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The Psychological Effects of Social Phobia on Undergraduate Students in the south of Jordan

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ABSTRACT

The problem of social phobia is a health and psychological problem, which should be focused on during meetings, events, scientific participation's and conferences among students within the university. Despite the importance of this aspect, less research has been conducted on it, especially in Arab countries. The purpose of the current work is to reveal the existence of the problem of social phobia among students of Jordanian public universities (Mutah University) in southern Jordan and determine the psychological effects of the problem of social phobia and its development among university students. This quantitative study was conducted on a sample of undergraduate students at different levels of study and from different faculties. Where they were chosen randomly and the number of participants was (615). The data was obtained through the use of a clear and controlled questionnaire. In addition, the data were analyzed using the descriptive analysis method, statistical analysis, and the psychosocial adjustment scale (Liebowitz). The results of this study, after analyzing the data, showed that 63.9% of the participants' students (male and female) do not suffer from social phobia, and 21.6% of them have slight effects of social phobia and it has moderate psychological effects that affect their lives, while 14.5% of the participating students have a high level of feeling social phobia. This means that university students have a high sense of psychological and social adjustment, thus the psychological impact of social phobia affects the quality of lives of students. Where the participating students who suffer from social phobia, their quality of life is not good. The most important finding in this study is that social phobia exists among university students, especially females, and this affects their quality of life and it also causes psychological effects. The spread of social phobia among students may increase with time, so this problem must be taken care of and treated early. We also recommend decision-makers, officials, and specialists in the psychological aspect run specific programs and raise awareness and treat the injured by specialists in the field of mental health to avoid the spread of social phobia and reduce its psychological effects.

Keywords: *Psychological Effects, Social Phobia, Undergraduate Students, Liebowitz Scale*

INTRODUCTION

Social phobia is a widespread psychological disorder, and studies indicate that its prevalence ranges between (14% -7%) in most societies and depression. Several terms describe this disorder, including social fear, social anxiety, shyness, and confusion in social situations, which is a type of pathological fear that has received much attention (2002). Its prevalence is not limited to one society or one culture without the other, and some scholars believe that this disorder represents (25%) of all cases of pathological fear [1]. A severe and incapacitating mental health condition known as social anxiety disorder or social phobia has a slow onset, manifests before or during adolescence, and is linked to serious impairment in social functioning and employment as well as increased psychological effects [2]. Social phobia will affect 13% of people for the rest of their lives and usually start in adolescence or early adulthood. According to recent studies, cumulative incidence rates are rising. After major depressive disorder and alcohol addiction, social anxiety is the third most diagnosed disease [3,4].

According to a 2014 cross-sectional study, 9.1% to 16.1% of participants had social phobias. 9.4% of Nigerians, according to studies, have SAD, which will have an impact on phobic health in both private and public colleges [5-9]. Social phobia was linked to drug use, joblessness, poor education, and lack of social support. Social phobia is linked to a lower quality of life, ineffective clinical exam achievement, and poor academic performance [10]. According to studies, there are 27.5%, 31.2%, and 32.8% of high school graduates in Woldia, Gondar, and Hawassa have social anxiety. Being a first or only child, studying medical technology, being female, getting younger in age, practicing a certain profession, being single, having a psychotic disorder, and having a positive family history of mental problems are all factors that have been linked to the growth of social phobia. The use of substances, a socioeconomically disadvantaged standing, unemployment, inadequate, and social support were all linked to social phobia, according to the evidence. Additionally, social phobia was linked to reduced educational outcomes, poor clinical test scores, and a lower quality of life [11,12].

The period of study at the university is considered an important period in the lives of students, because they have rapid awareness, maturity, and understanding of emotion and different psychological behaviors [13]. As the social communication between people, especially students at the university, is important because it is related to their studies, employment and life in general. Despite this, communication problems in general or interpersonal social communication have become one of the psychological problems that are increasingly prevalent among university students at the present time [13], also social phobia and social anxiety are among the main psychological problems that affect university students and which play a pivotal role and thus affect the academic level in a way particular and life in general. Some recent studies have shown that social anxiety began to spread among university students moderately and gradually to severe, even in developed countries such as China [14]. Whereas social anxiety is also linked to social phobia, but at times they refer to social anxiety as social phobia [14,15].

