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Based on acceptance and commitment therapy on social anxiety symptoms and quality of life Chamran University students

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ABSTRACT

The aim of this study was to determine the effectiveness of acceptance and commitment therapy on social anxiety symptoms and quality of life Chamran University Dormitory. From among female students living in dormitories martyr Chamran University, through the call, and after the implementation of the social anxiety questionnaire, a total of 30 people with the highest social anxiety score Bund, were selected randomly to participate in the study. Method of this quasi experimental study was from type of pre- and post-test with the control group. So that the qualified students, after the initial interview were randomly assigned to two experimental and control groups. Participants in both groups of social anxiety and quality of life questionnaire in the pre-test, post-test and follow-up was 1.5 months completed. The experimental group received 10 sessions of treatment based on acceptance and commitment. The results of multivariate analysis of covariance (MANCOVA) suggests that this treatment reduces social anxiety (F = 18,47, p = 0/001) and improved quality of life (F = 13,46, p = 0/04) in experimental group compared with the control group in the post-test and procedures were followed. Research results show that based on acceptance and commitment therapy a good way to reduce social anxiety and improve the quality of life.

Keywords: treatment based on Acceptance and commitment, social anxiety, quality of life

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INTRODUCTION

Human are social beings and always emotional and material needs is to establish a social connection, but this connection is not possible for all to easily and factors such as lack of self-confidence, further evaluation on the person, fear of rejection and criticism or other factors cause people to feel anxious in social situations. This extreme case of anxiety disorder called social anxiety or panic symptoms that include: Intense and persistent fear from social or performance situations. In these situations, which may cause embarrassment, or anticipated confrontation at such situations is cause for immediate anxiety response, person realized to irrationality of their fear, it would avoid such situations or situations with fear that it will handle much.

In addition to drug therapies to treat this disorder, psychological treatments have been developed over the years in a row. The first generation of behavioral approaches in contrast to the initial approach and factor analysis based on the classic conditional comments that were made in the 1950s and 1960s.The third generation of therapies known as cognitive behavioral therapy with emphasis on cognitive aspects were created until the 1990s that this type of therapy focuses on the role of beliefs, knowledge, information processing system design and the words for mental disorders and that psychotherapy should be created with different techniques to change or modify or remove them altogether. Today we are faced with the third generation of treatments they can be called under the general acceptance-based models, cognitive therapy based on commitment and acceptance, metacognitive therapy and acceptance and commitment therapy. In this treatment instead of cognitive changes associated psychological try to increase Person with thoughts and feelings. In treatments such as cognitive behavioral therapy, therapist and client

to employ a similar pattern of change, because the aim of both is set by the cultural theories, of course, the purpose of intervention may vary and instrumentation. The therapist believes that the problem is not that the client does not have a wife or a good job, but the problem is that he is irrational or destructive thoughts. [8] and [7].So according to this approach, since the problem is a thought or feeling or false memories, change, or delete it will be difficult to eliminate. If manipulate experience and personal background, this kind of change is strong, then why references to the therapist? In addition, most of these clinical techniques, have many similarities to the advice that references from father, mother, friend, colleague, neighbor or sibling receives [3]

Several studies have examined the effect of ACT on anxiety disorders. In a study Ifect et al (2009) Effectiveness of Acceptance and Commitment Therapy in reducing the symptoms of anxiety disorders have been studied. They treat three patients with anxiety disorders vary, all from one sex and on the slopes of different age treatment plan ACT for anxiety that treatment manual that application flexibility with the principles of ACT and his technique for anxiety considered [1]. The results showed that clients were changes in the processes of targets, including reducing anxiety, reducing the experimental avoiding faulting showed anxiety-related thoughts and beliefs. Although ACT had not directly taken into account, clients have far less turbulent due to changes related to anxiety and mood scales showed at the end of treatment.

In another study, Touhing, Karroubi and Uno (2011) as well as the effectiveness of ACT on three patients with anxiety disorders Anxiety disorders are not all of one sex and different age ranges were examined. The results showed that all three patients clinically meaningful changes in the severity of anxiety disorders, showed that eight months continued in pursuit. Also patients in the field of behavioral avoided during treatment and after it showed, but reduce the severity of the disorder each patient, to a lesser extent of recovery in experimental avoided. Patients with social phobia and generalized anxiety disorder is also associated with a significant reduction in the scale of social phobia and the fear showed that this reduction was also observed in pursuit.

