

Research of social phobia status in children after swimming activity

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ABSTRACT

The aim of this research is to examine the social phobia status of children who are trained three days a week in swimming activity in summer sport activities. For some children, the swimming learning process can be a source of stress in itself, sometimes even at the level of social phobia. There are thoughts and researches in the directions that the level of social phobia is minimized, especially social, cultural, reconstructive and sport activities. In this context, it is thought that knowing to what extent the swimming activity affects social phobia status will be important by families, educational institutions and sports scientists besides contributing to the literature. In quantitative research type, single group pre-test / post-test model, which is one of the weak experimental patterns, was applied with simple random sampling method. This study constitutes the universe of children between 6 and 14 years of age who enroll in the swimming activities in 8 different neighborhoods in Kahramanmaraş, where they are given free training for two months within the scope of 2017 summer sports activities. In the study, in the analysis of the data obtained as a result of the answers given to the survey statements consisting of the expressions of the Çapa Scale of Social Phobia for Children and Adolescents, percentage and frequency analyzes were included for demographic information. Binary comparisons in Pretest and Posttest Social Phobia scores were analyzed with Wilcoxon Signed Rank Test, Mann-Whitney U Test for variables in variables and Kruskal Wallis Test in multiple comparisons. In this study, in which the Social Phobia (SP) status of children participating in swimming activities was investigated, there was no statistically significant difference between the Pretest and Posttest total scores, and there was no significant difference in age, residence and family monthly income levels, although there was a significant difference in gender within the group.

Keywords: Swimming activity, children, social phobia.

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INTRODUCTION

While the deterioration of traditional family structure and technological innovations affecting people decrease relations, this adaptation process for children, which constitute the basis of the society, causes social phobias that we refer to as individual fears and worries. According to Dilbaz (1997), the concept of social phobia was used by Janet (1903) to describe patients who have been subjected to fear of being observed, constant fear, humiliation, embarrassment, and ridiculous behaviors by others. It is stated that the American Psychiatric Association (APA) concept of social phobia is to

encounter people who are not known before, to be aware of others, to talk to the opposite sex or in front of a community and fear in similar social situations (Demir, 2009). Individuals with social phobia are those who think that they will be judged and evaluated negatively by others, and they experience disappointments due to insufficiency and humiliation due to the feeling that others are marginalized and excluded (Yavuzcan, 2007). According to Demir (2009), social phobia is a behavioral disorder that takes the individual away from social environments, disrupts the quality of life and makes it

difficult to establish relationships between the beams. Dilbaz (1997) stated that agoraphobia (with or without panic attack), social phobia and simple phobia are the classification of phobias, whereas social phobia is the behavior of avoiding constant and unrealistic fears that are thought to be evaluated by others. Şahin (2017) stated that the classification of phobias is classified as agoraphobia, simple phobia, specific phobia and social phobia, but some sources include agoraphobia and specific phobia as social anxiety disorder.

In the cognitive approach model, it is stated that the tendency of the individual to interpret social situations as threatening and their behaviors in themselves and social situations are caused by a distorted series of beliefs. Impaired beliefs are expressed as the individual's effort to get the approval of everyone, anxiety that I can be rejected if I make a mistake about social evaluation, and beliefs such as "I am inadequate, different, boring" which are not related to the individual's own condition (Bulut, 2016).

Phobias are very good examples of the model that suggests that mental disorders are developing with the interaction of environmental coerciveness with genetic-structural susceptibility. In this sense, social phobia can be seen as the result of bilateral interaction between the genetic structure and the environment (Türkçapar, 1999). Genetic structure, family, society, management system, economic systems, beliefs, customs and customs, norms in children are the source of general behavior. It has been turned into concrete information with family and twin children studies, where the role of genetic factors in social phobia is moderate (Dilbaz, 1997). Genetic and temperament characteristics (Lichtenstein and Annas, 2000) are found to be effective in the formation of fears, although the fears that occur in children arise from daily experiences, and some phobias persist in adulthood due to their strong roots in childhood (Terlemmez, 2018). Although social phobia has been stated as behavioral disorder at the beginning of adolescence in some studies, it has been stated that other studies constituting the majority have results that social phobia started at a young age (Demir, 2009). In some studies, it is observed that the onset of social phobia is 7.3 years old, and it is more common in the 11-17 years old age, but it is rarely seen after 25 years of age (Bulut, 2016). According to the study conducted by Gest (1997), individuals with shyness and frustrated behaviors that started with childhood experience similar behavioral concerns and troubles in the face of new social situations despite their advancing age (Demir, 2009).

