Effectiveness of training of Neuro-linguistic programming (NLP) strategies on reducing social anxiety

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ABSTRACT

The paper was aimed at exploring the efficacy of Neuro-linguistic programming (NLP) strategies on social anxiety people referring to counseling centers. To do this, the number of 30 people with social anxiety disorder who had referred for counseling was selected as the sample, and completed Liebowitz Social Anxiety Scale (1987). The pretest having been administered, 30 people were randomly placed in experimental and control groups respectively. The experimental group received ten sessions of training of neuro-linguistic programming strategies. The interventions were a combination of NLP tools, including the art of self-assertiveness, WACO system, Neuro-linguistic logical level, goal-setting, Switch system, chart sections, rapport, Metal model, encore and modeling. After the interventions were ended, the subjects of both groups were tested with Liebowitz Test twice. The data obtained were examined by using SPSS software ver.17 and statistical independent T Test. Research findings illustrated a significant difference between the experimental and control groups as regards posttest social anxiety scores (P = -0/001). Also, with regards to performance anxiety, a significant difference was seen between the two groups in the posttest (P = -0/001).

*Keywords***:** Neuro-linguistic programming; social anxiety; Liebowitz Social Anxiety Scale

1. INTRODUCTION

Anxiety disorders include disorders which contribute to overdue properties of fear and anxiety as well as relevant behavioral disorders. Fear is the emotional response to an actual

threat or an imminent threat perception. Fear is among phenomena which has a determining role in the evolution of primitive man. Also, it is regarded a basic factor in formation and explanation of human personality and in his social realitons. It is thus of significance to measure its role properly in psychology and in psychoanalysis and in sociology as well.

While anxiety is the prediction of a future threat, it is also a warning signal; it warns of an imminent risk and enables man to perform necessary measures for countering the risk. DSM-IV has divided anxiety related disorders into the following: separation anxiety disorder, selective mutism, social anxiety disorder, panic disorder, agoraphobia, generalized anxiety disorder, substance-medication induced anxiety disorder, anxiety disorder due to another physical problem, other specific anxiety disorders, and unspecified anxiety disorders.

Social fear or social anxiety is an impairment which is characterized by evident fear of an elaborate examination by others in various performance or interactional situations (Rapee & Spence, 2004).

Social anxiety is the most prevalent kind of anxiety disorders and of most debilitating of them, so that the life span rate of prevalence for this disorder is 3 to 13% (Sadouk and Sadouk, 2015). Higher prevalence of social anxiety has been reported in late childhood and early adolescence, where this rate has been higher in girls compared to boys (Essau et al, 2009).

In social anxiety disorder, the individual fears or become anxious social interactions and situations likely to be examined. These situations include social interactions such as meeting with unfamiliar people, situations in which the individual may be seen while drinking or eating and situations in which the individual does something in front of others. Cognitive ideation is comprised of negative evaluating by others, becoming embarrassed, humiliated, ostracized, or creating harassment for others (American Psychiatry Association, 2015). Those suffering from social anxiety expose lower emotional tolerance (Sharon et al, 2012).

Anxiety involves insecurity or threat whose source is cannot be clearly understood by the individual. Anxiety includes feeling of uncertainty, insolvency, and physiological arousal. An anxious person complains about nervousness and restlessness tensions as well as irritability. They often have problems in falling asleep and get tired too easily. Anxiety is defined as worry for a foreseen problem. To the contrary, fear is defined as a reaction to an immediate risk. Psychologists place emphasize on the feature of "immediacy" of fear against feature of "predictability" of anxiety. Fear is usually about a risk or a danger which is not unfolding, while anxiety is usually referred to a danger in the future.

Therefore, when a person faces a bear, he/she feels scared; however, a student who is worried about the likelihood of his/her payment being too low after his/her graduation will experience anxiety. Social anxiety is sustainably and unreasonably extreme fear. It is among those social situations in which the person may be exposed to the meticulous look of unfamiliar people or just face them. The term "social anxiety disorder" has been recommended as a better name for this disorder, because the problems it creates are more pervasive compared to those caused by other fears; it thus causes more disorders in normal activities. People affected with social fear attempt to avoid situations in which they may be assessed, expose symptoms of anxiety and behave in embarrassing ways. Social fear, depending on the range of situations the person may fear of them is determined as pervasive or special social fear.

