

The Role of Social Phobia Disorder among Cigarette Addicts in Abstaining from Cessation Programs

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Abstract

The increasing reluctance of cessation programs by cigarette smoking addicts with social disorder necessitates a smoking curb strategy. This paper aims to investigate the reason for the reluctance of cigarette addicts with social phobia disorder to quit cessation programs by comparing affected and uninfected smokers, and verifies that negative thoughts, pain, and stress contribute to refraining from these programs. The quantitative method was followed, and the sample of participants consisted of 191 current smokers, and their ages ranged between 18-45 years, with an average of 22.7, and those with social phobia were diagnosed with the current smokers, whose numbers are 111, or 58.12%, and as for the non-infected, their numbers are 80 current smokers or 41.88%, and for the purpose of verifying the goal of the study, the cigarette smoking addiction scale, the cessation program reluctance scale, and the Rollin Wei scale of social phobia were used, t-test for comparison between independent groups, and using a logistic regression coefficient to determine the relative contribution and effect size. Test results indicated t-test to the outweighing of people infected over people with no social phobia disorder in the level of cigarette smoking addiction and its sub-dimensions, as the results of the logistic regression analysis showed in terms of standard β value an increase in negative thoughts and expectation of pain is accompanied by an increase in reluctance to quit the cessation programs with a standard degree not exceeding 42%, while an increase in the psychological stress variable is accompanied by a reluctance to quit the cessation programs with a standard degree not exceeding 25%. The results indicate that one of the most important barriers to quitting smoking for people with social phobia is embodied in negative thoughts and stress, and thus it may be a source of changing the strategy of quitting the cessation programs by focusing on changing the distorted cognitive structure and promoting a positive self-concept as part of quit interventions.

Key words: social phobia, addicts, cigarettes, reluctance, cessation programs.

1) Introduction

Although most young people want to quit smoking and are aware of the dangers of smoking, few can do so successfully (DiSilvio, Baqdunes, Alhajhusain, & Cheema, 2021). That is why we find that the death rate in the world is constantly increasing due to smoking, as it causes the death of 8 million people annually (Hughes, 2010). Numerous attempts have been made in the past scientific literature

to establish a scale for assessing the extent of cigarette smoking addiction. The Fagerstrom (FTND) test for nicotine dependency is one of the most frequently used tests of nicotine dependence (Rahman, et al., 2020). Additionally, this scale includes six questions that assess one aspect of addiction (Heatherton, Kozlowski, Frecker, & Fagerstrom, 1991). This is why the researcher created a measure for cigarette smoking addiction that incorporates nicotine dependence aspects and aids in the prediction of mental problems. In the same vein, despite the progress made in tobacco control efforts since 2000 and the subsequent decline in cigarette smoking prevalence, smoking remains substantially more prevalent among people suffering from common mental illnesses (Smith et al., 2020). A person suffering from social phobia condition may resort to smoking as a result of these factors. The increasing prevalence of smoking in society, especially those with mental disorders, requires a strategy to quit smoking and reduce the harmful effects of tobacco, and smoking cessation campaigns need to target the psychological symptoms in particular for smokers (Buckner, Zvolensky & Lewis, 2020). Numerous evidences have emerged indicating the involvement of tobacco smoking as a causative factor in the emergence of many mental disorders (Izadpanah, Najafi, & Khosravani, 2021).

Not only that, but despite the negative health and psychological consequences associated with smoking, most smokers find it difficult to quit. This is especially true for smokers who suffer from a high social phobia disorder, and the social phobia sufferer resorts to avoidance behaviors to reduce anxiety, this may partly explain the higher rates of cigarette smoking among those with social phobia disorder (Joffer et al., 2014). As it should be noted, social phobia is a common disorder that affects adolescents, and is often associated with some psychological disorders and behavioral deviations such as depression, suicidal ideation, and abuse of all kinds (Kimbrel et al., 2014).

Social phobia has a major influence on the smoker's perspective, and this effect manifests itself negatively in the conduct of the smoking addict (Bakhshie et al., 2018). It is not clear why some individuals who are addicted to cigarettes are more likely to develop social phobia? Is there a role for social phobia in refraining from smoking cessation programs? What is the level of each dimension of cigarette smoking addiction among those with social phobia and those without social phobia? In light of this, the phenomenon of cigarette smoking addiction requires a deep understanding of the extent to which it is associated with psychological disorders in general and social phobia in particular. This is what prompted the researcher to measure the effect of cigarette smoking addiction on social phobia, which is classified under anxiety disorders, and to investigate the role of cigarette smoking motives in supporting psychological disorders in the long term. The current study aims to detect the differences between smokers and non-smokers about the nature of the correlation between cigarette smoking addiction and social phobia among a sample of Arab community students in Malaysian public universities.

2) Literature review

Cigarette smoking is the biggest cause of mortality and disease worldwide (DiSilvio, Baqdunes, Alhajhusain, & Cheema, 2021). Nonetheless, we discover that the majority of smokers feel nicotine cravings in a variety of settings during their everyday lives (Hughes, 2010). Numerous attempts have been made in the past scientific literature to establish a scale for assessing the extent of cigarette smoking addiction. The Fagerstrom (FTND) test for nicotine dependency is one of the most

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frequently used tests of nicotine dependence (Rahman, et al., 2020). Additionally, this scale includes six questions that assess one aspect of addiction (Heatherston, Kozlowski, Frecker, & Fagerstrom, 1991). In the same vein, despite the progress made in tobacco control efforts since 2000 and the subsequent decline in cigarette smoking prevalence, smoking remains substantially more prevalent among people suffering from common mental illnesses (Smith et al., 2020).

There must be an explanation for the findings of certain psychology researchers, such as the study conducted by Watson et al. (Watson et al., 2018), which found that persons who have a persistent negative affect are more likely to smoke more frequently. They increase smoking, and smoking is associated with social anxiety, which is a term synonymous with social phobia in order to adapt to a social situation, in another context, the results of a study conducted by Zvolensky and his colleagues (Zvolensky et al., 2019) indicated that reducing anxiety sensitivity helps to accept smoking cessation programs, and this provides scientific evidence for the efficacy of a new treatment program for smokers with social phobia, which is classified as a type of anxiety disorder.