Social phobia is also defined as Social Anxiety Disorder (SAD) and anxiety problems affect the quality of damascus, especially in both children and adolescents as well as in the family (Bulut, 2016). A study by Meydaloğlu (2015) stated that Biddle and Mutrie (2008) cited anxiety subheadings as panic attacks, phobias, post traumatic stress disorders. Depending on the social anxiety,

people are extremely fearful that they will be negatively judged and humiliated in social settings or in situations requiring performance, and the individual suffers physical symptoms such as flushing, palpitations, sweating and tremors for criticizing him for being overly aware of himself in this environment (Dilbaz, 1997).

Sports environments such as school environments are planned to bring individual diversity to the forefront and to allow them to improve their individual characteristics. Lack of social skills is a personality disorder that is very timid than social phobia. Development planning offered to individuals is also negatively affected when personality disorders are reflected in behaviors. Learning swimming is a skill taught by family, peer or trainer, namely someone else. If there is someone else in a learning process, this learning is the social environment and affects a number of emotions, attitudes and behaviors in the individual (Türkçapar, 1999).

An important factor affecting behaviors is the motivation altogether of the individual. According to the reinforced sensitivity theory put forward by Gray (1987, 1990); Based on sensitivity to the signals of punishment (behavioral inhibition) and reward (behavioral aggressors), the personality dimensions, such as anxiety and impulsivity, are associated with individual differences in the brain caused by these two basic motivational systems (Şişman, 2012).

The individual is often avoided from encountering situations of fear or performing fear-creating action. Creating the primary source of fear in an object or situation in social phobia, restricting freedom, and instinct to secrete the connection between the individual's response to relocation or anti-change and feared situations are seen as causing the danger of the hand to become a real external danger (Bulut, 2016). However, it can be thought that one of the two children who grew up in the same environment is different from the other. It is stated in some studies that the individual in children is caused by different kind of parenting. According to Türkçapar (1999), behavioral inhibition, defined as over-fearing of unfamiliar environments, people and objects, is seen as a precursor to social phobia in childhood, especially according to the study by Rosenbaum et al. (1991b), since the frequency of social phobia is 18% in parents of children with behavioral inhibition, and 0% in parents of children without behavioral inhibition, this difference is seen as a familial factor in children.

Activities that can correct our negative emotions and behavior as well as understand and develop our individual differences, and where social situations can take place, and that the individual can survive, are conscious purposeful planning. Keskin and Orgun (2007) stated that individuals with social phobia prefer to avoid social coping strategies such as problem solving and social support in dealing with social problems (Demir, 2009). In another study, Sağat (2016) stated that the individual experienced negative problems in the quality of

work and social life as a result of encountering the fears of the social phobic individual according to him or escaping from performing an action related to a situation.

In particular, non-clinical disorders (anxiety, sadness, etc.) in children and adolescents are noted to be quite high in the problems associated with mental health disorders, morbidity and mortality (Meydanlıoğlu, 2015). Children need the approval of others to determine their position in their environment and are looking for an opportunity to experience this situation with some behavior. It is stated that there is no reason for individuals who are not trying to make a special impact on others, to experience social anxiety (Heckelman and Schneier, 1995; Leary and Kowalski, 1995) as the most important difference of the social anxiety of the child's desire to have conscious effect from interpersonal evaluations (Sertelin-Mercan and Yavuzer, 2017).