The study of the psychological effects of social phobia on university students is an important topic, and few studies have addressed this issue, especially in Arab countries such as the city of Jizan in the Kingdom of Saudi Arabia [16].This study is the first that was conducted in Jordan related to social phobia among university students, despite the prevalence of social phobia such as shyness, withdrawal, fear of speak to other people, lack of affection and lack of interest in social activities. Few research has been done related to the social phobia, especially in developing countries [17-19]. The current study evaluated the prevalence of social phobia among university students and its psychological effects on quality of life through the use of statistical analysis and the Liebowitz scale.

METHODS AND PROCEDURE
Study design
This research is a descriptive and quantitative investigative research based on the descriptive

design represented in the descriptive analytical method, where the questionnaire was adopted to collect information in an organized manner and was distributed to university students during the period from 5 March to the end of May 2022. The questionnaire included 25 paragraphs related to demographic and social characteristics, university level, and some paragraphs related to clinical factors. The reliability of the questionnaire paragraphs and their internal consistency were verified by SPSS version 24 (Statistical Package for Social Sciences), used for data analysis. After that, from Cronbach's scale, the value of alpha (α) [20] was calculated. We obtained results indicating that the reliability of the questionnaire was good ($\alpha \geq 0.79$) and the significant value of this work was significant ($p < 0.05$). In addition, social phobia was measured among university students using the Liebowitz scale.

Participants

The study sample was estimated of 615 participants, including ($n = 385$, 63%) females and ($n = 230$, 37%) males, and all participants are from Mutah University, which is located in the Mutah region, south of Jordan. Registration data was used to randomly select students. This is an observational and cross-sectional survey targeting a random sample of university students between the ages of 18 - 28 year and above 28 year. Among the faculties from which regular participating students were selected was the College of Humanities and Social Sciences, Educational Sciences, Medicine, Nursing, and Science, from different educational levels. Participants' data have obtained that show their demographic and social characteristics, including (gender, age, college, marital status, birth order, type of living accommodation, educational level, and smoking). The questionnaire was distributed to all participants according to their faculties, their levels of study, and their time of attendance. All participating students gave consent for the questionnaire to be completed well.

Data collection

Data and information were obtained by preparing a questionnaire in Arabic regarding the demographic characteristics of the participants, it is distributed by students selected from different faculties, and the importance of the questionnaire was explained to them in advance and also about its purpose, in order to explain to the participants the important information about the questionnaire and obtain their consent. The time to complete the questionnaire was set for 20 minutes so that the students could inquire about the paragraphs that were not clear to them or the terms in the questionnaire. All participants from the university students fill out the questionnaire, each student individually so that the answers are not repeated and lose their credibility. The survey data was collected over time periods according to the colleges and the times of student attendance. In addition, this study included tools related to the assessment and determination of the severity of social anxiety disorder using the Leibowitz Social Anxiety Scale (LSAS), the detection of social phobia using the Social Phobia Inventory Scale (SPIN), and the extent of the impact of social phobia on the quality of life, where Quality of life is evaluated using the BREF questionnaire of the Organization global health.

Data analysis and classification tools

The scale of social anxiety (SPIN), a 17-item self-rating scale designed to calculate social phobia). It demonstrates the symptom domains of social phobia and contains psychometric properties that are valid and reliable for detecting social phobia in teenagers and other populations (fear, physiological arousal, and avoidance). The value of this study's Cronbach's alpha was 0.79. The participants were asked to report the incidence of symptoms throughout the preceding week on a scale from 0 (not at all) to 4 (extremely), with the cumulative score ranging from 0 to 68. A student is deemed to have social anxiety if their SPIN score is 20 or higher [21-23].

The Liebowitz Social Anxiety Scale is a self-rating tool, which can be utilized to measure one's fear, anxiety, and avoidance of circumstances that are widely feared in social or performance settings. The scale was developed by Dr. Irving Liebowitz. There are a total of 24 components and 2 subscales included in the scale.

Investigating interpersonal connections is the focus of the first subscale, which includes 11 separate questions. Performance is the subject of the second subscale, which includes a total of 13 items. A four-point scale that is very similar to a Likert scale is used to evaluate the level of fear and avoidance behavior that occurred throughout the previous week. It measures both the extent to which anxiety and avoidance are present in everyday social interactions as well as the intensity of both. Additionally, it possesses a great degree of coherence within itself. If your score is less than 55, you have a light case of social anxiety; if it's between 55 and 64, you have a moderate condition; if it's between 65 and 79, you have a marked case; if it's between 80 and 94, you have a severe case; and if it's more than 95, you have a very severe case. It has been validated, and it can be relied on to accurately determine the extent of social phobia that a person possesses [24]. The value of Cronbach's alpha in this investigation was 0.98.

