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Research Article

Treating the level of Social Anxiety and Self-Concealment among Students Through Satir's Model in Jordan

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Abstract

This study aimed to determine the effectiveness of satir's model in the treatment of social anxiety and self-concealment among a sample of students in Jordan. To evaluate the effectiveness of the model, a social anxiety scale consisting of 20 items and a self-concealment scale consisting of 10 items were used. The study sample consisted of 36 students (20 female and 16 male) in the 9th grade selected from a Jordanian government school based on their high social anxiety and self-concealment scores.

The participants were randomly assigned to two study groups, each consisting of 18 students. The experimental group was given a satir's model, while the second group represented the control group and did not receive any treatment. Results of the study indicated that satir's model was more effective at significance level ($p<.05$) in treating social anxiety and self-concealment among the sampled students. No significant differences were found in the effectiveness of the training program due to gender or the interaction between gender. Based on the results of the present study, it was suggested that school counselors should be trained to use a satir's model for helping school students cope with their psychological and behavioral problems.

Keywords: satir's model; social anxiety; self-concealment

Introduction

Adolescence is a period of transition and transformation from childhood to adulthood during which children develop into adults intellectually, physically, hormonally, and socially. As adolescents mature, they are faced with difficulties related to behavior and emotion control. Some examples are social anxiety, self-concealment and may develop more problems. Social anxiety is quite common among children and teenagers, they face the pressure of social interaction with surrounding peers, teachers, and parents, which makes them more prone to frequently worrying about what others may think of them, it's a fear that does not go away and affects everyday activities, self-confidence, relationships, personality, or academic life (Potoczniak et al., 2007). It also, high levels of social anxiety are linked with a propensity to underestimate social performance and overestimate negative personal traits (Moscovitch, 2009). It may cause insomnia, mood disorders, poor relationships, scholastic challenges, and school dropout in addition to substantially harming adolescents' mental health (Dou et al., 2022). Furthermore, it found that self-concealment was positively correlated with many behavioral or psychological problems, it also found that it was a major contributor to social anxiety, depression, alcohol addiction, and low self-efficacy, all of which may result in a person resorting to negative coping styles (Zhou & Wang. 2021; Potoczniak et al., 2007). Perhaps adolescents think that they can overcome their social anxiety through self-concealment or by avoiding social assessments.

Although previous studies have provided evidence of the relationship between self-concealment and social anxiety, no published studies have used programs to treat both variables together. A few studies have examined the effectiveness of treatment programs in treating every variable alone or with other variables (e.g., Cognitive-behavioral therapy; Social skills training; Programmers involving expressive activities; Social effectiveness therapy). There are things we can do to help our students feel better and prevent social anxiety, but we must treat self-concealment and the factors that contribute to it. Therefore, this research represents the first study presented in school for students with social anxiety disorder and self-concealment, and we believe it thus represents an essential contribution to this area of study.

It's normal to experience anxiety from time to time in some social settings or if you have to enter a place where people are sitting, but having social anxiety means that you constantly worry about being judged negatively or devalued in front of others (Olivares et al., 2019). Social anxiety symptoms appear in all social situations and may appear in limited or selective situations. For instance, certain symptoms might only appear

when you're going to an appointment with authority figures, conversing with new people or eating in front of others, and going to school, shopping, but if you have a critical case, symptoms can appear in any social situation, depending on personality traits and life experiences (Potoczniak et al., 2007). Additionally, particular situations that can happen for socially anxious students in school include participating in classroom activities or activities with peers; school performances and asking for help (Dou et al., 2022). Social anxiety causes people to be extremely afraid of being in social situations, people with this fear have a hard time interacting with others, making new friends, and going to social events, work, school, or other activities (Potoczniak et al., 2007). They may be aware that their anxieties are irrational or unjustified, but they can't overcome them, they have fewer social networks and are more likely to live alone. When they do make social connections, they report a lack of emotional ties with others and frequently feel depressed and alone (Alden & Fung, 2021).

