Determining the effectiveness of cognitive–behavioral therapy on social anxiety reduction of female high school students

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ABSTRACT

The aim of this study was to determine the effectiveness of cognitive–behavioral therapy on social anxiety reduction of female high school students of 1st district of Karaj in 2011. The sample size was comprised on 60 people, according to Cochran’s formula city using multi-stage sampling. Social anxiety questionnaire was used which contains 48 questions with four choices in four subscales (Social Anxiety, Anxiety Performance, Social Avoidance, Avoidance Performance). Cognitive – Behavioral therapy was performed based on 8 sessions Cash theoretical model. Every session lasted 90 minutes. The research was semi-experimental, from pretest, posttest type with control group and follow up phase. For data analysis, descriptive and inferential statistics (Covariance, t correlated) were used. The findings showed that cognitive - behavioral therapy is effective on body image of the student’s and it has suitable. Stability is over time. The cognitive-behavioral therapy is effective in reduction of social anxiety and has also suitable stability.

Key words: Social anxiety, Cognitive – behavioral therapy

INTRODUCTION

Social anxiety is fear and constant evaluation of blush or exposure to social situations or at the time of doing the activity in the presence of others [9]. Social anxiety is as an indicator of rate tend to anxious in social situations and being afraid of expressing the others [12] and the continuous fear of social situations and clear or functional dyspepsia refers to a person’s beliefs and the outcomes. He may be embarrassed in these situations to Shameful. The individuals who suffering from social anxiety are typically fear of hot positions and rarely have to endure in their social position or function, but if they encounter with these situations, they will have serious anxiety [7].

Cognitive models of social anxiety put emphasize on the importance of the role of cognitive inefficient in the formation and continuation of social anxiety [4] and the fear of negative evaluation is one of the most effective of cognitive inefficient in this psychological problem. The studies of Lepine and Pelissolo (2000), Kent (2000) and Kent and Keohan (2001) Cash (1997, 2002) have also indicated the people who are suffering from social anxiety, due to this negative assessment, that they will see theirs attributing to others vulnerable, and fear of social situations and prevent from such situations. The people who have their own image of body as a source of comfort, they give more investment. With negative feedback that are given to them, their self-esteem and feeling of comfort can be threatened. Also, with much focus and more emphasis on its own body, they made attempt to maintain self-value. Also, if this sense of self-value encounters with threat, they will feel anxiety. When these people put in social situations, they think that the others are monitoring, and evaluation of the different aspects of the checking of negative behavior and function [1]. In the time of adolescence, the phenomenon of social anxiety and the weakness of social skills can have undesirable affect on the level of teenage social interaction with others. In addition, they
miss series of important source of pleasure, however; they also lose a definite opportunities for the acquisition of social skills mentally, physically [12]. The issues of social anxiety have been paid attention to clinical specialists in recent decades and therapeutic practices were also designed for them. Nowadays, there has been become an extensive attention to behavioral-cognitive, because this type of treatment will provide the method of assessment and intervention with obvious ways [10]. Clark and wells have discussed at least four of the pathological process that prevents people from social anxiety. First, when people with social anxiety enter into a social situation, their attention to the exact view will focus. This type of attention increases awareness of the individual towards his anxiety reactions. In process, position and individuals' behavior creates conflict, and provides internal information that is used to create the perception of a person takes place [6]. Second, people with social anxiety use different instrument safe behaviors to reduce the risk of becoming marginalized. This is a critical evaluation of the results of the behaviors they prevent from their fear (for example "I'm obese" to be unacceptable) and catastrophic beliefs (for example, "I was humiliated and could not be a once again brought it I am ready»). Third, Clark and wells (1995) believe that people with social anxiety, the anxiety of performance defects to their spread. In addition, they have a negative assessment of the performance of others rate most estimates. Fourth, the model suggests that people with prior and after a social event, they ponder carefully and they also focus on the position of the previous failure, their own image of body and negative predictions of their own poor performance and exclusion.

Because of such a detailed processing, cognitive model declares that this unpleasant feelings and negative perception of himself is heavily recorded [6]. This is a cognitive-behavioral model that has been achieved from several experimental studies, shows that there is a bias in the cost and taking place social events [5, 7]. In addition, the cognitive model has a decisive role for the process of interpretation, and maintaining social anxiety. Cognitive-behavioral model also determined bias in memory (password handling, organize, restore), because it seems that the individuals with social anxiety, tends to show bias in threatening information (such as feeling anxious, negative perception of himself). Ultimately, the cognitive model shows that social experience loss positive implied meaning during process after taking place. The studies of Wallace & Aldan (1997) shows that although social success can be diagnosed, they do not have a negative impact, but the positive impact will also, because people with social anxiety are afraid that their contacts to concentrate better performance than they have expected [6]. There are studies which can be mentioned to reduce to reduce social anxiety are the studies Sencozki and Hutchinson (1982) and Cash (2002, 1997). Cash (1997, 2002) has conducted the studies in the field of impact of behavioral-cognitive on body image and reform to copyright to reduce social anxiety with 8 steps behavioral-cognitive treatment, but there is little research and studies on the fear of social anxiety.