Additionally, feelings of social anxiety, a phrase associated with social phobia, predicted desire to consume cigarettes in the placebo group but not in the nicotine patch group (Kimbrel et al., 2014). Similarly, smokers with a high level of social phobia report a reduction in the negative impact of social demands such as tension and anxiety following a cigarette (Dahne et al., 2015). Similarly, the psychological elements most closely associated with smoking cravings, one of the symptoms of social phobia, are stress and psychological stress (Ra & Cho, 2017). Social phobia has a substantial influence on the smoker's cognition, and this effect manifests itself negatively in the smoker's behavior (Bakhshie et al., 2018). They run the danger of continuing to smoke and succumbing to smoking urges in stressful social circumstances (Watson, Demarree & Cohen, 2018).

Additionally, the regression analysis findings were analyzed to evaluate the role of cigarette smoking addiction in the prediction of social phobia and the potential of forecasting its development based on the existence of cigarette smoking-related indicators and withdrawal symptoms. It revealed that, according to the findings of (Bakhshie et al., 2018), societal concerns are associated with smokers' erroneous perceptions. Social phobia was also related with a reduced level of acceptance of smoking's effects in the same setting (Watson et al., 2017).

As previously said, smoking can be anticipated by a low sense of self-worth (Joffer et al., 2014). As a result, we believe that low self-esteem and lack of self-confidence are indicators of social phobia, and the phobic individual employs psychological defense mechanisms, especially eliminating his anxieties through symbolic activity that alleviates his stress, such as smoking cigarettes. As a result of these data, it was determined that the dimensions of cigarette smoking addiction play a role in social phobia and that the reason a smoker feels a desire to smoke cigarettes continuously after exceeding the habitual period is due to the high rate of nicotine in the blood, which means the smoker requires sufficient doses to modify his or her mood and alleviate stress caused by a lack of nicotine.

To illustrate, we refer to the findings of a study (Ra & Cho, 2017), which demonstrated that a person's desire for cigarettes is related to his or her perception of stress and pressure. Additionally, this conclusion is consistent with the sign and symptom component of cigarette craving's predictive

ability for social phobia symptoms. Thus, the therapist or psychologist may ascertain the degree of social phobia infection by the signs and symptoms of cigarette smoking addiction during the diagnostic interview.

The Smoking Scale's Development

Moreno & Villaobs (2017) investigated the psychometric characteristics of Fagerström's FTND nicotine dependency scale for Spanish speakers and discovered that the scale's internal consistency is worse in the original form than in the translated version. The binary logistic regression analysis demonstrates that the Fagström scale is ineffective at predicting smoking cessation. On the other hand, (Robabeh et al., 2017) sought to validate the reliability of a Persian version of the Fagerstrom nicotine dependency test (FTND) administered to patients with opioid addiction. The most significant findings of the second-order confirmatory factor analysis are that the matching quality indicators outperform the original model, and the alpha coefficient is greater than 0. (0.71).

In the same vein, (Miguel, Kienen, & Scarinci, 2019) sought to characterize the psychometric characteristics of the shorter-term effects of BSCQ-A smoking in adult Brazilian women. A confirmatory factor analysis was used to obtain the results (CFA). Whereas the shorter reduced version contains (21) paragraphs rather than (25) paragraphs distributed across (9) factors, these are (reducing the effect, stimulation, health risks, taste / sensorimotor manipulation, social facilitation / weight control, craving / addiction, negative feelings toward the body, and reduction of boredom), and the exclusion of the negative social impressions. The original full version's alpha coefficient was (0.67), whereas the shortened version's alpha coefficient was (0.67). (0.72). Additionally, (Keshavarzian, Nadrian, & Mohammadpoorasl, 2020) developed a scale of smoking obscenity with 22 items; the explanatory factor analysis revealed a structure consisting of five factors (Negative Attitude; Negative Consequence; Negative Valuation; Inappropriate Relationship; A gateway to addiction), and the scale's reliability for the factors ranged from 0.77 to 0.90.

Social phobia

Social phobia is characterized by an apparent fear in one or more social situations, exposure to unfamiliar people, or the expectation of possible negative criticism from others (Lipsitz & Schneier, 2000). Among the damages of social phobia, it may cause severe anxiety to people affected by it, which leads to their apparent confusion in social interaction situations, and their social fears or feelings of extreme fear may affect their practical and professional performance and even the level of academic achievement. (Blanco, Bragдох, Schneier, & Liebowitz, 2013). So, anxiety in social interactions is an important factor in relying on cigarette smoking (Blanco, Bragдох, Schneier, & Liebowitz, 2020). It should be noted that cigarette smoking can be predicted by several indicators, the most important of which are: low parental education, family disturbances, and low self-esteem. (Joffer et al., 2014).

Dahne et al. (2015) found that when smokers with a high level of social anxiety were subjected to social demands, the negative consequences of smoking a cigarette decreased significantly. This is why we decided to examine the relationship between cigarette smoking addiction and social phobia. Additionally, tobacco has been linked in the past as a causal component in the formation of a variety of mental illnesses (Firth et al 2020). To emphasize this point, we refer to the study (Hajure, M., &

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Abdu, Z. 2020) that shown that cigarette use and a family history of mental illnesses were substantially related with social phobia symptoms. In light of these circumstances, social phobia symptoms considerably rise among students (Akçakoyun, 2018). Thus, the most prevalent symptoms among undergraduate students are reflected in their lecture performance (Goodwin et al 2005). As a result, social phobia is the third most prevalent condition among adults (Stein et al 2017). On the other hand, experimental data on the role and degrees of anxiety in smoking habit, which is categorized as social phobia, has differed between research (Garey et al 2020). The study of (Buckner, Zvolensky, & Lewis, 2020) underlined the importance of regular use of avoidance strategies to control anxiety in preserving smoking, which provides a partial explanation for the high prevalence of smoking among people with severe social phobia.

