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## EFFECTIVENESS OF COGNITIVE-BEHAVIORAL EDUCATION IN REDUCING SOCIAL AND COMPETITIVE ANXIETY OF FEMALE STUDENTS

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### ABSTRACT

*This study was to investigate the effectiveness of cognitive-behavioral education in reducing social and competitive anxiety of female students. This is an applied research in terms of purpose and a quasi-experimental with pre-test/post-test design and control group in terms of methodology. The statistical population included all female high school students in District 7 of Mashhad who were studying in 2013-2014. The sample included 30 available volunteers; 15 students were randomly assigned to the experimental group and 15 students to the control group. Data was collected by SCAT Competitive Anxiety Questionnaire and the Watson and Friend Social Anxiety Scale, which were completed by the participants in the experimental and control groups in two pretest and posttest sessions. The data was analyzed using descriptive statistics (mean, standard deviation, etc.) and inferential statistics (analysis of covariance) via SPSS. Moreover, the number of children in the family, birth order, place of birth, and parents' education level and occupation were studied for the groups. The results showed that cognitive-behavioral education reduces social anxiety ( $F = 0.352, P < 0.5$ ) and competitive anxiety ( $F = 8.4, P < 0.05$ ) of the participants.*

**Keywords:** *Social Anxiety, Competitive Anxiety, Cognitive-Behavioral Education.*

### INTRODUCTION

However the advances in science, technology and the increasing development of information in the new age improve the living conditions, social changes, lifestyle changes and complexities of today's life threaten human health and peace of mind which result in new problems and increased level of vulnerability (Christine, 2001).

World Health Organization considers mental health as a basic principle of mental health care (Mayyinic, 2001). Evidence from epidemiological studies suggests a set of variables that are associated with depression and social anxiety (Myhr, 2004).

Adolescence is a period of growth with significant changes that include the transition from childhood to adulthood in 11- 20 years old. Individuals experience physical, psychological and social changes in adolescence. It is a critical and prominent stage of growth and social and psychological development of the individual. It seems necessary to help teens grow and develop social skills needed for an effective life, build or increase confidence in dealing with and solving problems, as well as help them grow and develop the emotions and social skills needed to successfully adapt to the social environment and effective and constructive life in every community.

Therefore, it can be said that the mental, physical and social health of adolescents is vital to pave the path of life. The prevalence of anxiety, depression, physical symptoms, and social dysfunction among adolescents is a concern for many families, parents, educators, and officials.

According to studies and observations of counseling centers, adverse agents such as anxiety, stress, anxiety and lack of confidence threat personal-social adjustment and academic achievement of students. As result, not only some of them cannot complete their tasks at the same time, but their mood change and they suffer from anxiety, emotional instability, neuropsychological problems, and severely endangered psychological and social adjustment (Khodayari Fard et al., 2007).

Anxiety is an unpleasant, ambiguous, and intensified stimulation of emotional state that essentially involves anxiety or fear. According to Spielberger (1966), anxiety is a state of emotional and transient reaction that causes people to evaluate certain situations as threatening. Miller (2007) argues that social anxiety is a specific and chronic fear of one or more social situations in which a person finds himself or herself exposed to scrutiny by others and s/he is afraid of doing something that would embarrassing or humiliating. Competitive anxiety also means emotional response to competitive stressors.

Ostovar et al. (2006) showed that adolescents with high social anxiety disorder were more likely to experience negative social events than adolescents with low social anxiety disorder. Studies based on the theory of Klark and Vels (1990) have addressed impacts of self-centered attention on social anxiety. According to the studies, in frightening social situations, socially anxious people pay attention to themselves and have an increased access to negative emotions and thoughts which interfere with their performance (Zue et al., 2007).

Therefore, due to the serious importance of mental health in psychology and psychiatry and considering a large volume of research conducted, the factors affecting it are considered by psychologists. Today, cognitive-behavioral therapy has gained the first place in the psychological treatment of many mental illnesses and its effectiveness has been confirmed in many controlled studies.