**MATERIALS AND METHODS**

The present study is kind of pretest and posttest quasi-experimental with two groups including control group and experimental group, and the test track. The population of the present study is all first grade secondary school the city of Karaj in 90-91. The present study is a multi-stage random sampling. At first, the researcher gave questionnaire social anxiety (LSAS-CR) in order to administer to all students in the first grade of school choice. The sample size was comprised on 60 people, according to Cochran’s formula city using multi-stage sampling. Social anxiety questionnaire was used which contains 48 questions with four choices in four subscales (Social Anxiety, Anxiety Performance, Social Avoidance, Avoidance Performance). Cognitive – Behavioral therapy was performed based on 8 sessions Cash theoretical model. Every session lasted 90 minutes. The research was semi-experimental, from pretest, posttest type with control group and follow up phase. For data analysis, descriptive and inferential statistics (Covariance, t correlated were used.

**Instrumentation**

Social Anxiety Scale (LSAS) developed by Lyboyet et al., (2003) in New York to measure social anxiety in adolescents. It includes 48 items which were 4 choices in four subscales (performance anxiety, avoidance, functional, social anxiety and social avoidance). The researcher is asked the respondents to think and reply the questionnaires regarding their recent experiences carefully and completed the items with never/ seldom/ often/ always. This questionnaire has 4-item which the test taker chose an item which gave between 0 to 3 score. Cronbach's alpha reliability coefficient of the questionnaire method of manufacture 0.97 and a sum equal to retest 0.94 has been reported [7]. Attorney, pomegranate, Sedghpour (2007). The reliability of the questionnaire, the internal consistency coefficient (Cronbach's alpha) and test-retest interval of 10 days, respectively, with 0.93 and 0.87 were reported. In the present study, the reliability coefficients for the scales using Cronbach's movie alpha for a performance anxiety, avoidance, functional, social anxiety and social avoidance were 0.88, 0.86, 0.89, 0.90.

**Cognitive - behavioral treatment**

This model treatment program cache (2002) and Rosen (1993) was adopted. This Treatment conducted during the ninth session of one and a half hours (per week session) method of group counseling on administered.
Outline the contents of the meetings are as follows:

Session I: Relationship amity between the counsel and the members of groups together, their familiarity with group members and familiarity with concept of image of body.

B- Discover image of body’s individual and a tab help is provided for changing the assignment.

Session II:

A: Image of body's individuals fully explains the cultural and social impact on beliefs and thoughts body that exists to image of body.

B - Guide to self-discovery tab: Reflection in the mirror, how one influences me.

Session Three: A - This session aims to identify the negative talk about body image, as well as members used techniques to overcome negative thoughts and feelings about image of body and they also estimated as height, weight and body promoting positive thoughts.

B - Guide to self-discovery tab: This section indicates emotions, exercise, relaxation of mind, body parts of my ladder, systematic desensitization.

Session IV:

A – It explains the role of beliefs in body image and the members’ identify with their beliefs - fragile in body image and replace them with positive thoughts and negative thoughts and feelings which are consistent with action.

B - Guide to self-discovery tab: Ten hypotheses related to the popping, and practical hypothesis.

Cache (1991) has mentioned twelve cognitive errors about the body image that is being studied.

B – Guide tab Help for Change: This section surveys changing beautiful and ugly, and changing for blame, magnification.

Session V: A – This session surveys in relation to the detection of cognitive errors.

B – Guide tab Help for Change: This section surveys changing beautiful and ugly, and changing for blame, magnification.

Session VI: A – This section also is to study the causes of social problems in cognitive processing errors detected pattern of body image concerns.

B - Guide to self-discovery tab: It is my ladder of success, my decision to meet and confront with difficulties.

Session 7th: A. It surveys the aspects of behavioral image of body and its outcomes.

B – Guide tab help for changing: Writing of defects, one minute with the approval of exposure.

RESULTS

The research was semi-experimental, from pretest, posttest type with control group and follow up phase. For data analysis, descriptive and inferential statistics (Covariance, t correlated were used. Investigating hypothesis of a group cognitive behavioral therapy is effective in reducing social anxiety in females.

<table>
<thead>
<tr>
<th>Variables</th>
<th>SS</th>
<th>Df</th>
<th>Ms</th>
<th>F</th>
<th>t. Value</th>
<th>Eta</th>
<th>Statistical power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>61.3</td>
<td>1</td>
<td>61.3</td>
<td>11.191</td>
<td>0.001</td>
<td>0.167</td>
<td>0.908</td>
</tr>
<tr>
<td>Error</td>
<td>306.744</td>
<td>56</td>
<td>5.478</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>368.044</td>
<td>57</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Avoidance Performance</td>
<td>42.096</td>
<td>1</td>
<td>42.096</td>
<td>253.243</td>
<td>0.002</td>
<td>0.165</td>
<td>0.905</td>
</tr>
<tr>
<td>Error</td>
<td>216.156</td>
<td>56</td>
<td>3.86</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>258.252</td>
<td>57</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>22.75</td>
<td>1</td>
<td>22.75</td>
<td>4.384</td>
<td>0.041</td>
<td>0.073</td>
<td>0.539</td>
</tr>
<tr>
<td>Error</td>
<td>290.597</td>
<td>56</td>
<td>5.189</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
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<td>57</td>
<td></td>
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<td></td>
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<tr>
<td>Avoidance social</td>
<td>156.947</td>
<td>1</td>
<td>156.947</td>
<td>25.62</td>
<td>0.000</td>
<td>0.314</td>
<td>0.999</td>
</tr>
<tr>
<td>Error</td>
<td>343.056</td>
<td>56</td>
<td>6.126</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Total</td>
<td>499.102</td>
<td>57</td>
<td></td>
<td></td>
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</table>