Social anxiety disorder is reflected in the International Classification of Diseases (ICD-10) and in the Diagnostic Statistical Manual of Mental Disorders (DSM- 5), published by the American Psychiatric Association. According to DSM-5 social anxiety disorder is a fear of social or performance-based situations where attention from others or appraisal by them may occur (APA, 2013). Also, it was defined as an ongoing fear of one or more social positions where shame might occur, additionally, the fear or anxiety is not suitable for the real threat posed by the social circumstance as specified by the person's cultural standards (Blanco et al., 2013). A number of significant diagnostic criteria and associated features for social anxiety disorder are listed in the DSM-5. It includes some physical symptoms (such as blushing, sweating, shaking, or looking anxious or appearing boring, stupid, or incompetent); avoidance of social situations that are anxiety-producing, or enduring them with intense distress; and significantly impairing your daily living, social, occupational, or other domains of functioning (APA, 2013).

It should be noted that surveys showed that females are more likely than males to have social anxiety and score higher on a variety of social anxiety scales, but males are more likely to seek treatment and have less severe symptoms (e.g., Stewart & Mandrusiak, 2007; Lee et al., 2009). Bahrami & Yousefi (2011) also hypothesized that females are more fearful than males because they think that worrying can help them avoid terrible things from happening in the future and keeps them alert to warning signs, whereas males are more likely than females to utilize distraction as a coping strategy. In addition, females believe that worry is uncontrollable and must be avoided because they have more positive and negative metacognitive beliefs about it, which has increased their anxiety (Ryum et al., 2017).

There are multiple pathways to the acquisition of social anxiety disorder exist, as development of social anxiety disorder is influenced by a host of factors, including biological and psychological vulnerabilities, genetics, temperament, cognitive styles, and parental and peer influences (Rapee & Spence, 2004). According to psychoanalytic theory, anxiety is caused by inhibition (Davison et al.,2004). According to behavioral theory, social anxiety is a learned behavior through classical and procedural association; it may also be learned through observation or modeling (Antony & Swinson, 2000). Cognitive theory emphasizes the important role that cognitive processes play in the development and continuation of social anxiety, as the most emotional disturbances are the result of a person's perspective and the way he thinks about social situations (Husien, 2009).

Research indicates that certain people tend to conceal themselves more than others, it also indicates that negative and painful experiences are often kept concealed, and most people avoid revealing to others uncomfortable feelings, thoughts, and knowledge about themselves; since differences exist between humans in how much they conceal information from others, sometimes this information has been disclosed to only one or two people, and other times it hasn't been disclosed to anyone at all (Larson & Chastain, 2015). Self-concealment is a strategy commonly used by quiet, restrained, and ashamed introverted people; they have the ability to cover up undesirable traits like physical appearance, timidity, low self-esteem, and more, it has also been discovered that self-reported anxiety, shyness, low self-esteem, and sadness are all correlated with self-concealment (Doğan & Çolak, 2016). According to Uysal et al. (2010) Self-concealment is linked to detrimental physiological and psychological effects such as anxiety and despair, self-reported physical complaints, and rumination; in addition, self-concealment leads to a lower quality of life.

Zhou et al. (2021) defined self-concealment as a psychological tendency in which an individual hides from others details about themselves, negative experiences, and suffering that they encounter in real life that make them feel unhappy or uncomfortable, and it is regarded as an enduring personality trait. Uysal et al. (2010) also defined it as the tendency to conceal embarrassing personal information, as a result, avoid sharing it with others. In the relationship between low self-disclosure—the act of disclosing personal information to others—and self-concealment—the act of keeping personal information from others—the self-concealing person is not revealing, and the low-disclosure person is self-concealing; though they are related, self-concealment and low self-disclosure are two separate and distinct concepts (Larson & Chastain, 2015).

Self-concealment has three appearances: a propensity to keep information to himself, a refusal to share unpleasant or personal secrets, and fear about the disclosure of secretly held personal information (Zhang et al., 2022). Additionally, there are three qualities of the concealed personal information: it is private and personal, knowingly accessible, and intentionally kept hidden (Uysal et al., 2010).

