marked distress and significant interference in social or occupational activities (Bourne, 2011, p.50–51). Social Anxiety Disorder, also known as Social Phobia, involves intense fear of certain social situations, especially situations that are unfamiliar (Hockenbury, 2013). Social phobia (social anxiety disorder) is the most common anxiety disorder and the third most common mental disorder in the population. If untreated, the disorder typically follows a chronic,

unremitting course, leading to substantial impairments in vocational and social functioning (Hofmann, & Bögels, 2006). People with social anxiety disorder have difficulty forming and retaining personal and social relationships, have higher risk of leaving school early and obtaining poorer qualifications, experience impairment in their daily functioning including work/school performance and social life, and report an important reduction in their quality of life compared with people without the disorder (Aderka, et al, 2012, p.394)

People with social anxiety are often seen by others as being shy, quiet, backward, withdrawn, inhibited, unfriendly, nervous, aloof, and disinterested. This disorder is not simply shyness that has been inappropriately medicalized (Gold, 2014, p.258). The anxiety can interfere significantly with daily routines, occupational performance, or social life, making it difficult to complete school, interview and get a job, and have friendships. People with social anxiety disorder may be afraid of a specific situation, such as speaking in public. However, most people with social anxiety disorder fear more than one social situation (Goldberg, 2014).

Paradoxically, people with social anxiety want to make friends, be included in groups, and be involved and engaged in social interactions. But having social anxiety prevents people from being able to do the things they want to do. Although people with social anxiety want to be friendly, open, and sociable, it is fear (anxiety) that holds them back (Richards, 2013). Although they recognize that the fear is excessive and unreasonable, people with social anxiety disorder feel powerless against their anxiety. They are terrified they will humiliate or embarrass themselves. They also incur considerable healthcare costs, especially relating to the use of primary care services, experience high levels of productivity losses and receive higher social benefits compared with people in the general population (Patel, Knapp, Henderson, Baldwin, 2002). It has been shown that as the number of social fears increases, so does health service utilisation. The presence of comorbid psychiatric disorders increases usage of health services, and productivity losses (Acartürk, de Graaf, van Straten, Cuijpers, 2008).

Cognitive-behavioral models propose that fear of negative evaluation is the core feature of social anxiety disorder. However, it may be that fear of evaluation in general is important in social anxiety, including fears of positive as well as negative evaluation. According to the model put forth by Gilbert (2001) and colleagues (e.g., Trower & Gilbert, 1989; Trower, Gilbert, & Sherling, 1990) social anxiety is directly related to agonistic threat interactions in humans. The purpose of social anxiety is to avoid unnecessarily challenging the dominant member of a social group, while simultaneously remaining within the safe confines of the group. Thus, Gilbert (2001) proposes that social anxiety is an evolutionary mechanism that facilitates non-violent interactions between individuals. In outlining his ethological-psychobiological model, Gilbert suggested that, "Those who feel inferior may fear increases in status that might bring them into conflict with others, or they may fear that any gains could not be maintained or defended in the future" (2001, pp. 742-743). Gilbert dubbed this concept the "fear of doing well" (p. 742). Furthermore, consistent with Gilbert's (2001) interpretation, Wallace and Alden (1995, 1997) reported that socially anxious individuals who were exposed to positive social signals via structured social interaction roleplays rated their social performance positively and consequently worried that others would expect more of them. However, they also believed that their typical performance would not change. As a result, unlike persons without social anxiety, they worried that initial positive appraisal would lead to future negative appraisal. Weeks and his colleagues (2008) developed the Fear of Positive Evaluation Scale (FPES) to report socially anxious individuals.

With the changes of technologies, new challenges are emerging on a daily basis and new kinds of phobias have emerged, the so-called techno-phobias. It is, however, arguable that the word "phobia" is misused and that in the majority of cases it is only a normal anxiety (Bragazzi, & Puenete 2014). The mobile phone is among the technological tools with the greatest presence in the market (Choliz, 2012). Moreover, recent developments of new operating systems, abundant applications, and competition between vendors have facilitated a remarkable growth in the number of users (Park, Kim, Shon & Shim, 2013, p.1764). Mobile phones have become an essential part of modern human life. They have many attributes which makes them very attractive to both young and old. There has been an increasing trend in the use of mobile phones among students. While the mobility of smartphones provides apparent benefits and enable individuals to satisfy their basic needs, it may also induce some problems associated with smartphone use (Kang & Jung, 2014, p, 376).