In this context, there are many indicators that show the use of cigarettes by people with social phobia disorder to smoke, and among these indicators is a significant decrease in the negative impact of smoking (Dahne et al., 2015). Smoking may be used for the purpose of adaptation, avoiding negative feelings, and the intense craving for cigarette smoking may lead to the risk of continuing and relapse, especially if smoking is to avoid these emotions and feelings (Ra & Cho., 2017). Also, social phobia symptoms were more likely to predict increased craving for cigarette smoking during high social stress, compared to low social stress (Bakhshie et al., 2018). In addition, the main motivation behind cigarette smoking addiction is to reduce the negative effects of their inability to cope with social pressures during social interaction situations (Watson, Demarree & Cohen, 2018). After adjusting for anxiety disorders, depression, and other substance use disorders, smokers with social anxiety disorder (SAD) are more susceptible to nicotine dependence, excessive smoking, and poor quitting efforts than smokers without SAD.

According to Al-Dubai et al. (2014), undergraduate students develop a smoking addiction as a response to a psychological issue or as a result of negative beliefs about smoking as a symbol of maturity and masculinity. Additionally, smoking alleviates stress, anxiety, or social phobia, which some students may experience during their first year of college. Smokers are more sensitive to painful sensations as a result of these variables (Ditre et al., 2018). Buckner and Vinci (Buckner & Vinci, 2013) underlined the importance of smoking reasons, namely the positive and negative reinforcement associated with smoking, in the link between the degree of nicotine dependency and social anxiety. A sign of this is that negative reinforcement of smoking has an influence on the severity of dependency (Pang et al., 2014a). As a result, it was demonstrated that expectations of smoking reinforcement accounted for a large portion of the connection between nicotine dependency and negative reinforcement (Pang et al., 2014b).

In contrast, social anxiety symptoms predicted desire to consume a cigarette in a placebo setting, but not in a nicotine patch circumstance. (2014) (Kimbrel et al.). Similarly, the link between discomfort and psychological stress did not predict smoking in the same situation (Shadur et al., 2017). In comparison, pain-related anxiety contributes to the maintenance of cigarette dependency (LaRowe et al, 2017). As a result, persons with mental illnesses anticipate that cessation of smoking will worsen discomfort (Zale, Maisto, & Ditre, 2016). Under those conditions, anxiety sensitivity was associated with the degree of nicotine dependence (Zvolensky et al., 2019). This was also verified by (Leventhal & Zvolensky, 2015), who found that those with a high level of social anxiety are more

motivated to use cigarettes to mitigate the negative consequences. According to these findings, when confronted with those thoughts and sensations, social phobia is related with smoking (Zvolensky et al., 2014). As a result, understanding the phenomena of cigarette smoking addiction needs a thorough examination of the extent to which it is associated with mental illnesses in general, and social phobia in particular. As a result, anxiety during social encounters plays a significant role in cigarette smoking dependency (Izadpanah, Najafi, & Khosravani, 2021).

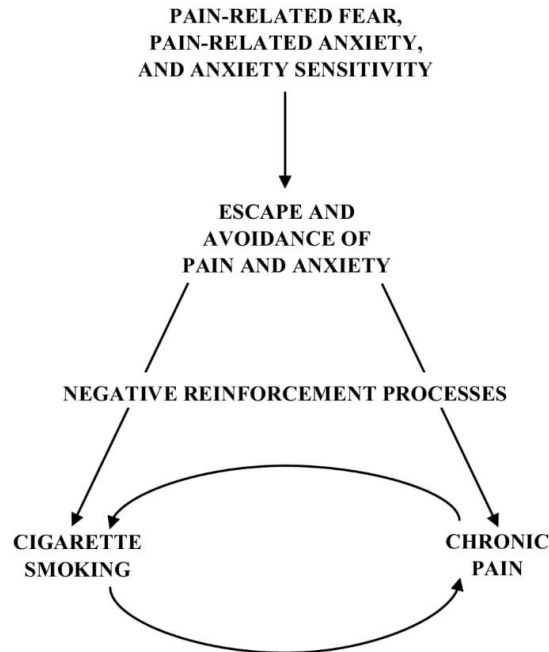


Figure 1 Conceptual Framework

Based on the study problem and the results of previous studies and psychological theories, the researcher formulated the main and subsidiary hypotheses that will be tested in a way that achieves the goals of science (knowledge, understanding, prediction). The hypotheses of the study were divided into hypotheses related to the moral difference between the examined samples, and special hypotheses about the trends of influence and prediction based on psychological theories and previous literature to determine the extent of the contribution of the independent variable to the dependent variable, the hypotheses of the current study were formulated as follows:

H1 There is a statistically significant difference ($0.05 \geq \alpha$) in the level of cigarette smoking addiction among Arab students in Malaysian public universities with and without social phobia.

H2 The social phobia disorder among addicts to smoking cigarettes contributes to refraining from smoking cessation programs.

3) Method and Procedures

In the current study, we relied on the quantitative approach, and we drew a cluster random sample. 5460 Arab students from four Malaysian public institutions were the study population. The subjects were required to smoke cigarettes and ranged in age from 18 to 45 years. The study sampled 191 current smokers, including 72 smokers from Universiti Teknologi Malaysia (UTM), who smoked at a rate of 37.70 percent, 39 smokers from the University of Malaya (UM), who smoked at a rate of

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20.24 percent, 26 smokers from the University Kebangsaan Malaysia (UKM), who smoked at a rate of 13.61 percent, and 54 Arab smokers from the International Islamic University Malaysia (IIUM), who smoked. The sample was drawn straight from the halls or libraries, where (450) questionnaires were disseminated, and data were gathered from a sample of Arab undergraduate and postgraduate students; the questionnaires retrieved a total of (396) and were all valid. According to the diagnostic criteria, 191 smokers (48 percent) of the sample were diagnosed with social phobia; the sample's average age was 22.7 years, with a standard deviation of (9.8).