Many theorists explain self-concealment dynamics. Psychoanalytic theory focuses on their patients' most private and upsetting experiences and their difficulties disclosing them, it represents a style of "deliberate, overt opposition", and the therapist's role is to assist clients in disclosing their most private thoughts, feelings, and behaviors (Larson & Chastain, 2015). Discouragement theory has examined the inhibition-disease link and any occurrences or experiences that are thought to have a threat or harm attached to them, and found that not expressing thoughts and feelings about traumatic events leads to negative health effects, even when social support levels are kept in check (Finkenaur et al., 2009). The therapist's role is to assist clients in writing about traumatic experiences (Pennebaker, 1990). According to self-monitoring theory, people keep secrets from others in order to present a good impression and maintain an acceptable, positive image of themselves to other (Peltan, 2011). Previous theories explained the negative effects of self-concealment. Nevertheless, self-presentational theory highlights the value of retaining secrets. Baumann & Hill (2016) emphasize that the person who keeps secrets thinks that can help him present a positive self-image to others, which leads to reducing negative psychosocial outcomes.

Some research has found a relationship between social anxiety and self-concealment, people with social anxiety are afraid to disclose themselves for fear that it would result in a negative evaluation, so they are less likely to disclose (Endler et al., 2002; Detweiler, 2005; Wanga, 2011; Levine, 2014). They are excessively preoccupied with other people's perceptions and assessments, and they overestimate negative consequences (Joshua et al., 2012). In addition, some studies (e.g., Chen, 2009; Sara, 2013) have confirmed that these people have difficulties maintaining healthy social relationships and have negative attitudes toward communicating with others. It was also found that being unable to reveal oneself increases feelings of loneliness and separation from others, as well as a person's own self-organization and development (Levi-Beiz & Elis, 2017). Self-concealment causes anxiety and tension; it is a protective strategy used to avoid shame and potentially true negative social evaluations (Doğan& Çolak, 2016). Scientists have noticed that people who conceal themselves from others and do not self-disclose face a lot of difficulties, which might

later lead to health and psychological problems, self-concealment is correlated with psychological disorders such as anxiety, depression, stress, physical symptoms, and low self-esteem; these are all the early signs of suicidal behavior (Friedlander et al., 2012).

Satir's model may be one example of the more effective methods to treat this kind of problem. It focuses on helping individuals communicate clearly and develop self-esteem among clients; it has been applied in many different environments, beginning with primary schools and ending with psychiatric hospitals (Okur, 2020). Satir focused her research on the self through Satir Transformational Systemic Therapy (STST), and she believes that every person has the ability to change, develop, evolve, learn new abilities, and make meaningful relationships with others, and the best kind of change is one that derives from a person's inner self (Banmen & Maki-Banmen, 2014). Everyone has the ability to change, even if it is external, it is still possible to achieve inner change that derives from a person's willpower; he cannot change what happened in the past, but he can change how those events affect his present time (Innes, 2002). The therapist must create the conditions to positively facilitate change; positivity and optimism are important components of change (Brubacher, 2006). The Satir Interaction Model describes the internal changes that occur during a person's communication and interaction with others; they use information and interpret it, then decide how to respond or react, in Satir's Model, there are four basic phases that must be completed before a response may be elicited: intake, meaning, significance, and then response (Smith, 2010).

The present study aimed to examinant the effectiveness of a satir's model in the treatment of social anxiety and self-concealment among a sample of students in Jordan. Two main hypotheses addressed in this study:

Hypothesis 1: Is satir's model more effective at a significance level ($p<.05$) to treat both of social anxiety and self-concealment compared to no treatment?

Hypothesis 2: Is satir's model more effective at a significance level ($P<0.05$) to treat both of social anxiety and self-concealment among female than male?

Method:

Participants:

Participants were 36 students (20 female and 16 male) who are registered to learn in the 9th grade of a high school in Jordan in the 2022-2023 academic year. They were chosen into the experimental group and the control group who had the highest social anxiety and self-concealment scores compared to the other students on the instruments used in this study. Further, teachers were asked to indicate ashamed students. Their mean age was 14.02 years. Then were assigned numbers 1 and 2. Participants who received number 1 were chosen to the satir's model group, and those who received number 2 were chosen as the control group. The study sample is separated in Table 1.