As an example, a person who is anxious in the presence of others when writing, but is not anxious in other social situations is diagnosed with special social fear. To the contrary, an individual who is often scared of social situations is diagnosed with pervasive social fera.

The type of pervasiveness is associated with the low age of maturity, more co-morbidity with other disorders, e.g. depression and alcohol misuse, and negative effects on person's social and professional activities. Some researchers have specified the number and type of fearful social situations according to the items reported ion the Social Anxiety Questionnaire and other self-measurement tools. They have determined four situational domains based on reviewing 24 items of Liebowitz's Social Anxiety Scale (LSAS): Formal lecture, interaction, assertive interaction and being observed by others. However, factorial analysis techniques have cast dissimilar support for this kind of classification (Baker et al. 2002; Saffron et al. 1999; Slawkin et al. 1990).

Other researchers have applied classified analyses (Kessler et al. 1998), cluster analysis (Eng et al. 2000), and taxometric analysis (Kollman et al. 2006) for testing SAD subgroups. Kessler et al. (1998) analyzed level of fear in six social situations which were examined as part of a national study on comorbid diseases. Results demonstrated that one third of people affected with social anxiety disorder just reported fear of speaking in a company, while in the remaining two thirds, fear of speaking was reported to be followed with at least one social fear. In both subgroups, the age at which disease starts, history of family and demographics were the same.

Social anxiety, which is also known as social phobia was first raised in late 1960s as special and independent diagnosis. The main characteristic of this disorder is exaggerated fear of social performance situations in the presence of unfamiliar people. The people affected with this disorder fear getting embarrassed in social situations or being negatively evaluated by others. Included in situations that result in anxiety in people, one can refer to speaking in an assembly, social gathering, meeting with new people eating among people, fear of opposition with others and worry about speaking with authorities (Aghakhani, 2011).

As a disorder, social anxiety often starts from adolescence but can also appear in childhood. During childhood, social anxiety disorder is accompanied with extreme restlessness, mutism, and school escape, anxiety over separation, inhibited behaviors and shyness. If this impairment is not treated, it often entails chronic and endless periods and leads to a grave disorder with regards to social and professional functions (Davidson et al, 1993; Liebowitz, 1987; Stein & Keam, 2001).

DSM-5 determines the main feature of this disorder as tangible fear or anxiety as to one or several social situations in which the individual is faced with others examining him, worry over becoming humiliated, considerable anxiety in the wake of socially fearful situations, presence of depression attacks, extreme fear and severe avoidance from the community. On the one hand, this sort of anxiety results in destructive effects of daily, vocational, Eduactional performance, and social interactions.

Regarding causes of this disorder, some researchers have assumed that special fear results from the individual's biological readiness against stimulants of ostracizing, criticism and anger. Some other researches related to families and twins, have found people prone to genetic readiness for social disorder (Liebowitz, 1987).

For instance, the findings of a study by a direct estimation of a family illustrated that the risk of affecting with a social anxiety disorder for relatives with this disorder is three times those in the control group who have never had any mental. The Kendler et al's study (1992)

which was carried out on over 1000 female twins illustrated a conspicuous coordination of social anxiety disorder among identical twins (24%) and among un-identical twins (15%).

In a research that was concerned with the effects of social anxiety on positive emotions and adjusting them, the findings revealed that one has to pay attention to individual differences including strategies for adjusting emotions in order to understand special anxiety and experience emotions (Todd et al, 2008; Todd et al, 2010).

Some people are born with a conservative personality and are naturally sensitive to new situations and circumstances and are ashamed of being in such situations. This may have a role in the creation of social fears. Some others can find a conservative character given the experiences they acquire in life, manners others show to them or given behaviors they see in the parents or in other people (acting out).