However, despite the fact that it is an extraordinarily useful tool and facilitates the performance of numerous social and personal functions, uncontrolled, inappropriate, or excessive use of mobile

phones can give rise to problems in interactions with parents and in other areas (Choliz, 2012). By preventing people from working or studying, addiction can cause harm to both individuals and society (Bianchi, & Phillips, 2005). People have become so dependent on them that discovering it is out of charge or simply misplacing it sends stress levels soaring. Its physical characteristics as well as the psychological processes involved in its use explain both the fascination it elicits, and the abuse or dependence it can provoke or encourage in adolescents. (Choliz, 2012)

According to Bianchi and Philips (2005) psychological factors are involved in the overuse of a mobile phone. These could include low self-esteem, when individuals looking for reassurance use the mobile phone in inappropriate ways, and extroverted personality, when naturally social individuals use the mobile phone to excess. It is also highly possible that nomophobic symptoms may be caused by other underlying and pre-existing mental disorders, with likely candidates including social phobia or social anxiety disorder, and panic disorder.

Millions apparently suffer from "no mobile phobia", which has been given the name nomophobia. It is the fear of becoming technologically incommunicable, distant from the mobile phone or not connected to the Web" (King, Valença, & Nardi 2010, p. 52). Nomophobia is considered a modern age phobia introduced to our lives as a by-product of the interaction between people and mobile information and communication technologies, especially smartphones (Yıldırım, Correia 2015a, p. 130). Although nomophobia does not appear in the current DSM-V, it has been proposed as a "specific phobia", based on definitions given in the DSM-IV (Diagnostic & Statistical Manual of Mental Disorders, 4th Ed) (Bragazzi, & Puenete 2014).

Anxiety is provoked by several reasons, such as the loss of a mobile phone, loss of reception, and a dead mobile phone battery. Some clinical characteristics of nomophobia include using the device impulsively as a protective shell, as a transitional object or as a means for avoiding social communication, having one or more devices with access to internet, always carrying a charger, and experiencing feelings of anxiety when thinking about losing the mobile, avoiding as much as possible the places and the situations in which the use of the device is banned (such as public transit, restaurants, theaters, and airports), keeping the mobile phone always switched on, having few social face-to-face interactions, which would lead to anxiety and stress. They prefer to communicate using the new technologies and look at the phone's screen to see whether messages or calls have been received (Bragazzi & Puenete 2014, p. 158).

The term, an abbreviation for "no-mobile-phone phobia", was coined during a 2010 study by the UK Post Office who commissioned *You Gov*, a UK-based research organization, to look at anxieties suffered by mobile phone users. The study found that nearly 53% of mobile phone users in Britain tend to be anxious when they "lose their mobile phone, run out of battery or credit, or have no network coverage". The study found that about 58% of men and 47% of women suffer from the phobia, and an additional 9% feel stressed when their mobile phones are off. The study sampled 2,163 people. Fifty-five percent of those surveyed cited keeping in touch with friends or family as the main reason for anxiety when they could not use their mobile phones (Dixit, et al., 2010).

The patients with social phobia disorder generally protect themselves from situations where they are exposed, , such as when public speaking, presenting papers, or participating in social groups. Using PC is comfortable way to attempt to establish the social and personal relations they desired. They observed that people with social phobia who developed a dependency on communication through mobile phone or PC as a form of relating to the outside world to reduce stress and to avoid direct social relations (King, Valença, Silva, Baczynski & Carvalho, 2013). Highly socially anxious individuals then transfer most of their social activities, including the formation of strong friendships, into the online world, where they feel safer and more comfortable than in real world. At the same time, these individuals deem themselves more successful in computer based communication than in real, face-to-face communication (Shalom, Israeli, Markovitzky, & Lipsitz, 2015) and communicate with a higher number of people online than face-to-face (Lee & Stapinski, 2012).

There are several studies related to nomophobia and social phobia separately. In this context, in order to supply more and detailed information on stated topics, to supplement to small number of research study results, it was aimed to determine the level of nomophobic and sociophobic behaviours of young adults, and to consider the degree to which being nomophobia relates to social phobia.

Method

The research was carried out through relational survey method and the questionnaire approaches over the research population, that is, higher education students at ESOGÜ. Since the whole population was accessible, no sampling method was used. After missing values due to participants were eliminated, data from 265 of 280 students were used in this study.

Nomophobia (NMP) questionnaire developed by Yıldırım and Correia (2015b) and the fear of positive evaluation scale (FPES) developed by Weeks and et al. (2008) were used to identify potential correlation between nomophobia and social phobia levels, i.e. the extent to which nomophobic behaviour of young adults predicts their social phobia. Descriptive statistics, correlation and regression analysis were applied to dependent and independent variables. For computing SPSS 19.0 statistical software was used.