After establishing the sample size, a probability sample was selected, followed by a multistage stratified cluster sample; therefore, in the current study, selection occurred in four steps. In the first phase, the states in which the study is being conducted were divided into three regions and included the states of (Johor Baru - Selangor - Kuala Lumpur). In the second phase, the areas containing Malaysian public universities were identified, as each region was assigned a number and random numbers were assigned to each state, based on the geographical location of the public universities. The Bangui and Gombak regions of Selangor were chosen as beginning points, while the Skudai region of Johor Baru was picked as the starting point, and the Malaysian capital, Kuala Lumpur, was chosen as the final destination. The third phase involved selecting a sample of institutions, which included Arab students at the undergraduate and doctoral levels. The study population was then split into classes based on their homogeneity. Numerous universities were eliminated since they did not have any Arab students enrolled at the university level. In the fourth stage, a random starting point was selected, and colleges, departments, and university offices were entered sequentially from the random starting point, with the sample distributed in a manner consistent with the size of the classes based on the number of students enrolled in the academic year.

A preliminary version of the Cigarette Smoking Addiction Scale was constructed, consisting of 45 items, based on prior research and The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). To ensure the content's validity, the document was distributed to eight experts, physicians, and professionals in the fields of psychology and addiction for comment. According to professional advice, the scale's draft or original design has been reduced to twenty components. To elicit responses, the following five-point Likert scale was used: Disagree strongly = 1 Disagree = 2 Neither agree nor disagree (Neutral)=3 Acknowledge =4 Strongly agreeing = 5. After conducting a pilot research with 40 smokers, the participants recognized and changed the problematic paragraphs, and the draft paragraphs now have an internal consistency of 0.8 =. This study utilized the social phobia measure established by Raulin, and Wee (1984). The scale has 36 items, and the response to each paragraph is yes or no; if the answer is yes, one point is awarded; if the response is no, one point is awarded. Internal consistency was determined using the Cronbach coefficient, which achieved 88 =. This score indicates that the scale is very reliable and hence suitable for use in the present investigation.

The researcher analyzed the data using SPSS 22.0 software, and then used reliability tests for the scale, percentages, and mean values, Cronbach Alpha, Exploratory Factor Analysis Test, Pearson Correlation Coefficient, Analysis Tests (KMO, Bartlett's Test, and then analysis of the scale's basic components Varimax Rotation between the scale and its sub-dimensions, simple and multiple regression coefficients.

4) Results and Discussion

It appears from Table (1) for the descriptive data of the distribution of the study sample, that the age group from 18 to 22 years has the largest presence in the study sample by 46.07%, and the number of smokers who practiced smoking behavior in a period ranging from 2 to 5 years amounted to 78 smokers, i.e. A percentage of 40.84%, and based on those data, smoking cigarettes is not just a habit, but like other psychological substances, it tests the stages of psychological and organic dependence, and in the same context, we find that the number of people with social phobia is estimated at about 111 infected with a rate of 58.12%, and this number is not small for a sample that was chosen outside sanatoriums, and psychiatric hospitals.

Table 1 Descriptive analysis of the demographic characteristics

Variables	N	%
<i>University</i>		
University Kebangsaan Malaysia (UKM)	26	13.61
University of Malaya (UM)	39	20.42
Universiti Teknologi Malaysia (UTM)	72	37.70
The International Islamic University Malaysia (IIUM)	54	28.27
<i>Duration Of Cigarette Smoking</i>		
LESS THAN A YEAR	19	9.94
2-5	78	40.83
6-9	60	31.43
10 And Over	34	17.80
<i>Clinical Significance of Social Phobia</i>		
Suffering	111	58.12
Not Suffering	80	41.88
<i>Education Level</i>		
Undergraduate Degree	103	53.93
Postgraduate Degree	88	46.07
<i>Age</i>		
18-22	88	46.07
23-26	52	27.23
27-30	25	13.09
31 And Over	26	13.61
<i>Nationality</i>		
Egypt	32	16.75

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Yemen	35	18.32
Algeria	8	4.19
Iraq	15	7.85
Sudan	17	8.90
Oman	4	2.09
Libya	21	10.99
Saudi Arabia	6	3.14
Syria	13	6.81
Palestine	12	6.28
Kuwait	6	3.14
UAE	2	1.05
Jordan	10	5.24
Lebanon	1	0.52
Somalia	5	2.62
Mauritania	4	2.09

Table 2 T-test among the average group (suffering and non-suffering) social phobia in the level and dimensions of cigarette smoking addiction

Variables	Clinical significance of social phobia	N	M	Std Dev	T	Df	Sig
Cigarette smoking addiction	Suffering	111	2.5225	.5017	13.466	189	0.000
	Not suffering	80	1.51	.5029			
Psychological signs and symptoms	Suffering	111	19.87	3.85	23.008	189	0.000
	Not suffering	80	11.28	2.10			
Signs and symptoms of craving	Suffering	111	29.79	4.44	20,193	189	0.000
	Not suffering	80	17.02	3.98			
Signs and symptoms of organic damage	Suffering	111	16.26	12.10	15.166	189	0.000
	Not suffering	80	7.48	11.83			

* Significance level ($0.05 \geq P$)

Cronbach's alpha coefficient was used to assess the cigarette smoking addiction scale's reliability; the coefficient in the dimension of psychological signs and symptoms was 0.82; the coefficient in the dimension of craving and urges was 0.83; and the coefficient in the dimension of signs and physical diseases was 0.86. The scale factor as a whole was 0.92.

It is clear from the table data (2) that the average value of those with social phobia was (2.5225) with a standard deviation (.5017), which is higher than the average of non-suffering with the social phobia

of (1.51) with a standard deviation (.5029), and as the result of the (T-test) came. Where it reached (13.466) with a probability value (0.000) Which $>$ From the significance level (0.05), and accordingly, there is a statistically significant difference at the significance level (0.05). $\geq \alpha$ between the average of those suffering and non-suffering from the social phobia in favor of the group of Arab students in public universities who suffer from the social phobia, and it is also clear from the previous table that the values of the averages in the three dimensions of the cigarette smoking addiction scale among those suffering from social phobia are higher than the averages of that non-suffering from social phobia, where the value of (T-test) was between (15.166-23.008) and all of them are \geq of the significance level (0.05).

Table 3 The relative contribution of social phobia refrain from smoking cessation programs (n = 191).

