AMERICAN UNIVERSITY OF BEIRUT

THE ASSOCIATION OF SELF AND OTHER DIRECTED
SOCIAL ANXIETY WITH INTOLERANCE OF UNCERTAINTY
AND SHAME

by

TINA SARKIS SAHAKIAN

A thesis
submitted in partial fulfillment of the requirements
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THE ASSOCIATION OF SELF AND OTHER DIRECTED

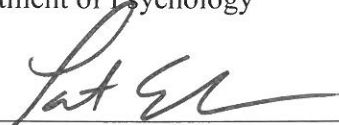SOCIAL ANXIETY WITH INTOLERANCE OF UNCERTAINTY
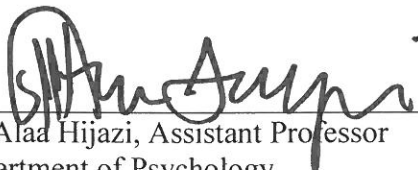
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TINA SARKIS SAHAKIAN

Approved by:

_____

Dr. Shahe Kazarian, Professor   Advisor
Department of Psychology

_____

Dr. Tima Al-Jamil, Assistant Professor   Member of Committee
Department of Psychology

_____

Dr. Alaa Hijazi, Assistant Professor   Member of Committee
Department of Psychology

Date of thesis/dissertation defense: [October 13, 2014]

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ABSTRACT OF THE THESIS OF

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Title: The Association of Self and Other Directed Social Anxiety with Intolerance of Uncertainty and Shame

There is an increased recognition in the social anxiety literature of the existence of both self-directed social anxiety, which involves fears of embarrassing the self, and other-directed social anxiety, which involves fears of embarrassing and offending others, in different cultures.

Despite this increased recognition, the literature has focused mostly on self-directed social anxiety and its correlates and much less on other-directed social anxiety and its correlates. In the present study, correlates that have been found to be theoretically relevant to both self and other directed social anxiety, specifically, anxiety sensitivity, intolerance of uncertainty and shame were examined.

A total of 300 Lebanese students of the American University of Beirut completed Arabic versions of the social anxiety questionnaire for adults , the other directed social anxiety scale, the anxiety sensitivity index 3, the intolerance of uncertainty scale short form, the self shame scale and the other shame scale. Intolerance of uncertainty and self shame were significant predictors of self-directed social anxiety above and beyond anxiety sensitivity, whereas other shame but not intolerance of uncertainty, was a significant predictor of other-directed social anxiety when controlling for anxiety sensitivity. The implications of the findings and the limitations of the study are discussed.

Keywords: self-directed social anxiety, other-directed social anxiety, anxiety sensitivity, intolerance of uncertainty and shame

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CHAPTER I

SOCIAL ANXIETY: SELF AND OTHER

Social anxiety involves an excessive fear of social situations (Hofmann & Barlow, 2002). People who experience social anxiety experience feelings of foreboding, distress, and self-consciousness in anticipated or actual social-evaluative situations (Leitenberg, 1990). These situations could include social interaction situations, situations when one is being observed; for example while eating or walking, and situations when one is performing in front of others (American Psychiatric Association, 2013). People who experience social anxiety feel that they are under scrutiny, that their behavior is being evaluated, that they will be negatively evaluated, and that this negative evaluation will be harmful to them (Leitenberg, 1990). Social anxiety disorder according to the DSM V (American Psychiatric Association, 2013) occurs when the fear, anxiety or avoidance persists longer than 6 months and when it causes clinically significant distress or impairment in important areas of functioning.

Social anxiety has been studied in many forms such as test anxiety, dating anxiety, shyness, and public speaking anxiety (Cheek & Buss, 1981; Hembree, 1988; La Greca & Mackey, 2007; Pertaub, Slater, & Barker, 2002). Leitenberg (1990) proposed two ways of distinguishing these different types of social evaluative anxieties. One distinguishing feature is the intensity of the anxiety experienced. Intensity could be used to distinguish between non-clinical and clinical levels of social anxiety (Leitenberg, 1990). Accordingly, social anxiety can exist on a continuum and people can be low or high on social anxiety. The second distinguishing factor is the extent to which the anxiety generalizes to different

social situations. Anxiety could be confined to one type of social event (eating in public), or it could arise in an array of different social situations (Leitenberg, 1990). The DSM V (American Psychiatric Association, 2013) includes a specifier for performance only social anxiety disorder, where people suffering from this specified type of social anxiety only fear or avoid performance related social situations.

Social anxiety has also been studied in relation to the self and the other. In self-directed social anxiety, the individual fears embarrassing himself/herself and being negatively evaluated by others by appearing anxious or behaving in a manner that reveals his/her inadequacies in social situations (Lim, 2013). The social anxiety defined earlier is essentially self-directed social anxiety because of its focus on the self.

In other-directed social anxiety, the individual fears behaving in a manner or showing physical symptoms that would cause embarrassment to others in the social situation or setting.

A. Self-Directed Social Anxiety: Cognitive Model

There is a considerable literature of theories and approaches that look into and explain the cause, nature and treatment of self-directed social anxiety (Rapee & Heimberg, 1997; Schlenker & Leary, 1982; Tower & Gilbert 1989). The theoretical model of self-directed social anxiety that is adopted by this study is the cognitive model of social anxiety proposed by Clark and Wells (1995). Clark and Wells developed the cognitive model to explain the persistence of social anxiety despite the difficulty of avoiding social situations in modern society (Clark, 2001).

According to this model, once the person with self-directed social anxiety enters a feared social situation a series of assumptions about the self and the social world are

activated. These assumptions are developed based on early experiences and can be divided into three categories: extremely high standards of how to perform in social situations, conditioned beliefs about the repercussions of behaving in a particular manner, and unconditioned negative beliefs about the self (Clark, 2001). These assumptions lead the person to appraise social situations as dangerous, to predict failure in achieving desired standards of performance and to interpret ambiguous cues negatively (Clark, 2001). Consequently, the person feels anxiety. This anxiety leads to arousal and some somatic symptoms such as sweating and blushing. Usually, the person becomes concerned over those symptoms that can be observed by others such as blushing. As a result the person becomes hypervigilant and experiences the symptoms of anxiety more intensely.

The cognitive model's claim that ambiguous cues are interpreted negatively by people with social anxiety was examined by Stopa and Clark (2000) who compared patients with social anxiety, equally anxious patients with other anxiety disorders (simple phobia, agoraphobia, panic disorder) and non-patient controls on two interpretational biases: interpreting ambiguous social events negatively and interpreting mildly negative social events catastrophically. The results indicated that participants with social anxiety were more likely to interpret ambiguous social events negatively and mildly negative social events catastrophically than equally anxious patients with other anxiety disorders and non-patient controls (Stopa & Clark, 2000).

In addition, the cognitive model of self-directed social anxiety proposes that in addition to the arousal and somatic symptoms, the anxiety causes the person to shift his/her attention towards the self for monitoring and self-assessment (Clark, 2001). Through this self-observation, the person uses internal information to make inferences about how others

see him/her. To test this claim, Mellings and Alden (2000) assigned university students to low self-directed social anxiety and high self-directed social anxiety groups based on their responses to a measure of social anxiety and had these participants interact with a confederate acting as another research participant. After the interaction, the participants were assessed on their focus of attention and their anxiety related physiological sensations and behaviors (time 1). The experimenter and two observers also rated the participants on anxiety related physiological sensations and behaviors. The second day the participants were assigned to either a condition in which they were told they would engage in a second interaction with the same partner or they were told nothing. Before the second interaction (time 2), the participants were assessed on open ended and structured recall of objective information about their interaction partner and the setting, recall for their anxiety related physiological sensations and behaviors, and frequency of ruminative thinking from time 1 till time 2. Mellings and Alden (2000) found that compared to the low anxiety (control) participants, participants in the high social anxiety group focused on themselves more than on their partner. Mellings and Alden (2000) also found that compared to the independent observers, participants high in social anxiety overestimated the visibility of their anxiety related behaviors and that the amount of overestimation was correlated positively with the amount of self-focus reported by the participant. This provides support to the cognitive model's claim that people high in social anxiety use internal information provided by self-focus of attention to make erroneous judgments about how they appear (Clark, 2001).

With the focus of attention shifted towards the self, the processing of external cues is reduced and is biased towards remembering and noticing responses that are ambiguous and that can be interpreted negatively. Gilboa-Schechtman, Foa and Amir (1999) used the

face in the crowd paradigm to test whether people with self-directed social anxiety have a bias in processing external cues that could be interpreted as signs of disapproval from others. They presented the participants (a clinical sample with social anxiety and non-clinical control sample) with 12 faces and asked them to detect the odd one out. Compared to the control group, the clinical group had an attentional bias towards angry faces rather than happy faces in a neutral crowed. Moreover, the performance of the clinical group slowed down when the crowd photos (the distracters) were happy or angry but not when they were neutral. And finally, the participants in the clinical group could detect angry faces faster than faces that show disgust, while the participants in the control group did not show this distinction in speed. The results indicate that people with self-directed social anxiety in fact have a bias towards processing external cues that could be interpreted as signs of disapproval from others (Gilboa-Schechtman, Foa & Amir, 1999).

The cognitive model of social anxiety also states that to prevent or minimize the feared catastrophes from happening, the person engages in safety behaviors (Clark, 2001). That is, they engage in cognitive and behavioral strategies that prevent the anticipated outcomes (Salkovski, 1991) and that diminish distress or conceal anxiety (Hofmann, 2007). Some examples of safety behaviors include rehearsing sentences mentally to decrease the possibility of faltering over words and avoiding eye contact to stop an anxious appearance from being seen by others (McManus, Sacadura & Clark, 2008). Socially anxious individuals attribute the lack of occurrence of catastrophes to their use of safety behaviors. Ironically, instead of concealing anxiety and preventing catastrophe, safety behaviors cause the individual to increase their self-focus of attention and appear more anxious.

Many studies have examined the role of safety behaviors in self-directed social anxiety (Alden & Bieling, 1998; McManus et al., 2008; Morgan & Raffle, 1999). McManus et al. conducted two studies to examine safety behaviors in self-directed social anxiety. In their first study, McManus et al. compared reported usage of safety behaviors by people high and low in self-directed social anxiety. The researchers found that participants with high social anxiety used different types of safety behaviors more frequently and across a broader range of social situations.

In their second study, McManus et al. (2008) used an experimental setup to examine whether using safety behaviors and self-focused attention would increase anxiety, maintain social fear, and interfere with performance in a social situation in participants high and low on social anxiety. They found that those who used the safety behaviors and self-focus felt more anxious and felt that they performed poorly (McManus et al.). They also believed that their negative predictions had come true. Furthermore, those who used the safety behaviors and self-focus were judged by their conversation partner to be more anxious and less likable, and the conversation to be less enjoyable. These results indicated that safety behaviors and self-focus actually intensified social anxiety and impaired performance (McManus et al.) supporting the model's claim that in situation safety seeking behaviors not only maintain social phobia but also make socially anxious individuals seem less appealing to others.

Finally, Clark and Wells' (1995) cognitive model of self-directed social anxiety makes reference to the state of the individual before and after the social situation. Individuals with self-directed social anxiety experience anxiety when they anticipate a social situation. This anxiety arises from anticipatory thoughts of what might happen,

which are based on recollections of past failures. This anxiety could lead the individual to avoid the situation completely or could put the person in a self-focusing mode beforehand and could set him/her up to expect failure. After the social situation, anxiety is reduced, however, this does not prevent the person from doing a 'post mortem' of the situation (Clark, 2001). The person reviews the situation, and since social situations are ambiguous, the person reviews interactions negatively based on a negative self-perception (Clark, 2001).

B. Other-Directed Social Anxiety

As mentioned previously, other-directed social anxiety involves fear of embarrassing others and offending them through ones behaviors and physical characteristics. A prototype of other-directed social anxiety is taijin kyofusho and more specifically its offensive subtype.

Taijin kyofusho is a culture specific expression of other-directed social anxiety that is prevalent in Japanese culture. Literally translated, the term means fear of interpersonal relationships. Taijin kyofusho is an obsession of anxiety and shame (Maeda & Nathan, 1999) characterized by a fear that one's attitude, behaviors and physical characteristics will offend others in social situations (Lim, 2013).

The fears that are characteristic of taijin kyofusho include fear of blushing when with others, fear of one's facial expressions stiffening, hands, feet, head or voice trembling, and sweating when facing others, fear of releasing body odor, fear of uncontrollable line of sight, fear of uncontrollable flatus, and fear of physical deformities being noticed. These fears can revolve around fear of being noticed and looked at by others or fear of offending others (Lim, 2013).

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These fears lead the individual to avoid social situations out of fear of rejection and fear of bringing shame upon the familial and social groups and interrupting group cohesion (Essau, Sasagawa, Chen & Sakano, 2012; Lim, 2013). The features of taijin kyofusho seem to vary on a continuum with a wide spectrum of severity (Lim, 2013).

The literature divides taijin kyofusho into two broad subtypes, general (common, simple) and offensive (delusional). The general subtype is essentially similar to self-directed social anxiety and involves fears of embarrassment and negative evaluation in social or performance- related situations because of physical manifestations of anxiety or because of one's perceived shortcomings. Moreover, it involves avoidance of social situations out of fear of rejection (Kim, Rapee, & Gaston, 2008; Lim, 2013).

The offensive subtype is characterized by a belief that one has a noticeable defect in appearance, physical sensation or behavior (ex. blushing, trembling, body odor, line of sight), that this defect is harmful or offensive to others and consequently that one is avoided by others. While some of the fears such as blushing and trembling are common to both the general subtype and self-directed social anxiety, the others are specific to this offensive subtype (Choy, Schneier, Heimberg Oh, & Liebowitz, 2008; Kim et al., 2008; Lim, 2013). This offensive subtype of taijin kyofusho, with its focus on the other, is most prototypical of other-directed social anxiety.

In terms of the theory of taijin kyofusho, Morita, who originally described the disorder, proposed an explanation of its origin (Maeda & Nathan, 1999). According to his theory, the onset of taijin kuofusho is a result of the combination of three factors: individual temperament, chance events and pathogenic factors. According to Morita, individuals who are likely to develop taijin kyofusho have a temperament characteristic of being

hypochondriacal and introverted. They tend to interpret intrapersonal and interpersonal events in a highly sensitive manner. Moreover, they tend to be introspective, shy, self-punitive, wavering and vigilant. They tend to focus on their weak points and get anxious and depressed. Weak points can include blushing, staring, trembling, body odor, and physical appearance (Maeda & Nathan, 1999).

In addition to having a hypochondriacal and introverted temperament, the individual experiences a chance event. This refers to an accidental experience, which makes the individual become highly sensitized and reinforces the temperamental tendency to interpret intrapersonal and interpersonal events in a highly sensitive manner (Maeda & Nathan, 1999). The individual temperament and the chance event lead to a mental process (the pathogenic factor) by which the individual focuses his or her attention on specific sensations, which leads to intensification of the sensations and an increased focus and attention to the sensations and fears of social interaction. And this mental process is repeated in a viscous cycle that would intensify to a point where the criteria for disorder would be met (Maeda & Nathan, 1999). A search of the literature (PsychInfo, PsychArticles, and Google Scholar) found no studies that have empirically tested this model.

CHAPTER II

SELF AND OTHER DIRECTED SOCIAL ANXIETY:

COEXISTENCE AND CORRELATES

A. Coexistence of Self and Other Directed Social Anxiety

Self and other directed social anxiety potentially coexist. Support for their coexistence comes from studies of the presence of symptoms of both social anxiety (a prototype of self-directed social anxiety) and taijin kyofusho (its offensive subtype being a prototype of other-directed social anxiety) across cultures. Although taijin kyofusho is presented as culturally specific, research has undermined its cultural specificity in that taijin kyofusho and its offensive subtype are now reported in cultural contexts outside of Japan (Choy et al., 2008; Dinnel, Kleinknecht, & Tanaka-Matsumi, 2002; Kleinknecht, Dinnerl, Hiruma & Hadara, 1997).

Dinnel at el. (2002) examined the presence of social anxiety and taijin kyofusho symptoms in a sample of university students from Japan and the United States. The researchers found that participants from both the Japanese and United States samples reported symptoms of both social anxiety and taijin kyofusho, however, Japanese participants reported higher levels of taijin kyofusho symptoms. Dinnel at el. (2002) also found that there were significant correlations between taijin kyofusho and social anxiety in both samples.

Dinnel at el. (2002) also examined the relation of social anxiety and taijin kyofusho to independent and interdependent self construals. Independent self-construal refers to a conception of the self that emphasizes the uniqueness and separateness of the

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individual, and interdependent self-construal refers to a conception of the self that emphasizes the connectedness of the individual and relationships with the collective (Markus & Kitamaya, 1991). The researchers found that taijin kyofusho symptoms were more likely to be reported by individuals who construe themselves as low on independence and high on interdependence and are Japanese and that social anxiety symptoms were more likely to be reported by individuals who were low on independence and high on interdependence regardless of culture.

These findings suggest that taijin kyofusho and social anxiety may be tapping into a common core that exists in both cultures, but are nonetheless independent constructs (Dinnel et al., 2002). Moreover, while symptoms of social anxiety and taijin kyofusho exist in each culture, their expression may be a mediated by individual level self-construals (Dinnel et al., 2002)

Support for the presence of self and other directed social anxiety across cultures also comes from Essau et al. (2012) who examined symptoms of taijin kyofusho and social anxiety in a sample of university students from Japan and England. Essau et al. found symptoms of both taijin kyofusho and social anxiety in both samples. Further support comes from Vreinds, Pfaltz, Novianti and Hadiyono (2013) who examined self-report symptoms of taijin kyofusho and social anxiety and their relation to self-construals in Indonesian and Swiss university samples. They found that symptoms of both social anxiety and taijin kyofusho were reported in both samples, however, Indonesian participants reported higher levels of both (Vriends et al., 2013). Similar to Dinnel et al. (2002), the researchers found that independent self-construal was associated negatively with taijin

kyofusho and social anxiety and interdependent self construal was associated positively with social anxiety and taijin kyofusho.

While the previous studies did not differentiate between the subtypes of taijin kyofusho, Kim et al. (2008) examined the cultural specificity of the offensive type of taijin kyofusho (e.g. other-directed social anxiety) among Australian individuals with DSM IV diagnosed social anxiety disorder. The participants completed self-report measures of social anxiety and offensive taijin kyofusho and underwent an interview with a clinical psychologist to examine whether they met the criteria for the offensive type. Kim et al. found that while participants reported elevated levels of offensive worries which decreased after treatment for social anxiety, none of the participants met the diagnostic criteria for the offensive type of taijin. Thus while symptoms of social anxiety and the offensive subtype of taijin kyofusho may be related, they may not be equally important across cultures (Kim et al., 2008). These findings suggest that symptoms of self and other directed social anxiety may be present across cultures even in clinical samples, but the expression of these symptoms are mediated by cultural factors.