The fact, however, is man, while adjusting with the changing environmental and social conditions, seeks ways to b used in practice so that he can make life tolerable and bring about physiological and biological well-being. Now, that which materializes this want is neuro-linguistic programming.

Neuro-linguistic programming (psychological-nervous programming) is a body of knowledge that deals with human's privileges and efficiency, and acts to gather and develop a set with a scientific body, indicating the fact how man develop meanings and concepts in life for his own experiences and how he established communications (Dermot & Jago, 2007).

NLP was introduced by psychologist, Richard Bandler and John Grinder, linguistics professor at the University of Santa Cruise, California (UCSC) in around 1975 (Savardelavar, 2011).

Neuro-linguistic programming or programming based on a nervous language is a regular approach whose aim is to increase individual effectiveness. The fundamental principle in neuro-linguistic programming is that people think of the world in their own peculiar ways, see it, hear it, touch it and understand it. Neuro-linguistic programming is concerned with thinking structure and thinking templates rather than certain thoughts existing on minds (Zamini et al, 2007).

The term NLP refers to neuro-linguistic programming which places emphasis on three themes: "neuro" part implicates this notion that all behaviors originate from visual, audio, tactile, olfactory and tasting neurological process. With the help of five senses, people feel the world, receive the information, and then use this therapeutic information. "linguistic" part implicates this notion that the individual uses language for adjusting his own behavior and thoughts, and to establish communications with others. "Programming" part includes choosing ways whereby one can attain intended results for organizing allegations and conducts.

Secondary qualities of sense are certain qualities of each sense. There are mainly five senses: visual, audio, tactile, tasting and olfactory. In addition, there is another sense named balance. Generally, in their communications, people tend to one of these four neuro systems, where NLP, using this system, determines accurate distinction between elements and change of elements in people's' perceptions so that new and more effective experiences are created. People differ in using various senses. Visual people perceive the world as images. For this, the words they utter are imaginative. Audio people rely on audio terms and words and by the time of communications, they expose physiologic states. In tactile peoples' sentences, notions are sensual and the words are rational, reasoning based, mixed with rationality and reasoning. Most people make use of all of their sensual systems for communications; however they only

tend to one of them. Therefore, if people influence with different subjective mindsets and an effective relationship is established, one has to change the type of words and behaviors via understanding "neuro-linguistic programming" principles so that the mindsets do conform to the viewpoint they have of the world.

NLP maintains that thinking process is done through three channels, including: subjective pictures, internal sounds and sensual and kinetic process. In all of these cases, one can think of thoughts as the language of mind. One form of thought is the process of sentences we apparently hear in our own minds and that is called predicative thinking. The other form is one of perception; a specifically visual perception that we may see in our own minds and that is called visual thinking. Finally, the third form of thinking process is kinetic thinking that includes chains of subjective movements (Atkinson, 1996). In fact, as long as we are thinking intentionally, we possess subjective pictures, internal sounds, and sense arising from kinetics or spiritual perceptions. One of the branches of systems theories is self-organization which relates to the process of formation of order in dynamic and complicated systems. Since, self-organization theory is taken from Gestalt and Cybernetics; it presents a new paradigm in the direction of arriving at results and offers process of change over subjective and mental dimensions (Bertelsen & Lars, 1987). Thus, issues, process and perceptual occurrences can be generally used and various findings be obtained.

NLP was not applied for treating phobic people, or those faced with phobia, rather it examined people who had dominated other own fear. All these people, without having been place under treatment, had controlled their fear. These people had suppressed their fear. The common point of all of them, in fact, was becoming desperate of their fears. They looked at themselves and thought this fear is stupid. In fact, fear returns when people do their previous things and think as in the part. Otherwise, fear will be lost forever and great things will appear (Bandler 2010).

Fear is always replaced with sharp-senses. If you think of subjective pictures, and turn feelings, it is clear you will be scared. People can be contained via controlling their own feelings. In fact, it is not objects, height or so forth which causes fear, rather that which causes fear is the brain. In reality, one of the things to be afraid of is thoughts, when thinking of things they are afraid of, people need to change their thoughts and views only. Another concept to be replaced and thoughts be contained (Bandler, 2010).