Findings

Of the participants, there are 173 (65.3%) females and 92 (34.7%) males. The distribution of class level groups is as follows: level 1; 62.6% level 2; 17.7% level 3; 17.4% level 4; 2.3%. In terms of mother's literacy, 29.1% (77) are illiterate; 38.1% (101) have primary school diploma; 12.5% (33) have secondary school diploma; 17% (45) have high school diploma; 3% (8) have bachelor degree; .4% (1) have post graduate degree. For fathers; 1.28% (3) are illiterate; 25.7% (68) have primary school diploma; 14% (37) have secondary school diploma; 35.8% (95) have high school diploma; 10.2% (27) have bachelor degree; 1.5% (4) have post-graduate degree.

Nomophobia

The responses of the students were summarized with means to explore their nomophobic behaviors. Briefly, it was found that, not being able to communicate, losing connectedness and not being able to access information cause students to feel panic, worried and even anxious. T test was conducted to examine the effect of gender on nomophobic behaviour of young adults. There was no statistically significant difference between groups in their nomophobic behaviour ($p=.286$). A one way anova test was conducted to examine the effect of class level on nomophobic behaviour of young adults. Following one-way analysis of variance (ANOVA), it is possible to explore further and compare the mean of one group with the mean of another using Fisher's Least Significant Difference (LSD) test. When compared the NMP level of the class levels, it was seen that 4th level class students' NMP level was higher than that of the 2nd. Another comparison pinpointed that the 1st class level students' NMP ratio was lower than the 2nd. The effect of family income on nomophobic behaviour of young adults was analysed using one way anova test. Following one-way analysis of variance (ANOVA), it is possible to explore further and compare the mean of one group with the mean of another using Fisher's Least Significant Difference (LSD) test. When compared the NMP level in terms of family income, it was seen that the greater the family income, the higher NMP ratio. As a result of one way anova test, it was seen that the effect of parents' literacy on nomophobic behaviour of young adults was not statistically significant between groups in their nomophobic behaviour ($p=.246$ & $p=.471$).

Social phobia

The responses of the students were summarized with means to explore their social phobic behaviors. The highest ones are item 10 (I often feel under-appreciated, and wish people would comment more on my positive qualities), item 7 (If I was doing something well in front of others, I would wonder whether I was doing "too well."), item 6 (I would rather receive a compliment from someone when that person and I were alone than when in the presence of others) and item 9 (I don't like to be noticed when I am in public places, even if I feel as though I am being admired). T test was conducted to examine the effect of gender on sociophobic behaviour of young adults. There was no statistically significant difference between groups in their sociophobic behaviour ($p=.823$). One way anova test was conducted to examine the effect of class level, family income and parents literacy on sociophobic behaviour of young adults. The effect of father's literacy on sociophobic behaviour of young adults was found to be statistically significant. Following one-way analysis of variance (ANOVA), it is possible to explore further and compare the mean of one group with the mean of another using Fisher's Least Significant Difference (LSD) test. When compared the NMP level in terms of father's literacy, it was seen that students whose father is illiterate have lower sociophobia level compared to those whose fathers has a post graduate degree.

Table 1. *Pearson Correlation on the Relationship between Nomophobia and Socialphobia.*

		Nomophobia Total	Socialphobia total
Nomophobia total	Pearson Correlation	1	,162**
	Sig. (2-tailed)		,008
	N	265	265
Socialphobia total	Pearson Correlation	,162**	1
	Sig. (2-tailed)	,008	
	N	265	265

*. Correlation is significant at the 0.05 level (2-tailed).

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

This test revealed a Pearson correlation coefficient, which is a measure of linear association between two variables. The value of the Pearson r indicates the strength of a linear association. The closer the Pearson r value is to 1, the stronger the positive correlation between the two variables. Conversely, the closer the Pearson r value is to -1, the stronger the negative correlation is between the two variables. Finally, the significance value is an indication of whether or not the degree of correlation is statistically significant. A significance value less than 0 is an indication of a statistically significant correlation between the two variables. (Spatz, 2001).

A correlation coefficient of 0 to 0.29 is considered low; correlations of 0.30 to 0.69 are considered moderate; correlations between 0.70 and 1.0 are considered strong (Warner, 2008). The Pearson $r = .162$ and the significance value of $.008$ lower than $.05$ indicating the statistical significance.