The most appropriate environment for reducing or eliminating social phobia for children is the consciously applied recreation and sporty programs that should be done in schools (Karagün et al., 2010). Sports and recreation activities provide great experience opportunities for children, and activities develop implicit social skills. In order to prevent the increasing passive movements and decrease in physical activity in children, the World Health Organization (WHO, 2010) has recommended that 5-17-year-old children and young people perform moderate and intense physical activity for at least 60 min per day in the Global Health Activity Proposals for Health published in 2010 (Meydanlıoğlu, 2015).

Many of the topics included in social skills programs such as self-introduction, starting-maintaining chat, problem solving method, coping with anxiety situation, written and oral presentation, learning the way expressing emotions, assertiveness and cooperation (Sertelin-Mercan and Yavuzer, 2017) surplus is experienced in sports and recreation-based activities. Swimming seems fun for children, but learning what breathing is between life and death is also a new phobia situation. When the phobia of swimming disappears, that is, when the child starts swimming, it will start to get new experiences. According to Hartoto et al. (2017), it is stated that students who manage to overcome the fear of activity in the water will have the opportunity to learn more about swimming skills.

Students participating in recreational activities, sports-based competitions and organizations are relatively more exposed to communication with their peers and their surroundings than in classroom training. It was stated that group activities are more useful for individuals in terms of seeing their intentions to see that others have similar problems, to learn from other members in the group, to learn by helping others, to find courage by observing the success of others and to change to other group members during group treatment (Sertelin-Mercan and Yavuzer, 2017).

It was stated that physical activity and exercise have a positive effect on mood and anxiety and there is a positive relationship between physical activity and general well-being, mood and anxiety (Meydanlıoğlu, 2015). Social phobias can be treated or controlled. The most common form of treatment in social phobia is cognitive and behavioral therapies. There are stages in cognitive treatment such as recognizing feelings of anxiety and physical reactions to this anxiety, understanding what are the thoughts in anxious situations, and developing strategies to deal with them. In behavioral treatment, different methods can be applied to each patient such as modeling, overcoming complaints, role playing to perceive the symptoms more clearly, relaxation training, and social skill training Hartoto et al. (2017).

With this study, it is aimed to contribute to the situation of children with different methods and to gain new knowledge in the literature by examining the changes in the social phobia of children who receive swimming education with other sports and recreational activities.

METHODOLOGY

Purpose

The purpose of this study is to examine the social phobia situation in children who receive training three days a week in the swimming activity, which is included in the summer sports activities. Social Phobia is a disorder that affects the quality of life and work performance of individuals, especially in children and in advanced ages. There are thoughts and researches that social phobia is expected to be minimized by sports activities and that the Social Phobia level, especially social, cultural, recreational and sports activities are minimized. It is thought that there is no study associated with swimming and social phobia in the literature, so the study will be important by families, educational institutions and sports scientists. It is an exemplary study by Demir et al. (1999) on the Social Phobia Scale for Children and Adolescents, and how much the social phobia in children changes with swimming sports, in more effective use of sport activities.

Research type and pattern

In this quantitative study, a single group pre-test/post-test model from simple experimental sampling (Simple Random Sampling) method for children enrolled in swimming pools opened in 8 different neighborhoods for two months free of charge as part of summer sports activities (Metin, 2014). In this regard, as stated in the study model given in Figure 1, it was randomly selected from the children who participated in 8 weeks and 3 days a week, and was included in the study group.

Group	Pre-Test	Working Status	Post-Test
Random	PT Pre-Course Registrations	8 weeks, 24 days 24 hours a day work	PT Post-Course Ceremony Closing Ceremony

Figure 1. Working model.

Universe

The universe of the research consists of children between the ages of 6 to 14 who participated in the swimming activity, which takes place in summer sports activities in Kahramanmaraş province in 2017.

Sample selection

As stated in the sample study model to obtain data of the study, it was composed of volunteer individuals who enrolled in swimming activity and participated in closing activities at the end of the trainings. In the study, the parents of the participating children were informed and 83 children were pre-tested and 104 children were tested in line with their parents' permissions.