In the research by Mahishika (2010), neuro-linguistic programming was used as a therapeutic method for decreasing specialized phobias, where numerous empirical evidence from NLP medics testifying the effectiveness of this method as a suitable method for treating phobic people was obtained. An examination of existing evidence in literature presented in Britain and the U.S. illustrates that NLP had been a successful treatment for phobic people in relatively short period of time.

In another research by Fakehy and Haggag (2016), with the heading of the effects of neuro-linguistic programming (NLP) on decreasing anxiety, in accordance with subjects' biological feedbacks, the findings obtained showed a significant difference in the pretest and posttest, and this research thus illustrated the effects of using NLP as a suitable treatment method. Given the findings obtained from current studies, researches advise using NLP in various areas of life. Accordingly, in this research, the effectiveness of using NLP on social phobia is used.

2. METHODOLOGY

The present study was a semi-experimental one with pretest and posttest along with a control group. In this paper, after choosing the subjects, they were randomly selected into two experimental and control groups. Then, before the training of NLP is executed, the subjects selected in each group were measured by way of a pretest and the experimental group was exposed to NLP training, while the control group received no NLP session. In the end, the social anxiety rate in both groups was measured by way of posttest. The universe under study was comprised of all people affected with social anxiety who had referred to centers or special centers in 2016, and from among whom, 30 people with social anxiety disorder referring to the Tahavole No center in 2016 were selected via convenient method, and were thus divided into two experimental and control groups. The measuring tool was Liebowitz's Social Anxiety Inventory (1987), and the data obtained from the posttest were analyzed by using independent t tests and using SPSS software ver. 17.

Liebowitz's Social Anxiety Inventory (1987): It is the first clinical tool which measures a large spectrum of social situations which people with social anxiety disorder fear facing them. This questionnaire has 24 sentences and 2 subscales of performance anxiety (13 sentences) and social situations (11 sentences). Each sentence is separately rated for fear (0-3; never, little, medium and severe), and avoidance conduct (0-3; never, seldom, often and always). Therefore, this test yields an overall social anxiety score and scores about four subscales: 1-fear of performance, 2-avoidance of performance, 3-social fear and 4-social avoidance. This questionnaire has provided four situational areas based on reviewing 24 items in 1987: namely, formal lecture/interaction, informal lecture/interaction, assertiveness interaction and being observed by others. The sentences related to each subscale are as follows:

Subscale of performance anxiety: 1, 2, 3, 4, 6, 8, 9, 13, 14, 16, 17, 20, 21
Subscale of social anxiety: 5, 7, 10, 11, 12, 15, 18, 19, 22, 23, 24

To obtain scores pertaining to each subscale, scores of all sentences relating to each subscale intended have to be aggregated. To obtain the overall score relating to fear and anxiety and avoidance, all sentences were aggregated.

NLP treatment: an Eduactional intervention in form of workshop of education for 10 session of three hours each, once a week.

3. SUMMARY OF SESSIONS

Table 1. Subjects of each session of Training of NLP components.

First session	History of NLP, definition of NLP, and acquainting members of the experimental group with the content of sessions and explaining NLP presumptions and the art of self-assertiveness
Second session	Explaining Waco system and peoples' differences while using this system and explaining timeline
Third session	Explaining rational levels or neurological levels and working on beliefs and abilities of people under experiment

fourth session	Training goal-setting and dividing goals and the way goals can be fulfilled based on NLP and determining short term and long term goals for eliminating social anxiety
Fifth session	Addressing goal obstacles and removing obstacles with the technique of switch system and chat sections, talking with the voice of fear and talking with a part of the body which show negative reactions in social situations
Sixth session	Training sub-modality, reconstructing past memories related with social anxiety
Seventh session	Training interrelatedness and disruption, so that one can correlate with positive phenomena and disrupt with negative themes
Eighth session	Defining rapport, dividing communications and ways of verbal and non-verbal communications and the impacts of words, gesture (body language)
Ninth session	Defining encore, creating encore, installing encore, and the way it is used practically for increasing self-confidence of peoples critical situations
Tenth session	Training modeling from an individual who is thought of being effective in communications, Modeling his attitudes, beliefs, and thinking and in the end, from his body and conduct