Vetrel et al (2011) based on acceptance and commitment to improving the effectiveness of the treatment of generalized anxiety disorder have been investigated. For this purpose, the 16 patients who received a diagnosis of generalized anxiety disorder were selected and effectiveness of treatment with cognitive behavioral therapy were compared. They were placed 7 patients in the ACT group and 9 other people in the cognitive-behavioral group. Study results showed that ACT is more effective than CBT and could improve disease symptoms. In addition, the results showed that ACT symptoms of anxiety and depression in these patients is also reduced.

Sman and colleagues [8] In examining the effect of treatment efficacy in patients with social phobia based on acceptance and commitment with a mean age of 42 years, concluded that symptoms of avoidance and anxiety in the treated group was significantly reduced and the impact on the 3-month follow-up period still remained. However, in this study, the control group was used for comparison results. In another preliminary study on the treatment of individuals with social phobia was conducted on 11 students, the results demonstrated the effectiveness of this treatment on all students. The major advantage of this method compared to other Rvandrmanyhay, consider the motivational aspects with cognitive aspects, to the impact and effectiveness of the treatment is more persistent [9].
In a research Kiyani, Ghasemi, Pour Abbas., 1391 compare یthe effectiveness of group therapy, acceptance and commitment and acceptance based on the consumption and cognitive emotion regulation in methamphetamine addicts and concluded that based on acceptance and commitment therapy and treatment acceptance due to common factors is effective in reducing psychological trauma caused by amphetamines.[4]

Mojdehi, Etemadi and Falsafinejad, 1390 were examined mediators and effectiveness of acceptance and commitment therapy in reducing symptoms of generalized anxiety disorder and the results showed that the treatment is effective and value-based life variables and acceptance of therapy act as an intermediary[6].

Rosenzweig, Grayson, Rybel, Green, Jeaser and Beasley (2010) in a study known as mindfulness-based stress reduction for chronic pain conditions to the conclusion that stress reduction therapy based on mindfulness have effect on Pain, health-related quality of life, well-being and functional changes in chronic pain conditions. This effectiveness was completed home exercises meditation**.**

Karimi and Heidari Nasab (1392) in a study entitled Mindfulness, anxiety and depression and personal well-being of the students came to the conclusion that mindfulness reduces depression and anxiety and increased quality of life.**[5]**

Gharayi, Azadfallah, Tavalaee, in a study entitled the effectiveness of acceptance and commitment therapy in reducing labor pain experience chronic pain disorder emphasized on the importance these interventions in psychosomatic diseases and provide new horizons in clinical interventions[2].

The statistical population, sample size and sampling method

The study population consisted of martyr Chamran University dormitory ladies who volunteered to participate in the study. Between 100 female students living in dorms martyr Chamran University which volunteers completed questionnaires Social Anxiety and were eligible30 patients were randomly selected, then they were randomly placed **at two** groups of 15 individuals as experimental and control groups**.**

Data collection tools

1) Social anxiety questionnaire: This questionnaire was created by Dawood and Najarian and includes 30 articles and three subscales of anxiety symptoms (15 articles), social self-concept (Article 8) and fear of negative evaluation (Article 7)**.** Articles of this scale including options, often, sometimes, rarely or never be in the order of 4 to 1 scored. The creators of reported the reliability value as follows: For the total scale of 86, the first factor of 86, second 84, third 87. The reliability coefficient for the total scale of 81 female subjects, of the first 74, second 86 and third 85.The reliability coefficient for boys participants about the scale 90, of the first 87, second 81 and the third factor is 89.

Interclass correlation coefficient scale The creators of also reported: The entire sample and for the whole scale 93, of the first 90, second 80, third 85 female subjects about the scale 93, of the first 90, second 82 and third 86. In boys group the whole scale 92, of the first 90, second 75 and the third factor is 84.

In this study the reliability coefficient using Cronbach's alpha components of social anxiety and anxiety, social self-concept and fear of negative evaluation was 87, 82, 80, 84, respectively.

Order to measure validity scale At social anxiety disorder, social anxiety scale The creators of to scale the correlation coefficient between discomfort and cognitive avoidance (SAD) in all subjects 750 subjects, 68 female and 80 male subjects were reported. The correlation coefficient between the scale component of anxiety symptoms disorders and cognitive avoidance At all subjects, with subjects 71, girls 70 and boys group 72. The correlation coefficient between social self-perception components with Scale problems and cognitive avoidance a total of subjects66, male subjects 60and female subjects 74. The correlation coefficient between fear of negative evaluation scale problems and cognitive avoidance a total of subjects50, male subjects 48and female subjects 57. For fear of assessment scales for measuring fear of negative evaluation and testing From two other sub-scales were used to measure social anxiety.