The WHOQOL - BREF, also known as the World Health Organization Quality of Life Scale Brief Version, is a generic self-administered questionnaire with 26 questions. It creates a profile with four domain scores: environmental domain (3 items), social interactions (7 items), and psychological domain (6 things) (8 items). Additionally, it creates two independently scored items that ask about the person's impression of their health and quality of life (QI). These things are in the profile (Q2). The Likert scale, which spans from one (very displeased) to five (highly satisfied) in a generally upward trend, was used to assign a score to each factor. This shows that items with higher scores are likely to have a greater quality of life overall. In order to make the questions, which were initially worded negatively, look in a more positive light, the answers to problems 3, 4, and 26 have had their scores inverted. As measured by Cronbach's alpha, the Turkish translation of the questionnaire scored 0.83 for physical validity, 0.66 for mental validity, 0.53 for social validity, and 0.73 for environmental and environment-national validity [25]. The Cronbach's alpha for this study was 0.82.

Statistical Analysis

In order to evaluate the data, SPSS version 24 was used. Descriptive statistics (frequency and percentage) and inferential statistics (the chi-square test) were utilized, respectively, in reference to categorical variables and numerical data. In order to do group comparisons based on the SPIN and LSAS scores, an analysis of variance (ANOVA) was carried out. A t-test on independent samples was used to compare the two groups of students (those who had social anxiety disorder and those who did not) in order to determine whether or not there was a significant difference between them. An examination of a connection involving two dependent variables and one independent variable was subjected to logistic regression analysis in order to determine its significance. The Pearson correlation coefficient was utilized all the way through the process of doing the correlation study.

RESULT

Characteristics of the Socio-demographic and clinical of the participants

Table 1 presents the sociodemographic and clinical characteristics of (615) participants in this study, making the response rate 100%. According to the results, 385 respondents (63%) were female and 230 (37%) were male. The majority of the students, who constituted (n= 452, 73.4%) of the total were under the age of 28. The students' ages ranged from 18 to 28 years, with a mean age of 22.07 and 21 (SD = 2.36). The sample included participating students from five different colleges, most of the participants were from the College of Science (n=163, 26.5%), and the least participants were from the College of Nursing (n=95, 15.5%). Most of the participating students were unmarried (n= 365, 59%) and the participants were married (n= 216, 35%), while (n= 34, 6%) were divorced. As for the order of births in the family, the results of the participants showed that the majority of them (n=328, 53%) were middle children in their families. In addition, the study found that 512 participants (83%) own housing meaning that the majority of them live with their families. The results obtained from the participants indicated that the largest part of the participants (n=207, 34%) were

first-year students, while the least participants were fourth-year students and constituted 109 (17%) of the total. Furthermore, we found that the majority of participating students do not smoke (n=425, 69%). The results shown in Table 1 showed that there are clearly differences in the demographic and clinical characteristics of the participating university students, which means that there are significant differences in the demographic and clinical characteristics ($p < 0.05$).

TABLE 1: represents the socio-demographic and clinical characteristics of the participants in this study.

Demographics Variables	Categorization	Total Number of responded (n = 615)	Percentage (n, %)
Gender	Male	230	37 %
	Female	385	63%
Age	18 - 28	452	73.4%
	Above 28	163	26.6%
College or Faculty	Educational Sciences	115	19%
	Humanities & Social Sciences	124	20%
	Medicine	118	19%
	Nursing	95	15.5%
	Science	163	26.5%
Marital status	Single	365	59%
	Married	216	35%
	Divorced	34	6%
Birth order in the family	First or only child in the family	198	32%
	Middle child	328	53%
	Last child	89	15%
Type of living accommodation	Owning house	512	83%
	Rent house	103	17%
Level of the study	I	207	34%
	II	164	27%
	III	135	22%
	IV	109	17%
Smoking	Yes	190	31%
	No	425	69%