T	Model	B	B	Df	T	Sig	F	Sig	R	R ²
1	Constant	2.008	0.421	1	20,490	0.000	40,603	0.000	0.412	0.469
	negative thoughts and anticipate pain	0.233		189 190	6.372-					
2	Constant	1.978	0.252	2	20,590	0.000	26,513	0.000	0.469	0.220
	psychological stress	- 0.312		188 190	3.225					

According to the findings of the simple regression analysis, the F-value for the prediction of social phobia in present smokers is (35.755), which is statistically significant at the P-value (0.000), indicating that social phobia may be predicted from smoking addiction. The explanatory power of the cigarette smoking addiction regression model, as measured by the coefficient (R²), was (0.94), and the results indicate that cigarette smoking addiction adds to the prediction of social phobia, with a value of 0.94 (0.96).

It is noted from the outputs of the results in Table No. 3 the validity of the entered models due to the high value of the calculated F for the two variables, so the probability value of the variable negative thoughts and psychological stress reached (0.000), which is a function at the level (0.05 \geq α), and this indicates the effect of the independent variables on the dependent variable regression. It is concluded from reading the results of the regression variance analysis that there is an effect on the negative thoughts variable, and psychological stress among people with social phobia in reluctance to quit cigarette smoking programs, and these data indicate that there is an effect on the negative thoughts variable, and psychological stress variable on smoking cessation programs, in light of these indicators, the results indicate that the most variables that affected the reluctance to quit smoking programs represented in the variable of negative thoughts and anticipation of pain, where the value of t = (-6,372), and its probability value (0.000), the standard β value was (-0.421), this result indicates in the case of an increase in negative thoughts by one degree, accompanied by a change and an increase in reluctance to quit smoking programs with a standard degree that does not exceed (42%). while the standard β value, or the partial regression coefficient in the psychological stress

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variable reached (0.252), the value of $t = (3.225)$, a function at the level (0.05), this result indicated that if the psychological stress variable increased by one degree, it was accompanied by a change in the volumes of smoking cessation programs with a standard degree not exceeding (0.25%).

The Arabic version of the Cigarette Smoking Addiction Scale was produced; the final version had 20 paragraphs; the KMO value is 0.894, indicating that the sample is appropriate for exploratory component analysis in accordance with the Kaiser (1974) criterion. As a result, those factors have been reduced to three dimensions: psychological signs and symptoms, smoking cravings and impulses, and physical illnesses. As a consequence, we discover that yearning for cigarettes is a critical and basic factor in defining one's level of smoking dependency (Moreno-Rius, & Miquel, 2017). The results are compatible with the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Because it emphasized the symptoms of nicotine dependence (American Psychiatric Association, 2013). In comparison, the findings of the Fagerstrom test's factor analysis revealed just one dimension (Svicher, Cosci, Giannini, Pistelli, & Fagerström, 2018). As demonstrated by the data, the reliability of the cigarette smoking addiction scale is acceptable, as indicated by the Cronbach alpha coefficient values for the scale's dimensions, and the scale coefficient as a whole is outstanding (Jain, & Anural, 2017). This demonstrates the Arabic version of the Cigarette Smoking Addiction Scale's dependability.

In the same vein, the result is partially consistent with (Bakhshaie et al., 2018)'s conclusion that societal anxieties are associated with the smoker's views. As a result of this, we infer from the personality analysis of the individual with social phobia that the cognitive structure is the source of the issue, as a result of the acceptance of several misunderstandings, as referenced by numerous psychological theories. They are backed up by The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), which describes the negative expectation that contributes to the formation of social phobia's psychological, behavioral, and physiological symptoms. Reduced social phobia was also related with an increased knowledge of the harmful consequences of smoking (Ayer et al., 2019).

The findings revealed that the characteristics of cigarette smoking addiction contribute to the development of social anxiety. Thus, the reason for the smoker's wants to smoke cigarettes frequently after surpassing the usual time is due to the elevated level of nicotine in the blood, and the smoker requires appropriate dosages to regulate his or her mood and alleviate the tension caused by a shortage of nicotine in the blood. Additionally, when an individual shows signs of social phobia together with excessive tension in response to a scenario that triggers his anxiety, he symbolically eliminates his concerns by smoking cigarettes to compensate for his lack of confidence. To illustrate, we refer to the findings of the (Ra & Cho, 2017) study, which demonstrated that a person's desire to smoke cigarettes is connected to his or her perception of stress and pressure. Additionally, it is consistent with the discovery that certain indications and symptoms of cigarette desire and impulses contribute to the prediction of social phobia symptoms. Thus, the therapist or psychologist can ascertain the amount of social anxiety by the signs and symptoms of cigarette smoking addiction during a diagnostic interview.

One of the main objectives of the current study was to achieve a deeper insight into the relationship of social phobia to smoking cigarettes addiction, so we compared the sufferers and non-sufferers with social phobia in the level of cigarette smoking addiction with its sub-dimensions, which represent the dimensions of dependence on smoking, whether psychological or organic dependence. People with social phobia tend to process information differently and are more sensitive to it (Ra & Cho, 2017). Based on the results of the current study, we note the high level of addiction to cigarette smoking in all dimensions in favor of those with social phobia, and the reason lies in the nature of the personality of people with social phobia, as their personalities are characterized by shyness and confusion, which leads to their difficulty in establishing social relationships, which makes them lose the ability to show their true potential, and it may be a reason for them to use cigarettes in order to reduce suffering and bridge the social gap. It was pointed out (Ayer et al., 2019) that those with social phobia notice a decrease in the negative impact of social pressures. We conclude from this, the reason for the emergence of psychological signs and symptoms of cigarette smoking among people with social phobia in order to get rid of psychological tension, and the pressures resulting from their exposure to social situations.

Also, regarding the superiority of people with social phobia in the dimension of signs and symptoms for smoking craving, it is consistent with a study (Dahne et al, 2015). The results of which revealed that those with high social phobia are more at risk of continuing to smoke, and relapse due to the intense eagerness they are exposed to during social situations. In contrast, the current study differs from a study (Kimbrel et al., 2014). One of its most prominent results is that smokers with social phobia do not have a high addiction to nicotine. In contrast, in the current study, we find that smokers with social phobia show signs and symptoms of organic damage such as yellowing of nails and tooth decay. To use this, psychologists or clinicians must use these signs and symptoms in determining the degree of addiction to smoking. This is what called us to build a cigarette smoking addiction scale that includes all dimensions of dependence to determine the degree and severity of addiction, and most of the previous literature depends on a scale of Fagerstrom to depend on smoking. Here, a statement must be made. This scale focuses on one of the dimensions of smoking addiction in six paragraphs to measure dependence on smoking (Smit et al, 2019).