Application in swimming pools

Students enrolled in 8 portable swimming pools opened in the gardens of the schools in 8 different neighborhoods in the summer sports activities, and received swimming training for 1 hour three days a week. Participants were divided into sessions according to age and gender categories, and swimming training was provided by trainers according to gender. The children were given 10 minutes before the pool and 5 minutes by the trainers who were trained in the field in each session, and 5-minute warm-up exercises and routine swimming training.

Data collection tools

In the study, the Çapa Scale of Social Phobia for Children and Adolescents, which has proven validity and reliability by Demir, Eralp-Demir, Özmen and Uysal (1999), was used. The internal consistency coefficient of the scale is indicated as the number of Cronbach alpha multiples $\alpha:0.83$. In the collection of the data, a questionnaire consisting of a total of 25 items was attempted to obtain data in line with the parents' permissions and supervision by taking into account the age of the children by simple

random method. In the study, the expressions in which participants answered questions for analysis of the study were subjected to scoring (1 = never, 2 = very little, 3 = sometimes, 4 = often, 5 = always). Scale total score is at least 25 points and up to 125 points (Iron et al., 1999).

Analysis of data

The data obtained in the study were analyzed statistically in the SPSS 23.0 package program according to the probability value $p < 0.05$ confidence interval. In the analysis of the survey data set consisting of 25 questions used in the study, it was observed that the Pretest was Kolmogorov-Smirnov ($p < 0.200$), average (\bar{x} : 2.25) and median (2.24) and Levene Statistics $p < 0.565$ in the homogeneous distribution of variances. It was understood that posttest was Kolmogorov-Smirnov ($p < 0.042$), mean (\bar{x} : 2.25) and median (2.14) and did not show normal distribution according to Levene Statistics $p < 0.004$ in the homogeneous distribution of variances. As a result, since there was no normal distribution in the posttest data set, it was decided to perform analysis with Non Parametric Tests in the study.

The data obtained as a result of the answers given to the survey statements applied to the participants and the Pre-test and Post-test results were analyzed with the Wilcoxon Signed Ranks Test in the binary comparisons for the demographic information. Analyzes were made with Mann-Whitney U Test in binary comparisons between dependent and independent variables and Kruskal Wallis Test in multiple comparisons.

RESULTS

In this study, the weak experimental pattern single group pre-test/post-test model was applied with the simple random sampling method (Simple Random Samplin) in order to examine the social phobia situation in children who do outdoor swimming activities from summer sports activities. In this study, the Çapa Scale of Social Phobia for Children and Adolescents, whose validity and reliability has been proved by Demir et al. (1999), was

used.

According to Table 1, as stated in the study model (Figure 1), social phobia scores in children receiving swimming education; The Wilcoxon Signed Ranks Test was examined for the mean between the pretest and posttest, the smallest and highest mean scores, the state of change between the tests, and whether there was any difference between the tests.

As a result of the analysis, in the descriptive statistics findings, the social phobia score average of individuals before swimming training was \bar{x} : 2.25, and the average of social phobia after swimming \bar{x} : 2.26. The pre-test standard deviation was 0.51, the lowest score was 1.08 and the highest score was 4.04. The posttest standard deviation was 0.66, the lowest score was 1.12 and the highest score was 3.76. Negative change in Social Phobia changes after the posttest due to swimming activity in children (Social Phobia score decrease Mean Rank (41.94); 41 people, positive change (Social Phobia Score increase) Mean Rank (41.06): seen in 41 people it is understood that there is no change in only one person.

In determining the significance value in the demographic information obtained in the study; Since the calculated statistical value is Z : -0.083 and the corresponding significance value is $p < 0.934$, there was no statistically significant difference between the information regarding the data set. As a result, it was understood that the social phobia levels of the children

receiving swimming education did not show a significant change after Pre-test and Post-test.