4. FINDINGS

Table 2. Summary of independent t test results for determining the significance of NLP effects on social anxiety

Variable	Independent T	Freedom degree	Sig.	Mean diff.
Social anxiety	6/93	28	0/001	4/8

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As seen from the above table, the t value was significant at p = -0/001 level. So, it can be stated that training of NLP can be significantly effective on social anxiety

Table 3. Summary of independent t test results for determining the significance of NLP effects on performance anxiety.

Variable	Independent T	Freedom degree	Sig.	Mean diff.
performance anxiety	9/10	28	0/000	4/8

As seen from the above table, the t value was significant at p=-0/001 level. So, it can be stated that training of NLP can be significantly effective on performance anxiety

5. DISCUSSION

The purpose of this research was to evaluate the strategic training of NLP on social anxiety level. The findings obtained from then analyses indicated that strategic training of NLP impacts social anxiety levels and decrease it. Also, given the findings, one can infer that using training of NLP strategies, performance anxiety can be decreased. Given the researches done, it is possible to reduce and treat social anxiety via training NLP strategies. Though no research has been done on these two variables, various researches have been carried out on each of which separately.

In a Kajbaf's research (2011) with the heading of effectiveness of training NLP strategies on marital adjustment, findings revealed significant differences in pretests and posttest in regards to marital adjustment in the experimental group (p < 0.001); the finding being in line with the current research. Also, the findings obtained remain in line with the Fakehy & Haggag's research (2016) who showed that NLP was effective on reducing anxiety given biological feedbacks and that significant differences between the pretest and posttest were obtained. A well, the findings are in concert with Mahishika's research (2010) who demonstrated that using NLP as a therapeutic method is effective for reducing phobias.

NLP is the abbreviation of Neuro Linguistic Programming; the first two words, i.e. neuro linguistic refers to a discipline in medics which deals with neuroanatomical of speaking and relevant disorders. This medical definition refers to speaking and its nervous pathology processes. When using the term nervousness in this regard at appears that we are dealing with the cognition arising from nerves' activities, i.e. another product of it (thinking) not with speaking language. Having said this, NLP can be defined as a cognitive re-patterning given changes in nervous circuits. In the end, it can be considered as a mind programming based on neurobiology of language, i.e. thinking and cognition from a linguistic point of view.

This is the same thing which is known as cognitive reconstruction in classic psychology. Given the perception by the Atkinson has regarding the fact that the human imagination is his/her second language and that a certain point in the brain becomes activated in two states of subjective and perceptual activities (Occipital lobe of the brain)-where nerves play major roles-, one can conclude that the term neuro linguistics can mean programming of cognitive performance results of the nerves which are the production of thinking that embody our own perception of the outside world.

Facing with anxiety, people may expose behaviors which contradict their cognitive systems. For this, in order to release from an attitude created because of doubled incoordination, they change their own beliefs and attitudes, where this can lead to problems for them (Bandura, 2001). On the one hand, personal assessment of stresses has roots in his cognitive abilities and attitudes. However, due to this ability in stressful situations and due to peoples' cognitive systems in social situations in presenting proper and rational behaviors, they become insolvent. Generally, according to Elis's theory, man by himself causes his own complaints and disorder. Man is born with certain readiness for being anxious and under the effects of cultural factors and social conditioning, this readiness is enhanced and meantime, he

has this considerable ability to prevent his own turbulence and anxiety with the help of thinking.