Table 2. *Linear Regression using Total Nomophobia to Predict Total Social Phobia*

Variables	B	StdE	Beta	t	p
Socialphobia	2.330	.129		18.062	.000
Nomophobia	.122	.46	.162	2.656	.008

R: .162, R² (corrected): .026; F: 7.052; P<.005

According to table 2 there is a low but significant level of correlation between social phobia and NMP (R=.162, P<.005). Besides NMP regresses 2.6% of Social phobia. [R= .162, R²=.026, F=7.052, p<.05).

Results and Discussion

There is little information about the nomophobia level of University students in Turkish context. According to the research, the sample screened consisted of 34.7% males and 65.3% females. 173 Females showed nomophobic behaviour of 2.9 out of 5, and 91 males showed nomophobic behaviour of 2.4 out of 5. The result of the study shows that this disorder is much more prevalent among the study group of women than men. Another study found that 53% males and 47% females were found to be nomophobic. Besides, their study shows that nomophobic behaviour is equally prevalent among the study group irrespective of gender (Dixit, Shukla, Bhagwat, Bindal, Goyal, Zaidi & Shrivastava; 2010). Our research showed that 173 females had social phobia level of 2.7 out of 5 for , and 91 males showed social phobic behaviour of 2.7 out of 5. The study again showed that social phobic disorder was seen among females much more than males.

The objective of the research was reached that could reveal a social phobia disorder that produced the dysfunctional behaviors. Daily excessive use of the smart phone, tablets etc. , for establishing

personal and social relationships through the internet and to escape from reality revealed the existence of a social phobia disorder. Our study revealed a low but significant level of correlation between nomophobia and social phobia disorder ($R = .162, p < .005$) and nomophobia regresses 2.6 percent of social phobia level ($R^2 = .026, F(7, 0.052), p < .05$). King, Valença, Silva, Baczynski, Carvalho and Nardi (2013) stresses that in the case of the patient with SPD, the role of internet and communication dependency causing nomophobia is more closely related to using those devices to avoid direct personal relationships rather than a pathological dependence on the device.

As for social phobia level, a very high level of social phobia symptoms was found among the young adult students on our campus, according to mean score from the scale. Social phobia mean was found 27 in females and 26 in males. Stewart and Mandrusiak (2007) study supports our findings and they found social phobia level as 25 in males and 20 in females. There are several potential explanations for these findings. One possibility, that there is an epidemic of social phobia on our campus, seems unlikely. From our perspective, the most plausible explanation stems from consideration of the nomophobia, which caused students to be alone in real social life. Thus, we must begin to look for other possible reasons, and conduct further research to shed light on our students' reports of high levels of social phobia symptoms.

We searched for the effect of class levels of students on nomophobia level. We found that fourth class students have higher level of nomophobia than second class students. Furthermore, second class students also have higher level of nomophobia level than first class students. So, this finding supports our idea that campuses, together with students' daily and social life, is a source which creates social phobia. According to a research completed in Iraq, results showed 44% of the study sample showed symptoms of social phobia. The rate of social phobia is higher in females than males with ratio of 3.5:1 (Hummadi and AlQbaidi, 2014). It can be inferred that Iraq represents a model of the challenging mental health needs of children in conflict-affected, low-income countries. Long-term instability, violent conflict and wars undermine health and mental health status in Iraq, particularly of children, who form half its population. Raising the level of knowledge and recognition of children's psychological health in this country has been difficult. Countries must be careful about their social life if they want to raise healthy, mindful and highly motivated for successful generations for their future.

Technology helps us stay connected and informed. Who can even imagine life without the Internet in their hands or being able to text to reassure their mothers. When technology does everything, however, it's easy to become dependent on it. And now, researchers are beginning to wonder if our tech addiction is improving or reducing our quality of life. With a phone in our hands, it is possible to find a date for a history paper without a book or library. But despite having these shortcuts, students are still spending the same amount of time on homework today as they were 30 years ago, when smartphones were unknown. The lack of difference can be accounted for by the time spent checking any notifications we get, just as a little break." A "little break" may sound harmless, but more is happening during that brief digression than you think. It is true that each beep, chime, or chirp seizes your attention, triggering your fight-or-flight response, acting as an alarm bell. It's designed to pull your thoughts away from whatever you're doing so you can focus on the "life-or-death" situation in front of us (Kaminsky, 2015). The results of the research are suggestive of the existence of mobile phone dependence among college students. The data is indicative of nomophobia as becoming the emerging problem of the modern era. Multicentric studies are required to evaluate the problem in reality, and thereby take appropriate steps to tackle the growing problem that threatens to disrupt human life.

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