Social phobia

Social phobia inventory or social anxiety disorder was detected in the participating students based on a score of 29, where participating students were screened and they having a score of ≥29 on the SPIN scale to be positive for social phobia inventory and SDA. From Table 2, we find that 159 (25.8%) of the participating students who were examined for social phobia inventory and SAD were positive for them and they are 91 (57.2%) were male and 68 (42.8%) were female. As for the birth order in the family, it was found that the first or only child in the family had a relationship with the lowest prevalence of SAD 25 (15.7%), while the child with the middle arrangement in the family was associated with a higher prevalence of SAD 98 (61%). This result shows that there is a statistically significant difference in the prevalence of SAD through the value of both X2 and P ($X2 = 6.407$, $P < 0.05$). As for gender, type of college, and type of residence, there are no statistically significant differences in the prevalence of SAD, where p values were greater than 0.05 (i.e. $P > 0.05$). In addition, most of the participants were young and unmarried, so the age criterion ($P = 0.776$) and the marital status criterion ($P = 0.513$) were not closely related to the prevalence of SAD. Among the results obtained is Cronbach's alpha value of the SPIN scale for the study sample, which is 0.87.

TABLE 2: represents the comparing social phobia with the demographic and Clinical variables of the participants in this study.

Demographics Variables	Categorization	SPIN score < 29 (n, %)	SPIN score ≥ 29 (n, %)	X2	P value
Study participants	-----	(456, 74.2)	(159, 25.8)	---	---
Gender	Male	(139, 30.5)	(91, 57.2)	2.952	0.090
	Female	(317, 69.5)	(68, 42.8)		
Age	18 - 28	(372, 81.5)	(80, 50.3)	0.503	0.776
	Above 28	(84, 18.5)	(79, 49.7)		
College type	Health colleges	(180, 39.5)	(33, 20.7)	0.223	0.705
	Others colleges	(276, 60.5)	(126, 79.3)		
Birth order in the family	First or only child in the family	(173, 37.9)	(25, 15.7)	6.407	0.041
	Middle child	(230, 50.6)	(98, 61)		
	Last child	(52, 11.5)	(37, 23.3)		
Type of living accommodation	Owning house	(384, 84.2)	(128, 80.5)	1.983	0.192
	Rent house	(72, 15.8)	(31, 19.5)		

The findings of the study indicate that through the use of logistical linear regression, it was shown that the final model consisted of three independent variables that had significant relationships with one another. The risk of social phobia was found to be 2.95 times higher among students who had started smoking cigarettes in the past three months in comparison to students who did not smoke cigarettes. Additionally, the risk was found to be 1.84 times higher among those who had a family history of mental illness in comparison to those who did not have a family history of psychiatric illness, and it was found to be 1.95 times higher among female students in comparison to male students.

The results of the study indicated that the majority of students did not suffer from social phobia fears and this was reflected in their assessments. The LSAS scale was also used to detect and determine the severity of social anxiety symptoms. The results showed that 63.9% (n = 393) of university students had mild symptoms, followed by 133 (21.6%) had moderate symptoms, and 14.5% (n = 89) had signs of serious symptoms. These results were obtained from participating students from different faculties. The LSAS scale used and produced in this study has a Cronbach's alpha of 0.973.

The items with the highest and lowest scores were examined using item analysis and which is explained in Table 3, item analysis showed that the mean value of items ranged from the value 0.56 (SD = 0.81) to item 13 (when I am close to other people, my heart palpitations worry me) to 0.96 (SD = 1.07) for item 2 (I am troubled by my tendency to blush). The three highest and most common items reported by participants were item 2 (M = 0.96, SD = 1.07) item 10 (I'm afraid of talking to strangers, M = 0.96, SD = 1.10) and Item 7 (Sweating ahead of people bothers me, M = 0.85, SD = 1.009). This also applied to the first three items on which students reported severe social phobia symptoms in the previous week, with items 2, 10 and 7 containing the largest proportion of all the other items. Moreover, the greatest mean item scores differed between the sub-scales (more in physiological discomfort), where two items of them have the lowest mean scores as items (1,14), which belonged to the fear of social circumstances subscale. Overall, less than one-fourth of the participating students showed positive symptoms of social phobia, and most had the mild symptom category.

TABLE 3 Item analysis of SPIN among students [26].