Thus other-directed social anxiety and self-directed social anxiety are independent but related constructs. The symptoms of other-directed social anxiety are found across different cultures, but are also a function of the individual level self construals of independence and interdependence. Overall, these studies indicate that self and other directed social anxiety potentially coexist across and within cultures.

B. Correlates of Self and Other Directed Social Anxiety

The correlates of self-directed social anxiety have been studied extensively in the literature. Self-directed social anxiety has been associated with fear of negative evaluation,

which involves feelings of apprehension about being evaluated by others and feelings of fear and distress over being evaluated negatively and judged disparagingly (Kocovski & Endler, 2000; Watson & Friend, 1969; Weeks, Heimberg, Fresco, Hart, Turk, Schneiner & Leibowitz, 2005). It has also been associated with neuroticism; the tendency to experience negative emotions (Bienvenue, Hettena, Neale, Prescott and Kendler, 2010; Costa & McCrae, 1987; Glinski & Page, 2010) and some dimensions of perfectionism; the desire to accomplish the highest standards of performance and a tendency to be excessively critical of one's performance unduly (Frost, Marten, Lahart, & Rosenblate, 1990; Jain & Sudhir, 2010; Juster et al., 1996). Moreover, research has shown that individuals with self-directed social anxiety have low self-esteem (Bouvard et al., 1999; Izgic, Akyuz, Dogan & Kugu, 2004).

In contradiction to the research on the correlates of self-directed social anxiety, research on the correlates of other-directed social anxiety is scarce. Other-directed social anxiety has been examined mostly from a cultural perspective in association with self-directed social anxiety and self-construals (Dinnel et al., 2002; Kim et al., 2008).

Three correlates that are theoretically relevant to both self and other directed social anxiety are anxiety sensitivity, intolerance of uncertainty and shame.

1. Anxiety Sensitivity. Anxiety sensitivity is defined as the fear of arousal and anxiety related sensations. It arises from the belief that anxiety related physical sensations, cognitive changes, and social occurrences can lead to negative consequences such as death, illness, insanity, embarrassment, social rejection and further anxiety (Reiss, Peterson, Gursky & McNally, 1986; Taylor et al., 2007). Anxiety sensitivity had been conceptualized as a fundamental fear (Reiss, 1991) because of its focus on identifiable stimuli (such as a

physical sensation, a cognitive change or an observable social event) rather than on ambiguous cognitive appraisals (i.e. anxiety) (Careleton, Sharpe, & Asmundson, 2007; Reiss et al., 1986).

Theoretically, anxiety sensitivity is relevant to both self and other directed social anxiety. In both social anxieties the individual is sensitive to arousal and anxiety related sensations and fears the consequences of appearing anxious or behaving in anxious manner. Research on the other hand has examined the relationship of anxiety sensitivity across anxiety disorders (Muris, Schmidt, Merckelbach and Schouten, 2001; Taylor, Koch & McNally, 1992) and specifically with self-directed social anxiety (Anderson & Hope, 2009; Naragon-Gainey, Rutter, & Brown, 2014; Orsillo, Lilienfeld & Heimberg, 1994; Scott, Heimberg & MacAndrew, 2000). Based on a search of the literature (GoogleSchoalr, ProQuest, PsycArticles, PsycInfo) the relationship between other-directed social anxiety and anxiety sensitivity has not been examined.

Concerning the relationship between anxiety sensitivity across the anxiety disorders, Muris, et al. (2001) examined the relationship between anxiety sensitivity and anxiety disorder symptoms in a sample of normal adolescents. In terms of anxiety disorder symptoms, Muris et al. looked at panic disorder and agoraphobia, generalized anxiety disorder, separation anxiety disorder, social phobia, and, obsessive–compulsive disorder and fears of physical injury. Muris et al. found that anxiety sensitivity was significantly correlated with symptoms of the anxiety disorders and most strongly with panic disorder and agoraphobia. Muris et al. concluded that anxiety sensitivity can be considered a unique vulnerability factor associated with anxiety.

Taylor et al. (1992) examined the association of anxiety sensitivity across anxiety disorders in a clinical sample. The sample included patients diagnosed with panic disorder, post traumatic stress disorder, obsessive compulsive disorder, social anxiety and simple phobia. Taylor et al. found that compared to a control group, participants who had panic disorder, post traumatic stress disorder, obsessive compulsive disorder, and social anxiety reported significantly higher levels of anxiety sensitivity. Participants with simple phobia did not differ from the control group on anxiety sensitivity, and the highest level of anxiety sensitivity was reported by participants with panic disorder (Taylor et al., 1992). The findings provide further support that anxiety sensitivity may be a risk factor to anxiety disorders (Taylor et al., 1992).

Concerning the relationship between self-directed social anxiety and anxiety sensitivity, Anderson and Hope (2009) examined the role of objective and perceived physiological arousal and anxiety sensitivity in adolescents diagnosed with self-directed social anxiety and non-anxious controls. Anderson and Hope (2009) had the participants go through two behavioral tasks, a 10 minute unprepared speech in front of an audience made of three people and a 10 minute conversation with a stranger (a research assistant). In terms of actual physiological arousal, Anderson and Hope (2009) found that there were no differences between the groups on heart rate reactivity in either of the tasks. In terms of perceived physiological arousal, Anderson and Hope (2009) found that the participants with self-directed social anxiety diagnosis reported more perceived physiological arousal and thus were more aware of any physiological arousal than the participants in the control group. Finally, concerning levels of anxiety sensitivity, the participants in the self-directed social anxiety group reported significantly higher levels of anxiety sensitivity and thus were

more afraid of physical arousal than the control group (Anderson & Hope, 2009). The results indicate that perhaps people with self-directed social anxiety catastrophize about small physiological arousal because they fear arousal (Anderson & Hope, 2009).

Naragon-Gainey et al. (2014) examined the interaction of extraversion and anxiety sensitivity in predicting self-directed social anxiety in a diagnostically diverse clinical sample of adults. Moreover, Naragon-Gainey et al. (2014) looked at the specific dimensions of anxiety sensitivity; physical concerns, cognitive concerns and social concerns. The researchers found that anxiety sensitivity and self-directed social anxiety were significantly correlated. Moreover, the social and cognitive concerns dimensions of anxiety sensitivity were significantly correlated with self-directed social anxiety but the physical concerns dimension was not. Finally, Naragon-Gainey et al. (2014) found that anxiety sensitivity was a significant predictor of self-directed social anxiety as were each of the dimensions of anxiety sensitivity (Naragon-Gainey et al., 2014).

In conclusion, anxiety sensitivity is a correlate of self-directed social anxiety in non-clinical and clinical samples. It is also a vulnerability factor associated with anxiety in general. Since other-directed social anxiety falls under the anxiety spectrum, and since physical arousal is a major part of other-directed social anxiety, the current study postulates that there will be an association between anxiety sensitivity and other-directed social anxiety.

2. Intolerance of Uncertainty. An interesting new line of research in social anxiety has been the study of intolerance of uncertainty. Intolerance of uncertainty is a cognitive bias that influences a person's cognitive, emotional, and behavioral perceptions, interpretations and responses to uncertain situations (Dugas, Schwartz, & Francis, 2004). In

other words people high in intolerance of uncertainty find the concept that negative events might occur in the future extremely unacceptable and stressful (Buhr & Dugas, 2002). As such, they believe that uncertainty should be avoided because it is negative and reflects poorly on the individual (Buhr & Dugas). Moreover, people high in intolerance of uncertainty are unable to function in uncertain circumstances (Buhr & Dugas).

The concept of intolerance of uncertainty was initially studied in relation to Generalized Anxiety Disorder (GAD). According to the Intolerance of Uncertainty Model (IUM) which was developed in reference to GAD, people with GAD are distressed by uncertainty and when confronted with uncertain situations worry and become anxious. Their experience of anxiety depends on the extent to which they believe that worrying can be helpful in the face of uncertainty (Dugas, Letarte, Rhéaume, Freeston & Ladouceur, 1995; Freeston et al., 1994; McEvoy and Mahoney, 2012). There is considerable evidence in the literature that intolerance of uncertainty may be a vulnerability factor associated with worry and a maintaining factor for GAD (Dugas, Gagnon, Ladouceur, & Freeston 1998; Dugas, Gosselin, & Ladouceur, 2001; Dugas, Marchand, & Ladouceur, 2005; Koerner & Dugas, 2008; Ladouceur, Talbot, & Dugas, 1997). More recently, researchers have explored the presence of intolerance of uncertainty across the anxiety disorders (McEvoy and Mahoney, 2011; Norr et al, 2013; Norton, Sexton, Walker, & Norton, 2005). For example, Norr et al. (2013) in their examination of the relation of intolerance of uncertainty with symptoms of OCD, social anxiety, and pathological worry in a sample of university students found that intolerance of uncertainty was related to symptoms of all three disorders. Norr et al. (2013) concluded that intolerance of uncertainty is a trans-diagnostic maintaining factor of anxiety.

This conclusion of the possible function of intolerance of uncertainty as a trans-diagnostic maintaining factor was also reached by McEvoy and Mahoney (2011) in their examination of the psychometric properties of the intolerance of uncertainty scale in a sample of clinical patients with different psychological disorders including panic disorder with or without agoraphobia, social phobia, specific phobia, generalized anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder, major depressive disorder, bipolar disorder, and dysthymic disorder.

Specifically looking at self-directed social anxiety, the first evaluation of the relation between social anxiety and intolerance of uncertainty was undertaken by Boelen and Reijntjes (2009). Under the premise that uncertainty and vagueness are inherent in social situations, Boelen and Reijntjes (2009) predicted that fear and avoidance experienced by people with social anxiety could be related to an intolerance of such uncertainty. Boelen and Reijntjes (2009) looked at the extent to which intolerance of uncertainty would predict the severity of social anxiety when cognitive factors previously identified as associated with social anxiety were controlled for. These included fear of negative evaluation, anxiety sensitivity, low self-esteem, perfectionism, pathological worry and neuroticism. The researchers found that fear of negative evaluation, neuroticism and intolerance of uncertainty explained unique variance in self-directed social anxiety (Boelen & Reijntjes, 2009). Accordingly, Boelen and Reijntjes (2009) concluded that intolerance of uncertainty is a significant predictor of the severity of self-directed social anxiety. Interestingly, anxiety sensitivity did not come up as a significant predictor of self directed social anxiety when intolerance of uncertainty was entered into the regression equation.

Carleton, Collimore, and Asmundson (2010) replicated Boelen and Reijntjes's (2009) examination of the relation between intolerance of uncertainty and self-directed social anxiety. Carleton et al. 2010 also extended the findings to different measures of self-directed social anxiety which were not studied by Boelen and Reijntjes (2009). These included three facets of self-directed social anxiety, namely social interactions, performance anxiety, social distress and avoidance. They also included negative and positive affect. Negative affect reflects feelings of distress, displeasure, and aversive mood states and positive affect reflects feelings of enthusiasm and activity (Tellegen, 1988). In congruence with Boelen and Reijntjes's (2009) findings, Carleton et al. (2010) found that intolerance of uncertainty, fear of negative evaluation, and the social concerns subscale of anxiety sensitivity were significant predictors of self-directed social anxiety (Carleton et al.).

The relationship between intolerance of uncertainty and self-directed social anxiety has also been studied in clinical treatment settings. Mahoney and McEvoy (2012) examined this relationship during cognitive behavior group therapy and found that this therapy led to a reduction in intolerance of uncertainty and self-directed social anxiety symptoms. They also found that the reduction in intolerance of uncertainty was significantly correlated with reduction in symptoms of self-directed social anxiety (Mahoney & McEvoy, 2012). Moreover, Mahoney and McEvoy (2012) found that larger reductions in intolerance of uncertainty were associated with lower post-treatment symptoms of self-directed social anxiety when pre-treatment symptoms were controlled. Mahoney and McEvoy (2012) concluded that reduction in self-directed social anxiety symptoms could be achieved through increasing tolerance of uncertainty.

In conclusion, intolerance of uncertainty is a correlate and predictor of self-directed social anxiety in non-clinical and clinical samples. It is also a vulnerability factor associated with anxiety in general. Since other-directed social anxiety falls under the anxiety spectrum, this study postulates that there will be an association between intolerance of uncertainty and other-directed social anxiety.

3. Shame. Shame is defined as having negative perceptions, cognitions, and feelings that a person has about their behaviors and personality (Cook, 1996; Gilbert, 2000). Shame proneness is defined as a characteristic of global negativity about one's entire identity arising from internal and stable self-attributes (Lutwak & Ferrari, 1997).While shame is an important feature of taijin kyofusho (Maeda & Nathan, 1999), research on the relationship between shame and other-directed social anxiety is lacking. Shame has been studied, however, in the context of self-directed social anxiety research (Hedman, Strom, Stunkel & Mortberg, 2013; Lutwak & Ferrari, 1997).

Shame proneness has been shown to be related to social avoidance, interaction anxiety, and fear of negative evaluation (Lutwak & Ferrari, 1997). Hedman et al. (2013) examined the relationship between shame and self-directed social anxiety in a clinical sample. Hedman et al. compared patients diagnosed with social anxiety disorder and healthy controls on their levels of shame. The researchers also examined whether CBT treatment for social anxiety disorder leads to changes in levels of shame experienced. Hedman et al. found that shame is elevated in people diagnosed with social anxiety disorders and that CBT treatment for social anxiety disorder leads to a reduction in shame.

The relationship between shame and self-directed social anxiety has also been studied in a cross cultural context (Zhong et al., 2008). Zhong et al. (2008) compared the

relationship between shame, personality, and self-directed social anxiety in Chinese and American university students. The researchers found that in the Chinese sample the relationship between personality (neuroticism, extraversion) and self-directed social anxiety was mediated by shame while, shame did not play this role in the American sample (Zhong et al.).

It is important to note that the research on the relationship between self-directed social anxiety and shame has focused on self-shame, the fear of bringing shame on the self. Cross cultural research suggests that the source of shame may be culturally informed. To discover if shame is experienced differently across cultures, Fischer, Manstead and Rodriguez Mosquera (1999) investigated whether people from different cultures describe emotional episodes of pride, shame, and anger differently based on differences in self relevant values. Fischer et al. (1999) compared people from the Netherlands and people from Spain, the first representing a culture with individualistic values and the second with honor values. In their first study, Fischer et al. aimed to determine whether Spain is a culture representing honor values and the Netherlands a culture representing a culture with individualistic values by identifying values that are differentially important in Spain and the Netherlands. The researchers found that the sample from Spain endorsed more honor-related values (respect for parents and elderly, respect for tradition), while the Dutch sample endorsed more individualistic values (ambition, independence, self-discipline) (Fischer et al.).

In their second study, Fischer et al. (1999) examined whether the differences in self relevant values would reflect in the participants' description and experience of shame, pride and anger. Fischer et al. found that the differences in values were reflected mostly in

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shame and pride. Concerning shame, the Spanish sample referred more to their relationships and to other people and they described more relational consequences to shame inducing situations. The Dutch sample on the other hand focused on the self. This could be because in honor cultures, shame is not only an individual experience, rather events that elicit shame reflect on both the individual and the group (Fischer et al., 1999). While self-directed social anxiety focuses on the self, other-directed social anxiety is a more relational construct that refers to other people. Thus, it is possible that the shame associated with other-directed social anxiety will also be relational and refer to others rather than the self. In fact, other-directed social anxiety involves a component of avoiding social situations out of fear of brining shame on others (Essau et al., 2012; Lim, 2013).

There is no research on the relation of this 'other' shame in the other-directed social anxiety literature, nor the self-directed social anxiety literature. However it is possible that an association would exist between other-directed social anxiety and other shame, defined as the fear of bringing shame on the other.

CHAPTER III

AIMS AND HYPOTHESES

There is an increased recognition in the literature of the prevalence of other-directed social anxiety (taijin kyofusho and its offensive subtype) across different cultures. Despite the presence of both self and other-directed social anxiety among cultures, the literature has focused on self-directed social anxiety and its correlates such as fear of negative evaluation, neuroticism, and self-esteem. There has been less focus on other-

directed social anxiety and its correlates with most existing research exclusively relating to self-construals and self-directed social anxiety.

Anxiety sensitivity has been identified as a vulnerability factor associated with anxiety, including self-directed social anxiety. Furthermore, the latest trend in self-directed social anxiety research has been the study of intolerance of uncertainty as a vulnerability factor associated with anxiety generally and self-directed social anxiety specifically. And finally, while there has been limited literature on the relationship between self-directed social anxiety and self-shame, there has been no research examining the relationship between other directed social anxiety and other shame, despite the centrality of the fear of brining shame upon others to other directed social anxiety.

The current research aimed to study self-directed social anxiety and its correlates, namely self-shame and intolerance of uncertainty, controlling for anxiety sensitivity. Additionally, this research aimed to study other-directed social anxiety and its correlates, specifically other shame and intolerance of uncertainty, controlling for anxiety sensitivity. The influence of anxiety sensitivity, which is associated with self-directed social anxiety specifically and anxiety in general, was controlled to study the unique contributions of intolerance of uncertainty, self-shame and other shame to the social anxieties.

The following hypotheses were tested:

Hypothesis 1. Self-directed social anxiety will have a positive correlation with other-directed social anxiety.

Hypothesis 2. Self-directed social anxiety will have a positive correlation with intolerance of uncertainty.

Hypothesis 3. Other-directed social anxiety will have a positive correlation with intolerance of uncertainty.

Hypothesis 4. Self-directed social anxiety will have a positive correlation with self-shame.

Hypothesis 5. Other-directed social anxiety will have a positive correlation with other shame.

Hypothesis 6. Self-directed social anxiety will have a positive correlation with anxiety sensitivity.

Hypothesis 7. Other-directed social anxiety will have a positive correlation with anxiety sensitivity.

Hypothesis 8. Self-directed social anxiety will be predicted by self-shame and intolerance of uncertainty controlling for anxiety sensitivity.

Hypothesis 9. Other-directed social anxiety will be predicted by other shame and intolerance of uncertainty controlling for anxiety sensitivity.

A. Contributions of this Study

Intolerance of uncertainty and shame as correlates of self and other social anxiety are being studied for the first time in a Lebanese university student sample. Additionally, Arabic versions of the scales measuring the social anxieties and their correlates are being validated in the Lebanese context.

CHAPTER IV

METHODOLOGY

A. Participants

A total of 300 Lebanese students of the American University of Beirut took part in this study. Both genders were almost equally represented (50.7% females and 47.0% males), and the age of participants ranged between 18 and 25 years with a mean age of 19.99 years (SD=1.83).

B. Research Design

The study employed a non-experimental survey research design to examine the proposed aims and hypotheses. Factor analyses and reliability analyses were conducted to examine the psychometric properties of the Arabic translated measures prior to the use of correlations and multiple regression analyses to test the hypotheses of the study.