Cognitive-behavioral training (CBT) is a technique that promotes active adaptation strategies. It is a combination of two types of treatment that focus on the components of effective cognitive and behavioral therapy. Individuals learn through cognitive-behavioral training to recognize and change their irrational thinking process in order to control thoughts that may negatively affect their feelings and behaviors (Lu et al., 2002).

All of the cognitive-behavioral approaches are based on a regular psycho-educational model. They emphasize the role of assignment and delegating responsibility to the client to take an active role in treatment sessions and beyond as well as employ a variety of cognitive and behavioral strategies to bring about change. Cognitive-behavioral therapy is largely based on the assumption that the reconstruction of personal statements will lead to an equal reconstruction of behavior.

It has been demonstrated that cognitive-behavioral approaches are efficient in the treatment of various adolescent disorders, including: depression, anxiety, eating disorders, etc.

Badleh et al. (2012), in a study entitled “the effectiveness of cognitive-behavioral group therapy in reducing depression, anxiety, and stress and increasing adolescents hope” showed that group cognitive-behavioral intervention can reduce depression, anxiety and stress and increase adolescents hope.

According to the above and due to the increasing of mental disorders, especially anxiety and depression, education of cognitive behavior seems necessary in order to maintain the mental and emotional balance of students in the face of life and environmental stressors and to establish



healthy relations with others. Now it is questioned that whether such education can help students to reduce anxiety or not. Therefore, this study tries to investigate the effectiveness of cognitive-behavioral education in reducing the competitive and social anxiety of female students in District 7 of Mashhad.

## THEORETICAL BACKGROUND

### *Competitive anxiety*

Based on Spielberger's concept of trait anxiety, Martens (1997) inferred the concept of competitive trait anxiety as the structure of competitive situations and defined it as the tendency to perceive competitive situations as a threatening factor and to respond to these situations with tension or worry (Jamshidi, 2006).

In fact, competitive anxiety is caused by competition. In other words, it is an emotional and transient reaction that causes people to evaluate certain situations as threatening, which affects their performance (Glenn et al., Quoted by Vaez Mousavi & Shojaei, 2003).

Competitive anxiety consists of two components: cognitive anxiety and physical anxiety (Sadrati, 2004). Dividing anxiety into two types of cognitive and physical symptoms plays a significant role in the implementation of anxiety control techniques (Stephen J. Bull, 1998, quoted by Osanloo and Kashgar, 1998).

Social factors are of the major causes of competitive anxiety. For example, the constant pressure from the expectations of parents, educators and others may result in heavy anxiety, while support from society in a way that gives opportunities to recognize and accept failure may reduce anxiety and lead to improved performance (Sadrati, 2004).

According to Doroth and Harris (1978), competitive anxiety is mainly caused by unrealistic beliefs about a certain performance, which makes a person anxious if he thinks he will perform poorly. Anxiety will occur if a person guesses that he will become anxious. Weak performance, compared to the desired level in the previous competition, will cause anxiety. If a person believes that his whole personality depends on the performance, he will feel anxious. The individual's mental preoccupation and accumulation as well as the previous issues and problems result in anxiety.

Brin (1989) considers personality, lack of security, high stress and lack of stability as the serious agents that cause anxiety.

### *Social anxiety*

Social anxiety is a type of disorder that is identified by severe fear and anxiety in social situations. It disrupts at least part of a person's daily activities. Social anxiety is a drastic debilitating disorder that can affect many aspects of an individual's life. Pervasive social anxiety normally involves a type of intense, chronic, and persistent concern about judging by others about the appearance or behavior or being embarrassed and humiliated in the presence of others. The anxious person notices that this feeling of fear and anxiety is irrational or excessive, but he finds it is too difficult to overcome the fear (Daryabari, 2012, quoted from the Persianblog website).

Social anxiety is a persistent fear of one or more situations in which a person is exposed to others' scrutiny and the fear of wrong and consequently humiliating or embarrassing behavior. This goes beyond normal shyness, which in many cases leads to the avoidance of significant social and occupational situations. Anxious situations might involve almost any social relationship,



especially attending small groups, parties, hotels, talking to strangers and the like. Physical symptoms include emptying the mind, palpitations, flushing, heartburn, and upsetting.

Social anxiety is often associated with a wide range of other mental disorders; often with depression and low self-esteem as the result of few social relationships and long periods of isolation and thus avoiding social situations.