According to Table 1, and based on results of covariance, the effect of cognitive - behavioral therapy on reduction of social anxiety in females were studied, and after controlling variables for confounding variables were included the following:

- Cognitive - behavioral therapy in reducing performance anxiety was significant (11.191 = F and 0.001 = P). The differences, ie, eta squared equal to 0.167, and the statistical power is equal to 0.908 = op license.

- Cognitive - behavioral therapy has been a significant reduction in avoidance performance (4.384 = F and 0.002 = P). The differences, ie, eta squared equal to 0.165, and the statistical power is equal to 0.905 = op license.

- Cognitive - behavioral therapy in reducing social anxiety was significant (4.384 = F and 0.041 = P). The differences, ie, eta squared equal to 0.073, and the statistical power is equal to 0.539 = op license.
- Cognitive - behavioral therapy has been a significant reduction in social avoidance (25.62 = F and 0.000 = P). The differences, ie, eta squared equal to 0.314, and the statistical power is equal to 0.999 = op license.

Based on the above evidence, the results indicate that cognitive - behavioral therapy of social anxiety (performance anxiety, performance avoidance, social anxiety, social avoidance) and the subjects of the study group was statistically significant (p < 0.05).

Theory of cognitive behavioral therapy for social anxiety group of female students has good stability over time. Using paired t-test, the resulting changes in coping strategies pursued during the post-test experimental group were assessed to sustainability over time.

**Table 2: The results of Paired t-test to compare the mean changes in social anxiety subscales after training (post-training) and follow**

<table>
<thead>
<tr>
<th>Stage</th>
<th>After training stage</th>
<th>Trace Stage</th>
<th>T</th>
<th>df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td>t</td>
</tr>
<tr>
<td>Anxiety</td>
<td>18.07</td>
<td>6.1</td>
<td>18.24</td>
<td>6.02</td>
<td>0.583</td>
</tr>
<tr>
<td>Avoidance</td>
<td>17.26</td>
<td>5.32</td>
<td>17.26</td>
<td>5.27</td>
<td>0.273</td>
</tr>
<tr>
<td>Anxiety</td>
<td>17.85</td>
<td>5.5</td>
<td>17.85</td>
<td>5.52</td>
<td>1</td>
</tr>
<tr>
<td>Social Avoidance</td>
<td>15.04</td>
<td>5.9</td>
<td>15.03</td>
<td>5.95</td>
<td>1</td>
</tr>
</tbody>
</table>

According to the results presented in Table 2 based on test statistic t, t obtained in the t table, the critical variables of the study (056/2), with 26 degrees of freedom is smaller and therefore the difference scales subtest scores of the Social Anxiety So we can conclude that cognitive-behavioral treatment of social anxiety during the school has a good stability hypothesis is confirmed.

**DISCUSSION AND CONCLUSION**

According to the findings of this present study, cognitive - behavioral group treatment (Cash, 1997), cause to social anxiety in students’ girls. The findings of this present research are consistent with the findings of Mohammad Sajjadi (2006); Taheri fard et al. (2009) Milani et al. (2010), Aghabati, Yazdandoust and Zargar (2009) and foreign researchers such as Ryrdan (2002), Plaque et al., (2009), Ketones and Brown (1990) Fans (2008).

The findings of Mohammad Sajjadi (2006) can predict the relationship between body dissatisfaction and concern of image of body significantly. This ketone and Brown (1990), have reported the overall performance of psychological disorders and poor body image, high correlations.

Indeed, the adverse psychological consequences of negative body image, social anxiety is like being sick. Results automated, plaque and colleagues (2009) A review of treatment efficacy using Pam and cognitive - behavioral group social Braztrab showed that there was significant improvement in both groups of patients and cognitive - behavioral therapy was more effective. But given that the instruments used in this study to measure social anxiety, social anxiety (LSAS-CR) such as performance anxiety, social anxiety, performance anxiety, avoidance, and avoidance also provides Mordsnjsh. Therefore, in this subscale, the effect of treatment on the pattern of subscale also were examined to obtain meaningful results can indicate a lack of focus on this model, in particular on the issues raised.

This particular model of care does not address any of these issues, and as instruments of social anxiety in general, is considered to be made up from perceptual dimensions, attitudinal, cognitive behavior. This treatment model to address this subscale could treat such as performance anxiety, social anxiety and social avoidance improve. The results showed that CBT is generally a significant role in reducing social anxiety. This study is a preliminary study in this area and undoubtedly additional findings and future research can reveal about the new points.

**REFERENCES**