C. Instruments

The scales used in the study were translated to Arabic using the translation and back translation technique. The scales were translated from English to Arabic by a bilingual (Arabic and English language) translator. The Arabic translated versions were then translated back into English by another bilingual (Arabic and English language) translator. The back translated versions were compared to the original scales by the researcher and the translators and discrepancies were reconciled. The help of an Arabic professor from the department of Arabic and Near Eastern Languages of AUB was also sought as required to reconcile discrepancies. The original English scales and their Arabic translations are presented in Appendices A and B respectively.

1. Arabic version of the Social Anxiety Questionnaire for Adults (Arabic SAQ-A30). The Arabic translated version of the Social Anxiety Questionnaire for Adults (Arabic SAQ-A30; Caballo, Salazar, Arias, Irurtia & Calderero, 2010) was used to measure self-directed social anxiety. Each item of the Arabic SAQ-A30 is rated on a 5 point Likert scale from 1 (Not at all or very slight) to 5 (Very high or extremely high) with higher scores indicating higher levels of self-directed social anxiety.

The items of the original version of the Social Anxiety Questionnaire for Adults (SAQ-A30; Caballo et al. 2010) tap into such dimensions as: speaking in public/talking with people in authority, interacting with the opposite sex, assertive expression of annoyance disgust or displeasure, criticism and embarrassment and interaction with strangers.

The psychometric properties of the original SAQ-A30 have been tested in a large sample of university students from 17 different regions in Spain (N=15, 356, Caballoet al., 2010), and in a sample of 13,000 students from nine different south American countries and Spain as well as 259 patients with social phobia from nine different (Caballo, Salazar, Irurtia, Arias & Hofmann, 2012). A five factor structure of the scale is supported in both studies with high reliabilities for the total scale, and its five subscale; speaking in public/talking with people in authority, interacting with the opposite sex, assertive expression of annoyance disgust or displeasure, criticism and embarrassment and interaction with strangers with Cronbach's alphas of 0.93, 0.84, 0.86, 0.80, 0.78, 0.82 respectively (Caballo et al., 2010; Caballo et al, 2012).

2. Arabic version of the Other Directed Social Anxiety Scale (Arabic ODSAS). A 17 item modified version of the offensive subcategory (TK offensive; Kim, Rapee &

Gaston, 2008) of the Taijin Kyofusho Scale (TKS; Klinekenetch et al, 1997) was the measure of other-directed social anxiety. Kim et al. (2008) separated the items of the TKS that tap into concerns about offending others into a separate 16 item scale which they called "TK offensive".

To make the scale more culturally relevant, one item that taps into the properness of one's behavior according to social standards was added to these 16 TK offensive items and the scale was renamed Other Directed Social Anxiety Scale (ODSAS). This item was added based on feedback from culturally informed peers.

Each item of the Arabic version of the Other Directed Social Anxiety Scale (Arabic ODSAS) is rated on a 7 point Likert type scale from 1 (totally false) to 7 (totally true), with higher scores on the scale indicating higher levels of other-directed social anxiety.

The original 16 item TK offensive has shown good reliability across samples, with Cronbach's alphas equal to 0.91, 0.90 and 0.93 in Australian, Korean and Japanese samples respectively (Kim et al., 2008).

3. Arabic version of the Intolerance of Uncertainty Scale, Short Form (Arabic IUS-12). The Arabic translated version of the Intolerance of Uncertainty Scale, Short Form (Arabic IUS-12; Carleton, Norton, & Asmundson, 2007) was used to measure reactions to ambiguous and uncertain situations and the future. Each of the 12 items is measured on a 5 point Likert scale from 1 (not at all characteristic of me) to 5(entirely characteristic of me) with higher scores indicating higher levels of intolerance of uncertainty.

The original Intolerance of Uncertainty Scale, Short Form (IUS-12; Carleton et al., 2007) has two factors, prospective anxiety and inhibitory anxiety and shows high reliability

with Cronbach's alpha of .92 for the total scale, and its subscales; α = .87 for prospective anxiety and α= .90 for inhibitory anxiety (Carleton et al.).

  4. Arabic version of the Anxiety Sensitivity Index-3 (Arabic ASI-3). The Arabic translated version of the Anxiety Sensitivity Index-3 (Arabic ASI-3; Taylor et al., 2007) was used to measure anxiety sensitivity. The Arabic ASI-3 is an 18 item measure of the tendency to fear anxiety symptoms based on the conviction that they can have negative consequences. Each item is rated on a 5 point Likert type scale from 0 (very little) to 4 (very much) with higher scores on the scale indicating higher levels of anxiety sensitivity. The items of the original Anxiety Sensitivity Index-3 (ASI-3; Taylor et al.) tap into the dimensions of: fear of physical sensation, fear of loss of cognitive control, and fear of socially observable symptoms of anxiety.

  The original version of the ASI-3 has good psychometric properties. It has been shown to have a stable factor structure across clinical and non-clinical samples from several countries (France, Canada, the United States, Mexico and Spain) (Taylor et al., 2007). Moreover, the scale has good reliability with Chronbach's alpha α=0.92 for the total score and α=0.86, α=0.84, α=0.89, for the physical, social, cognitive concerns respectively (Carleton et al., 2010).

  5. Arabic version of the Self Shame Scale. The Arabic version of the Self Shame Scale was used to measure self-shame. Each of the 5 items of the scale is rated on a 3 point Likert scale from 0 (do not agree at all) to 3 (completely agree) with higher scores indicating higher levels of self-shame.

  The Arabic version of the Self Shame Scale is a modified version of the internal shame subscale of the Attitudes Towards Mental Health Problems (ATMHP; Gilbert,

Bhundia, Mitra, McEwan, Irons &Sanghera, 2007). The ATMHP is a measure of shame focused attitudes towards mental health problems with three subscales; internal shame, external shame and reflected shame. In the original study, the internal shame subscale had good reliability with a Cronbach's α=0.95.

While the items of the original internal shame subscale did not need modification, for this study the instructions were modified to ask the individual to imagine how they would feel if they felt anxious or behaved in an embarrassing manner in a social situation.

6. Arabic version of the Other Shame Scale. The Arabic version of the Other Shame Scale was used to measure fear of brining shame to the other. Each of the 7 items of the scale is measured on a 3 point Likert scale from 0 (do not agree at all) to 3 (completely agree) with higher scores indicating more fear of bringing shame on others.

The Arabic version of the Other Shame Scale is a modified version of the reflected shame subscale of the Attitudes Towards Mental Health Problems (ATMHP; Gilbert et al. 2007). Gilbert et al. defined reflected shame as shame concerning brining shame to the family/community. In the original study, the reflected shame subscale had good reliability with a Cronbach's α=0.93. For this study, the instructions and the items were modified to measure brining shame upon the other.

7. Demographic information. The participants were asked to provide their gender, age and nationality.

D. Pilot Study

Upon receiving the approval of the Institutional Review Board the questionnaire containing all the Arabic translated measures was pilot tested with 10 students of the American University of Beirut recruited from campus. The pilot study was conducted to

test the clarity of the translated measures and to estimate the time needed to complete the questionnaire.

The average time needed to complete the questionnaire was 20 minutes. Minor linguistic modifications were required to make some of the items clearer.

E. Main Study

1. Procedure. Participants were recruited from the Psychology 201 pool and from the American University of Beirut campus. A student sample was used because of its convenience and because social anxiety has been found to be prevalent in young adults (Schneier, Johnson, Hornig, Liebowitz, Weissman, 1992).

The students of the Psychology 201 pool have a choice to earn up to 3 percentage points to their final course grade (research credit) by either participating in research studies conducted by psychology graduate students or writing a brief report on an article from a psychological journal. This study was among the studies the Lebanese students of the psychology 201 pool could choose to participate in. If they chose to participate, students would earn one extra percentage point on their final grade. Participation in other studies and writing a brief report on an article from a psychological journal to receive research credit was available to students who decided not participate in this study and was not be restricted to Lebanese students.

The psychology 201 students received an announcement of the research (Appendix C) which included some information about the purpose of the study and information on how to participate. Interested students were directed to a link which directed them to a doodle page where they could anonymously choose the time most suitable for them to go to room Jesup 107, and complete the questionnaire upon giving consent. Upon completing the

questionnaire, the Psychology 201 students were given a form (Appendix D) informing

them about how to proceed to receive 1% point added to their course grade.

Since the desired number of participants was not achieved through the Psychology

201 pool, participants were recruited from different locations on the American University

of Beirut campus including: Medical Gate, Main Gate, Green Oval, Bechtel Engineering

Department, Architecture and Graphic Design Department, Suliman S. Olayan School of

Business, Charles W. Hostler Student Center, Biology/Physics/Chemistry Departments, and

Upper and Lower campus cafeterias. Recruiting from different locations was done to ensure

increased heterogeneity and representativeness of the sample.

Interested students from psychology 201 pool and AUB campus were presented

with an envelope that included two copies of the informed consent form and the measures.

The informed consent form included information about the study, the anonymity and

confidentiality of participation and possible benefit or risks of participation. The informed

consent provided to the Psychology 201 students (Appendix E) differed slightly from that

presented to the students recruited on campus (Appendix F) in that the latter excluded the

information regarding receiving research credit for participation. At the end of the informed

consent form, participants were asked to indicate their agreement to participate by putting a

mark on the line provided. Upon acceptance they were asked to complete the survey

battery.

a. Order effects and counterbalancing. Two counterbalanced versions of the

questionnaire were created to control for order and sequence effects. In version 1, the

measure of self-directed social anxiety (Arabic SAQ-A30) was placed at the start of the

questionnaire and the measure of other-directed social anxiety (Arabic ODSAS) was placed

at the end of the questionnaire before the demographic questions. In version 2, the placement of the measures of self-directed social anxiety and other-directed social anxiety were reversed.

CHAPTER V

RESULTS

A. Preliminary Analysis

Preliminary analyses were conducted prior to examining the psychometric properties of the scales and the main analyses. The preliminary analyses involved missing values analysis, analysis of univariate and multivariate outliers, and normality analysis.

1. Missing value analysis. Missing values analysis indicated only one item of the Social Anxiety Questionnaire Revised for Adults 30 with missing values equal to 5%. To test whether the data were missing completely at random Little's MCAR test was run. The statistically non-significant result indicated that MCAR may be inferred. The missing data were kept since they were missing at random.

2. Univariate and multivariate outliers. Univariate outliers were inspected through Z-scores and 7 univariate outliers were found with Z-scores above ± 3.29 standard deviations. One univariate outlier was found on other-directed social anxiety, five univariate outliers were found on self-shame and one univariate outlier was found on anxiety sensitivity. Multivariate outliers were inspected through Mahalanobis distance using SPSS syntax. One case was found to be a multivariate outlier, $\chi 2$ (6) = 22.46, p<0.01 (case #91). This case was also a univariate outlier.

All outliers were removed from the data set as they might distort further analyses. Univariate and multivariate outlier analyses were re-run and two univariate outliers with Z-scores above ±3.29 standard deviations were found on self-shame and they were removed from the data set.

3. Normality. Normality of the variables was tested through examining z-scores of skewness. This method was chosen because the sample size is large and with large sample sizes the Kolmogorov-Smirnov test reports significant results from small deviations. The z-skewness was obtained by dividing Skewness by the Standard Error of Skewness.

The variables self-directed social anxiety, other-directed social anxiety, intolerance of uncertainty and anxiety sensitivity had Z skew scores below the ±3.29 significance level, indicating that these variables were distributed normally. The variables, self-shame and other shame were positively skewed with Z skew scores above the ±3.29 significance level.

Self-shame and other shame were transformed using a square root transformation. A constant (C=1) was added since both scales were rated on Likert type scale (0 to 3) that included a zero value. The Z skew for both transformed variables were lower than the ±3.29 significance level, indicating that these variables were distributed normally.

B. Psychometrics

The factor structure of the Arabic versions of the Social Anxiety Questionnaire for Adults (Arabic SAQ-A30), the Other Directed Social Anxiety Scale (Arabic ODSAS), the Intolerance of Uncertainty Scale Short Form (Arabic IUS-12), the Anxiety Sensitivity Index 3 (Arabic ASI-3), the Self Shame Scale, and the Other Shame Scale were examined.

1. Arabic version of the Social Anxiety Questionnaire for Adults 30 (Arabic SAQ-A30).

a. Statistical assumptions. The determinant obtained (4.031*10^-6) was below

.00001 which indicates a potential problem with multicollinearity and singularity in our

data. There were no correlations above .8 in our correlation matrix, however, therefore

multicollinearity or singularity among variables was not a problem. Bartlett's test of

sphericity was statistically significance, $\chi2$ (435) =2921.15, p<.05, indicating that the

correlations within the R-matrix are sufficiently different from zero to warrant factor

analysis.

The Kaiser-Meyer-Oklin measure of sampling adequacy (KMO), KMO= .88,

exceeded the recommended value of 0.6 (Field, 2009). As such the correlation matrix was

factorable, and even though the sample size is less than the 300 cases recommended by

Tabachnick and Fidell (2013), the evidence suggests that the sample size was adequate to

yield distinct and reliable factors. Finally, measures of sampling adequacy (MSA) found on

the anti-image correlation matrices were well above .5, indicating that none of the variables

needed exclusion from the analysis.

b. Factor structure. According to the literature the original Social Anxiety

Questionnaire for Adult Revised 30 (SAQ-A30) has five factors, each consisting of 6 items;

speaking in public/talking with people in authority, interacting with the opposite sex,

assertive expression of annoyance disgust or displeasure, criticism and embarrassment and

interaction with strangers. A five factor solution was examined for comparison with

previous findings on the original version of the scale. The current five component solution

(Appendix G), which explained 52.36% of the variance, did not correspond to the five

factors of the original version.

A seven factor and six factor solution was explored using exploratory factor analysis. While the seven factor solution (Appendix H) explained 60.11% of the variance, the factors lacked a common thematic communality. The six factor solution, which explained 52.54% of the variance, more closely resembled the five factors of the original version of the SAQ-A30.

Table 1
Factor loadings of the items of the Arabic version of the Social Anxiety Questionnaire for Adults

	Component					
	1	2	3	4	5	6
17. Talking to people I don't know at a party or a meeting	.67					
13. Maintaining a conversation with someone I've just met	.67					
12. Having to speak in class, at work, or in a meeting	.65					
15. Greeting each person at a social meeting when I don't know most of them	.61					.33
10. Making new friends	.59					
22. Attending a social event where I know only one person	.52	.30				
3. Speaking in public	.50	-.45				
19. Looking into the eyes of someone I have just met while we are talking	.46			-.30		-.40
25. While having dinner with colleagues, classmates or workmates, being asked to speak on behalf of the entire group	.36				.31	
8. Talking to someone who isn't paying attention to what I am saying		.73				
28. Being criticized		.65				
16. Being teased in public		.63				
24. Being reprimanded about something I have done wrong		.59				
21. Making a mistake in front of other people		.52				
1. Greeting someone and being ignored	.33	.45				
4. Asking someone attractive of the opposite sex for a date			-.88			
30. Telling someone I am attracted to that I would like to get to know them better			-.69			

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Item					
23. Starting a conversation with someone of the opposite sex that I like		-.65			
20. Being asked out by a person I am attracted to		-.65			
27. Asking someone I find attractive to dance		-.64			
6. Feeling watched by people of the opposite sex		-.42		.33	
14. Expressing my annoyance to someone that is picking on me			-.85		
26. Telling someone that their behavior bothers me and asking them to stop			-.84		
11. Telling someone that they have hurt my feelings			-.74		
9. Refusing when asked to do something I don't like doing			-.54		
7. Participating in a meeting with people in authority				.76	
29. Talking to a superior or a person in authority				.74	
18. Being asked a question in class by the teacher or by a superior in a meeting	.39			.48	
2. Having to ask a neighbor to stop making noise					.61
5. Complaining to the waiter about my food					.55

Extraction Method: Principal Component Analysis.
Rotation Method: Oblimin with Kaiser Normalization.
a. Rotation converged in 13 iterations.

Looking at Table 1, Factor 1 was composed of 9 items reflecting speaking in public/interaction with strangers. Factor 2 was composed of 6 items (items: 1, 8, 16, 21, 24, 28) reflecting criticism and embarrassment. Factor 3 was composed of 6 items (items: 4, 6, 20, 23, 27, 30) reflecting interacting with the opposite sex. Factor 4 was composed of 4 items (items: 9, 11, 14, 26) reflecting assertive expression of annoyance, disgust or displeasure to someone or about something. Factor 5 was composed of 3 items (items: 7, 18, 29) reflecting talking with people in authority. Factor 6 was composed of 2 items (items: 2, 5) reflecting assertive expression of annoyance, disgust or displeasure to a specific person about a specific thing. Some items cross-loaded on more than one factor. Item 25 cross-loaded on factor 1 and factor 5 and the factor loadings were lower than .40.

Item 1 also cross-loaded on factor 1 and 2 and item 6 cross-loaded on factor 3 and factor 5. The items that cross-loaded where considered part of the factors they loaded higher on.

In sum, the six component factor structure of the Arabic SAQ-A30 was a better fit of the data than the five component factor structure that has been found in the literature and the seven component solution. The six factor solution explained more of the variance and the items loading under each factor had thematic communality.

c. Internal consistency. The reliabilities of the total Arabic SAQ-A30 and the six empirically derived factors were assessed using Cronbach's alpha measure of internal consistency.

The total ArabicSAQ-A30, the speaking in public/ interaction with strangers subscale, and interacting with the opposite sex subscale had high reliability with Cronbach's alpha coefficients, α= .91, α=.84 and α= .81 respectively.

The criticism and embarrassment subscale, the assertive expression of annoyance disgust or displeasure to someone or about something subscale and the talking with people in authority subscale had good reliabilities with Cronbach's alpha coefficients, α= .76, α=.77 and α= .71 respectively.

Finally, the assertive expression of annoyance disgust or displeasure to a specific person about a specific thing subscale had low reliability Cronbach's alpha coefficients, α= .42, most likely due to the fact that it was made of only 2 items.

2. Arabic version of the Other Directed Social Anxiety Scale (Arabic ODSAS).

a. Statistical assumptions. The determinant obtained (.001) was greater than .00001, and none of the correlations between the items were greater than .8, therefore there was no multicollinarity and singularity among variables. Bartlett's test of sphericity was

statistically significance, $\chi2$ (136) =1653.85, p<.05, indicating that the correlations within the R-matrix are sufficiently different from zero to warrant factor analysis. The Kaiser-Meyer-Oklin measure of sampling adequacy (KMO), KMO= 0.88, exceeded the recommended value of 0.6 and was great (Field, 2009). As such the correlation matrix was factorable and even though the sample size was less than the 300 recommended by Tabachnick and Fidell (2013) the evidence suggests that the sample size was adequate to yield distinct and reliable factors. Finally, measures of sampling adequacy (MSA) found on the anti-image correlation matrices were well above .5, indicating that none of the variables needed exclusion from the analysis.

b. Factor structure. An exploratory factor analysis using principal components extraction and varimax rotation was conducted on the Arabic ODSAS.