Studies on the causes of social anxiety covers a wide range, from the neuroscience to the sociology. Researchers still cannot determine the exact causes of the disorder, but research shows the simultaneous impacts of genetic factors and social conditions as the agent that might cause such a disorder (Daryabari, 2012, quoted from Persianblog).

The significant importance of early diagnosis and treatment is the critical issue implied by social anxiety studies. It is significant because over time, the cognitive, psychological and physical aspects of the disorder are strengthened and will be much more difficult to overcome. However, patients mostly refer for treatment too late and after facing many problems in life. Given that this disorder is not well known in many parts of the world and is assumed to be caused by personality disorders, suffering people often turn to self-medication. The avoidance of being visited by a doctor is another factor that impacts the issue. These factors increase the risk of drug addiction, psychedelics use, and dangerous drug interactions. According to the studies, there are two types of treatment: drug therapy and short-term psychotherapy such as behavioral-cognitive methods with the main element of gradual exposure to social situations (Daryabari, 2012, quoted from Persianblog).

### *Cognitive behavioral therapy*

Cognitive-behavioral approach emerged from the combination of behavior therapy and cognitive approach (either in the form of cognitive therapy or in the framework of cognitive psychology and basic knowledge). Cognitive therapy is a collection of strengths of behavior and cognitive therapy (i.e. objectivism), the evaluation and measurement. It also engages memory in the reconstruction and interpretation of information; thus, the body of the knowledge has been formed in this way. Today, this approach incorporates relatively different theories and attitudes with the common factor of paying attention to the mediating role of cognitive processes in information processing and the individual's reaction to stimuli (Howton et al., 2010).

According to Eisenhower (2000, quoted from Zareb, 2004), the underlying assumptions of cognitive-behavioral therapy are as the following:

Clients respond to stimuli based on their interpretation of the world around them, rather than on reality. Thoughts, behaviors, and emotions are interrelated and affect each other; therefore, simply paying attention to one of these processes, for example "behavior", leads the therapist to the wrong conclusion.

In cognitive-behavioral approaches, while identifying the main cognitive perceptions associated with problematic behaviors, the target behaviors are operationally defined. Therapists choose appropriate techniques and use creativity to teach the data so that clients achieve more adaptive behaviors in daily lives. To teach the client new coping skills, therapists use innovative methods such as patterning and mental and behavioral reviewing during sessions. In therapeutic interventions, the principles of classical conditioning and respondent conditioning, social learning theory, and cognitive mediation are used to change the cognitive perceptions and misbehaviors as well as to develop more adaptive behaviors (Zareb, 2004).



Since more than three decades ago, there has been a significant increase in the trend toward cognitive-behavioral therapy for three reasons:

Increased empirical evidence about the effectiveness of cognitive-behavioral therapy for common psychological problems such as depression and anxiety.

The cognitive-behavioral is a relatively short-term approach, more cost-effective than other alternative therapies, and faster in terminating treatment groups. It is used successfully for a wide range of disorders, so it provides therapists with remarkable training opportunities.

Many researchers consider cognitive-behavioral therapy as a relatively simple and understandable psychotherapy approach.

The goal of treatment is to increase the patient's skills against his problems and behaviors.

On the other hand, the most efficient approaches for adolescents are those that are pragmatic from the beginning and are appropriate to what the adolescent perceives as a "problem" and requires change. Interventions for coping skills are often taught from the beginning to alter the dimensions of the perceived problems. The clients experience some improvement in symptoms and, consequently, participate in programs that they implement by themselves and make behavioral changes. The therapist must balance cognitive reconstruction, self-analysis, and more practical coping skills techniques. This is different depending on the emotional performance, intelligence and motivation of each client. Therapeutic techniques, exercises and homework are simple for adolescent clients. The therapist divides the interventions into smaller steps and components, and explains the logic behind each technique using simple words. It is often very helpful for clients to record important points of treatment sessions, because the therapist thus ensures that the client fully understands the concepts and methods taught (Zareb, 2004).