5. CONCLUSION

So, if we deal with people who need mental help in a very active and orientating way, they will relinquish their own inappropriate behaviors and emotions in most cases, embark on making basic changes in their own pathogenic opinions and finally get improved (Beck et al. 1985). From the very past times, man has struggled to express his own emotions, desires, wants, states and feeling by using various words and terms. For this, when facing with internal strife, he has used such terms as trepidation worry and anxiety which are called psychology of anxiety. Anxiety refers to a state of unfavorable emotions which is usually followed with a painful feeling and lengthy fear.

Barney wee, Supalak khemthong (2016) also demonstrated that using NLP is effective in increasing cognitive abilities and self-efficacy, depressed patients, disorder of fear and that of eating. As well, research by Bavalese (2016) indicated that neurological-linguistic programming (NLP) could be effective in developing social communications of smart students. Summarily, given the contents about NLP and social anxiety and considering researches done , it can be inferred that training of NLP is effective on reducing social anxiety and one can make use of this method for treating social anxiety disorder and other anxiety related disorders. Thus, it is found to be s suitable method. Given the current results, it is advised to hold training public workshops so that the benefits can be utilized.

References

[1] Aghakhani, N. (2011). Research paper on the comparison of group therapies in social phobia disorder.

[2] American psychiatry Association. (2015). Diagnostic and Statistical Manual of Mental Disorders. Tehran: Nashre Ravan Publication.

[3] Azad, H. (2005). Psychopathology. Tehran: SAMT publication.

[4] Baker, S. L., Heinrichs, N., Kim, H. J., & Hofmann, S. G. (2002). The Liebowitz Social Anxiety Scale as a self-report instrument: A preliminary psychometric analysis. *Behavior Research and Therapy* 40, 701-715.

[5] Bandler, R. (2010). Change your life. Translated by Heidari Manjil, N., Tehran: Standard.

[6] Bandura, A. (2001). Social theory. Tehran: Rahgosha publication.

[7] Beck, A. T., Emery, G., & Greenberg, R. (1985) Anxiety disorders and phobias: a cognitive perspective. Basic Books, New York.

[8] Bertelsen, P., & Lars, H. (1987). Om begret: klientens model AF verden? (The client model if the world). *Psyke & logos* 2, 375-408.

[9]   Davidson, J. R. T., Hughes D. L., George, L.K., & Blazer, D. G. (1993). The epidemiology of social phobia: Findings from the Duck Epidemiological Catchment Area Study. *Psychological Medicine* 23, 709-718.

[10]   Dermot, Y., & Jago, W. (2007). NLP; successful psychology, translated by R. Jamalian. Tehran: Nasle No-Andish Publication.

[11]   Eng, w., Heimberg, R. G., Cols, M. E., Schneier, F. R., & Liebowitz, M. R. (2000). An empirical approach to subtype identification in individuals with social phobia. *Psychological Medicine* 30, 1345-1357.

[12]   Essau C. A., Conradt, J., & Petermann, F. (1999). Frequency and comorbidity of social phobia and social fears in adolescents. *Behav Res Ther.* 37(9), 831-43.

[13]   Fyer, A. J., Mannuzza, S., Chapman, T. F., Liebowitz, M.R., & Klein, D. F. (1993). A direct interview family study of social phobia. Archives of General Psychiatry 50, 286-293.

[14]   Kendler, K. S., Neale, M. C., Kessler, R. C., Heath, A. C., & Eaves, L. J. (1992). The genetic epidemiology of phobias in women: The interrelations of agoraphobia, social phobia, situational phobia, and simple phobia. *Archives of General Psychiatry* 49, 273-281.

[15]   Kessler, R. C., Stein, M. B., & Berglund, P. (1998). Social phobia subtypes in the National Comorbidity Survey. *American Journal of Psychiatry* 155, 613-619.

[16]   -Kollman, D. M., Brown, T. A., Liverant, G. I., & Hofmann, S. G. (2006). A taxometric investigation of the latent structure of social anxiety disorder in outpatients with anxiety and mood disorder. *Depression and Anxiety* 23, 190-199.

[17]   Liebowits, M. R. (1987). Social phobia. *Modern Problems in Pharmacopsychatry* 22, 141-173.