When the factors were extracted based on eigenvalues greater than one, analysis revealed the presence of four components with eigenvalue exceeding 1 (Appendix I) which explained a total of 60.33% of the variance. Factor 1 consisted of six items (items: 11, 12, 13, 14, 15, and 17), factor 2 consisted of five items (items: 2, 3, 4, 5, 10), factor 3 consisted of four items (items: 7, 9, 16, 18), and factor 4 consisted of 2 items (items: 1 and 6). The items loading under the factors did not have a unifying theme.

c. Internal consistency. The total Arabic ODSAS and factor 1 had high reliability with Cronbach's alpha coefficients, α= .88 and α=.82 respectively. Factors 2 and 3 had good reliabilities with Cronbach's alpha coefficients, α= .79and α= .72 respectively. Finally, factor 4 had a very low reliability, Cronbach's alpha coefficients, α= .28, most likely due to the fact that it was made of only 2 items.

3. Arabic version of the Intolerance of Uncertainty Scale Short Form (Arabic IUS-12).

a. Statistical assumptions. The determinant obtained (.012) was greater than .00001, and none of the correlations between the items were greater than .8, therefore there was no multicollinarity and singularity among variables. Bartlett's test of sphericity was statistically significance, χ^2 (66) =1190.51, p<.05, indicating that the correlations within the R-matrix are sufficiently different from zero to warrant factor analysis.

The Kaiser-Meyer-Oklin measure of sampling adequacy (KMO), KMO= 0.89, exceeded the recommended value of 0.6 and was great (Field, 2009). As such the correlation matrix was factorable and even though the sample size is less than the 300 recommended by Tabachnick and Fidell (2013) the evidence suggests that the sample size was adequate to yield distinct and reliable factors. Lastly, the measures of sampling adequacy (MSA) found on the anti-image correlation matrices were well above .5, indicating that none of the variables needed exclusion from the analysis.

b. Factor structure. A two factor solution was examined for compatibility with previous findings on the English version of the scale. The two component solution that emerged after rotation (Table 2), which explained 53.34 % of the total variance, was in line with the hypothesized structure and the literature. Seven items (items: 1, 2, 3, 4, 5, 6, 7) clustered on factor number 1 and five items (items: 8, 9, 10, 11, 12) clustered on factor number 2. Items clustering on factor 1 suggest that it represents the prospective anxiety subscale, and items clustering on factor two suggest that it represents the inhibitory anxiety subscale.

The Kaiser-Meyer-Oklin measure of sampling adequacy (KMO), KMO= 0.87, exceeded the recommended value of 0.6 and was great (Field, 2009). As such the correlation matrix was factorable and the evidence suggests that the sample size was adequate to yield distinct and reliable factors. Finally, measures of sampling adequacy (MSA) found on the anti-image correlation matrices were well above .5, indicating that none of the variables needed exclusion from the analysis.

   b. Factor structure. A three component factor solution was examined for consistency with previous findings on the structure of the original English version of the ASI-3. The three component solution that emerged (Table 3) was in line with the hypothesized structure and the literature and explained 59.40 % of the total variance. Six items (items: 13, 14, 15, 16, 17, 18) clustered on factor number 1, six items (items: 1, 2, 3, 4, 5, 6) clustered on factor number 2, and six items (items: 7, 8, 9, 10, 11, 12) clustered on factor number 3. Items clustering on factor 1 suggest that it represents the social concerns subscale, items clustering on factor two suggest that it represents the physical concerns subscale, and items clustering on factor three suggest that it represents the cognitive concerns subscale.

Table 3
Factor loadings of the items of the Arabic version of the Anxiety Sensitivity Index 3

	Component		
	1	2	3
14. When I tremble in the presence of others, I fear what people might think of me.	.76		
16. When I begin to sweat in a social situation, I fear people will think negatively of me.	.75		
15. It scares me when I blush in front of people.	.74		
13. I worry that other people will notice my anxiety.	.73		
18. It is important for me not to appear nervous.	.72		
17. I think it would be horrible for me to faint in public.	.55		

2. When I notice my heart skipping a beat, I worry that there is something seriously wrong with me.	-.86
4. When my chest feels tight, I get scared that I won't be able to breathe properly.	-.81
3. When I feel pain in my chest, I worry that I'm going to have a heart attack.	-.80
6. It scares me when my heart beats rapidly.	-.76
5. When my throat feels tight, I worry that I could choke to death.	-.74
1. When my stomach is upset, I worry that I might be seriously ill.	-.67
10. When I have trouble thinking clearly, I worry that there is something wrong with me. .	-.84
11. When I cannot keep my mind on a task, I worry that I might be going crazy.	-.79
9. When I feel "spacey" or spaced out I worry that I may be mentally ill.	-.78
8. When my mind goes blank, I worry there is something terribly wrong with me.	-.73
7. When my thoughts seem to speed up, I worry that I might be going crazy.	-.68
12. It scares me when I am unable to keep my mind on a task.	-.51

Extraction Method: Principal Component Analysis.
 Rotation Method: Oblimin with Kaiser Normalization.
a. Rotation converged in 7 iterations.

c. Internal consistency. The total Arabic ASI-3 and its 3 empirically derived components; physical concerns, cognitive concerns, and the social concerns, all had high reliability with Cronbach's alpha coefficient α= .88, α=.88, α= .84, and α=.83 respectively.

5. Arabic version of the Self Shame Scale.

a. Statistical assumptions. The determinant obtained (.23) was greater than .00001, and none of the correlations between the items were greater than .8, therefore there was no multicollinarity and singularity among variables. Bartlett's test of sphericity was statistically significance, $\chi^2 (10) =426.33$, $p<.05$, indicating that the correlations within the R-matrix are sufficiently different from zero to warrant factor analysis.

The Kaiser-Meyer-Oklin measure of sampling adequacy (KMO), KMO= 0.80, exceeded the recommended value of 0.6 and was great (Field, 2009). As such the correlation matrix was factorable and even though the current sample size is less than the

300 cases recommended by Tabachnick and Fidell (2013), the evidence suggests that the sample size is adequate to yield distinct and reliable factors. Finally, the measures of sampling adequacy (MSA) found on the anti-image correlation matrices were well above .5, indicating that none of the variables needed exclusion from the analysis.

      b. Factor structure. An exploratory factor analysis using principal components extraction and varimax rotation was conducted on the Arabic version of the 5 item Self Shame Scale.

      When the factors were extracted based on eigenvalues greater than one, analysis revealed the presence of one component with eigenvalue exceeding 1 (Appendix J). This one factor explained a total of 54.54% of the variance. Item 2 ("I would see myself as inadequate") had the highest loading and item 3 ("I would blame myself for my problems") had the lowest loading. It could be that blaming oneself for ones problems may not be as central to the self-shame construct as are feeling inadequate, a failure, weak, and inferior.

      c. Internal consistency. The reliability of the Arabic version of the Self Shame Scale had good reliability with Cronbach's alpha coefficient, $\alpha = .76$. Looking at the alpha if item deleted table, deleting item number # 3 (the item with the lowest factor loading) would increase the Cronbach's alpha coefficient to $\alpha = .81$. Although, the improvement of the alpha coefficient is a difference of 0.05, which is more than the recommended point of warranting item removal, the value of the alpha coefficient is already above the recommended 0.7 value and is already indicating good reliability as such the item will be kept.

6. Arabic version of the Other Shame Scale.

a. Statistical assumptions. The determinant obtained (.044) was greater than .00001, and none of the correlations between the items were greater than .8, therefore there was no multicollinarity and singularity among variables. Bartlett's test of sphericity was statistically significance, $\chi2$ (21) =884.36, p<.05, indicating that the correlations within the R-matrix are sufficiently different from zero to warrant factor analysis. The Kaiser-Meyer-Oklin measure of sampling adequacy (KMO), KMO= 0.82, exceeded the recommended value of 0.6 and was great (Field, 2009). As such the correlation matrix was factorable and the evidence suggests that, even though the current sample size is less than that recommended by Tabachnick and Fidell (2013), it was adequate to yield distinct and reliable factors. Additionally, measures of sampling adequacy (MSA) found on the anti-image correlation matrices were well above .5, indicating that none of the variables needed exclusion from the analysis.

b. Factor structure. An exploratory factor analysis using principal components extraction and varimax rotation was conducted on the Arabic version of the Other Shame Scale.

When the factors were extracted based on eigenvalues greater than one, analysis revealed the presence of two components with eigenvalue exceeding 1 (Appendix K). The two components explained a total of 69.76% of the variance. Four items (items: 3, 5, 6, 7) loaded highly on the first factor; *how others are affected* and the other 3 items (items: 1, 2, 4) loaded highly on the second factor; *how others are seen.*

c. Internal consistency. The total Arabic version of the Other Shame Scale and its 2 empirically derived components; how others are affected and how others are seen, had high reliability with a Cronbach's alpha coefficient α= .86, α=.81, and α=.82 respectively.

C. Order Effects

Independent sample t-tests were run to examine the effects of counterbalancing on self-directed social anxiety, and other-directed social anxiety. 146 participants had completed the 1st version of the questionnaire in which the measure of self-directed social anxiety was placed at the start of the questionnaire and the measure of other-directed social anxiety was placed at the end of the questionnaire before the demographic questions, and 145 participants had completed the questionnaire with the location of the measures reversed.

When comparing self-directed social anxiety across the two version, Leven's test was significant, F (1, 288) =10.33, p<.05, indicating that the assumption of homogeneity of variance was violated. The t-test was non-significant, t (271.17) =.51, p>.05, indicating that there was no difference on self-directed social anxiety between both versions of the questionnaire.

When comparing other-directed social anxiety across the two version, Leven's test was non-significant, F (1, 288) =.69, p>.05, indicating that the assumption of homogeneity of variance was met. The t-test was non-significant, t (288) =.44, p>.05, indicating that there was no significant difference on other-directed social anxiety between both versions of the questionnaire.

D. Scale Descriptives

Only the total scores of the scales used were examined, since the hypotheses of this study focus on the total scores, and since the structures of the Arabic translated Social Anxiety Questionnaire for Adults, the Other Shame Scale and the Other Directed Social Anxiety Scale need further replication.

The items of each scale were summed to create the total score. For clarity, the average of each scale was also calculated creating the averaged total score. The means and standard deviations of the summed total scores and averaged total score are provided in table 4.

Table 4
Scale Descriptives

	N	Mean of Summed total score	Std. Deviation	Mean of Averaged total score	Std. Deviation
Self-directed social anxiety	291	81.68	19.14	2.75	.63
Other-directed social anxiety	290	48.98	16.26	2.91	.97
Self-shame	291	3.68	2.89	.74	.57
Other shame	291	6.71	4.29	1.12	.72
Intolerance of uncertainty	290	30.80	9.08	2.58	.76
Anxiety sensitivity	290	21.57	12.08	1.20	.72

Concerning self and other directed social anxiety, it seems that on average participants reported experiencing moderate levels of self-directed social anxiety (M=81.68, SD=19.14) and low to moderate levels of other-directed social anxiety (M= 48.98, SD=16.26). Concerning shame, the participants reported experiencing minimal

levels of self-shame (M=3.68, SD=2.89) and other shame (M=6.71, SD= 4.30) if they

became anxious and behaved in an embarrassing manner in a social situation.

Concerning intolerance of uncertainty, it seems that participants on average were

slightly more tolerant rather than intolerant of uncertainty (M=30.80, SD=9.08). And

finally, participants on average reported experiencing low to moderate levels of anxiety

sensitivity (M=21.5, SD=12.08).

E. Inter-Correlations of Measures

The Pearson's correlations between the main variables were conducted, testing

hypotheses one through seven. The correlation matrix is presented in table 5 below. Self-

directed social anxiety and other directed social anxiety were significantly correlated with

each other and with all the independent variables. More specifically, self-directed social

anxiety and other directed social anxiety had a positive medium sized relationship, r=.40,

p<.05, indicating that the more participants reported experiencing self-directed social

anxiety, the more they reported experiencing other-directed social. As such hypothesis one

was supported.

Self-directed social anxiety also had a positive and strong relationship with anxiety

sensitivity, r=.47, p<.05, and intolerance of uncertainty, r= .43, p<.05, indicating that the

more the participants reported experiencing self-directed social anxiety the more they

reported experiencing anxiety sensitivity and intolerant of uncertainty. As such, hypotheses

two and six were supported. Moreover, self-directed social anxiety had a positive medium

sized relationship with self-shame, r=.37, p<.05, and a positive small-to-medium sized

relationship with other shame, r=.30, p<.05 indicating that the more the participants

reported experiencing self-directed social anxiety the more they reported experiencing self-shame and other shame. Hypothesis four was supported.

Similarly, other-directed social anxiety had a positive strong relationship with anxiety sensitivity, r=.49, p<.05, and a positive medium sized relationship with self-shame, r=.30, p<.05, other shame, r=.37, p< .05 and intolerance of uncertainty, r=.30, p <.05. The correlations suggest that the more participants reported experiencing other-directed social anxiety the more they reported experiencing self-shame, other shame, and anxiety sensitivity as well as intolerant of uncertainty. These findings support hypotheses three, five and seven of the present study.

It is interesting to note that other shame and self-shame had a positive, small relationship, r=.17, p<.05, indicating that the more participants reported experiencing self-shame, the more they reported experiencing other shame. The relationship between other shame and anxiety sensitivity was medium in size, r=.29, p<.05 while the relationship between other shame and intolerance of uncertainty was positive and small to medium in size, r = .21, p<.05.

Finally, self-shame has a positive and medium sized relationship with anxiety sensitivity, r=.33, p<.05 and medium to large in size with intolerance of uncertainty, r=.40, p<.05. Finally, there was a positive and strong relationship between anxiety sensitivity and intolerance of uncertainty, r=.47, p<.05, indicating that those who reported increased intolerance of uncertainty also reported increased sensitivity to anxiety.

Table 5
Zero Order Correlation Matrix

	Self-directed social anxiety	Other- directed social anxiety	Anxiety Sensitivity	Intolerance of Uncertainty	Self-Shame	Other Shame
Self-directed social anxiety	1.00					
Other- directed social anxiety	.40**	1.00				
Anxiety Sensitivity	.47**	.49**	1.00			
Intolerance of Uncertainty	.43**	.30**	.47**	1.00		
Self-Shame	.36**	.30**	.33**	.41**	1.00	
Other Shame	.20**	.36**	.28**	.18**	.17**	1.00

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

F. Regression Analysis: Predictors of Self-Directed Social Anxiety

To test for hypothesis eight; the predictors of self-directed social anxiety, a hierarchical multiple regression analysis with two steps was carried out. The dependent variable was self-directed social anxiety and the independent variables were intolerance of uncertainty, self-shame and anxiety sensitivity. The variable anxiety sensitivity was entered through the forced entry method, because it was being controlled for, while the variables intolerance of uncertainty and self-shame were entered using the forward method because their predictive value was being examined.

1. Influential cases. Influential cases are those that exert large influence over the parameters of the regression model. The presence of influential cases was assessed through DFbeta. DFbeta is the difference between a parameter estimated using all cases and estimated when one case is excluded. Cases with DFbeta or Standardized DFbetawith absolute value above 1 or 2 would be cause for concern. An examination of the Standardized DFbeta's for all the predictors in the current analysis indicated that there were no influential cases in the data.

2. Assumptions of regression. Prior to performing the regression analysis the suitability of data for regression was assessed.

a. Variable type. All the variables were scale variables.

b. Ratio of cases to IV's. Tabachnick and Fidell (2013) recommend the following "rule of thumb" for a medium size relationship between IVs and the DV: If we are interested in multiple correlation and regression, then the sample size N must be larger than (50+8m) where m is the number of IVs.

On the other hand, if we are testing for individual predictors, the sample size must be larger than (104+m).

The current analysis includes 3 independent predictors, and the current sample size is 291 therefore, both sample size assumptions are met for even the smallest of group sizes explored (50+8×3= 74, or 104+3=107).

        c. Normality of IV's and DV. The variables were normally distributed.

        d. Multicollinearity. Issues of multicollinearity seriously affect regression analyses. Looking at the zero order correlation of the independent variables could give a preliminary indication of whether multicollinarity is present among the variables. Any correlation above 0.8 would be cause for concern. In the current analysis there were no correlations above 0.8. Additionally, SPSS regression programs have default values for tolerance that protect the user against inclusion of multicollinear IVs. Nonetheless and for control purposes, Variance Inflation Factor (VIF) coefficients were examined. VIF values above 10 would be cause for concern. In the current analysis, VIF values were below 10 indicating that multicollonearity is not a problem.

        e. Independence of errors. An important assumption of multiple regression is that errors of prediction are independent of one another. The associated Durbin-Watson statistic is a measure of auto-correlation of errors over the sequence of cases. The Durbin-Watson statistic ranges from 0 to 4. If the value is close to 2, the assumption of independence of errors is met. Values less than 1 and greater than 3 would be cause for concern. The Durbin Watson value was 2.15 which is close to 2 and thus satisfies the assumption of independent errors.

f. Normality of residuals. The assumption of normality of the residuals of the dependent variable self-directed social anxiety was assessed through the histogram. The histogram had a bell shaped curve indicating that the residuals were distributed normally and that the assumption in met.

g. Homoscedasticity of regression slopes. The assumption of homoscedasticity is tested by examining the ZPRED vs. ZRESID residuals scatterplot. The assumption is met since the scatterplot looked like a random array of dots which were not making any particular shape or moving in any particular direction.

3. Hierarchical Multiple Regression. The first model which included the variable anxiety sensitivity which was forced into the regression equation was significant, $F (1, 288) = 82.00$, $p<.05$, indicating that the model was significantly better than the mean at predicting the outcome.

The third model which included the variable anxiety sensitivity in addition to the predictors intolerance of uncertainty and self-shame was also significant, $F (3,286) = 41.97$, $p<.05$. This indicates that this model was also significantly better than the mean at predicting the outcome.

Table 6
R, R Square, Adjusted R Square

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.47	.22	.22	16.92	.22	82.00	1	288	.00	
2	.53	.28	.27	16.31	.06	22.92	1	287	.00	
3	.55	.31	.30	16.04	.03	10.92	1	286	.00	2.15

Looking at Table 6, the variance explained by the first model was R^2=0.22, indicating that anxiety sensitivity alone accounted for 22% of the variability in self-directed social anxiety. The variance explained by the last model was R^2=0.31, indicating that anxiety sensitivity, intolerance of uncertainly and self-shame accounted for 31% of the variability in self-directed social anxiety. This suggests that adding the variables intolerance of uncertainty and self-shame into the regression equation increase the models ability to explain the variance in the outcome by 9%.

The adjusted R square was $R^2 = .30$ meaning that the regression model would account for 30% of the variability in the outcome at the level of the population. This shows shrinkage of 1% suggesting that the model would generalize well to the population.