The present results are also consistent with the scientific literature, regarding the barriers facing smokers with social phobia in smoking cessation programs, as it is assumed, were in negative thoughts, and anticipation of pain is related to social phobia, and this finding is consistent with the findings of a study (Joffer et al., 2014), whose results showed that anxiety sensitivity was associated with dependence on cigarette smoking, while cognitive fears were associated with significantly greater barriers to smoking cessation. Likewise, a study found (Guillot, et al, 2018) smokers who suffer from social phobia are less accepting of inner guidance (feelings-emotions-perception). In light of this, the lack of acceptance by social phobia sufferers of smoking cessation programs can be explained by the fact that the person with social phobia suffers from cognitive distortion, not only this, but his irrational idea that cigarettes reduce stress and help him achieve social acceptance. According to this vision, we find that among the most important barriers lies in low confidence and high sensitivity to anxiety in the ability to quit smoking (Jain, & Anural, 2017).

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According to the findings of (Joffer et al., 2014), there are numerous misunderstandings in the mind of the smoker who suffers from social anxiety, including feelings of weakness, self-blame, and poor self-esteem. Additionally, smoking adds to the prediction of poor self-esteem, which is one of the unpleasant beliefs experienced by persons with social anxiety. As a result, smokers who suffer from social anxiety may benefit from relaxation exercises (Guillot et al., 2018). According to this data, a person suffering from social phobia may have numerous misconceptions, including feelings of weakness, self-blame, low self-esteem, negative thinking, and insecurity, which explains the severity of the addiction to smoking cigarettes as a symbolic behavior resulting from shifting the anxiety and tension experienced by a person suffering from social phobia without addressing the recurrent triggers.

In light of these indicators, the reason for the smoker with social phobia to smoke is due to his feeling of inferiority, or his lack of fulfillment of his social demands due to his fear of situations in which social activity increases, and the problem is embodied in cognitive distortion, and domineering thought in the mind of the person with social phobia, and it becomes a driving force towards addiction to cigarette smoking as an undeveloped and mature behavior, and thus modifying negative thoughts and anticipating pain, and the psychological stress resulting from it is one of the most important barriers facing smoking cessation programs, which must be worked on. This may be due to the fact that most smokers believe that they will experience suffering, stress, reduced self-efficacy, and thus more stress from the effect of quitting cigarettes (Svicher. Cosci., Giannini., Pistelli., & Fagerström, 2018).

5) Limitations and suggestions

Along with its contribution to the scientific literature, this study includes a number of limitations that must be considered. To begin, the study included a sample of male Arab male smokers in Malaysian public institutions; female smokers were excluded from the study owing to their Social Desirability. Second, it is advised that a cross-cultural research be conducted that includes all nations and a bigger sample size. Hence, given the clinical implications, the findings indicated that cigarette smoking addiction and its dimensions play a role in predicting social phobia; thus, specialists and counselors in the psychological field must take this into account when developing preventive and treatment programs to help people with social phobia disorder overcome their smoking addiction.

6) Conclusion

According to the study, the Arabic version of the Cigarette Smoking Addiction Scale is a viable and trustworthy instrument. The scale consists of twenty items divided in three dimensions and is used to evaluate a person's level of smoking dependency. Additionally, the results of the regression analysis conducted to determine the extent to which cigarette smoking addiction contributes to the prediction of social phobia indicated the possibility of predicting its occurrence based on the presence of signs and wit.

As social phobia may be diagnosed by establishing the reason or objective for the individual's frequent smoking. Because if the aim of smoking is to instill a sense of pride in the smoker and to boost his/her confidence, this may be identified by the individual's ideas and social anxiety expressed through the smoking habit. Additionally, experts who develop preventive and therapeutic smoking

cessation programs may benefit from developing an intensive program for smokers who have social phobia. This program focuses on changing the cognitive structure of people who have social phobia, particularly those who complain about negative thoughts and criticism from others. Thus, it affects him/her psychologically, which results in avoidance behavior; in order to alleviate his/her social anxiety, he/she then resorts to other forms of aberrant behavioral disorders, such as smoking addiction.

Acknowledgments

The two researchers would like to express the deepest gratitude and thanks to the Malaysian universities for giving them the opportunity and consent to conduct the study. We also thank the Arab students participating in this study, and may God reward them.

Funding

This research did not receive a specific grant from any entity, or funding agency in the public or commercial sectors.

References

1. Akçakoyun, F. (2018). Analysis of self-esteem levels of students in physical education and sports high school. *Journal of Education and Training Studies*, 6(2), 73-79. doi:10.11114/jets.v6i2.2951
2. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.
3. Al-Dubai, S., Ganasegeran, K., Alshagga, M., Hawash, A., Wajih, W., & Kassim, S. (2014). 'The role of psychosocial and belief factors in self-reported cigarette smoking among university students in Malaysia', *Health Psychology Research*, 2(1), pp.16-20. doi: [10.4081/hpr.2014.1195](https://doi.org/10.4081/hpr.2014.1195)
4. Ayer, D., Bektas, M., Bektas, I., Sal Altan, S., & Ayar, U. (2019). Effects of adolescents' self-efficacy and social anxiety on attitudes toward pros and cons of smoking. *Journal of Substance Use*, 24(1), 8-14. <https://doi.org/10.1080/14659891.2018.1459899>
5. Bakhshaie, J., Rogers, A. H., Kauffman, B. Y., Fasteau, M., Buckner, J. D., Schmidt, N. B., & Zvolensky, M. J. (2018). Situational fears: Association with negative affect-related smoking cognition among treatment seeking smokers, *Addictive Behaviors*, 85, pp.158-163. <https://doi.org/10.1016/j.addbeh.2018.06.009>
6. Blanco, C., Bragdon, L. B., Schneier, F. R., & Liebowitz, M. R. (2013). The evidence-based pharmacotherapy of social anxiety disorder, *International Journal of Neuropsychopharmacology*, 16(1), pp.235-249.
7. Buckner, J. D., & Vinci, C. (2013). Smoking and social anxiety: The roles of gender and smoking motives, *Addictive Behaviors*, 38(8), 2388-2391. <https://doi.org/10.1016/j.addbeh.2013.03.007>
8. Buckner, J. D., Zvolensky, M. J., & Lewis, E. M. (2020). Smoking and social anxiety: the role of false safety behaviors. *Cognitive behavior therapy*, 49(5), 374-384. <https://doi.org/10.1080/16506073.2019.1696396>
9. Dahne, J., Hise, L., Brenner, M., Lejuez, C. W., & MacPherson, L. (2015). An experimental investigation of the functional relationship between social phobia and cigarette smoking, *Addictive Behaviors*, 43, pp.66-71. <https://doi.org/10.1016/j.addbeh.2014.12.012>
10. Ditre, J. W., Zale, E. L., LaRowe, L. R., Kosiba, J. D., & De Vita, M. J. (2018). Nicotine deprivation increases pain intensity, neurogenic inflammation, and mechanical hyperalgesia among daily tobacco smokers. *Journal of abnormal psychology*, 127(6), 578-589. <https://doi.org/10.1037/abn0000353>