In Table 2, the difference between Gender variable and Social Phobia status Pre-test and Post-test scores were analyzed with Mann Whitney U test. In the pretest results, statistical value Z : -1.866, whereas the significance value was $p < 0.062$, Posttest statistical value Z : -2.768, whereas the significance value $p > 0.006$ was determined. According to the statistical analysis, it was observed that there was no significant difference between the pre-test (Z : -1.866; $P > 0.062$) females and males, and the post-test (Z : -2.768; $P > 0.006$) females and males showed a significant difference between the genders. According to the results of the gender average of the females (59.51) and the average rank of the males (42.94) for which gender children differentiate. After two months of swimming training, it was understood that females had more social phobias than males.

In Table 3, the difference between Residence variable and Social Phobia status pre-test and post-test scores were analyzed with Mann Whitney U test. In the pre-test results, statistical value Z : -0.367, whereas significance value was $p < 0.714$, post-test statistical value Z : -0.139, whereas produced significance value $p < 0,889$. According to the statistical analysis, it was understood that there was no significant difference between males and females according to the pre-test (Z : -0.367; $p < 0.714$) and post-test (Z : -0.139; $P < 0.889$) scores.

Table 1. Comparison of swimming activity and social phobia status pre-test and post-test scores.

Test	Status	N	\bar{x}	Std. deviation	Min.	Mak.	Z	P
Pre-test	Record	83	2.25	0.51	1.08	4.04		
Post-test	Closing	104	2.26	0.66	1.12	3.76		
Change	Status	N	It's Ort.	Result				
	Negative Order	41	41.94	Post-test < Pre-test			-0.083	0.934
Post-test-Pretest	Positive Queue	41	41.06	Post-test > Pre-test				
	Same	1		Post-test = Pretest				

$P < 0.05$.

Table 2. Comparing gender variance and social phobia status pre-test and post-test scores.

Test	Gender	N	Queue average	Z	P
Pre-test	Female	26	49.31		
	Male	57	38.67	-1.866	0.062
	Total	83			
Post-test	Female	60	59.51		
	Male	44	42.94	-2.768	0.006*
	Total	104			

$P < 0.05$.

Table 3. Comparison of residence variable and social phobia status pre-test and post-test scores.

Test	Residence	N	Queue average	Z	P
Pre-test	Own house	59	42.62	-0.367	0.714
	Rent	24	40.48		
	Total	83			
Post-test	Own house	67	52.81	-0.139	0.889
	Rent	37	51.95		
	Total	104			

P < 0.05.

In Table 4, the difference between Age variable and Social Phobia status pre-test and post-test scores were analyzed with Kruskal-Wallis Test. In the pretest results, the degree of freedom (sd: 2) and the corresponding significance value of $p < 0.704$, post-test degree of freedom (sd: 2) and the corresponding significance value $p < 0.272$ were determined. According to the statistical analysis, it was understood that there was no significant difference between age groups according to the pre-test (sd: 2; $p < 0.704$) and post-test (sd: 2; $P < 0.272$) scores.

In Table 5, the difference between Monthly Income

variable and Social Phobia status pre-test and post-test scores were analyzed with Kruskal-Wallis Test. In the pretest results, the degree of freedom (sd: 2) and the corresponding significance value was $p < 0.78$, post-test degree of freedom (sd: 2) and the corresponding significance value $p < 0.213$ were determined. According to the statistical analysis, it was understood that there was no significant difference between the monthly income variables of the family according to the pre-test (sd: 2; $p < 0.758$) and post-test (sd: 2; $P < 0.213$) scores.

Table 4. Comparison of age variable and social phobia status pretest and endtest scores.

Test	Age groups	N	Queue average	Sd	P
Pre-test	6-8 years old	12	47.38	2	0.704
	9-11 years old	42	40.93		
	12 years and older	29	41.33		
	Total	83			
Post-test	6-8 years old	18	50.89	2	0.272
	9-11 years old	66	55.69		
	12 years and older	20	43.43		
	Total	104			

P < 0.05.

Table 5. Comparing income level to social phobia status pretest and endtest scores.