Table 7
Regression Parameters

Model		Standardized Coefficients	Sig.
		Beta	
1	(Constant)		1.48E-097
	Anxiety Sensitivity	.47	2.11E-017
2	(Constant)		1.95E-039
	Anxiety Sensitivity	.34	4.61E-009
	Intolerance of Uncertainty	.27	2.71E-006
3	(Constant)		3.42E-027
	Anxiety Sensitivity	.31	9.68E-008
	Intolerance of Uncertainty	.22	.00
	Self-Shame	.18	.00

Looking at the beta coefficients in Table 7, in the first model, anxiety sensitivity was a significant and positive predictor of self-directed social anxiety, $\beta= 0.47$ ($p<0.05$), suggesting that people who reported experiencing higher levels of anxiety sensitivity also reported experiencing higher levels of self-directed social anxiety.

Anxiety sensitivity remained the strongest significant positive predictor of self-directed social anxiety in the last model, β= 0.47 (p<0.05), when intolerance of uncertainty and self-shame were entered into the regression equation.

Intolerance of uncertainty was the second strongest significant positive predictor of self-directed social anxiety, β= 0.22 (p<0.05), suggesting that those who reported experiencing higher levels of intolerance of uncertainty also reported experiencing higher levels of self-directed social anxiety.

The third strongest predictor of self-directed social anxiety was self-shame, β= 0.18, which was significant (p<0.05), and positive, indicating that the more people fear brining shame upon themselves the more they experience self-directed social anxiety.

In summary, hypothesis eight was supported in this study. Intolerance of uncertainty and self-shame were significant predictors of self-directed social anxiety when anxiety sensitivity was controlled for. Anxiety sensitivity, the strongest predictor of self-directed social anxiety was almost two times stronger than self-shame, its weakest predictor.

G. Regression Analysis: Predictors of Other-Directed Social Anxiety

To test for hypothesis nine; the predictors of other-directed social anxiety, a hierarchical multiple regression analysis with two steps was carried out. The dependent variable was other-directed social anxiety and the independent variables were intolerance of uncertainty, other shame and anxiety sensitivity. Anxiety sensitivity was entered through the forced entry method because it was being controlled for while the variables intolerance of uncertainty and other shame were entered using the forward method because their predictive value was being examined.

1. Influential cases. Influential cases are those that exert large influence over the parameters of the regression model. The presence of influential cases was assessed through DFbeta. DFbeta is the difference between a parameter estimated using all cases and estimated when one case is excluded. Cases with DFbeta or Standardized DFbetawith absolute value above1 or 2 would be cause for concern. An examination of the Standardized DFbeta's for all the predictors in the current analysis indicated that there were no influential cases in the data.

2. Assumptions of regression. Prior to performing the type regression analysis the suitability of data for regression was assessed.

a. Variable type. All the variables were scale variables.

b. Normality of IV's and DV. The variables were distributed normally.

c. Multicollinearity. Issues of multicollinearity seriously affect regression analyses. Looking at the zero order correlation of the independent variables could give a preliminary indication of whether multicollinarity is present among the variables. Any correlation above 0.8 would be cause for concern. In the current analysis there were no correlations above 0.8

Additionally, SPSS regression programs have default values for tolerance that protect the user against inclusion of multicollinear IVs. Nonetheless and for control purposes, Variance Inflation Factor (VIF) coefficients were examined. VIF values above 10 would be cause for concern. In the current analysis, VIF values were below 10 indicating that multicollonearity is not a problem.

d. Independence of errors. An important assumption of multiple regression is that errors of prediction are independent of one another. The associated Durbin-Watson statistic is a measure of auto-correlation of errors over the sequence of cases. The Durbin-Watson

statistic ranges from 0 to 4. If the value is close to 2, the assumption of independence of errors is met. Values less than 1 and greater than 3 would be cause for concern. The Durbin Watson value was 1.96 which is close to 2 and thus satisfies the assumption of independent errors.

e. Normality of residuals. The assumption of normality of the residuals of the dependent variable self-directed social anxiety was assessed through the histogram. The histogram had a bell shaped curve indicating that the residuals were distributed normally and that the assumption in met.

f. Homoscedasticity of regression slopes. The assumption of homoscedasticity is tested by examining the ZPRED vs. ZRESID residuals scatterplot. The assumption is met since the scatterplot looked like a random array of dots which were not making any particular shape or moving in any particular direction.

3. Hierarchical Multiple Regression. The first model which included the variable anxiety sensitivity which was forced into the regression equation was significant, $F (1, 288) = 91.94$, $p<.05$, suggesting that the model was significantly better than the mean at predicting other-directed social anxiety.

The second model which included the variable anxiety sensitivity in addition to the predictor other shame was also significant, $F (2,287) = 60.72$, $p<.05$. This suggests that this model was also significantly better than the mean at predicting the outcome.

Using the forward method only the constants and predictors that significantly improve the ability of the model in predicting the outcome are added. Since intolerance of uncertainty was not included in the regression equation, this suggests that it did not

significantly improve the predictive value of the model. Thus hypothesis nine was only

partially supported.

Table 8
R, R Square, Adjusted R Square

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | Change Statistics | | | | | Durbin-Watson |
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.49	.24	.24	14.18	.24	91.94	1.00	288.00	.00	
2	.55	.30	.29	13.68	.06	22.60	1.00	287.00	.00	1.96

As seen in Table 8, the variance explained by the first model was $R^2=0.24$,

indicating that anxiety sensitivity alone accounted for 24% of the variability in other-

directed social anxiety. The variance explained by the second model was $R^2=0.30$,

indicating that anxiety sensitivity and other shame accounted for 30% of the variability in

the outcome. This suggests that adding the variable other shame into the regression

equation increases the models ability to explain the variance in the outcome by 8%.

The adjusted R square was $R^2 = .29$ meaning that the regression model would

account for 29% of the variability in the outcome at the level of the population. This shows

shrinkage of 1% suggesting that the model would generalize well to the population.

Table 9
Regression Parameters

Model		Standardized Coefficients Beta	Sig.
1	(Constant)		.00
	Anxiety Sensitivity	.49	.00
2	(Constant)		.00
	Anxiety Sensitivity	.42	.00
	Other Shame	.25	.00

Looking at the beta coefficients in Table 9, in the first model, anxiety sensitivity was a significant and positive predictor of other-directed social anxiety, $\beta= 0.49$ ($p<0.05$), suggesting that people who report experiencing higher levels of anxiety sensitivity also report experiencing higher levels of other-directed social anxiety.

Anxiety sensitivity remained the strongest significant positive predictor of other-directed social anxiety in the second model, $\beta= 0.42$ ($p<0.05$), when other shame was entered into the regression equation. Other shame was also a positive significant predictor of other-directed social anxiety, $\beta = 0.25$ ($p<0.05$), indicating that the more people report experiencing fear of bringing shame on others the more they report experiencing other-directed social anxiety. Anxiety sensitivity was almost two times stronger than other shame in predicting other-directed social anxiety. While the beta values (Table 9) paralleled the correlation between the outcome variable and anxiety sensitivity and other shame found in the zero order correlations table (Table 5), intolerance of uncertainty was not a significant predictor despite its medium sized significant relationship with other-directed social anxiety. As such, hypothesis nine was only partially supported. Other shame was a significant predictor of other-directed social anxiety when anxiety sensitivity was controlled for but intolerance of uncertainty was not.

CHAPTER VI

DISCUSSION

The social anxiety literature has focused primarily on self-directed social anxiety and its correlates (Bienvenue et al., 2010; Kocovski & Endler, 2000; Jain & Sudhir, 2010;

Izgic et al., 2004). While there has been an increased recognition, in the literature, of other-directed social anxiety and its prevalence across cultures (Dinnel et al., 2002; Essau et al., 2010; Kleinknecht et al., 1997), the research on the correlates of other-directed social anxiety is still limited.

The main aim of this study was to examine self-directed social anxiety and other-directed social anxiety and their correlates in a Lebanese university student sample. The correlates that were examined were anxiety sensitivity, intolerance of uncertainty, and self-shame and other shame.

A. Psychometric Properties of the Scales

The psychometric properties of the Arabic versions of the scales used in this study; the Social Anxiety Questionnaire for Adults (Arabic SAQ-A30), the Intolerance of Uncertainty Scale Short Form (Arabic IUS-12), the Anxiety Sensitivity Index 3 (Arabic ASI-3), the Self Shame Scale, the Other Shame Scale, and the Other Directed Social Anxiety Scale (Arabic ODSAS), were examined prior to testing the hypotheses of the study.

The internal consistency of all the scales was generally acceptable and the factor structures of the Arabic IUS-12 and the Arabic ASI-3 replicated the structures of the original English scales. The factor structure of the Arabic SAQ-A30 on the other hand was similar to but not isomorphic to the structure of the original version. Unlike in the original scale six factors rather than five factors were obtained. While the difference in the factor structure suggests cultural specificity, the findings here require further replication.

The factor *interacting with the opposite sex* and *criticism and embarrassment* of the Arabic SAQ-A30 were duplicates of these factors in the original version of the scale.

It is interesting to note that in the current structure, items tapping into concerns of talking to people in authority clustered into a factor of their own. It seems that in the current Lebanese university sample, talking to people in authority is a concern of its own. One possible explanation of this could be the dominance of hierarchical and patriarchal relations in Arab (and Lebanese) social, political and religious spheres, and social intuitions including work and school (Barakat, 1993). These relations are characterized by a hierarchical structure with respect to age and gender (Barakat, 1993; Joseph, 1996) and tend to include a patriarchal figure that wields authority, expects obedience and is intolerant of dissent (Barakat, 1993). It could be that the hierarchical nature of the Arab and Lebanese society(Barakat, 1993; Joseph, 1996) and the priority given to interpersonal responsibility (Dwairy, 2002) puts a lot of weight on the importance of being respectful of, and obedient to people in authority, making talking to people in authority anxiety provoking.

Moreover, in the current analysis items tapping into concerns of talking to strangers and concerns of speaking in public were clustered under one factor. This is a surprising finding since one would think that speaking in public, which could involve more of a 'performance' situation and would involve more people, would be more anxiety provoking than talking to strangers. Both situations, however, could involve a concern of presenting oneself favorably; one to a group of more familiar people, and the other to a stranger, making them almost equally anxiety provoking.

Furthermore, it is interesting to note that assertive expression of annoyance, disgust or discomfort was split into two factors. The items that involved assertiveness to specific people (the waiter, the neighbor) about specific things (the food and the noise) clustered on a separate factor. This split could be due to the fact that these items involved

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assertiveness concerning impersonal requests such as complaining about the food and the noise. While the other assertiveness items involved more personal requests such as "telling someone they hurt my feelings" or "telling someone their behavior bothers me" which could involve more familiar people and thus be more anxiety provoking.

Alternatively, this split between items involving specific people about specific things versus items involving personal requests can be related to culture and cultural norms. Research looking at self-reported assertive behavior in Israeli Arab and Israeli Jewish youth suggested that Arab youth were less assertive than their Jewish counterparts suggesting that culture might play a role (Florian & Zernitsky-Shurka, 1987). In a more recent comparison of assertiveness in Swedish and Turkish adolescents, Esking (2003) found that Turkish participants reported less assertive behavior and the researchers attributed this difference to difference in cultural norms. Considering a possible influence of Arab cultural norms on assertive behaviors in the current context, and the priority given to interpersonal responsibility rather than individual justice in Arab cultures (Dwairy, 2003), it could be that the assertive expression of annoyance, disgust or discomfort in interpersonal context or about personal matters is less valued and as such leads to more anxiety.

The exploration of the factor structures of the Arabic versions of the Self Shame scale, the Other Shame scale and the Arabic ODSAS revealed that a one factor solution, a two factor solution and a four factor solution respectively best fit the data. The items loading under the factors of the Arabic ODSAS scale did not have thematic communality, and the two factors of the Arabic Other Shame scale were tentatively labeled *how others are affected* and *how others are seen* based on the items under each factor. These factor structures need further replication.

B. Social Anxieties, Intolerance of Uncertainty, Anxiety Sensitivity, Shame:

Descriptives

The participants reported experiencing moderate levels of both self-directed social anxiety and low to moderate levels of other-directed social anxiety, suggesting that symptoms of both social anxieties are found in Lebanese college sample. As in Japan, England, the US, Switzerland and Indonesia (Dinnel et al., 2002; Essau et al., 2012; Vriends et al., 2013) symptoms of other-directed social anxiety were also found in the Lebanese sample. This finding of self and other directed social anxiety in Lebanese college students is important since it highlights the need to focus on both self-directed social anxiety and other-directed social anxiety when studying social anxiety among the youth in Lebanon.

The mean of self-directed social anxiety reported in the current sample was close to the mean reported by Caballo et al. (2010) in the Spanish university sample. Since both are university samples, the participants have a similar age range and they may have similar experiences associated with being students at a university which could account for the similarity in reported self-directed social anxiety means.

The mean of other-directed social anxiety in the current sample was only slightly higher than the mean reported by Kim et al. (2008) in the Australian community sample. This difference in reported mean, though slight, could be because social anxiety has been found to be prevalent in young adults (Schneier, Johnson, Hornig, Liebowitz, Weissman, 1992).The mean intolerance of uncertainty in the current sample was similar to mean reported in a Canadian community sample (Carleton et al., 2010) and in a Canadian university sample (Carelton et al., 2012). While uncertainty is a part of everyday life no

matter what the context or culture, this similarity is interesting because one would suspect

that the unstable political situation of Lebanon might influence the levels of intolerance of

uncertainty experienced by a Lebanese sample. It could be that the participants' status as

university students of high education and socioeconomic status makes them less exposed to

the instability of the Lebanese political situation compared to older Lebanese populations.

One could also speculate that due to the constant political instability in Lebanon, the

Lebanese people have become habituated and sensitized to the uncertain situation in the

country. As a result their intolerance of uncertainty is unaffected by the political instability

and is no different than reported levels of intolerance of uncertainty in more stable

countries.

The participants reported experiencing minimal self-shame and other shame.

Gilbert et al. (2007) had used the original versions of the scales in Asian and non-Asian

female university samples in the UK. The current sample reported much lower levels of

self-shame than both the Asian and non-Asian participant in Gilbert et al.'s (2007) study.

This could be due to the modification made to the scale for the current study, while Gilbert

et al. (2007) had looked at shame related to mental health problems in general this study

looked at shame related to anxiety and embarrassment in social situations specifically.

Moreover, the current sample reported levels of other shame similar to the non-Asian

female participants in Gilbert et al.'s study, however, in Gilbert et al. the 'other' was

defined as the 'family' and we cannot know whether this similarity would exist if we

looked at fear of brining shame on the family in a Lebanese college sample.

The minimal levels of both self and other shame reported by the current sample are

surprising. Honor refers to individuals' self-esteem and self-respect as judged by the

individuals' own eyes or by the eyes of others, and it is both a personal and collective

attribute (Pitt-Rivers, 1965). Values of honor have been suggested to be guiding principles

in Arab cultures (Feghali, 1997). In an investigation of the identity and values of Arab

youth in a sample Lebanese 18-25 year olds, Harb (2010) found that values of honor and

hospitality (Arab emic values) were the most prominent values preferred by Lebanese

youth.

Considering that honor values are prominent in Arab and Lebanese culture (Feghali,

1997, Harb, 2010; Harb et al., 2006), and that emotions of shame are salient in honor

cultures (Fischer et al., 1999), it is surprising that the participants in this sample reported

low levels of shame. This could be due to the characteristics of the sample. The participants

were students of the American University of Beirut, an institution of higher learning that

bases it educational philosophy and practices on an American liberal model of higher

learning and that uses English as the language of instruction (American University of

Beirut Office of Institutional Research and Assessment, 2013). The students of AUB tend

to have relatively high socioeconomic status and AUB 'culture' tends to be more

individualistic and west oriented than Lebanon in general. These characteristics of AUB

and AUB students may contribute to explain the low levels of shame in the sample. In an

interesting study, Ayyash-Abdo (2001) used a survey research design to examine the

relationship between individualistic and collectivistic tendencies, gender, language use and

religion in Lebanese university students. The researcher found that participants who chose

to answer English or French versions of the survey were students of universities that had

English or French as their language of instruction and expressed more individualistic

orientation than students who chose to answer the survey in Arabic language (Ayyash-

Abdo, 2001). This further suggests that the lower levels of shame reported in this study can be attributed to the sample characteristics.

Finally, the participants of the current study reported experiencing low to moderate levels of anxiety sensitivity. Surprisingly, the mean of anxiety sensitivity found in the current sample was relatively higher than means found in non-clinical university and community samples from Korea (Lim & Kim, 2012), Turkey (Mantar et al., 2010), US and Canada, France, Mexico, the Netherlands and Spain (Taylor et al., 2007). This could be a cultural factor; Farhood et al. (1993) in their examination of the physical and mental health of Lebanese families after the civil war found high levels of somatization related to war related stressful life events. Somatization refers to the response to psychosocial stress through the experience of physical symptoms (Lipowski, 1998). Research conducted mostly with children and adolescents has shown a strong association between somatization and anxiety sensitivity (Maher, Montano, & Gold, 2012; Muris & Messter, 2004, Tsao et al., 2009). Furthermore, these associations have been found in older adults (Mhlman & Zinbarg, 2000). Thus, it is possible that the association between anxiety sensitivity and somatization could extend to a young adult sample. This association coupled with the high levels of somatization found in the current culture could shed light on the high levels of anxiety sensitivity in the current sample. While these results would have to be replicated, it is possible that the high level of anxiety sensitivity is a function of a cultural tendency to express stress through physical symptoms and arousal.

C. Correlates of Self-Directed and Other-Directed Social Anxieties

In the present study there was a significant medium sized correlation between self-directed social anxiety and other-directed social anxiety, similar to Dinnel et al. (2002), possibly suggesting that they are independent but related constructs.

As was hypothesized and providing support to the literature, intolerance of uncertainty, self-shame and anxiety sensitivity were all significant positive correlates of self-directed social anxiety. The more the participants reported experiencing self-directed social anxiety, the more they reported fearing arousal and anxiety related sensations, as well as intolerance of uncertainty and fear of bringing shame on themselves. Moreover, as was hypothesized, intolerance of uncertainty, other shame, and anxiety sensitivity were all significant positive correlates of other-directed social anxiety. The more the participants reported experiencing other-directed social anxiety, the more they reported fearing arousal and anxiety related sensations, as well as intolerance of uncertainty and fear of bringing shame on themselves others.

However, the regression analysis showed a pattern of predictors of other-directed social anxiety different than that of self-directed social anxiety. Whereas self-directed social anxiety has been predicted by intolerance of uncertainty and self-shame, other-directed social anxiety has been predicted by other shame.

Multiple hierarchical regression analysis also showed that, in line with the literature, self-shame and intolerance of uncertainty were significant predictors of self-directed social anxiety above and beyond anxiety sensitivity. Thus, the more a person reported intolerance of uncertainty, and the more they reported fear of brining shame on the self when behaving in embarrassing manner in social situations, and the more they reported

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fear of arousal and anxiety related sensations, the more likely they were to experience self-directed social anxiety.