[18]   Ohman, A. (1986). Face the beast and fear the face: Animal and social fears as prototypes for evolutionary analyses of emotion. *Psychophysiology* 23, 123-145.

[19]   Ohman, A., Dimberg, U., & Ost, L. G. (1985). Animal and social phobias: Biological constraints on learned fear responses. In S. Reiss & R. R. Bootzin (Eds), Theoretical issues in behavior therapy (pp. 123-178). Orlando, FL: Academic Press.

[20]   Rapee, R.M., & Spence, S. H. (2004). The etiology of social phobia empirical evidence and an initial model. *Clin Psychol Rev.* pp. 737-767.

[21]   Sadouk, B., Sadouk, V. & Ruiz, P. (2014). Summary of Kaplan and Sadouk's Psychiatry based on the DSM-5. Volume II. Tehran: Savalan.

[22]   Savardelavar, M. (2011). Neuro-linguistic programming, theoretical basics and cognitive behavioral applications, Tehran: Arjomand publication.

[23]   Schneier, F. R., Heckelman, L. R., Garfinkel, R., Campeas, R., Fallon, B., Gitow, A., Street, L., Delbene, D., & Liebowitz, M. R. (1994). Functional impairment in social phobia. *Journal of Clinical Psychiatry* 55, 322-331.

[24] Schneier, F. R., Johnson, J., Hornig, C. D., Liebowitz, M. R., & Weiss-man, M. M. (1992). Social phobia: Comorbidity and morbidity in an emidmiological sample. *Archives of General Psychiatry* 49, 282-288.

[25] Shafi'e Abadi, A., & Naseri, G. (2001). Theories of counseling and psychotherapy. Tehran: Nashre Daneshgahi publication.

[26] Sharon, C., Sung Eliora Porter, D. J., Robinaugh, E. H., Marks Luana, M., Marques, M. W., Otto Mark, H., Pollack Naomi, M. & Simon, M. (2012). Mood regulation and quality of life in social anxiety disorder: An examination of generalized expectancies for negative mood regulation. *Journal of Anxiety Disorders* 36(3), 435-441.

[27] Stein, M. B., Walker, J. R., & Forde, D. R. (1996). Public speaking fears in a community sample. Prevalence ,impact on functioning ,and diagnostic classification. *Archives of General Psychiatry* 53, 169-174.

[28] Stein, M. B., Torgrud, L. J., & Walker, J. (2000). Social phobia symptoms, subtypes, and severity. *Archives of General Psychiatry* 57, 1046-1052.

[29] Stein, M. B., & Kean, Y. M. (2001). Disability and quality of life in social phobia: Epidemiologic findings. *American Journal of Psychiatry* 157, 1606-1613.

[30] Todd, B., Kashdan, J. W. & Weeks, M. (2010). Social Anxiety, Positive Experiences, and Positive Events Social Anxiety (Second Edition). *Journal of Clinical, Developmental, and Social Perspectives* 41(3), 447-469.

[31] Todd, B., Kashdan, W. & Breen, E. (2008). Social Anxiety and Positive Emotions: A Prospective Examination of a Self-Regulatory Model with Tendencies to Suppress or Express Emotions as a Moderating Variable. *Journal of Behavior Therapy* 39 (1), 1-12.

[32] Zamini, S., Husseini Nasab, S. D. & Hashemi, T. (2007). The effectiveness of planned strategies neuro - linguistic programming achievement motivation and academic achievement of students. *Research on mental health*. Number 3.

[33] -Safren, S. A., Heimberg, R. G., Horner, K. J., Juster, H. R., Schneier, F. R. & Liebowitz, M. R. (1999). Factor structure of social fears: The Liebowitz Social Anxiety Scale. *Journal of Anxiety Disorder* 13, 235-270.

[34] Slavkin, S. L., Holt, C. S., Heimberg, R. G., Jaccard, J. J, & Liebowitz, M. R. (1990). The Liebowitz Social Phobia Scale: An exploratory analysis of construct validity. Paper presented at the annual meeting of the Association for the Advancement of Behavior Therapy, Washington, DC.