## METHOD

This is an applied research in terms of purpose and a quasi-experimental study with pre-test-post-test design and control group in terms of method. The statistical population included all female high school students (4230 students) in District 7 of Mashhad who were studying in 2013-2014.

The sampling was conducted by multi-stage cluster technique. To do this, first a list of girls' high schools in District 7 of Mashhad was prepared and two high schools were randomly selected. Then, two classes were randomly selected from each school. Finally, 30 subjects were randomly selected and invited to participate. The subjects were assigned to the experimental (n = 15) and control (n = 15) groups through a random substitution method. Educational intervention was run for the experimental group during 9 sessions of 90 minutes. The subjects were tested after the last session.

### *Instruments*

**SCAT Competitive Anxiety Questionnaire:** The Competitive Anxiety Questionnaire was designed in 1990 by Martens, Willie, and Barton to measure competitive anxiety. It includes 15 questions. It was validated based on the opinions of supervisors, counselors and other experts. The validity of SCAT was calculated to be 0.83.

**Watson and Friend Social Anxiety Scale:** This scale has two subscales of social avoidance and fear of negative evaluation, with 58 items, of which 28 items are related to social avoidance and 30 items are related to the fear of negative evaluation (quoted by Shafieinejad, 2003). Watson

and Friend (1969, quoted by Baharloui, 1998) studied a sample of 29 subjects and calculated the reliability coefficients of the scale via the retest method; 0.79 for avoidance and social distress and 0.94 for the fear of negative evaluation.

### *Data collection*

The data was collected with library and field techniques. A questionnaire was used to collect field information, the first part of which is about the personal characteristics of the respondents. The second part is related to the main variables of the research. Cognitive-behavioral training program was run step-by-step group during 9 sessions of 90 minutes for the experimental group. The educational program was prepared and adjusted using various sources and the guidance of experts.

### *Data analysis*

Descriptive statistics (e.g. mean and standard deviation) and inferential statistics (covariance) were used to analyze the data via SPSS.

### *Procedure*

After selecting the statistical sample, the pre-test technique was conducted to measure the competitive and social anxiety. Then, the statistical sample was randomly assigned to the control and the experimental groups. To do group counseling with a cognitive approach, the experimental group was trained in two weeks. Then, all of the subjects were re-evaluated with a questionnaire.

**Training method:** Active and workshop learning using question and answer techniques, brainstorming, role playing, activities in small and large groups, discussion, expressing and displaying experiences and performing similar tasks and activities to consolidate learning out of the class and between sessions.

**Audience:** A group of female students in District 7 of Mashhad.

**Number of sessions:** 9 sessions of 90 minutes

**Topics and activities:**

#### *A. Explanation of the concepts, generalities and objectives of the plan.*

Recognizing the emotions type by preparing a list of emotions, behavioral signs of each emotion, and evaluating each emotion (positive or negative); identifying negative emotions, discussion and conclusion; and similar activities to identify physical symptoms associated with anxiety.

Recognizing the situations that cause anxiety, considering the importance of interpretation and evaluation of the situations that cause anxiety.

Realizing effects of self-talk and recognizing them during anxiety.

Identifying wrong attitudes toward anxiety and changing the attitudes (identification, evaluation, change)

Training stress management techniques such as recognizing the effectiveness of relaxation in reducing anxiety with controlled breathing and learning it by performing in class and practicing outside the classroom.

Acquiring the ability to control anxiety in different situations, discussion and conclusion.

#### *B. Educational activities and techniques*



Recalling the discussion of the previous session, reviewing emotion tasks, results, and experiences gained from doing the tasks (20-30 minutes), explaining the objectives of the present session (5 minutes) and performing the activity (start, evaluation, discussion) individually and in groups, giving/receiving feedback in the session (30-30 minutes), using various techniques to achieve the goals and continuing the exercise (15-20 minutes), summarizing the content and presenting the task to consolidate learning (5-10 minutes).

### *Session 1*

#### *Objectives:*

To know the students each other, and to present a summary of the training plan, introduction and generalities,

To recognize at least three feelings or emotions,

To discover the difference between negative emotions and negative behaviors,

To recognize anxiety

To identify the person or thing that cause anxiety and the reaction to anxiety.