While other shame was a significant predictor of other-directed social anxiety above and beyond anxiety sensitivity, intolerance of uncertainty was not. This is a surprising finding, since previous research has shown that intolerance of uncertainty is a significant predictor of self-directed social anxiety above and beyond vulnerability factors associated with self-directed social anxiety specifically and anxiety generally (Boelen & Reijntjes, 2009; Carleton et al.,2010). Moreover, research has suggested that intolerance of uncertainty is associated with anxiety disorders in general (Norr et al., 2013; McEvoy & Mahoney, 2011).

One possible explanation for this finding could be that intolerance of uncertainty is not as central to other-directed social anxiety as is anxiety sensitivity and that any variance explained by intolerance of uncertainty can be accounted for completely by anxiety sensitivity. In an evaluation of a theoretical hierarchical model of vulnerabilities in anxiety in a university sample, Sexton et al. (2003) examined one general vulnerability variable; neuroticism, and two specific vulnerability variables; intolerance of uncertainty and anxiety sensitivity in relation to panic symptoms, health anxiety, obsessive-compulsive symptoms and general anxiety/worry . Their results provided initial support for a hierarchical model of general and specific vulnerabilities in anxiety. Looking at the specific vulnerability variables, Sexton et al. found significant correlations between intolerance of uncertainty and anxiety sensitivity and all the anxiety symptoms studied. Moreover, anxiety sensitivity (and not intolerance of uncertainty) made direct contribution to the prediction of panic symptoms, health anxiety and OCD symptoms. Intolerance of uncertainty (and not anxiety

sensitivity) made direct contribution to the prediction of generalized anxiety/worry. Additionally, Norton et al. (2005) extended the hierarchical model to a clinical sample and found similar results. These studies by Sexton et al. (2003) and Norton et al. (2005) indicate that while there may be significant correlations between intolerance of uncertainty and certain symptoms of anxiety, intolerance of uncertainty is not necessarily a significant predictor of some symptoms of anxiety especially when other vulnerability variables come into play.

It is possible that this is also the case for other-directed social anxiety. While research has shown that intolerance of uncertainty is a significant predictor of social anxiety above and beyond vulnerability factors associated with self-directed social anxiety specifically and anxiety generally, the fundamental fear that characterizes self-directed social anxiety is not the same fundamental fear that characterizers other-directed social anxiety. Self-directed social anxiety is characterized by fear of negative evaluation, while other-directed social anxiety is characterized by fears of being noticed and offending others (Lim, 2013). Intolerance of uncertainty may be less central to these fears especially when other vulnerability factors are taken into account. These explanations require further examination particularly after the findings of the present study are replicated.

D. Limitations and Future Directions

The results of the present study should be interpreted in light of some limitations. First, the cross-sectional design of the study does not allow any conclusions to be made about causality. Thus, the degree to which anxiety sensitivity, intolerance of uncertainty and self-shame are causally related to self-directed social anxiety and the degree to which anxiety sensitivity and other shame are causally related to other-directed social anxiety

cannot be known from the results of this study. Second, the sample restricts the generalizability of the results. The participants were conveniently selected, are highly educated and are young adults. They are neither representative of Lebanese university students nor of the Lebanese population. Third, some of the participants complained about the length of the questionnaire and that it was in the Arabic language. They may have gotten bored and exasperated thus reducing the response rate. Fourth, the participants' previous clinical diagnoses were neither asked for nor taken into consideration. Fifth, there is an absence of pre-existing psychometric data on the instruments in a Lebanese sample, as such the factor structures and the empirically derived factors for the scales require replication.

Despite these limitations, the current study contributes to our knowledge of both self and other directed social anxiety. This is the first study to use Arabic translated versions of these instruments in a Lebanese student sample. The availability of measures of the social anxieties and potential correlates will facilitate future research in the area.

The findings also add to the existing literature on anxiety sensitivity, intolerance of uncertainty and self-shame as predictors of self-directed social anxiety and extend them to a Lebanese student sample. More importantly, this study is the first to examine and find presence of other-directed social anxiety in a Lebanese student sample and to show that while the correlates of self and other-directed social anxiety were similar, their predictors were different. This finding of different predictors, if extended to clinical samples may have implications for the treatment of the social anxieties. It might suggest that interventions of other-directed social anxiety should have a different focus and emphasis than interventions of self-directed social anxiety.

An interesting direction for future research would be to examine the relationship of other-directed social anxiety with fear of bringing shame on the society or on the family, rather than just fear of bringing shame on others. Another important avenue would be to examine the correlates of self-directed social anxiety and other-directed social anxiety in clinical samples in Lebanon and other countries in the Arab world.

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Appendix A
Instruments

Social Anxiety Questionnaire for Adults (SAQ-A30)

Below are a series of social situations that may or may not cause you UNEASE, STRESS, or NERVOUSNESS. Please place an "X" on the number next to each social situation that best reflects your reaction, where "1" represents no unease, stress, or nervousness and "5" represents very high or extreme unease, stress, or nervousness. If you have never experienced the situation described, please imagine what your level of UNEASE, STRESS, or NERVOUSNESS might be if you were in that situation and rate how you imagine you would feel by placing an "X" on the corresponding number.

Level of Unease, Stress or Nervousness

Not at all or very slight 1	Slight 2	Moderate 3	High 4	Very high or Extremely High 5

Please rate all the items and do so honestly; do not worry about your answer because there are no right or wrong ones.

1	Greeting someone and being ignored	1	2	3	4	5
2	Having to ask a neighbor to stop making noise	1	2	3	4	5
3	Speaking in public	1	2	3	4	5
4	Asking someone attractive of the opposite sex for a date	1	2	3	4	5
5	Complaining to the waiter about my food	1	2	3	4	5
6	Feeling watched by people of the opposite sex	1	2	3	4	5
7	Participating in a meeting with people in authority	1	2	3	4	5
8	Talking to someone who isn't paying attention to what I am saying	1	2	3	4	5
9	Refusing when asked to do something I don't like doing	1	2	3	4	5
10	Making new friends	1	2	3	4	5
11	Telling someone that they have hurt my feelings	1	2	3	4	5
12	Having to speak in class, at work, or in a meeting	1	2	3	4	5
13	Maintaining a conversation with someone I've just met	1	2	3	4	5
14	Expressing my annoyance to someone that is picking on me	1	2	3	4	5
15	Greeting each person at a social meeting when I don't know most of them	1	2	3	4	5
16	Being teased in public	1	2	3	4	5

17	Talking to people I don't know at a party or a meeting	1	2	3	4	5
18	Being asked a question in class by the teacher or by a superior in a meeting	1	2	3	4	5
19	Looking into the eyes of someone I have just met while we are talking	1	2	3	4	5
20	Being asked out by a person I am attracted to	1	2	3	4	5
21	Making a mistake in front of other people	1	2	3	4	5
22	Attending a social event where I know only one person	1	2	3	4	5
23	Starting a conversation with someone of the opposite sex that I like	1	2	3	4	5
24	Being reprimanded about something I have done wrong	1	2	3	4	5
25	While having dinner with colleagues, classmates or workmates, being asked to speak on behalf of the entire group	1	2	3	4	5
26	Telling someone that their behavior bothers me and asking them to stop	1	2	3	4	5
27	Asking someone I find attractive to dance	1	2	3	4	5
28	Being criticized	1	2	3	4	5
29	Talking to a superior or a person in authority	1	2	3	4	5
30	Telling someone I am attracted to that I would like to get to know them better	1	2	3	4	5

Other Directed Social Anxiety Scale (ODSAS)

Below are a series of statements that reflect concerns of doing something to offend or embarrass others in social situations. Please rate each statement as it applies to you using the following scale.

Totally False	False	Slightly False	Neither True nor False	Slightly True	True	Exactly True
1	2	3	4	5	6	7

Please rate all the items and do so honestly; do not worry about your answer because there are no right or wrong ones.

1	I am afraid that I may unintentionally hurt other's feelings.	1	2	3	4	5	6	7
2	Because I perceive myself as having a displeasing appearance, it bothers me to present myself to other people.	1	2	3	4	5	6	7
3	I am afraid that when talking with others my trembling voice will offend them.	1	2	3	4	5	6	7
4	I am afraid that when talking with others my trembling head, hands and/or feet will offend them.	1	2	3	4	5	6	7
5	I am afraid that my presence will offend others.	1	2	3	4	5	6	7
6	I am afraid my family will find out that something is wrong with me and that will trouble them.	1	2	3	4	5	6	7
7	I feel small and feel like apologizing to others.	1	2	3	4	5	6	7
8	I am afraid I will blush in front of other people and as a result offend them.	1	2	3	4	5	6	7
9	When I am with others, I sometimes feel that I am stupid and feel sorry for them for being with me.	1	2	3	4	5	6	7
10	I am afraid that when talking with others my stiff facial expressions will offend them.	1	2	3	4	5	6	7
11	I am afraid that my sweating or having nervous perspiration will offend other people.	1	2	3	4	5	6	7
12	I am afraid that my body odors will offend other people.	1	2	3	4	5	6	7
13	I am afraid that my staring at other people's body parts will offend them.	1	2	3	4	5	6	7
14	I am afraid that I will release intestinal gas in the presence of others and offend them.	1	2	3	4	5	6	7
15	I am afraid that eye to eye contact with other people will offend them.	1	2	3	4	5	6	7
16	I am afraid that my physical appearance will in some way offend others.	1	2	3	4	5	6	7
17	I am afraid I will behave improperly when I am with other people, and as a result offend them.	1	2	3	4	5	6	7

Self Shame Scale

For the next set of questions please think about how you might feel about yourself if you became anxious and behaved in an embarrassing manner in a social situation.

		Do not agree at all	Agree a little	Mostly Agree	Completely Agree
1	I would see myself as inferior.	0	1	2	3

2	I would see myself as inadequate.	0	1	2	3
3	I would blame myself for my problems.	0	1	2	3
4	I would see myself as a weak person.	0	1	2	3
5	I would see myself as a failure.	0	1	2	3

Other Shame Scale

For the next set of questions please think about how you might feel if you became anxious and behaved in an embarrassing manner in a social situation. This time consider how your behavior would affect the people around you.

		Do not agree at all	Agree a little	Mostly Agree	Completely Agree
	I worry:				
1	That those around me would be seen as inferior.	0	1	2	3
2	That those around me would be seen as inadequate.	0	1	2	3
3	That those around me would be blamed for my behavior.	0	1	2	3
4	That those around me would lose status in the community.	0	1	2	3
5	About the effect on people around me.	0	1	2	3
6	That my behavior in social situations would cause dishonor for people around me.	0	1	2	3
7	That my behavior in social situations would damage the reputation of those around.	0	1	2	3

Intolerance of Uncertainty Scale, Short Form (IUS-12)

You will find below a series of statements which describe how people may react to the uncertainties of life.

Please use the scale below to describe to what extent each item is characteristic of you.

Not at all characteristic of me	A little characteristic of me	Somewhat characteristic of me	Very characteristic of me	Entirely characteristic of me
1	2	3	4	5

Please circle a number that describes you best.

1	Unforeseen events upset me greatly	1	2	3	4	5
2	It frustrates me not having all the information I need	1	2	3	4	5
3	One should always look ahead so as to avoid surprises	1	2	3	4	5
4	A small, unforeseen event can spoil everything, even with the best of planning.	1	2	3	4	5
5	I always want to know what the future has in store for me.	1	2	3	4	5
6	I can't stand being taken by surprise	1	2	3	4	5
7	I should be able to organize everything in advance.	1	2	3	4	5
8	Uncertainty keeps me from living a full life.	1	2	3	4	5
9	When it's time to act, uncertainty paralyzes me.	1	2	3	4	5
10	When I am uncertain I can't function very well.	1	2	3	4	5
11	The smallest doubt can stop me from acting.	1	2	3	4	5
12	I must get away from all uncertain situations.	1	2	3	4	5

Anxiety Sensitivity Index -3 (ASI-3)

Below are a series of statements that reflect the tendency to fear symptoms of anxiety based on the belief that they may have harmful consequences. Please rate each statement as it applies to you using the following scale.

0	1	2	3	4
Very Little	Little	Moderate	Much	Very Much

Please rate all the items and do so honestly; do not worry about your answer because there are no right or wrong ones.

1	When my stomach is upset, I worry that I might be seriously ill.	0	1	2	3	4
2	When I notice my heart skipping a beat, I worry that there is something seriously	0	1	2	3	4

	wrong with me.					
3	When I feel pain in my chest, I worry that I'm going to have a heart attack.	0	1	2	3	4
4	When my chest feels tight, I get scared that I won't be able to breathe properly.	0	1	2	3	4
5	When my throat feels tight, I worry that I could choke to death.	0	1	2	3	4
6	It scares me when my heart beats rapidly.	0	1	2	3	4
7	When my thoughts seem to speed up, I worry that I might be going crazy.	0	1	2	3	4
8	When my mind goes blank, I worry there is something terribly wrong with me.	0	1	2	3	4
9	When I feel "spacey" or spaced out I worry that I may be mentally ill.	0	1	2	3	4
10	When I have trouble thinking clearly, I worry that there is something wrong with me. .	0	1	2	3	4
11	When I cannot keep my mind on a task, I worry that I might be going crazy.	0	1	2	3	4
12	It scares me when I am unable to keep my mind on a task.	0	1	2	3	4
13	I worry that other people will notice my anxiety.	0	1	2	3	4
14	When I tremble in the presence of others, I fear what people might think of me.	0	1	2	3	4
15	It scares me when I blush in front of people.	0	1	2	3	4
16	When I begin to sweat in a social situation, I fear people will think negatively of me.	0	1	2	3	4
17	I think it would be horrible for me to faint in public.	0	1	2	3	4
18	It is important for me not to appear nervous.	0	1	2	3	4

Appendix B
Instruments Translated to Arabic

استبيان القلق الاجتماعي للبالغين ٣٠

في ما يلي سلسلة من المواقف الاجتماعية التي قد تسبب (أو لا تسبب) لك "عدم الإرتياح" ،

أو"الإجهاد" ، أو"العصبية". يرجى وضع علامة "x " مقابل الرقم الدال على الحالة الاجتماعية التي

تعكس ردة فعلك بالشكل الأمثل: رقم "1" يعني أن هذه الحالة لا تسبب لك أي "عدمالإرتياح"،أو

"الإجهاد" ،أو "التوتر" و الرقم "5" يعني أن هذه الحالة تسبب لك بشدة "عدم الإرتياح" ، أو "الإجهاد"،

أو "التوتر".

إن لم تختبر الحالة الموصوفة ، يرجى تخيل مستوى "عدم الإرتياح" ،أو "الإجهاد" ،أو "العصبية" الذي

قد تشعر به لو كنت في هذا الموقف المذكور ثم وضع علامة "X" قرب الرقم الذي يصف ردة فعلك،

مقابل الموقف المذكور.

مستوى "عدم الإرتياح" أو "التوتر"أو"الإجهاد"

مرتفع جداً ٥	مرتفع ٤	معتدل ٣	قليل ٢	قليل أو معدوم ١

يرجى تقييم المواقف بصدق تام حيث انه لا يوجد إجابة صحيحة أو خاطئة.

مرتفع جداً	مرتفع	معتدل	قليل	قليل جداً أو معدوم		

	٥	٤	٣	٢	١		
٥	٤	٣	٢	١	إلقاء التحية على شخص و تجاهله للتحية	١
٥	٤	٣	٢	١	الطلب من أحد الجيران ان يوقف إصدارالضجيج	٢
٥	٤	٣	٢	١	التحدث في الأماكن العامة	٣
٥	٤	٣	٢	١	دعوة شخص جذاب من الجنس الاخرللخروج في موعد رومانسي	٤
٥	٤	٣	٢	١	التذمر للنادل بشأن طعامي	٥
٥	٤	٣	٢	١	الاحساس بأن شخصا من الجنس الاخر يقوم بمراقبتي	٦
٥	٤	٣	٢	١	المشاركة في اجتماع مع أناس ذوي سلطة	٧
٥	٤	٣	٢	١	التحدث مع شخص لا يعير انتباها لحديثي	٨
٥	٤	٣	٢	١	رفض القيام بشيء طُلب منّي و لكنّي لا احب فعله	٩
٥	٤	٣	٢	١	بناء صداقات جديدة	١٠
٥	٤	٣	٢	١	اخبار شخص بأنه قام بجرح مشاعري	١١
٥	٤	٣	٢	١	وجوب التحدث في الصف أو في العمل أو اجتماع	١٢
٥	٤	٣	٢	١	متابعة حديث مع شخص التقيته للتّو	١٣
٥	٤	٣	٢	١	التعبير عن الانزعاج للشخص الذي يقوم بإزعاجي	١٤
٥	٤	٣	٢	١	إلقاء التحية على جميع الاشخاص في حفل لا اعرف فيه معظم المدعوين	١٥
٥	٤	٣	٢	١	أن يتم مضايقتي في مكان عام	١٦
٥	٤	٣	٢	١	التحدث الى أشخاص لا اعرفهم في حفل أواجتماع	١٧
٥	٤	٣	٢	١	أن يتم توجيه سؤال لي في الصف من قبل المعلم أو في إجتماع من قبل شخص أعلى رتبة	١٨

٥	٤	٣	٢	١	مني	
٥	٤	٣	٢	١	النظر في عيني شخص، التقيته للتو ، خلال حديث يدور بيننا	١٩
٥	٤	٣	٢	١	أن يدعوني الشخص الذي أنا معجب به للخروج في موعد رومانسي	٢٠
٥	٤	٣	٢	١	القيام بخطأ أمام أشخاص	٢١
٥	٤	٣	٢	١	الذهاب الى مناسبة اجتماعية اعرف فيها شخصا واحدا فقط	٢٢
٥	٤	٣	٢	١	بدء حديث مع شخص يعجبني من الجنس الاخر	٢٣
٥	٤	٣	٢	١	أن يتم توبيخي بسبب خطأ ارتكبته	٢٤
٥	٤	٣	٢	١	أن يُطلب منّي التحدث بالنيابة عن المجموعة خلال تناول العشاء مع زملاء الدراسة أو العمل	٢٥
٥	٤	٣	٢	١	إخبار شخص بأن سلوكه يضايقني و مطالبته بالتوقف	٢٦
٥	٤	٣	٢	١	دعوة شخص اجده جذاباً للرقص	٢٧
٥	٤	٣	٢	١	ان يتم إنتقادي	٢٨
٥	٤	٣	٢	١	التحدث إلى شخص اعلى رُتبة او ذو سلطة	٢٩
٥	٤	٣	٢	١	إخبار شخص أجده جذاباً بأني اود معرفته اكثر	٣٠

مقياس القلق الاجتماعي الموجهة نحو الآخر

وفي ما يلي سلسلة من ردات الفعل التي تعكس الخوف من إساءة أو إحراج الآخرين في

المواقف الاجتماعية. يرجى تقييم كل ردة فعل وفقاً للمقياس التالي.