Group	Pre-test		Post-test	
	G	N	G	N
SAT-G	M	8	M	8
	F	10	F	10
	T	18	T	18
CON-G	M	8	M	8
	F	10	F	10
	T	18	T	18
TOTAL	M	16	M	16
	F	20	F	20
	T	36	T	36

G= Gender; N= The number; M= Male; F=Female; T=Total

Table 1: Sample according to group type and time of measurement.

Instruments:

The study tools included two scales were used: Social anxiety scale and Self-concealment scale.

Social Anxiety Scale:

Social anxiety was measured using an Arabic version of the social anxiety scale. Translated by Shaheen & Jaradat (2012). This scale consists of 20 items. The scale uses a 5-point Likert scale ranging from 1 (very low agree) to 5 (very high agree). The higher the participants' scores, the higher their social anxiety levels. Total scores on the scale ranged from 14 to 70. Example items from this scale are "I feel uncomfortable, if I have to enter a room where people are sitting". (5,9,11 items is reversely scored). In this study, test-retest reliability was assessed in a high school of female students (n: 50) with a 1-month interval between testing and revealed. Cronbach's alpha for the scale was 0.78. Corrected item total correlations ranged from 0.46 to 0.79. Correlation coefficient are presented in table 2.

SAS Items	Correlation Coefficient	SAS Items	Correlation Coefficient
Writing in the presence of a group of people makes me worried.	*.50	I feel embarrassed if I eat with a stranger in the restaurant	**.57
I feel ashamed when using public restrooms	*.56	I worry that people will look at my behavior with some strangeness	**.79
My focus is only on social settings, specifically what I say and who hears me	**.70	I get nervous if I carry a plate of food in a place where there are people	**.60
I get nervous if people look at me while I'm walking down the street	**.74	I fear that others will notice my loss of self-control	**.64
I blush when I'm around other people.	**.65	I'm afraid to do something that will attract people's attention to me	*.46
I get embarrassed if I have to enter a room where people are sitting	**.71	I get nervous if people look at me in the elevator or anywhere	.76(**)
I quiver and quake when others are looking at me	**.58	I feel that others are watching me when I'm waiting in line	*.47
I get stressed if I sit across from other passengers on the bus.	.59(**)	I get nervous when I talk to people	**.67
I feel terrify of others when they see me sick	.74(**)	I lose my balance in the presence of others	**.57
I find it difficult to drink any drink in the presence of a group of people	**.59	I get nervous and upset when people are watching me	**.68

Table 2: Correlation Coefficient of Individual SAS Items.

Self-Concealment Scale:

Self-concealment was measured using a translation version of the self-concealment scale. Developed by Larson & Chastain (1990). This scale consists of 10 items. The scale uses a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The higher the participants' scores, the higher their self-concealment levels. Total scores on the scale ranged from 10 to 50. Example items from this scale are "I have negative thoughts about myself that I never share with anyone". (There no item is reversely scored). The scale was presented to a group of referees consisting of fifteen professors and specialists from the departments of counseling and educational psychology and English at Yarmouk University. In this study, test-retest reliability was assessed in a high school of female students (n: 50) with a 1-month interval between testing and revealed. Cronbach's alpha for the scale was 0.80. Corrected item total correlations ranged from 0.49 to 0.86. Correlation coefficient are presented in table 3.

SCS Items	Correlation Coefficient	SCS Items	Correlation Coefficient
I have an important secret that I haven't shared with anyone	**.84	I'm often afraid I'11 reveal something I don't want to	**.84
If I shared all my secrets with my friends, they'd like me less.	**.76	Telling a secret often backfires and I wish I hadn't told it.	**.68
There are lots of things about me that I keep to myself.	**.86	I have a secret that is so private I would lie if anybody asked me about it.	*.51
Some of my secrets have really tormented me	**.69	My secrets are too embarrassing to share with others	**.58
When something bad happens to me, I tend to keep it to myself	**.76	I have negative thoughts about myself that I never share with anyone.	*.49

Table 3: Correlation Coefficient of Individual SCS Items.