2) Quality of Life Questionnaire: To measure quality of life of the subjects, the World Health Organization Quality of Life questionnaire (WHOQOL) was used. The World Health Organization Quality of Life questionnaire with several goals outlined. At the late 90s From the 20th century trying to assess the health beyond the traditional health indicators, such as mortality was increasing. (World Bank, 1993; WHO, 1991, quoting Mohammad-Zadeh, 1388). This questionnaire been standardized in Iran by Nejat, Montazeri, HolakoueeNaeini, Mohammed and Majdzadeh (1385). The questionnaire has 26 questions. Score each item At range of 1 to 5, respectively, "no", "low", "medium", "high" and "completely" or "very dissatisfied," "I am not satisfied," "somewhat dissatisfied" "I am satisfied" and "quite satisfied" is placed. Questionnaire total score is between 26 and 130. this questionnaire measured four broad areas that include: Physical health, psychological health, social relationships and environment. And the first question does not belong to any of the safety and health status and quality of life in general are evaluated. Nejat et al., Have reported favorable the content validity and diagnosis of this questionnaire and have achieved its reliability for the areas of physical health, mental health, social relationships and Environmental Health respectively, 0.77, 0.77, 0.75 and 0.84. Ahangari (1385) assessed the reliability of this questionnaire. For this purpose, on 30 middle-aged study was done on it with the same questionnaire were evaluated after two weeks. The results obtained showed that the Cronbach's alpha of 89.0. The way scoring is as follows:

Physical health domain: the scores of questions 3 and 4, 10, 15, 16, 17 and 18

Psychological health: Total scores of Question 5, 6, 7, 11, 19 and 26

Areas of social relationships: the scores of questions 20, 21 and 22

The field of environment and living conditions: the scores of questions 8, 9, 12, 13, 14, 23, 24 and 25

In this study, from total score this questionnaires were used.

Research method

The sample by calling the martyr Chamran University dormitory, was broadcast in which students with social anxiety problems had been invited to attend the courses were selected. Students enrolled by telephone or in person when visiting coordination, pre-tests were run on it. And the 60 student whose score was higher at Social anxiety questionnaire, 30 patients were randomly selected and then randomly divided into two groups (15 persons) and control (15 persons) groups. Experimental intervention on the experimental group and the control group received no intervention. Intervention during the 10 sessions of 90 minutes for two sessions per week. An hour of each session was spent teaching skills and techniques mentioned and one next hours spent practicing skills and techniques and discuss them. In each session, the first meeting of the scientific literature on the subject to be discussed and then the sample was practiced behavior and in group method were discussed and feedback from the students in the group raised and was approved. The students performed lessons at home for homework. After completing 10 sessions of therapeutic interventions, post-test was performed on both test and control groups and finally after 5.1 months from implementation of the post-test, follow-up tests were performed on experimental group students.

Methods for data analysis

For the purpose of statistical analysis were used from descriptive statistical mean and standard deviation methods. Five assumption of linearity, multicollinearity, homogeneity of variance, homogeneity and normal distribution of regression slopes were studied, and the data were analyzed. Data were analyzed using SPSS software version 18. Hypotheses were tested with 95% confidence.

The descriptive findings

The descriptive findings including mean and standard deviation of students' social anxiety and quality of life offered in Table 1. Table 1 shows the mean and standard deviation of social anxiety and quality of life in experimental and control groups, the breakdown of at pre-test, post-test and follow-up show.

Table 1: Mean and standard deviation of social anxiety and quality of life at experimental and control groups, the breakdown of at pre-test, post-test and follow-up

Variables	Group	pre- test		Post - test		Follow up	
		Average	Standard deviation	Average	Standard deviation	Average	Standard deviation
social anxiety	Experiment	5.93	3.10	1.69	06.15	35.64	83.10
	Witness	80	66.16	06.82	36.15	33.80	53.13
Quality of Life	Experiment	36.57	36.57	64.77	09.11	18.79	9.12
	Witness	07.68	07.68	9.66	55.17	66.66	45.17