أوافق بشدة ٧	أوافق ٦	أحياناً أوافق ٥	حيادي ٤	أحياناً لا أوافق ٣	لا أوافق ٢	لا أوافق إطلاقا ١

يرجى تقييم المواقف بصدق تام حيث انه لا يوجد إجابة صحيحة أو خاطئة.

أوافق بشدة	أوافق	أحياناً أوافق	حيادي	أحياناً لا أوافق	لا أوافق	لا أوافق إطلاقا		
٧	٦	٥	٤	٣	٢	١	اخاف أن اجرح مشاعر الاخرين دون قصد	١
٧	٦	٥	٤	٣	٢	١	يزعجني ان اقوم بالتعرف على اناس جدد لأني اعتقد ان مظهري الخارجي سيئ	٢
٧	٦	٥	٤	٣	٢	١	اخشى أن يوجّه ارتجاج صوتي عند التحدث للاخرين الإساءة لهم	٣
٧	٦	٥	٤	٣	٢	١	أخشى أن يوجّه ارتعاش رأسي, أو يدي أو أرجلي عند التحدث مع الآخرين الإساءة لهم	٤
٧	٦	٥	٤	٣	٢	١	اخشى ان يؤدي تواجدي الإساءة للآخرين	٥
٧	٦	٥	٤	٣	٢	١	أخشى أن أسبب المتاعب لعائلتي إذا	٦

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٧	٦	٥	٤	٣	٢	١		
							اكتشفوا أني أعاني من أمرٍ ما	
٧	٦	٥	٤	٣	٢	١	أشعر أني تافه و يجب أن أعتذر من الآخرين	٧
٧	٦	٥	٤	٣	٢	١	أخشى أن يوجّه احمرار وجهي الإساءة للآخرين	٨
٧	٦	٥	٤	٣	٢	١	عندما أكون مع الآخرين ، أشعر أحيانا بأنني غبي و أشعر بالأسف لوجودهم معي	٩
٧	٦	٥	٤	٣	٢	١	عند التحدث مع الاخرين اخشى ان توجّه تعابير وجهي الصلبة الإساءة لهم	١٠
٧	٦	٥	٤	٣	٢	١	اخشى ان يوجّه تعرُّقي الإساءة للاخرين	١١
٧	٦	٥	٤	٣	٢	١	اخشى ان توجّه رائحة جسدي الإساءة للاخرين	١٢
٧	٦	٥	٤	٣	٢	١	اخشان يوجّه تحديقي بأجسادالاخرين الإساءة لهم	١٣
٧	٦	٥	٤	٣	٢	١	اخشى ان اطلق ريحاً امام الاخرين وان ذلك سيوجه ذلك الإساءة لهم	١٤
٧	٦	٥	٤	٣	٢	١	اخشى ان يوجّه النظر في عيون الآخرين الاساءة لهم	١٥
٧	٦	٥	٤	٣	٢	١	اخشى ان يوجّه مظهري الخارجي الاساءة للاخرين	١٦
٧	٦	٥	٤	٣	٢	١	اخشى ان اتصرف بطريقة غير ملائمة امام الاخرين وان ذلك سيوجه الإساءة لهم	١٧

مقياس الخوف من جلب العار إلى الذات

للمجموعة التالية من الأسئلة، يرجى التفكير بالتالي: كيف تشعر تجاه نفسك إذا كنت قلقا وتصرفت

بطريقة محرِجة في موقف إجتماعي .

أوافق تماما	أوافق الى حد عال	أوافق بعض الشئ	لا أوافق إطلاقا		
٣	٢	١	٠	أرى أنّي أدنى من الآخرين	١
٣	٢	١	٠	أرى بأني غيركفؤ	٢
٣	٢	١	٠	ألقي اللوم على نفسي في مشاكلي	٣
٣	٢	١	٠	أرى نفسي كشخص ضعيف	٤
٣	٢	١	٠	أرى نفسي كشخص فاشل	٥

مقياس الخوف من جلب العار على الآخرين

للمجموعة التالية من الأسئلة، نود منك أن تفكر كيف يمكن أن تشعر إذا كنت قلقاً و تصرفت بطريقة

محرجة في موقف إجتماعي . هذه المرة ، فكر كيف يمكن أن تؤثر تصرفاتك على الناس من حولك.

أوافق تماما	أوافق الى حد عال	أوافق بعض الشئ	لا أوافق إطلاقا		
٣	٢	١	٠	أقلق أن يُنظر إلى الاشخاص الذين من حولي على أنهم أدنى شأناً من الاخرين	١
٣	٢	١	٠	أقلق أن يُنظر إلى الاشخاص الذين من	٢

٣	٢	١	٠	حولي على أنهم غيركفوئين	
٣	٢	١	٠	أقلق أن يُلام الأشخاص الذين من حولي بسبب سلوكي	٣
٣	٢	١	٠	أقلق أن يفقد الأشخاص الذين من حولي مكانتهم الاجتماعية	٤
٣	٢	١	٠	أقلق ان يؤثر سلوكي على الأشخاص الذين من حولي	٥
٣	٢	١	٠	أقلق أن يسبب سلوكي العار للناس من حولي	٦
٣	٢	١	٠	أقلق أن يُؤثر سلوكي في المناسبات الاجتماعية على سُمعَة مَن حولي بشكل سلبي	٧

مقياس عدم تحمل عدم اليقين

فيما يلي ستجد سلسلة من العبارات التي تصف ردة فعل الاخرين تجاه "**عدم (Uncertainty)**

اليقين" في الحياة.

يرجى استخدام المقياس التالي لوصف مدى تطابق كل من هذه العبارات مع شخصيتكم.

يصفني بالتأكيد ٥	يصفني الى حد كبير ٤	يصفني الى حد ما ٣	يصفني الى حد قليل ٢	لا يصفني اطلاقا ١

أرسم دائرة حول الرقم الدال على ردة فعلك.

يصفني بالتأكيد	يصفني الى حد كبير	يصفني الى حد ما	يصفني الى حد قليل	لا يصفني اطلاقا		
٥	٤	٣	٢	١	الأحداث الغير متوقعة تزعجني جداً	١
٥	٤	٣	٢	١	أشعر بالإحباط عند عدم توفر المعلومات التي احتاج إليها	٢
٥	٤	٣	٢	١	يجب التخطيط للمستقبل لتجنب المفاجآت	٣
٥	٤	٣	٢	١	حتى مع أفضل خطط ، يمكن لحدث صغير غير متوقع أن يفسد كل شئ	٤
٥	٤	٣	٢	١	أرغب المعرفة دوما بما يخبئه المستقبل لي	٥
٥	٤	٣	٢	١	لا أحتمل ان تتم مفاجأتي	٦
٥	٤	٣	٢	١	يجب عليّ أن أقوم بترتيب كل شئ مقدماً	٧
٥	٤	٣	٢	١	"عدم اليقين" يمنعني من التمتع بحياة متكاملة	٨
٥	٤	٣	٢	١	عندما يحين وقت القيام بعمل ما، يعيقني "عدم اليقين"	٩
٥	٤	٣	٢	١	عندما أكون غير متيقّن من شئ ما، لا	١٠

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٥	٤	٣	٢	١	أحسن التصرف	
٥	٤	٣	٢	١	أدنى شك قد يعيقني عن التصرف	١١
٥	٤	٣	٢	١	عليّ أن أبتعد عن جميع المواقف التي تخلو من اليقين	١٢

مؤشرحساسية القلق

وفي ما يلي سلسلة من ردات الفعل التي تعكس الخوف من أحاسيس القلق. يرجى تقييم كل ردة فعل وفقاً للمقياس التالي.

مرتفع جداً ٤	مرتفع ٣	معتدل ٢	قليل ١	قليل جداً ٠

يرجى تقييم المواقف بصدق تام حيث انه لا يوجد إجابة صحيحة أو خاطئة.

مرتفع جداً	مرتفع	معتدل	قليل	قليل جداً		
٤	٣	٢	١	٠	عندما تزعجني معدتي ، اخشى بأن اكون مريضاً	١
٤	٣	٢	١	٠	عندما أحس بعدم انتظام دقات قلبي ،اخشى بأني أعاني من مرضاً ما	٢
٤	٣	٢	١	٠	أخشى بان تصيبني جلطة عندما اشعر بألم في	٣

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٤	٣	٢	١	٠	صدري	
٤	٣	٢	١	٠	أخشى بأن لا أتمكن من التنفس جيدا عندما اشعر بضيق في صدري	٤
٤	٣	٢	١	٠	اخشى بأن اختنق عندما اشعر بضيق بحنجرتي	٥
٤	٣	٢	١	٠	اشعر بالخوف عندما تتسارع ضربات قلبي	٦
٤	٣	٢	١	٠	اخشى بأن يصيبني الجنون عندما تتسارع الأفكار في رأسي	٧
٤	٣	٢	١	٠	اخشى أني أعاني من أمرٍ ما، حين يكون ذهني خالياً من الأفكار	٨
٤	٣	٢	١	٠	عندما يشرد ذهني،اخشى أني مصاب بمرض نفسي	٩
٤	٣	٢	١	٠	اخشى أني أعاني من أمرٍ ما، عندما أجد صعوبة في التفكير بوضوح	١٠
٤	٣	٢	١	٠	اخشى أن يصيبني الجنون عندما لا أستطيع التركيز على مهمة ما	١١
٤	٣	٢	١	٠	أخاف عندما لا أستطيع التركيز على مهمة ما	١٢
٤	٣	٢	١	٠	يقلقني ان يلاحظ الاخرين قلقي	١٣
٤	٣	٢	١	٠	أخشى مما قد يفكر به الآخرون عني عندما أرتجف	١٤

٤	٣	٢	١	٠		
					و أنا بصحبتهم.	
٤	٣	٢	١	٠	أخاف عندما تحمر خدودي أمام الناس	١٥
٤	٣	٢	١	٠	أخاف أن يفكر الآخرين بي بطريقة سلبية عندما أتعرق في مواقف إجتماعية أثناء وجودهم.	١٦
٤	٣	٢	١	٠	أعتقد أنه سيكون مروِعاً لي إذا أُغمي علي في أماكن عامة	١٧
٤	٣	٢	١	٠	يهمني أن لا أظهر قلقي	١٨

Appendix C
Announcement of the Research Study

The Association of Self and Other Directed Social Anxiety with

Intolerance of Uncertainty and Shame

Dear Students,
In social situations people sometimes feel anxious and fear embarrassing themselves and being evaluated negatively (self-directed social anxiety).
They can also fear embarrassing and offending the people they are with (other-directed social anxiety).
The **purpose** of this research study is to examine the correlates of self-directed social anxiety and other-directed social anxiety in a Lebanese sample.

You are invited to participate in this study by filling out an Arabic survey in the *JESUP 107 Graduate Seminar Room* at AUB. Filling the survey will take approximately 15-20 minutes.

To participate, you must be <u>between 18 and 25 years of age</u>, you must be <u>Lebanese</u> and you <u>must be able to read and understand Arabic</u>.

If you wish to participate, please go to the doodle link below and schedule an appointment. **To ensure the anonymity of your participation, use a pseudonym (fake name) while scheduling an appointment**.

http://doodle.com/xhk98dcyfx6qp2nu

Participating in the study is by appointment only.

To thank you for your participation in the study, you will receive one extra point for your final Psychology 201 grade upon filling the survey. Ms. Tina Sahakian will give you a code to relay to your instructor so you could earn the **extra credit**.

If you do not wish to participate in this study, you can earn extra credit by participating in other research studies.

Primary Investigator:
Dr. Shahe Kazarian, Professor of Psychology
Tel: +961 1 350000 ext 4369
Email: sk29@aub.edu.lb
Office: Jesup 103A, American University of Beirut, Lebanon
Student Researcher:
Tina Sahakian, Graduate Student, American University of Beirut
Email: tss10@aub.edu.lb

Appendix D

Information Form on How to Proceed to Receive Credit

Information Form on How to Proceed to Receive Credit

If you are interested in learning about the outcomes of the study (note that individual results cannot be provided) please contact Dr. Shahe Kazarian (email: sk29@aub.edu.lb,telephone: 01350000 Ext. 4374).
If you have any questions about your rights as a research participant, or to report a complaint, you may call:

   IRB, AUB: 01-350000 Ext. 5445 or 5454

IMPORTANT: To receive your credit, you must:

Copy the five digit code appearing on the paper and **email** the code to the PSYC 201 coordinator, Dr. May Awaida using the following email: mawaida@aub.edu.lb. **Include your name, your PSYC 201 instructor's name and your code in the email.** This code is your participation code which is to enable the instructor to identify the participating students. Rest assured that the email you sent will not be seen by the researchers and that this code will be stored in a separate data-file from your responses to the survey, so it cannot be used to link your responses to your identity.

Appendix E

English and Arabic Informed Consent Form for Psychology 201 Students

Consent Form for Psychology 201 Students
Participating in a Research Project

Project Title: The Association of Self and Other Directed Social Anxiety with
                    Intolerance of Uncertainty and Shame
Investigator: Dr. Shahe Kazarian
Co-Investigator: Tina Sahakian
Address: American University of Beirut
                    Jesup 103A
Phone: 01- 350 000, ext 4374
Email: sk29@aub.edu.lb

Dear participants, we would like to invite you to participate as a volunteer in research
conducted at the American University of Beirut that seeks to examine the relationship
between self and other directed social anxiety, intolerance of uncertainty, and self and other
shame in a sample of students of the American University of Beirut. In order to take part in
this study, you have to be <u>Lebanese</u>, between <u>18 and 25 years of age</u>, and you have to <u>be
able read and understand Arabic</u>.

As a research participant,you will be asked to read this consent form, and then respond to a
questionnaire. Please read and consider each question carefully, but do not agonize over
your answers. There are no right or wrong answers, and first impressions are usually fine.
Just think about what best reflects your own opinions or feelings.

We will be asking 300 participants, students at AUB, including students registered in
Psychology 201, to complete a questionnaire. The information collected will be used in
research and in academic presentations.

All of the data collected will be treated in the strictest **confidence** and only the primary
investigator and the co-investigator will have access to it.To ensure **anonymity**no direct
identifying information will be recorded; no names nor signatures. No confidentiality issues
will possibly arise since the data is completely anonymous. To further ensure the
confidentiality of your participation, you will be asked to place the questionnaire you fill in
an envelope, seal it and return it to the researcher, who will put it with other, identical,
envelopes.

All data from the study will be maintained on a password protected computer and/or will be kept in a locked cabinet in the office of the research collaborator for a period of three years after which it will be shredded.

It is expected that your participation in this research will takeapproximately 15 to 20 minutes.

Please understand that your participation is **voluntary,** you have the right to refuse participationand if you choose to participate you have the right to withdraw from the study or discontinue your participation at any time without giving a reason and with no penalties. Your refusal to participate in this study will not affect your relationship with AUB in any way.

The questionnaire might be considered sensitive and may cause upset, distress or disturbance, for your reference, the Counseling Center at AUB provides free counseling services to students. You may contact them at 01-350 000 ext. 3196
The results of the study will help researchers to better understand self and other directed social anxiety and their correlates in an AUB student population and will help enrich the literature on social anxiety Moreover, you will receive one extra point on your final PSYC 201 grade.Should you decide not to participate in this study, you can choose to write a brief report on an article from a psychological journal to receive credit equivalent to 1% point added to your final course grade.
If at any time and for any reason, you would prefer not to answer any questions, please feel free to skip those questions. If at any time you would like to stop participating, you can simply terminate without justification. You will not be penalized for deciding to stop participation at any time.

If you have questions, concerns or complaints about this research study, or if you are interested in learning about the outcome of the study, you may contact Dr. Shahe Kazarian, sk29@aub.edu.lb, +961.1.350000 x4374 or Tina Sahakian, tss10@aub.edu.lb.

If you have any concerns, complaints, or general questions about research or your rights as a participant, you may contact the Social & Behavioral Sciences Institutional review Board (SBSIRB) at AUB: 01- 350 000 ext. 5445 or 5454 or irb@aub.edu.lb
If you accept the above statements and are willing to participate in this study, please put a mark on the line below.
_____

Date and time: _____

A copy of this consent form will be provided to you.

THANK YOU FOR YOUR COOPERATION

استمارة موافقة على المشاركة في مشروع بحث
لطلاب مادة علم النفس 201

عنوان المشروع: العلاقة بين القلق الاجتماعي المُوجّه نحو الذات و القلق الاجتماعي المُوجّه نحو

الآخر مع عدم تحمّل عدم اليقين والعار

مديرالمشروع: شاهي كازاريان،حامل شهادة دكتوراه

العنوان: الجامعة الأميركية في بيروت، جسب ١٠٣ أ

الهاتف: 000053 -01 رقم داخلي 4373

البريد الإلكتروني:sk29@aub.edu.lb

الباحثة الرئيسية: تينا صحاكيان ،طالبة دراسات عليا في علم النفس، tss10@aub.edu.lb

نود أن ندعوك للمشاركة كمتطوع في مشروع بحث يحدث في الجامعة الأميركية في بيروت.

إن هدف هذه الدراسة هو بحث العلاقة بين القلق الاجتماعي المُوجّه نحو الذات و القلق الاجتماعي

المُوجّه نحو الآخرين، مع عدم القدرة على تحمل عدم اليقين، العار، و الخوف من جلب العار على

الآخرين ، في طلاب الجامعة الأميركية في بيروت.

للمشاركة في هذه الدراسة، عليك أن تكون لبناني، عمرك بين 18 إلى 25 سنة، وعليك أن تكون قادرا

على قراءة وفهم اللغة العربية.

سوف نطلب من 300 طالب من الجامعة الأميركية في بيرت ,و الطلاب المسجلين في مادة علم النفس 201 من الجامعة الأميركية في بيروت لإكمال الاستبيان. سيتم استخدام المعلومات التي سيتم جمعها في العروض البحثية والأكاديمية.

بصفتك مشارك في‌البحث،سوف تحصل على استبيان. مطلوب منك أجوبة صادقة وصريحة قدرالإمكان. إن هذه الاستبيان بمثابة تقييم ذاتي ،لذا سوف تُطرح عليك أسئلة محورها المعتقدات،والعواطف ،والمواقف،والسلوك.

لن تُسأل عن‌اسمك،وبما أنها دراسة بصيغة المجهول، لن يُسجِّل‌اسمك في أنظمة تشفير البيانات المستخدمة في‌هذه الدراسة.

بعد الانتهاء من ملئ الاستبيان ، عليك أن تضعه في الملف وأن تغلق الملف باحكام ،وأن تسلمه للباحث ليقوم بوضعه الجانب ملفات أخرى مطابقة.لا يمكن لأحد النفاذ إلى المعلومات سوى الباحثة الرئيسية ومديرالمشروع. وتُحفَظ جميع النتائج في‌خزانة مقفلة في مكتب الباحث الأولي أو على جهاز كمبيوتر محمي بكلمة سر لمدة 3 سنوات. بعد انقضاء هذه الفترة ،يتم إتلاف هذه البيانات.