**Task 1:** Choose a day and write down and categorize the emotions you experienced that day.

**Task 2:** Remember and write down situations that have made you anxious in the past.

### *Session 2*

Reviewing the assignment of the previous session and asking how you felt when recalling the memories.

#### *Objectives:*

To diagnose the physical symptoms of anxiety

To recognize the situations that cause anxiety

#### *Homework:*

Write down the situations that make you anxious and write down your usual reactions in the intervals between two sessions.

### *Session 3*

Assessment of the reaction tasks

#### *Objectives:*

To remind the connection among emotion, thoughts and behavior.

To check whether the initial assessment is reasonable or illogical

#### *Homework:*

Review and write down two situations in which you feel anxious based on the relationship of emotion, thoughts, and behavior.

### *Session 4*

#### *Objectives:*

To train scientific methods of anxiety management

To detect effects of self-talk on anxiety incidence

To recognize a person's self-talk when s/he is anxious

#### *Homework:*

Try to calm down during the week by using positive self-talk.

### *Session 5*



**Objectives:**

To gain the ability to control anxiety in different situations

**Sessions 6, 7, and 8**

**Objectives:**

To use positive self-talk, create a feeling of freshness and vitality in self.

**Session 9**

**Objectives:**

To practice and acquire skills that were trained

To answer questions and review students' comments

Post-test

The trained skills need to be practiced to the extent that turn to habits and to be used quickly when necessary.

**FINDINGS**

**Demographic characteristics**

**Table 1- Comparison of age in experimental group, control group and total sample**

| Group        | Number    | Minimum        | Maximum    | Mean    | Standard deviation |
|--------------|-----------|----------------|------------|---------|--------------------|
| Control      | 15        | 15             | 16         | 15.67   | 0.49               |
| Experimental | 15        | 15             | 17         | 16.13   | 0.64               |
| Total        | 30        | 15             | 17         | 15.90   | 0.61               |
| Group        | Index     | Field of study |            |         |                    |
|              |           | Humanities     | Mathematic | Science |                    |
| Experimental | Frequency | 6              | 1          | 8       |                    |
|              | %         | 40%            | 6.7%       | 53.3%   |                    |
| Control      | Frequency | 4              | 2          | 9       |                    |
|              | %         | 26.7%          | 13.3%      | 60%     |                    |
| Total        | Frequency | 10             | 3          | 17      |                    |
|              | %         | 33.33%         | 10%        | 76.66%  |                    |

According to the table 1, the mean age of the subjects in the whole sample is  $M = 15.90$ . It is  $M = 15.67$  and  $M = 16.13$  for the experimental and control groups, respectively. In addition, most of the students (76.66%) were studying science in the whole sample. In the experimental and control groups, most of them were studying science as well.

**Descriptive review of data**

**Table 2- Mean and standard deviation of pre-test and post-test scores of Social and Competitive Anxiety Questionnaire in the experimental and control groups**

| Variable \ Tests   | Group        | Mean  | Standard deviation | Lowest | Highest |
|--------------------|--------------|-------|--------------------|--------|---------|
| Pre-test (social)  | Experimental | 14.32 | 3.5423             | 7      | 18      |
|                    | Control      | 15.01 | 3.8954             | 6      | 16      |
| Post-test (social) | Experimental | 8.12  | 2.3542             | 2      | 11      |

|                         |              |       |         |    |    |
|-------------------------|--------------|-------|---------|----|----|
|                         | Control      | 14.98 | 3.2456  | 6  | 17 |
| Pre-test (competitive)  | Experimental | 21.35 | 4.6584  | 14 | 26 |
|                         | Control      | 23.41 | 4.3564  | 15 | 27 |
| Post-test (competitive) | Experimental | 16.07 | 3.03522 | 10 | 22 |
|                         | Control      | 23.98 | 4.2354  | 14 | 26 |

Table 2 shows that in the experimental group, the mean of social anxiety in the pre-test of the experimental group is 14.32, the lowest score is 7 and the highest score is 18. The mean post-test score is 8.12, the lowest score is 2, and the highest score is 11.

In the control group, the mean pre-test score is 15.01, the lowest score is 2, and the highest score is 11 in the control group. The mean post-test score is 14.98, the lowest score is 6 and the highest score is 17.