The Role of Social Phobia Disorder among Cigarette Addicts in Abstaining from Cessation Programs

11. DiSilvio, B., Baqdunes, M., Alhajhusain, A., & Cheema, T. (2021). Smoking Addiction and Strategies for Cessation. *Critical Care Nursing Quarterly*, 44(1), 33-48. <https://doi.org/10.1097/CNQ.0000000000000338>
12. Firth, J., Solmi, M., Wootton, R. E., Vancampfort, D., Schuch, F. B., Hoare, E., ... & Stubbs, B. (2020). A meta-review of “lifestyle psychiatry”: the role of exercise, smoking, diet and sleep in the prevention and treatment of mental disorders. *World Psychiatry*, 19(3), 360-380.
13. Garey, L., Olofsson, H., Garza, T., Shepherd, J. M., Smit, T., & Zvolensky, M. J. (2020). The role of anxiety in smoking onset, severity, and cessation-related outcomes: A review of recent literature. *Current Psychiatry Reports*, 22, 1-10.
14. Goodwin, R. D., Faravelli, C., Rosi, S., Cosci, F., Truglia, E., de Graaf, R., & Wittchen, H. U. (2005). The epidemiology of panic disorder and agoraphobia in Europe. *European Neuropsychopharmacology*, 15(4), 435-443. DOI : 10.18843/rwjasc/v8i3(1)/12
15. Guillot, C. R., Blumenthal, H., Zvolensky, M. J., & Schmidt, N. B. (2018). Anxiety sensitivity components in relation to alcohol and cannabis use, motives, and problems in treatment-seeking cigarette smokers. *Addictive behaviors*, 82, 166-173. doi: 10.1016/j.addbeh.2018.03.008
16. Hajure, M., & Abdu, Z. (2020). Social Phobia and Its Impact on Quality of Life Among Regular Undergraduate Students of Mettu University, Mettu, Ethiopia. *Adolescent Health, Medicine and Therapeutics*, 11, 79. doi: [10.2147/AHMT.S254002](https://doi.org/10.2147/AHMT.S254002)<https://doi.org/10.1002/wps.20773>
17. Heatherton, T. F., Kozlowski, L. T., Frecker, R. C., & Fagerstrom, K. O. (1991). The Fagerström test for nicotine dependence: a revision of the Fagerstrom Tolerance Questionnaire. *British journal of addiction*, 86(9), 1119-1127. <https://doi.org/10.1111/j.1360-0443.1991.tb01879.x>
18. Hughes, J. R. (2010). Craving among long-abstinent smokers: An Internet survey. *Nicotine & Tobacco Research*, 12(4), 459-462. <https://doi.org/10.1093/ntr/ntq009>
19. Izadpanah, M., Najafi, M., & Khosravani, V. (2021). Anxiety in social interactions and nicotine dependence in nicotine-dependent men: The role of metacognitions about smoking. *Addictive Behaviors*, 112, 106656. <https://doi.org/10.1016/j.addbeh.2020.106656>
20. Jain, S., & Angural, V. (2017). Use of Cronbach's alpha in dental research. *Medico Research Chronicles*, 4(03), 285-291.
21. Joffer, J., Burell, G., Bergström, E., Stenlund, H., Sjörs, L., & Jerdén, L. (2014). Predictors of .21 smoking among Swedish adolescents, *BMC Public Health*, 14(1), pp.1-9. <https://doi.org/10.1186/1471-2458-14-1296>
22. Kaiser, H. F. (1974). An index of factorial simplicity. *Psychometrika*, 39(1), 31-36. <https://doi.org/10.1007/BF02291575>
23. Kimbrel, N. A., Morissette, S. B., Gulliver, S. B., Langdon, K. J., & Zvolensky, M. J. (2014). The effect of social anxiety on urge and craving among, smokers with and without anxiety disorders, *Drug and Alcohol Dependence*, 135, pp.59-64. <https://doi.org/10.1016/j.drugalcdep.2013.11.002>
24. LaRowe, L. R., Langdon, K. J., Zvolensky, M. J., Zale, E. L., & Ditre, J. W. (2017). Pain-related anxiety as a predictor of early lapse and relapse to cigarette smoking. *Experimental and clinical psychopharmacology*, 25(4), 255. <https://doi.org/10.1037/pha0000127>
25. Leventhal, A. M., & Zvolensky, M. J. (2015). Anxiety, depression, and cigarette smoking: A transdiagnostic vulnerability framework to understanding emotion–smoking comorbidity. *Psychological Bulletin*, 141(1), 176–212. <https://doi.org/10.1037/bul0000003>
26. Lipsitz, JD, & Schneier, FR (2000). Social-phobia. *Pharmacoeconomics*, 18(1), 23-32.
27. Miguel, F. K., Kienen, N., & Scarinci, I. C. (2019). Psychometric Properties of the Brief Smoking Consequences Questionnaire (BSCQ-A) in Brazilian Women, *Revista Psicologia-Teoria Prática*, 21(1), 69-84. doi:10.5935/1980-6906/psicologia
28. Moreno-Rius, J., & Miquel, M. (2017). The cerebellum in drug craving. *Drug and alcohol dependence*, 173, 151-158. <https://doi.org/10.1016/j.drugalcdep.2016.12.028>