تكون المشاركة في هذا البحث بصيغة المجهول وتبقى نتائج مشاركتك سريّة بصورة مطلقة، مما يعني أنّ لا أحد سيتمكّن من النفاذ إلى نتائجك الخاصة ،بما أنه لن يُطلب منك أي معلومة تعرّف عنك (مثل الإسم أو معلومات الاتصال). كن متأكّد أنّ لا أحد سيتمكّن من ربط أجوبتك بالأسئلة. فقط المعلومات التي لا يمكن نسبها إليك تُستخدَم في‌التقارير‌أو‌المخطوطات التي ينشرها أو‌يقدمها الباحث أو‌المدير.

إن مشاركتك في هذا الاستفتاء ارادية والخيار بيدك. يمكنك سحب موافقتك على المشاركة في هذا البحث في أي وقت، من دون تبرير أو عقوبة. لك كامل الحرية في أن تقرر عدم إكمال الاستفتاء في أي وقت. رفضك او سحب موافقتك على المشاركة في هذا البحث لن يؤثر علاقتك مع الجامعة الأميركية في بيروت في أي شكل من الأشكال.من المتوقع أن تستغرق مشاركتك في هذا لاستفتاء بين 15 و 20 دقيقة.

قد تعتبر أسئلة هذا الاستبيان حساسة وقد تسبب الإزعاج. إذا شعرت بالانزعاج يمكنك التواصل مع مركز الإرشاد (Counseling Center) في الجامعة الأمريكية في بيروت الذي يقدم خدمات استشارية مجانية للطلاب. يمكنك الاتصال بالرقم التالي 01350000، رقم داخلي 3196.

إن نتائج الدراسة سوف تساعد على فهم القلق الاجتماعي الموجّه نحو الذات والآخرين أكثر.

من خلال المشاركة، سوف تتلقى نقطة اضافية في مادة علم النفس 201 على نتيجتك النهائية.

إن كنت مهتم في الحصول على نتائج الدراسة،يمكنك الاتصال بشاهي كازاريان /أو تينا صحاكيان (معلومات الاتصال مُبيَّنة أدناه).

الدكتور شاهي كازاريان،350000 -01 ، رقم داخلي 4373، sk29@aub.edu.lb

تينا صحاكيان، tss10@aub.edu.lb

إن ختم الموافقة على هذه الاستمارة يؤكد أن هذا المشروع قد خضع للمراجعة والموافقة للمدة التي حدّدتها لجنة المراجعة المؤسسية لحماية المشاركين في الأبحاث ،التابعة للجامعة الأميركية في بيروت. إن كان عندك أي أسئلة حول حقوقك بصفتك مشارك في البحث ،أو للإبلاغ عن إصابة ناجمة عن البحث ، يمكنك الاتصال بالرقم التالي:

01 −350000 ، رقم داخلي 5445 أو 5454 ، irb@aub.edu.lb

إذا كنت موافق على المشاركة في هذا البحث .الرجاء وضع إشارة على السطر التالي

_____

التاريخ والوقت:_____

سيتم توفير لك نسخة من إستمارة الموافقة.شكرا لتعاونك

Appendix F
English and Arabic Informed Consent for Students Recruited on Campus

Consent Form for PersonsParticipating in a Research Project

Project Title: The Association of Self and Other Directed Social Anxiety with
Intolerance of Uncertainty and Shame
Investigator: Dr. Shahe Kazarian
Co-Investigator: Tina Sahakian
Address: American University of Beirut
Jesup 103A
Phone: 01- 350 000, ext 4374
Email: sk29@aub.edu.lb

Dear participants, we would like to invite you to participate as a volunteer in research conducted at the American University of Beirut that seeks to examine the relationship between self and other directed social anxiety, intolerance of uncertainty, and self and other shame in a sample of students of the American University of Beirut. In order to take part in this study, you have to be Lebanese, between 18 and 25 years of age, and you have to be able read and understand Arabic.

As a research participant, you will be asked to read this consent form, and then respond to a questionnaire. Please read and consider each question carefully, but do not agonize over your answers. There are no right or wrong answers, and first impressions are usually fine. Just think about what best reflects your own opinions or feelings.

We will be asking 300 participants, students at AUB, including students registered in Psychology 201, to complete a questionnaire. Only participants from the Psychology 201 pool will receive an extra point towards their final grade. The information collected will be used in research and in academic presentations.

All of the data collected will be treated in the strictest **confidence** and only the primary investigator and the co-investigator will have access to it. To ensure **anonymity**no direct identifying information will be recorded; no names nor signatures. No confidentiality issues will possibly arise since the data is completely anonymous. To further ensure the confidentiality of your participation, you will be asked to place the questionnaire you fill in an envelope, seal it and return it to the researcher, who will put it with other, identical, envelopes.

All data from the study will be maintained on a password protected computer and/or will be kept in a locked cabinet in the office of the research collaborator for a period of three years after which it will be shredded.

It is expected that your participation in this research will take approximately 15 to 20 minutes.

Please understand that your participation is **voluntary,** you have the right to refuse participation and if you choose to participate you have the right to withdraw from the study or discontinue your participation at any time without giving a reason and with no penalties. Your refusal to participate in this study will not affect your relationship with AUB in any way.

The questionnaire might be considered sensitive and may cause upset, distress or disturbance, for your reference, the Counseling Center at AUB provides free counseling services to students. You may contact them at 01-350 000 ext. 3196.
The results of the study will help researchers to better understand self and other directed social anxiety and their correlates in an AUB student population and will help enrich the literature on social anxiety
If at any time and for any reason, you would prefer not to answer any questions, please feel free to skip those questions. If at any time you would like to stop participating, you can simply terminate without justification. You will not be penalized for deciding to stop participation at any time.

If you have questions, concerns or complaints about this research study, or if you are interested in learning about the outcome of the study, you may contact Dr. Shahe Kazarian, sk29@aub.edu.lb, +961.1.350000 x4374 or Tina Sahakian, tss10@aub.edu.lb.

If you have any concerns, complaints, or general questions about research or your rights as a participant, you may contact the Social & Behavioral Sciences Institutional review Board (SBSIRB) at AUB: 01- 350 000 ext. 5445 or 5454 or irb@aub.edu.lb

If you accept the above statements and are willing to participate in this study, please put a mark on the line below.
_____

Date and time: _____

A copy of this consent form will be provided to you.

THANK YOU FOR YOUR COOPERATION

استمارة موافقة على المشاركة فيمشروع بحث

عنوان المشروع: العلاقة بين القلق الاجتماعي المُوجّه نحو الذات و القلق الاجتماعي المُوجّه نحو

الآخر مع عدم تحمّل عدم اليقين والعار

مديرالمشروع: شاهي كازاريان،حامل شهادة دكتوراه

العنوان: الجامعة الأميركية في بيروت، جسب ١٠٣ أ

الهاتف: 000053 -01 رقم داخلي 4373

البريد الإلكتروني:sk29@aub.edu.lb

الباحثة الرئيسية: تينا صحاكيان ،طالبة دراسات عليا في علم النفس، tss10@aub.edu.lb

نود أن ندعوكم للمشاركة كمتطوع في مشروع بحث يحدث في الجامعة الأميركية في بيروت.

إن هدف هذه الدراسة هو بحث العلاقة بين القلق الاجتماعي المُوجّه نحو الذات و القلق الاجتماعي

المُوجّه نحو الآخرين، مع عدم القدرة على تحمل عدم اليقين، العار، و الخوف من جلب العار على

الآخرين ، في طلاب الجامعة الأميركية في بيروت.

للمشاركة في هذه الدراسة، عليك أن تكون لبناني، عمرك بين 18 إلى 25 سنة، وعليك أن تكون قادرا

على قراءة وفهم اللغة العربية.

سوف نطلب من 300 طالب من الجامعة الأميركية في بيروت ,و الطلاب المسجلين في مادة علم النفس 201 من الجامعة الأميركية في بيروت لإكمال الاستبيان. سيتم استخدام المعلومات التي سيتم جمعها في العروض البحثية والأكاديمية. فقط طلاب مادة علم النفس 201 سيتلقون نقطة اضافية على نتيجتهم النهائية في مادة علم النفس 201.

بصفتك مشارك في البحث،سوف تحصل على استبيان. مطلوب منك أجوبة صادقة وصريحة قدرالإمكان. إن هذه الاستبيان بمثابة تقييم ذاتي ،لذا سوف تُطرح عليك أسئلة محورها المعتقدات،والعواطف ،والمواقف،والسلوك.

لن تُسأل عناسمك،وبما أنها دراسة بصيغة المجهول، لن يُسجَّلاسمك في أنظمة تشفير البيانات المستخدمة في هذه الدراسة.

بعد الانتهاء من ملئ الاستبيان ، عليك أن تضعه في الملف وأن تغلق الملف باحكام ،وأن تسلمه للباحث ليقوم بوضعه الجانب ملفات أخرى مطابقة.

لا يمكن لأحد النفاذ إلى المعلومات سوى الباحثة الرئيسية ومديرالمشروع. وتُحفَظ جميع النتائج في خزانة مقفلة في مكتب الباحث الأولي أو على جهاز كمبيوتر محمي بكلمة سر لمدة 3 سنوات. بعد انقضاء هذه الفترة ،يتم إتلاف هذه البيانات.

تكون المشاركة في هذا البحث بصيغة المجهول وتبقى نتائج مشاركتك سريّة بصورة مطلقة، مما يعني أنّ لا أحد سيتمكّن من النفاذ إلى نتائجك الخاصة ،بما أنه لن يُطلب منك أي معلومة تعرّف عنك (مثل الإسم أو معلومات الاتصال). كن متأكّد أنّ لا أحد سيتمكّن من ربط أجوبتك بالأسئلة.

فقط المعلومات التي لا يمكن نسبها إليك تُستخدَم في التقارير أو المخطوطات التي ينشرها أو يقدمها الباحث أو المدير.

إن مشاركتك في هذا الاستفتاء ارادية والخيار بيدك. يمكنك سحب موافقتك على المشاركة في هذا البحث في أي وقت، من دون تبرير أو عقوبة. لك كامل الحرية في أن تقرر عدم إكمال الاستفتاء في أي وقت. رفضك او سحب موافقتك على المشاركة في هذا البحث لن يؤثر علاقتك مع الجامعة الأميركية في بيروت في أي شكل من الأشكال.

من المتوقع أن تستغرق مشاركتك في هذا لاستفتاء بين 15 و 20 دقيقة.

قد تعتبر أسئلة هذا الاستبيان حساسة وقد تسبب الإزعاج. إذا شعرت بالانزعاج يمكنك التواصل مع مركز الإرشاد (Counseling Center) في الجامعة الأمريكية في بيروت الذي يقدم خدمات استشارية مجانية للطلاب. يمكنك الاتصال بالرقم التالي 01350000، رقم داخلي 3196.

إن نتائج الدراسة سوف تساعد على فهم القلق الاجتماعي الموجّه نحو الذات والآخرين أكثر.

إن كنت مهتم في الحصول على نتائج الدراسة، يمكنك الاتصال بشاهي كازاريان /أو تينا صحاكيان (معلومات الاتصال مُبيَّنة أدناه).

الدكتور شاهي كازاريان،350000 −01 ، رقم داخلي 4373، sk29@aub.edu.lb

تينا صحاكيان، tss10@aub.edu.lb

إن ختم الموافقة على هذه الاستمارة يؤكد أن هذا المشروع قد خضع للمراجعة والموافقة للمدة التي حدّدتها لجنة المراجعة المؤسسية لحماية المشاركين في الأبحاث ،التابعة للجامعة الأميركية في

بيروت. إن كان عندك أي أسئلة حول حقوقك بصفتك مشارك في البحث ،أو للإبلاغ عن إصابة

ناجمة عن البحث ، يمكنك الاتصال بالرقم التالي:

350000 -01 ، رقم داخلي 5445 أو 5454 ،

irb@aub.edu.lb

إذا كنت موافق على المشاركة في هذا البحث .الرجاء وضع إشارة على السطر التالي

_____

التاريخ والوقت: _____

سيتم توفير لك نسخة من إستمارة الموافقة.شكرا لتعاونك

Appendix G
Factor Analysis of the Arabic Version of the Social Anxiety Questionnaire for Adults: Five Factor Solution

Pattern Matrix[a]

	Component				
	1	2	3	4	5
8. Talking to someone who isn't paying attention to what I am saying	.72	.19			
16. Being teased in public	.63			-.17	
28. Being criticized	.60				.23
1. Greeting someone and being ignored	.56	-.24	-.16		-.19
24. Being reprimanded about something I have done wrong	.51		-.18		.17
21. Making a mistake in front of other people	.39		-.21		.23
2. Having to ask a neighbor to stop making noise	.21		-.15	-.18	
12. Having to speak in class, at work, or in a meeting		-.70			.25
13. Maintaining a conversation with someone I've just met		-.68			
17. Talking to people I don't know at a party or a meeting	.20	-.67			
10. Making new friends	-.16	-.61		-.16	
3. Speaking in public	-.32	-.58			
15. Greeting each person at a social meeting when I don't know most of them	.45	-.56	-.19		-.15
18. Being asked a question in class by the teacher or by a superior in a meeting		-.47			.44
19. Looking into the eyes of someone I have just met while we are talking		-.47		-.32	
22. Attending a social event where I know only one person	.37	-.45	-.20		
25. While having dinner with colleagues, classmates or workmates, being asked to speak on behalf of the entire group	.27	-.39			.24
4. Asking someone attractive of the opposite sex for a date			-.92		
30. Telling someone I am attracted to that I would like to get to know them better			-.70		
27. Asking someone I find attractive to dance			-.67		
23. Starting a conversation with someone of the opposite sex that I like		-.16	-.62		
20. Being asked out by a person I am attracted to	-.20		-.59	-.16	.31
6. Feeling watched by people of the opposite sex			-.40		.35
5. Complaining to the waiter about my food	.22		-.26	-.19	

14. Expressing my annoyance to someone that is picking on me				-.85
26. Telling someone that their behavior bothers me and asking them to stop				-.84
11. Telling someone that they have hurt my feelings				-.75
9. Refusing when asked to do something I don't like doing	.21			-.56
7. Participating in a meeting with people in authority			-.20		.70
29.Talking to a superior or a person in authority	.21	-.33			.69

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

a. Rotation converged in 37 iterations.

Appendix H
Factor Analysis of the Arabic Version of the Social Anxiety Questionnaire for Adults:
Seven Factor Solution

Pattern Matrix[a]

	Component						
	1	2	3	4	5	6	7
12. Having to speak in class, at work, or in a meeting	.72						
13. Maintaining a conversation with someone I've just met	.67						
10. Making new friends	.61						
17. Talking to people I don't know at a party or a meeting	.59					.31	
3. Speaking in public	.55	-.34					
19. Looking into the eyes of someone I have just met while we are talking	.50						-.36
22. Attending a social event where I know only one person	.48	.33					
15. Greeting each person at a social meeting when I don't know most of them	.47					.45	
25. While having dinner with colleagues, classmates or workmates, being asked to speak on behalf of the entire group	.35						
8. Talking to someone who isn't paying attention to what I am saying		.75					
16. Being teased in public		.67					
24. Being reprimanded about something I have done wrong		.59					
21. Making a mistake in front of other people		.58					
28. Being criticized		.58					
4. Asking someone attractive of the opposite sex for a date			-.88				
30. Telling someone I am attracted to that I would like to get to know them better			-.69				
23. Starting a conversation with someone of the opposite sex that I like			-.66				
27. Asking someone I find attractive to dance			-.65				
20. Being asked out by a person I am attracted to			-.63				-.31

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	1	2	3	4
14. Expressing my annoyance to someone that is picking on me		-.87		
26. Telling someone that their behavior bothers me and asking them to stop		-.84		
11. Telling someone that they have hurt my feelings		-.74		
9. Refusing when asked to do something I don't like doing		-.55		
29. Talking to a superior or a person in authority			.79	
7. Participating in a meeting with people in authority			.78	
18. Being asked a question in class by the teacher or by a superior in a meeting	.41		.47	
2. Having to ask a neighbor to stop making noise			.42	.56
1. Greeting someone and being ignored	.34			.49
6. Feeling watched by people of the opposite sex	-.34			-.45
5. Complaining to the waiter about my food				.68

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

a. Rotation converged in 51 iterations.

Appendix I
Factor Analysis of the Arabic version of the Other Directed Social Anxiety Scale

Rotated Component Matrix[a]

	Component			
	1	2	3	4
12. I am afraid that my body odors will offend other people.	.78			
14. I am afraid that I will release intestinal gas in the presence of others and offend them.	.78			
13. I am afraid that my staring at other people's body parts will offend them.	.75			
15. I am afraid that eye to eye contact with other people will offend them.	.55			
17. I am afraid I will behave improperly when I am with other people, and as a result offend them.	.54			.42
11. I am afraid that my sweating or having nervous perspiration will offend other people.	.52			
3. I am afraid that when talking with others my trembling voice will offend them.		.85		
4.I am afraid that when talking with others my trembling head, hands and/or feet will offend them.		.82		
5. I am afraid that my presence will offend others.		.56		
2. Because I perceive myself as having a displeasing appearance, it bothers me to present myself to other people.		.48	.45	
10. I am afraid that when talking with others my stiff facial expressions will offend them.		.45		
9. When I am with others, I sometimes feel that I am stupid and feel sorry for them for being with me.			.82	
7. I feel small and feel like apologizing to others.			.77	
16. I am afraid that my physical appearance will in some way offend others.		.40	.56	
8. I am afraid I will blush in front of other people and as a result offend them.		.40	.49	
1. I am afraid that I may unintentionally hurt other's feelings.				.68
6. I am afraid my family will find out that something is wrong with me and that will trouble them.				.67

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 8 iterations.

Appendix J

Factor Analysis of the Arabic version of the Self Shame Scale

Component Matrix[a]

	Component
	1
I would see myself as inadequate.	.84
I would see myself as inferior.	.79
I would see myself as a failure.	.78
I would see myself as a weak person.	.78
I would blame myself for my problems.	.44

Extraction Method: Principal Component Analysis.

a. 1 components extracted.

Appendix K
Factor Analysis of the Arabic version of the Other Shame Scale

Rotated Component Matrix[a]

	Component	
	1	2
7. I worry that my behavior in social situations would damage the reputation of those around.	.87	
6. I worry that my behavior in social situations would cause dishonor for people around me.	.84	
5. I worry about the effect on people around me.	.75	
3. I worry that those around me would be blamed for my behavior.	.54	.48
2. I worry that those around me would be seen as inadequate.		.87
1. I worry that those around me would be seen as inferior.		.86
4. I worry that those around me would lose status in the community.		.69

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 3 iterations.