Test	Monthly income level	N	Queue average	Df	P
Pre-test	1300-2000 TL	45	40.38	2	0.758
	2001-2700 TL	11	41.91		
	2701 TL and More	27	44.74		
	Total	83			
Post-test	1300-2000 TL	65	48.48	2	0.213
	2001-2700 TL	27	59.39		
	2701 TL and More	12	58.79		
	Total	104			

P < 0.05.

DISCUSSION AND CONCLUSION

In this study, the social phobia status of children who participated in summer sports activities three days a week was examined. In the literature, no social phobia studies were found in children between the ages of 6-14 after swimming. As a result of this research, it was determined that there was no significant difference between the "Social Phobia Pretest and Posttest" total scores of the participating children who completed the summer vacation by participating in the swimming activity.

In the study, there was no significant difference in the Gender variable for the Pretest in terms of significant differences in the group with the "Gender" variable and the "Social Phobia" Pretest and Posttest scores. In-group Posttest ($Z: -2.768$; $P > 0.006$) It was understood that there was a high level of significant difference between men and women in the gender variable, and the differentiation of the social phobias of women (59.51) compared to men (42.94).

It is stated in the literature that self-confidence is important in the formation of Social Phobias for children. Hartoto et al. (2017), students were influenced by six factors in the swimming learning process; These expressions, which include physical appearance, learning style, social relationships, behaviors, weaknesses and strengths, have been stated to include the feeling of self-confidence (Hartoto et al., 2017). It is a fact not to be overlooked that religious beliefs can also be effective in the formation of Social Phobia. It is possible that there is an increase in the social phobias of women compared to men in terms of gender, especially in activities where body lines cannot be hidden. Ölmez et al. (2016), in a different study investigating the Social Phobia behavior in individuals with weak Body Mass Index (BMI), it was stated that the more shy and passive girls exposed to negative impacts of our social culture structure increased the level of social phobia. According to Makar (2016), it is stated that the individual shows socialization with his value judgments, his customary and belief system in the learning situation.

It is understood that there is no significant difference in in-group factors in terms of Social Phobia status in the variables of residence, age and monthly income. According to these results, the fact that swimming activities are free in a total of eight neighborhoods are the thoughts that the social state approach among individuals results from positive emotions. It is stated that especially adolescents (11 to 16 years) are more risky in terms of mental illness than children (5 to 10 years), and similarly, girls are more at risk than men (Meydanlıoğlu, 2015). In a different study, Kılınçer (2019) stated that social phobia was frequently affected by environmental factors, in people aged 21-24, in individuals with low perception of income, in individuals born in the village and residing in the village for a period of 15 years.

In terms of the conclusion to be drawn from this research, the effect of swimming activity on social phobia in children between the ages of 6 to 14 is not very high. However, it is revealed that female children are affected much more than men in terms of gender. Family, educational institutions and activity specialists have a lot of responsibility in this regard in reducing women's pressures due to social pressures and lifestyle. It should not be forgotten that the pressure element that occurs only in women will appear in other life channels with the other chain effect of life.