Sr.	Paragraph	Mean	SD
1	I am terrified of people in positions of authority.	0.67	0.977
2	I am troubled by my tendency to blush in public.	0.96	1.074
3	Parties and social gatherings terrify me.	0.83	0.958
4	I avoid conversing with strangers.	0.73	0.963
5	Being blamed terrifies me greatly.	0.84	0.959
6	I avoid doing things or talking to individuals because I am afraid of being embarrassed.	0.81	0.922
7	Sweating ahead of people bothers me.	0.86	1.008
8	I try not to attend gatherings.	0.78	0.891
9	I bypass movement when I am the focus of my attention.	0.79	0.994
10	I'm afraid of talking to strangers.	0.97	1.108
11	I try to avoid giving speeches.	0.84	0.991
12	I would go to any length to escape criticism.	0.66	0.926
13	When I'm close to other people, my heart palpitations worry me.	0.58	0.812
14	I am hesitant to do anything when others are observing.	0.68	0.932
15	My greatest fear is being disconcerted or appearing foolish.	0.73	0.887
16	I avoid speaking with individuals in positions of authority.	0.78	0.954
17	Quaking or shivering in front of others bothers me.	0.76	0.956

The Psychological Effects of Social Phobia on Students' Lives

For the purpose of evaluating the psychological impacts of the study on its participants, the World Health Organization Quality of Life Short Version Scale (WHOQOL-BREF) was applied. The results of this study showed that the mean total score for psychological effects or quality of life was (70.86+16.23). The current study found that the environmental health domain had the highest QOL domain for the dysphoric and phobic students with a mean score (23.5 ± 3.4), followed by the mean score for the physical health domain (22.4 ± 3.7), the mean score for the psychological health sector (17.7 ± 2.6), and the mean score for the social interactions or relationships domain (6.9 ± 2.3). The internal consistency reliability coefficient of the WHOQOLBREF scale was strong (Cronbach's alpha=0.831). The WHOQOL-BREF-TR results revealed that students who did not have social phobia had significantly higher quality of life scores in all of the mentioned domains than those who have social phobia (Table 4). As the quality of life measure also shows the psychological effects of social phobia on the lives of students, the results showed that social phobia is closely related to deterioration and psychological effects in various areas of quality of life, meaning that students who showed positive results for social phobia suffered from negative psychological effects that affect the quality of life more than Students who tested negative.

TABLE 4: Mean distribution of psychological effects of social phobia on students' lives.

Domain	Students without Social Phobia ($\chi \pm SD$)	Students with Social Phobia ($\chi \pm SD$)	Analysis	
			T	p
Environmental	22.1±5.2	23.5±3.4	-3.33	< 0.001
Social	5.5±2.9	6.9±2.3	-4.60	< 0.001
Physical	21.5±4.9	22.4±3.7	-1.822	< 0.01
Psychological	16.3±4.3	17.7±2.6	-4.43	< 0.001

Social encounters by others or fear of parties and social activities were among the most feared social scenarios regularly expressed by the target study sample, followed by getting some things done or talking to someone while talking to strangers was the most avoided situation overall. These results were consistent with previous research because the university is an essential

place for students to connect, especially through social engagement [27-30].

This is the first study on the topic of social phobia that examines the psychological effects of social phobia on public university students in southern Jordan. Students who experienced social phobia scored worse than their suffered social phobia peers in each category of psychological effects. These categories included physical and mental health, social contacts, and the environments in which the students were tested.

DISCUSSION

The purpose of the current study was to reveal the prevalence and severity of social phobia and its psychological effects on the quality of life of undergraduate students at Mutah University, Jordan. Many previous studies reported on the prevalence of social phobia in different countries and the prevalence of social phobia varies according to the culture and living situation of each country. In this study, the result of the prevalence of social phobia among university students was 14.5%, and this indicates that the prevalence of social phobia among university students is less or almost equal to the prevalence rate in some countries compared to studies that were conducted in Saudi Arabia, Ethiopia, Australia, and India [16,26,31-33].

Regarding the severity of social phobia measured by the LSAS scale, the majority of students suffer from minor and mild forms of social anxiety disorder, according to the LSAS score. In other words, the severity of social anxiety symptoms in the participating students was shown, as 21.6% of them experienced moderate symptoms of social anxiety, which is equivalent to 6.8% in the research conducted at the University of Jordan [34]. In addition, the result we obtained in this study was lower than that obtained in studies conducted in Saudi Arabia, Riyadh (24.3%) [28], and Woldia, Ethiopia (27.5%) [8]. Moreover, several studies indicate a correlation between social phobia and sex. According to the results of this study, the results showed a prevalence of social phobia among female students where they scored in higher scores compared to males. This was consistent with global reports from several countries, including Germany, Turkey, and India

[29,32,35]. However, one study indicated that in investigations of frequency carried out with clinical samples, the prevalence of social phobia was higher in men than in females [29,36-39].