In the experimental group, the mean of competitive anxiety score is 21.35, the lowest score is 14 and the highest score is 27. The mean post-test score is 16.07, the lowest score is 10 and the highest score is 22.

In the control group, the mean pre-test score is 23.41, the lowest score is 15 and the highest score is 27. The mean post-test score is 23.98, the lowest score is 14 and the highest score is 26.

### *Analytical findings*

One-way Kalmogorov-Smirnov test was used to evaluate the normality of the distribution of variables in the population. Based on the findings, since the significance level of all research variables is more than 0.025, the distribution of the variables is normal.

Levene's test of equality of error variance was used to evaluate the homogeneity of variables variance. The level of significance was obtained to be  $P = 0.61$  and  $P = 0.35$  for social anxiety and competition anxiety, respectively. The Lonz test for social and competitive anxiety was not significant ( $P$  value is more than 0.05); thus, homogeneity of variables variance is approved.

Regression homogeneity seeks to examine whether the relationship between the dependent variable and the auxiliary variable (here the pre-test score) is the same for all groups. To test this, the significance of  $F$  is used. The results of regression homogeneity test for social anxiety show that the assumption of regression homogeneity is achieved for the interaction of the group and the pre-test score ( $P = 0.301$ ,  $F = 1.345$ ). In addition, the results of regression homogeneity for competitive anxiety show that the assumption of regression homogeneity is achieved for the interaction of the group and the pre-test score ( $P = 0.412$ ,  $F = 1.546$ ).

### *Hypothesis testing*

**Hypothesis 1:** Cognitive-behavioral education has a significant effect on reducing the competitive anxiety of female students

**Table 3- Covariance analysis of competitive anxiety post-test scores**

| Variation source | Sum square | Degree of freedom | Mean squares | F      | Sig. level | eta coefficient |
|------------------|------------|-------------------|--------------|--------|------------|-----------------|
| Pre-test         | 7542.210   | 1                 | 7542.210     | 34.352 | 0.000      | 0.32            |
| The main impact  | 78.215     | 1                 | 78.215       | 5.35   | 0.021      | 0.21            |
| Residual term    | 21.12      | 26                | 14.2         | ----   | -----      | -----           |



According to the table 3, the main impact is significant (0.021),  $P < 0.05$ . Thus, the first hypothesis is confirmed. This means that cognitive-behavioral education is effective in reducing the competitive anxiety of the subjects. The difference between the scores of the experimental and control groups or the impact factor of the training course is ( $\eta^2 = 0.21$ ); that is, 21% of the variance of the remaining total scores is affected by cognitive-behavioral training.

**Hypothesis 2:** Cognitive-behavioral education has a significant impact on reducing social anxiety in female students

**Table 4- Covariance analysis of social anxiety post-test scores**

| Variation source | Sum square | Degree of freedom | Mean squares | F      | Sig. level | eta coefficient |
|------------------|------------|-------------------|--------------|--------|------------|-----------------|
| Post-test        | 9654.210   | 1                 | 9654.210     | 32.425 | 0.000      | 0.41            |
| The main impact  | 124.412    | 1                 | 124.412      | 3.32   | 0.023      | 0.19            |
| Residual term    | 89.41      | 26                | 34.2         | ----   | -----      | -----           |

According to the table 4, the main impact is significant (0.023),  $P < 0.05$ , thus the second hypothesis is confirmed. This means that cognitive-behavioral education is effective in reducing social anxiety of the subjects. The difference between the scores of the experimental and control groups or the impact factor of the training course is ( $\eta^2 = 0.19$ ); that is, 19% of the variance of the remaining total scores is affected by cognitive-behavioral training.