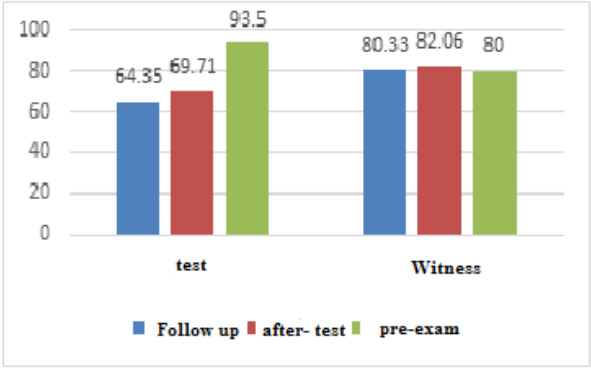

Diagram 1: Average of of social anxiety for the two groups pretest and posttest

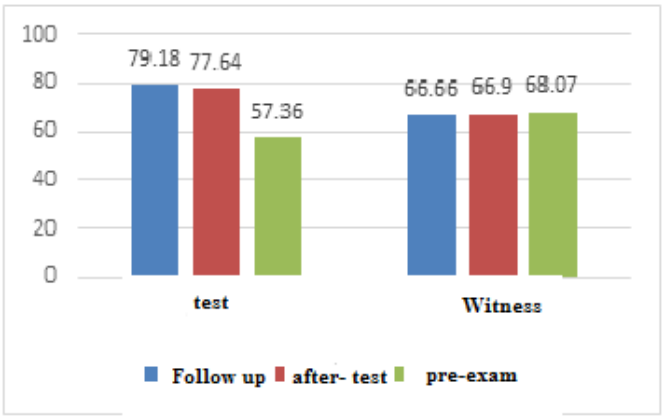

Diagram 2: The average quality of life for students at pre-test and post-test experimental and control groups

The findings related to the research hypothesis

In the present study to test hypotheses and determine significant differences between the experimental and control of of social anxiety in the dependent variables and the quality of student life, from multivariate analysis of covariance (MANCOVA) was used. In general there are three dependent variables necessary to require the use from multivariate methods. Before analyzing the data from hypotheses, in order to ensure that the assumptions underlying research data analysis of covariance was used to meet to review them.

Assumptions of analysis of covariance

Before analyzing the data relating to the hypotheses, to ensure that the data underlying assumptions meet variance analysis five assumption of linearity, multicollinearity, homogeneity of variance, homogeneity and normal distribution of regression slopes were studied, respectively, which are expressed.

1. Linearity

In this study, the social anxiety symptoms and quality of life for students as covariates (covariate), and Post test them, as dependent variables were considered. The linearity of the relationship between a dependent variable and the covariate was examined. The significant level of linearity of the relationship between pre-test and post-test of social anxiety r= 0.37 and quality of life for students r=0.55 and respectively (both correlation coefficients at 0.05> p meaningful).According to the data obtained, the assumption of linearity for both variable of social anxiety and quality of life of students is established.

2. The multicollinearity

When covariates (covariate information) were correlated with the extent of r= 0.80 are faced with a situation Which called multicollinearity and the correlation coefficients must be less than 0.80.This is an important phenomenon Which should be avoided at tests multivariate analysis (Garson, 2012).In the present study, the tests students' of social anxiety and quality of life as covariates (covariate) were considered. Correlation between pre-test social anxiety and quality of life of students (p= 0.78 , r= 0.05) was obtained. According to the correlation, we can say that the assumption of multicollinearity between covariates (covariates) has been considered.

3. The homogeneity of variances

Analysis of variance with the assumption that the variance within each cell from table should be the same. Unequal size house does not cause a serious problem, but should be four times the value of any home is the smallest house. If it was (due to drop subjects or any other cause) variance houses should be examined to ensure that no house have not large as 10 times the size of the smallest variance variance. If so, you should log data or converted or transformed into standard scores (Z) said. In this study, the data analysis to study the homogeneity of variance test was applied Levin. Table 2 shows the results of the homogeneity of variances (Levin) related to the dependent variables of the study (the social anxiety and quality of life of students)

Table 2: Results of homogeneity test of variances (Levin) between the dependent variable In experimental and control groups In pretest

The dependent variable	Degrees of freedom 1	Degrees of freedom 2	F	The significance level
social anxiety	0.07	27	1	3.71
Quality of Life	0.78	27	1	0.70

As can be seen in the table Levine test In social anxiety variable (F = 3.71, P =0.70) and In quality of life students (F = 0.70, P =0.78) are non-significant. As a result, the assumption of homogeneity of variances is confirmed.