REFERENCES

- Bulut, Ç. V. (2016).** 12-14 yaş aralığındaki öğrencilerin bilişsel çarpıtmaları ile sosyal fobi belirti düzeyleri arasındaki ilişkinin incelenmesi-Adana ili örneği, (Master's thesis, Çağ Üniversitesi Sosyal Bilimler Enstitüsü).
- Demir, G. Ö. (2009).** Sosyal fobinin etiyolojisinin incelenmesi amacıyla gerçekleştirilen araştırmalara genel bir bakış. Akademik İncelemeler Dergisi, 4(1): 146-172.
- Demir, T., Eralp-Demir, D., Özmen, E., and Uysal, Ö. (1999).** Çapa Çocuk ve Ergenler için Sosyal Fobi Ölçeğinin Geçerlilik ve Güvenilirliği. Düşünen adam, 12(4): 23-30.
- Dilbaz, N. (1997).** Sosyal fobi. Psikiyatri Dünyası, 1(1), 18-24.
- Hartoto, S., Khory, F. D., and Prakoso, B.B. (2017).** Validation Of Self-Confidence Questionnaire In Swimming Course Learning. <http://www.psikiyatri.org.tr/halka-yonelik/26/sosyal-fobi>, Erişim Tarihi 17.03.2020, Saat 20.51).
- Karagün, E., Yıldız, M., Başaran, Z., Çağlayan, C. (2010).** Sosyal fobi özellikleri gösteren üniversite öğrencilerinde rekreatif aktivitelerin fobik tutumlar üzerine etkisinin araştırılması. Anadolu Psikiyatri Dergisi, 11: 139-144.
- Kılınçer, M. S. (2019).** Üniversite öğrencilerinin utanç ve suçluluk duygularına yatkınlıkları ile sosyal anksiyete arasındaki ilişkinin incelenmesi, (Master's thesis, Maltepe Üniversitesi, Sosyal Bilimler Enstitüsü).
- Makar, E. (2016).** Spor Eğitimi Gören Öğrencilerin, Sosyal Beceri, Fiziksel Benlik Algısı ve Fiziksel Aktivite Düzeyleri Arasındaki İlişkinin İncelenmesi, Bartın Üniversitesi Eğitim Bilimleri Enstitüsü, Beden Eğitimi ve Spor Öğretmenliği Anabilim Dalı Beden Eğitimi ve Spor Öğretmenliği Bilim Dalı Yüksek Lisans Tezi, Tez Danışmanı: Dr. Öğr. Üyesi Ali ÖZKAN, Bartın).
- Metin, M. (2014).** Kuramdan Uygulamaya Eğitimde Bilimsel Araştırma Yöntemleri. Ankara, Pegem Akademi Yayıncılık.
- Meydanlıoğlu, A. (2015).** Çocuklarda fiziksel aktivitenin biyopsikososyal yararları. Psikiyatride Güncel Yaklaşımlar, 7(2), 125-135.
- Ölmez, S., Ölmez, E. Z., Keten, H. S., Kardaş, S., Sucaklı, M. H., and Çelik, M. (2016).** Vücut kitle indeksi zayıf olarak tanımlanan bireylerde sosyal kaygı. Mustafa Kemal Üniversitesi Tıp Dergisi, 7(27).
- Sağat, H. (2016).** Bireylerin anne baba tutumlarının özgüven ve sosyal fobiye olan etkisinin incelenmesi. (Master's thesis, İstanbul Bilim Üniversitesi, Sosyal Bilimler Enstitüsü Uygulamalı Psikoloji Yüksek Lisans Programı).
- Sertelin-Mercan, Ç., and Yavuzer, H. (2017).** Bilişsel-Davranışçı Yaklaşımla Bütünleştirilmiş Sosyal Beceri Eğitiminin Ergenlerin Sosyal Kaygı Düzeyine Etkisi. Electronic Journal of Social Sciences, 16(63).
- Şahin, Ö. (2017).** Madde bağımlılığı tanısı almış kişilerde benlik saygısı ile sosyal fobi arasındaki ilişkinin incelenmesi. Doctoral dissertation, Haliç Üniversitesi Sosyal Bilimler Enstitüsü.
- Şişman, S. (2012).** Davranışsal İnhibisyon Sistemi/Davranışsal Aktivasyon Sistemi Ölçeğinin Türkçeye Uyarlanması: Geçerlik ve Güvenilirlik Çalışması. Psikoloji Çalışmaları/Studies in Psychology, 32(2): 1-22.

Terlemez, M. (2018). Sosyal Fobinin Spora Etkileri. Uluslararası Beşeri ve Sosyal Bilimler İnceleme Dergisi, Cilt 2, Sayı 2, Orcid Numarası: 1234-5678-9101- 1121).

Türkçapar, M. H. (1999). Sosyal fobinin psikolojik kuramı. Klinik Psikiyatri, 2(4), 247-253.

Yavuzcan, İ. H. (2007). Almanya'da İslamofobi. Batı Dünyasında İslamofobi ve Anti-İslamizm içinde. ed. Canatan, Kadir-Hıdır, Özcan, Eskiyei Yayınları, Ankara.

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