Treatment Programs:

The experimental group was given an eight-session satir's model, the length of each session was 90 minutes. These sessions were held twice a week over a period of four weeks. All sessions were conducted with the author acting as therapist. A month following the final session, a posttest was administered. This program was designed to help participants in the experimental group increase their awareness that they cannot change what happened in the past, but they can change how those events affect them in the present. It aims to develop clients' sense of self-esteem and help them communicate clearly; it also aims to create the conditions to positively facilitate change. The transformational change process begins with meeting and developing relationships, followed by evaluation and examination, goal-setting for the transformational change process, confirmation of the changes, reviewing the session, and setting homework for practicing and integrating the changes. The process ends when each participant has high self-esteem and their communication is clear (Okur, 2020).

The first session is called "relationship building." It aimed to establish a relationship and build confidence between the experiment's leader and participants, describe the program's goals, talk about the groups' expectations for their involvement in the program, and conduct a pretest. In the second session, PowerPoint was used to explain the concepts of social anxiety and self-concealment as well as the detrimental effects these behaviors have on a personal or academic life, everyday activities, self-confidence, and relationships. In the third session, evaluating the level of social anxiety and self-concealment in each male and female student, identify the concept of self-esteem and explain the meaning of the current problem (Imbalance) to the participant as seen by Satir. The fourth session aims to help participants assess their imbalance, try to find the relationship between the emergence and continuation of the symptoms of their problem, teach them self-esteem strategies and communication styles.

The leader encouraged them to transform and change in the sixth session by integrating new experiences with previous ones to create a balanced whole, then conforming to these changes. In the seventh session, the leader helped participants develop new perspectives toward different behaviors that can be expressed and applied to daily life. The eighth session was dedicated to review the sessions and the range of changes that resulted, encouraging participants to use new behaviors outside the sessions, and conducting a posttest.

Procedure:

After receiving approval from the Jordanian ministry of education, the questionnaires were distributed to students in the ninth grade (16 males and 20 females) at a Jordanian high school. The study's participants were chosen from students who scored highly on both the self-concealment and social anxiety scales. All study participants provided written agreements, and the participants' guardians signed written approvals. They were randomly divided into two equal groups: experimental and control. They were also told that they could leave following the first session if they wished.

Results:

The present study tested two hypotheses about the effectiveness of a satir's model in treating social anxiety and self-concealment. To evaluate the differences between the groups in social anxiety. Means (M), standard deviations (SD), adjusted mean and standard error for students' scores on the social anxiety scale by a pre-test and post-test group. No significant differences between the groups, gender and the interaction between genders were found on the pretest scores. However, there were significant differences ($p<0.05$) between the groups and gender in the mean scores at the posttest. Results are presented in Table 4.

Group	G	N	Pre-test		Post-test		Adjust Post-Mean	standard error
			M	SD	M	SD		
SAT-G	M	8	3.72	.243	2.56	427.	2.583	.227
	F	10	3.86	.252	2.47	.303	2.451	.203
	T	18	3.80	.251	2.51	.355	2.517	.151
CON-G	M	8	3.85	.239	3.11	.859	3.089	.226
	F	10	3.74	.295	3.18	.781	3.192	.202
	T	18	3.79	.270	3.15	.792	3.141	.151
TOTAL	M	16	3.79	.243	2.83	.714	2.836	.159
	F	20	3.80	.274	2.82	.681	2.822	.142
	T	36	3.79	.257	2.83	.685	2.829	.107

Table 4: Means, Standard Deviations, Adjusted Post-Mean and Standard Error on the Social.

To assess the differences between the groups and gender in social anxiety at the post-test. One-way ANCOVA conducted for students' scores on the social anxiety scale by groups, gender and interaction between gender. Results are presented in Table 5.

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Pre-test	.216	1	.216	.535	.470	.017
Group	3.455	1	3.455	8.541	.006	.216
Gender	.002	1	.002	.004	.948	.000
Group*Gender	.115	1	.115	.285	.598	.009
Error	12.541	31	.405			
Total	16.441	35				

Table 5: Tests of Between-Subjects Effects.

Table 5 indicates that their significant main effects ($p<0.05$) in students' social anxiety scores by group at the posttest, where the satir's group scored lower, F= 8.541. $\eta 2 = 21.6\%$. It also revealed that there was no significant difference ($p < 0.05$) between the gender on the social anxiety scale, F=0.004. No significant difference too ($p < 0.05$) between interaction between gender on the social anxiety scale, F= 0.285.