According to the results of our study, there is a clear association between social anxiety disorders and smoking. This result is consistent with the results of other studies conducted in Turkey and the USA [12,40]. Perhaps this is due to smoking itself, where socially anxious individuals practice smoking due to its reinforcing effect in increasing the negative impact towards social interaction with others. Social anxiety disorder was more common among undergraduates from the Colleges of Education, Humanities and Social Sciences and the Sciences than among students in the College of Health Sciences, in contrast, to results of research in Australia and Sweden [31,41]. The reason for this may be the high percentage of students enrolled in these colleges and this may be related to the effects of social anxiety on student outcomes and academic performance, as this stage severely impacts student life on campus. When birth order in the family was considered, social anxiety disorder was less common in children with first or only birth order than in middle or last children. This result is consistent with a study conducted in Saudi Arabia [16]. Based on this, it was hypothesized that firstborn children will have fewer anxiety problems than children with middle or last order.

The results we obtained, especially with regard to age, showed that it was not closely associated with social anxiety disorder, the reason for this may be that most of the participants were young people and from limited colleges. Therefore, this result appeared, which is consistent with the result obtained by a study in Saudi Arabia, which included faculties of health sciences as well [16]. Although some studies showed the opposite of this result [26,42]. While there is a strong relationship between social anxiety disorder and social phobia and a family history of mental illness. Although the underlying processes are not yet known, studies linking social anxiety and social phobia to genetic inheritance may help explain this [43,44].

According to the results of the current study, we found that there is an effect of social phobia on the quality of life of university students in Jordan, and this represents the psychological effects of social phobia on the lives of students. This is evident through the association of social phobia with weakness in several areas, the most important of which are work, family life, and social life [16]. We found that participating students who do not suffer from social phobia have a better quality of life in all areas than those who suffer from social phobia. This finding is consistent with several studies that have reported that individuals with social phobia or social anxiety disorder have disabilities that affect their lives, and they always show a significant decrease in various areas of quality of life such as social relationships, environment, and mental and physical health [16,45-47]. Moreover, the results of the current study also found that students who suffer from social anxiety disorder are much more likely than their colleagues who do not suffer from social anxiety disorder to be dissatisfied with their health and suffer from depression and mental trauma. In addition, they rate their quality of life in general as poor and are dissatisfied with a variety of aspects of their lives. This is confirmed by the students who suffer from social anxiety disorder and who have a mean standard deviation score of (2.95 ± 1.43) express their dissatisfaction with their personal relationships and (2.12 ± 1.26) express their dissatisfaction with their health. This is consistent with the results of studies conducted in Saudi Arabia, Canada, Sweden, California, and Ethiopia [3,16,36,41,48].

LIMITATIONS

The current study has some limitations, the most important is the study sample, which included students from one university and specific colleges, this leads to a shortage in the representative sample of the community and a loss of diversity in it. Thus, the results of the study have limitations and less applicability and generalization to a diverse sample that includes a larger number of the population of the community. In addition, this study included only public university students in Jordan. The study was therefore not applied to students at a private university in our study. Therefore, there is a shortcoming in obtaining information about the subject of study from different, more diverse environments. Another limitation of this study is the use of questionnaire-based assessment scales to obtain information and data, as these scales are not considered sufficient to detect social phobia in students, but future studies should include scales related to observing the actions and social skills of students during interactions and gatherings.

CONCLUSIONS

The conclusion of the current study is that the prevalence of social phobia among university students ranged from moderate to serious symptoms. Although the students who suffer from it are a minority, it has negative effects on their quality of life in particular and the lives of those around them in general. There is no level difference in social anxiety among participating students on the basis of gender, type of college, and marital status, indicating that these factors are not directly influencing factors in social anxiety. The study of social phobia among students is very important as it reflects the health and mental conditions of colleges' students. Therefore, more efforts must be done to detect social phobia and identify treatment methods, this is to improve the quality of life and psychological well-being of students. In addition to designing awareness programs and working on improving social relations for students within the university. Through our study, we recommend researchers and specialists in the field of mental health in the future to expand studies on social phobia and its impact on the quality of life and find solutions that contribute to maintaining psychological stability among students, by finding therapeutic models that fit the cultures and characteristics of students in Jordanian universities.

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