29. Moreno-Coutiño, A., & Villalobos-Gallegos, L. (2017). 'Psychometric properties of the Fagerström Test for Nicotine Dependence in a sample of Mexican smokers', *Journal of Addictions Nursing*, 28(1), .27-33.
30. Pang, R. D., Khoddam, R., Guillot, C. R., & Leventhal, A. M. (2014a). 'Depression and anxiety symptoms moderate the relation between negative reinforcement smoking outcome expectancies and nicotine dependence', *Journal of Studies on Alcohol and Drugs*, 75(5), 775-780.
31. Pang, R. D., Zvolensky, M. J., Schmidt, N. B., & Leventhal, A. M. (2014b). 'Gender differences in negative reinforcement smoking expectancies', *Nicotine & Tobacco Research*, 17(6), 750-754. <https://doi.org/10.1093/ntr/ntu226>
32. Ra, J. S., & Cho, Y. H. (2017). Psychosocial Factors Associated With Smoking Intention in Korean Male Middle School Students, *The Journal of School Nursing*, 33(5), pp.355-363. <https://doi.org/10.1177/1059840516671782>
33. Ritika Malik, Aarushi Kataria and Naveen Nandal, Analysis of Digital Wallets for Sustainability: A Comparative Analysis between Retailers and Customers, *International Journal of Management*, 11(7), 2020, pp. 358-370.
34. Rahman, A. U., Mohamed, M. H. N., Jamshed, S., Mahmood, S., & Baig, M. A. I. (2020). The development and assessment of modified Fagerstrom test for nicotine dependence scale among Malaysian single electronic cigarette users. *Journal of Pharmacy and Bioallied Sciences*, 12(6), 671. doi: 10.4103/jpbs.JPBS_245_19
35. Raulin, M. L., & Wee, J. L. (1984). The development and initial validation of a scale to measure social fear. *Journal of Clinical Psychology*, 40(3), 780-784. [https://doi.org/10.1002/1097-4679\(198405\)40:3<780::aid-jclp2270400324>3.0.co;2-m](https://doi.org/10.1002/1097-4679(198405)40:3<780::aid-jclp2270400324>3.0.co;2-m)
36. Robabeh, S., Jalali, M. M., Mahnaz, F., & Amir, Z. A. (2017). 'Psychometric properties of the Persian version of the fagerstrom test for nicotine dependence in patients with opioid use disorder/cigarette smokers under methadone maintenance treatment', *NeuroQuantology*, 15(2), 253-260. doi: 10.14704/nq.2017.15.2.1070
37. Shadur, J. M., Ninnemann, A. L., Lim, A., Lejuez, C. W., & MacPherson, L. (2017). The prospective relationship between distress tolerance and cigarette smoking expectancies in adolescence. *Psychology of Addictive Behaviors*, 31(5), 625–635. <https://doi.org/10.1037/adb0000300>
38. Smit, T., Peraza, N., Garey, L., Langdon, K. J., Ditre, J. W., Rogers, A. H., ... & Zvolensky, M. J. (2019). Pain-related anxiety and smoking processes: The explanatory role of dysphoria. *Addictive behaviors*, 88, 15-22. <https://doi.org/10.1016/j.addbeh.2018.08.008>
39. Smith, P. H., Chhipa, M., Bystrik, J., Roy, J., Goodwin, R. D., & McKee, S. A. (2020). Cigarette smoking among those with mental disorders in the US population: 2012–2013 update. *Tobacco control*, 29(1), 29-35. <http://dx.doi.org/10.1136/tobaccocontrol-2018-054268>
40. Stein, D. J., Lim, C. C., Roest, A. M., De Jonge, P., Aguilar-Gaxiola, S., Al-Hamzawi, A., ... & Scott, K. M. (2017). The cross-national epidemiology of social anxiety disorder: Data from the World Mental Health Survey Initiative. *BMC medicine*, 15(1), 1-21. <https://doi.org/10.1186/s12916-017-0889-2>
41. Svicher, A., Cosci, F., Giannini, M., Pistelli, F., & Fagerström, K. (2018). Item response theory analysis of Fagerström test for cigarette dependence. *Addictive behaviors*, 77, 38-46. <https://doi.org/10.1016/j.addbeh.2017.09.005>
42. Watson, N. L., DeMarree, K. G., & Cohen, L. M. (2018). Cigarette craving and stressful social interactions: The roles of state and trait social anxiety and smoking to cope, *Drug and Alcohol Dependence*, 185, 75-81. <https://doi.org/10.1016/j.drugalcdep.2017.11.037>
43. Watson, N. L., Heffner, J. L., McClure, J. B., & Bricker, J. B. (2017). Relationships between social anxiety and smoking-specific experiential avoidance. *Journal of Dual Diagnosis*, 13(1), 1-5. doi: 10.1080/15504263.2016.1248310

The Role of Social Phobia Disorder among Cigarette Addicts in Abstaining from Cessation Programs

44. Zale, E. L., Maisto, S. A., & Ditre, J. W. (2016). Anxiety and depression in bidirectional relations between pain and smoking: implications for smoking cessation. *Behavior modification*, 40(1-2), 7-28.
45. Zvolensky, M. J., Bakhshaie, J., Shepherd, J. M., Peraza, N., Garey, L., Viana, A. G., ... & Brown, R. A. (2019). Anxiety sensitivity and smoking among Spanish-speaking Latinx smokers. *Addictive behaviors*, 90, 55-61. <https://doi.org/10.1016/j.addbeh.2018.10.022>
46. Zvolensky, M. J., Farris, S. G., Schmidt, N. B., & Smits, J. A. (2014). The role of smoking inflexibility/avoidance in the relation between anxiety sensitivity and tobacco use and beliefs among treatment-seeking smokers. *Experimental and clinical psychopharmacology*, 22(3), 229 –237. DOI: 10.1037/a003530