## DISCUSSION

Mental health plays a critical role in ensuring the dynamism and efficiency of any society. Hence, psychologists are interested in practical solutions to people's daily problems in order to optimize the health process. Among the various therapeutic approaches, the cognitive-behavioral approach has been more welcomed in the last two decades. In recent years, it has been seen that cognitive-behavioral approaches are effective in the treatment of various adolescent disorders, including depression, anxiety, eating disorders, etc. Features of this approach including empirical and collaborative work communication as well as being active, purposeful, problem-focused, coping skills training, and emphasis on feedback are highly appropriate. Cognitive-behavioral therapy promotes active adaptation strategies. It is a combination of two types of therapy that focuses on effective cognitive and behavioral therapeutic components. Through the cognitive-behavioral therapy, individuals learn to recognize and change their irrational thinking process in order to control thoughts that may negatively affect their emotions and behavior (Lau et al., 2002). The aim of the current research was to evaluate the effectiveness of cognitive-behavioral education in reducing social and competitive anxiety in female students of District 7 in Mashhad. According to the findings, the first hypothesis is confirmed ( $F = 5.53$ ,  $P < 0.05$ ). This means that cognitive-behavioral education is effective in reducing the competitive anxiety of the subjects. The results are consistent with the studies of Badleh et al. (2012), Golpasha and Asayesh (2012), Bayazi et al. (2012), Arian Pouran and Abolghasemi (2007), and Hunton (2002).

Folkman and Lazarus's (1984) theory was used to explain the findings. They believe that cognitive skills are used in coping process to solve problem. In fact, a person uses cognitive skills to solve problems by applying an effective problem-oriented coping style. In this case, the ways

to deal with the problem are directly examined and the feeling of satisfaction and reduction of worries and concerns are normally possible by finding appropriate solutions. On the other hand, mental order and cohesion are allowed and emotional turmoil is reduced. The source of anxiety is better identified and assessed as controllable due to the obtained mental cohesion and emotional calm. Diagnosis of the source of control on the one hand and evaluating it as a controllable phenomenon on the other hand helps to increase satisfaction and reduce competitive anxiety. It also reduces competitive anxiety and improves personal satisfaction by increasing self-confidence.

This study also aimed to evaluate the effectiveness of cognitive-behavioral education in reducing social anxiety in female students. According to the results, the second hypothesis is confirmed ( $F = 3.32, P < 0.05$ ). This means that cognitive-behavioral education is effective in reducing social anxiety of the subjects. The results are consistent with the findings of Herbert et al. (2005), Greco and Morris (2005), Dam Bagan and Kirmmit (2000), Badleh et al. (2012), Kayvand, Shafiabadi and Sudani (2009), Golpasha and Asayesh (2012), and Bayazi et al. (2012).

To explain the findings, it can be mentioned that in general, the strategies that people use to regulate their emotions reduce their social anxiety and affect all biological, psychological, social and moral aspects of their lives and improve the performance (Saleh Morkani, 2006). In fact, with the skills they have learned to deal with emotions, people become dynamic and prevent passivity and being surrounded by problems and dissatisfaction.

## CONCLUSION

The results showed that the cognitive-behavioral group counseling reduces social and competitive anxiety and thus increase psychosocial abilities for effective and useful life of the students and make them ready to deal with life challenges. It also strengthens students' personality, develops their insight into life and its events, and increases the skills of managing academic and personal life and establishing relationships with the environment and peers.

The results from the researcher's observations suggest that cognitive-behavioral therapy is a very useful method for students. Students understood the content of the sessions well and followed the sessions and discussions with more motivation and interest so that there was no drop in subjects in any session and they participated actively in practicing and doing homework until the end of the group work.

### *Limitations*

- Lack of matching of sample individuals based on intervention variables such as age, education and other demographic variables
- In this study, the effect of cognitive-behavioral education was examined on reducing social and competitive anxiety of the subjects; however, there may be mediating mechanisms that moderate the impact of education on these two variables. That is, we teach children whose families are economically and culturally different. For example, their parents' education level and their training style might impact the results.

### *Suggestions*



- According to the results and since the prevalence of mental disorders occurs normally in adolescence, it is suggested to hold educational programs at schools in order to prevent or reduce social and competitive anxiety.
- In special courses (in-service training), it is suggested to train cognitive-behavioral therapy approaches to school counselors in order to use them in solving students' psychological problems.
- It is also suggested to consider other therapeutic approaches in order to compare the effectiveness of approaches in reducing social and competitive anxiety and increasing mental health.
- Finally, the review of this study is suggested for future research on other samples in other cities.

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