4. The homogeneity of regression slopes

While it is assumed Which variables in the analysis of covariance In the data should show linearity, this must also be assumed Which regression lines for each group In study must be the same. If heterogeneous regression analysis, then the variance would not be appropriate. The assumption of homogeneity of regression is a key issue in covariance (Giles, 2002; quoted in Haji yakhchali, 1390). It should be noted that in the study of social anxiety and quality of life post-test and pre-test their students as dependent variables as covariates (covariate information) were considered. When homogeneity slopes will be established between the auxiliary variables (in the pretest) and dependent variables (in this study post-test) in all plots (experimental and control groups) is against the ruling. What would be considered non-significant interaction between the dependent variables and auxiliary (Kowaits). Table 3 shows the results of the regression slope assumption of homogeneity.

Table 3: Results of homogeneity test regression between the dependent variable in the experimental and control groups in pre-test and post-test

	After tests	Sum of squares	Degrees of freedom	Mean Squares	**F**	The significance level
The interaction of pre-tests at the group level	social anxiety	24.70	2	12.35	260	77.0
	Quality of Life	36.184	2	18.92	59.0	36.0

As reflected in the table (4) the interaction between covariates (pre-test) and dependent (post-test) in the plots (experimental and control groups) is not significant. So assuming homogeneity of regression has been observed. Table 4 shows the results of Kolmogoroff - Smirnoff for the default variables show normal distribution.

Table: Results Kolmogoroff - Smirnoff to check before assuming normal distribution of variables

After tests	Kolmogoroff - Smirnoff Z	The significance level
social anxiety	0.135	0.18
Quality of Life	0.132	0.185

A See is significant as the Kolmogoroff - Smirnoff from 0.05 is higher, so before assuming normal distribution of variables was observed. After reviewing the assumptions multivariate analysis of covariance, the following hypotheses were tested:

Hypothesis 1. Acceptance and Commitment Therapy reduces students' social anxiety.

hypothesis 2. based on acceptance and commitment therapy improves quality of life for students.

Tables 5 and 6 shows the results of tests 1 and 2.

Table 5: Results of multivariate analysis of covariance on mean scores of social anxiety and quality of life for students and post-test experimental and control groups

Exam Name	amount	**F**	df hypothesis	df error	The significance level	Effect size	Statistical power
Pilaie effect	0.466	10.48	2	24	0.100	0.47	0.977
Wilks Lambda	0.534	10.48	2	24	0.100	0.47	0.977
Hotelling effect	0.873	10.48	2	24	0.100	0.47	0.977
The biggest root	0.873	10.48	2	24	0.100	0.47	0.977

Contents **of** Table (4-5) shows that between experimental and control groups in terms of the dependent variables in the p≤ 0.001 001 / 0≥P there is a significant difference. To understand the difference between covariance analysis was conducted in the context of MANCOVA. According to calculated effect size, about 47% of the total variance caused by the independent variable is experimental and control groups. The statistical power test is equal to 0.977. Table 7 shows the results of testing hypotheses 1 and 2 show.

Table (6): The results of covariance analysis in the context of MANCOVA the post-test mean scores of social anxiety and quality of life of students in the experimental and control groups

The dependent variable	Mean Squares	Degrees of freedom	Sum of squares	**F**	The significance level	Effect size	Statistical power
social anxiety	2589.12	1	2589.12	**18.47**	0.001	0.42	0.98
Quality of Life	1545.29	1	1545.29	**13.46**	0.001	0.35	0.94

According to Schedule 6, F for variable amounts of social anxiety, obtained 18.47 which is At the level of P = 0.001. Thus, Hypothesis 1 was confirmed. Also, as set forth in Table 6, the amount of variable F for the quality of life of students was 13.46 in level of P=0.001 is significant. Therefore, Hypothesis 2 was confirmed. In addition, it can be seen that the largest effect size, related to social anxiety variable (42/0) shows that 42% of the total variance in test and control groups, in varying social anxiety caused by the independent variable (Therapy acceptance and commitment) and lowest impact on quality of life (35/0) shows that 35% of the total variance of the experimental group and the control of quality of life caused by the independent variable (based on acceptance and commitment therapy).

Hypothesis 3. Effect of Acceptance and Commitment Therapy on Social Anxiety students in the pursuit lasted 1.5 months.

hypothesise 4.treatment effect based on acceptance and commitment to improve the quality of student life at follow-up phase lasted 1.5 months.

Tables 7 and 8 shows the results of tests 3 and 4.

Table 7: Results of multivariate analysis of covariance on mean scores of social anxiety and quality of life for students pursuing experimental and control groups

Exam Name	amount	**F**	df hypothesis	df error	The significance level	Effect size	Statistical power
Pilaie effect	0.620	19.58	2	24	0.001	0.62	00.1
Wilks Lambda	0.38	19.58	2	24	0.001	0.62	00.1
Hotelling effect	1.63	19.58	2	24	0.001	0.62	00.1
The biggest root	1.63	19.58	2	24	0.001	0.62	00.1

Table of Contents Table 7 shows that between experimental and control groups in terms of the dependent variables At the level of P≤0.001 there is a significant difference. So we can say that at least one of the dependent variables (social anxiety and quality of life for students) between the two groups, there is a significant difference. To understand the difference between covariance analysis was conducted in the context of MANCOVA. According to calculated effect size, about 62% of the total variance caused by the independent variable is experimental and control groups. The statistical power of the test is 00/1, which means that the test could not reject the null hypothesis to be 100 percent.

Table 8 shows the results of testing hypotheses 3 and 4 show.

Table 8: results of analysis of covariance MANCOVA in the context of social anxiety and quality of life of students on average score of tracking the experimental and control groups

The dependent variable	Sum of squares	Degrees of freedom	Mean Squares	**F**	The significance level	Effect size	Statistical power
social anxiety	3427.54	1	3427.54	39.93	0.001	0.62	00.1
Quality of Life	1725.19	1	1725.19	10.27	0.004	0.29	0.87

According to Schedule 8, F values for social anxiety variable, obtained 39.93 **that** is significant At the level of P= **0.001.** Therefore, Hypothesis 3 was confirmed. Also, according to the contents in Table 8, the amount of variable F for the quality of life of students was 10.27 in level of P= 0.004 is significant. Therefore, hypothesis 4 was confirmed. In addition, it can be seen that the largest effect size, related to students' social anxiety variable (62/0) shows that 62% of the total variance in test and control groups, ranging from social anxiety in students caused by the independent variable (acceptance and commitment therapy) and lowest impact on quality of life (29/0) that shows 29% of the total variance of the experimental group and the control of quality of life caused by the independent variable (treatment based on acceptance and commitment)

CONCLUSION

In this study, it is based on acceptance and commitment to the treatment, self-esteem and social anxiety martyr Chamran University dormitory students deal with problems and issues that are facing adhered assessed. As well as other targeted therapeutic intervention based on acceptance and commitment to improve the quality of life of martyr Chamran University students living in dorms. In this study, the experimental group were tested intervention and therapeutic intervention based on acceptance and commitment they carried and the control group received no intervention. The results of multivariate analysis of variance (MANCOVA) and univariate (ANCOVA) showed that the program is based on acceptance and commitment therapy enhances quality of life and reduce social anxiety martyr Chamran University's dormitory ladies.

The findings explain
hypothesis 1. based on acceptance and commitment therapy to reduce symptoms of social anxiety of female students in the university.

The results showed that based on acceptance and commitment therapy reduces social anxiety symptoms in female students at the university. This finding is consistent with research, I fert and colleagues (2009), Tuhing, Karroubi and Uno (2011), Vetrel and colleagues (2011), Asmen and colleagues (quoted from Pourfaraj 1390), Roemer and Aursilo (2005), Karimi and Heidarinasab (1392)**.**

hypothesis 2.based on acceptance and commitment therapy increases the quality of life of female students of Shahid Chamran University.

In relation to quality of life, the results showed that treatment based on acceptance and commitment to improve the quality of life of female students of Shahid Chamran University, in the post-test is follow-up. The findings related to this part of the research findings Ruzenveak and colleagues (2010), Rohmer and Aursilo (2008) and Karim Heidari Nasab (1392) is consistent. Since the interaction between body and mind, impaired physical functioning, psychological functioning is affected, so the quality of life of the people affected is reduced.

Hypothesis 3 and 4 based on acceptance and commitment therapy effect on reducing social anxiety and quality of life of students in the pursuit lasted 1.5 months.

One of the main goals of treatment is to determine whether any positive results have continued therapy after treatment or not? Basically because there was no treatment that improve clients for a short time and after the therapy sessions, symptoms and other problems come back. Although relapse there is in all disorders and relapse cannot be considered as defects of a cure but not all treatments work by providing specific strategies to prepare clients for after the completion of treatment. Follow-up studies are formed towards this goal. In the present study to assess these variables we follow up of 1.5 months to 1.5 months after treatment is conducted and students are the main targets were assessed. Results of 1.5 month follow-up showed that the effect of treatment based on acceptance and commitment on reducing social anxiety and quality of life of students is likely to continue.

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