To evaluate the differences between the groups in self-concealment. Means (M), standard deviations (SD), adjusted mean and standard error for students' scores on the self-concealment scale by a pre-test and post-test group. No significant differences between the groups, gender and the interaction between genders were found on the pretest scores. However, there were significant differences ($p<0.05$) between the groups and gender in the mean scores at the posttest. Results are presented in Table 6.

Group	G	N	Pre-test		Post-test		Adjust Post-Mean	standard error
			M	SD	M	SD		
SAT-G	M	8	3.91	.398	2.28	.423	2.243	.199
	F	10	3.91	.338	2.33	.615	2.299	.178
	T	18	3.91	.355	2.31	.524	2.271	.134
CON-G	M	8	3.71	.253	2.80	.632	2.856	.201
	F	10	3.81	.436	2.70	.585	2.713	.177
	T	18	3.77	.360	2.74	.590	2.784	.134
TOTAL	M	16	3.81	.338	2.54	.586	2.549	.140
	F	20	3.86	.383	2.52	.614	2.506	.125
	T	36	3.84	.360	2.53	.593	2.527	.094

Table 6: Means, Standard Deviations, Adjusted Post-Mean and Standard Error on the Self- Concealment Scale by Group & Gender.

To assess the differences between the groups and gender in self-concealment at the post-test. One-way ANCOVA conducted for students' scores on the self-concealment scale by groups, gender and interaction between gender. Results are presented in Table7.

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Pre-test	.831	1	.831	2.655	.113	.079
Group	2.239	1	2.239	7.153	.012	.187
Gender	.017	1	.017	.053	.819	.002
Group*Gender	.088	1	.088	.280	.601	.009
Error	9.705	31	.313			
Total	12.327	35				

Table 7: Tests of Between-Subjects Effects.

Table 7 indicates that their significant main effects ($p<0.05$) in students' self-concealment scores by group at the posttest, where the satir's group scored lower, F= 7.153. $\eta 2$ = 18.7%. It also revealed that there was no significant difference ($p < 0.05$) between the gender on the self-concealment scale, F=0.053.

No significant difference too ($p < 0.05$) between interaction between gender on the self-concealment scale, F= .280. These results supported hypotheses1, but not supported hypotheses2.

Discussion:

Results of the study indicated that satir's model more effective at a significance level ($p<.05$) to treat both of social anxiety and self-concealment compared to no treatment at the posttest. It also indicated that no significant differences were found in the effectiveness of the satir's model due to the interaction between genders. Results indicated that there were significant differences between the two groups by the means of the groups' scores were compared. Students in the experimental group who learned from satir's model showed a significantly lower score on both the social anxiety and self-concealment scales. It may be said that satir's model is successful ($p< 0.05$) at treating social anxiety and self-concealment among ninth grade students. Results may be due to the fact that the participants were very excited to participate in the program activities from the first session to the last, which has a very favorable impact on students' personalities. As well as the encouraging and positive environment that was created at the start of the sessions helped students change and transform.

The current results are convenient with the results of (Lau et al. 2018; Li & Vivian, 2010; Caston, 2009) studies that indicated that the use of effective satir's model can treat or enhance certain behaviors successfully in various situations. It is also convenient with the results of those studies that sought to examine the effects of other methods on social anxiety and self-concealment among school students of different grade levels (e.g., Shahar et al., 2017; Adler et al., 2018; Çalık & Çelik, 2019).

This result can be explained by the fact that evaluating the imbalance leads to a stage of integration between what the students know of the current problem and what they do in their daily life, it also gives the participants chances to connect with their own inner experience, which creates a crucial basis for enabling one's own transformation and changes in how one interacts with others. In addition to what the leader offers to the participants in order to reduce social anxiety and self-concealment; she teaches the students communication skills and helps them develop self-confidence and self-acceptance without anxiety or self-concealment. Lau et al. (2018) concluded that the Satir model showed some positive improvements as well, such as self-esteem and spirituality, and improved negative behavior and psychological problems.

Conclusion:

Based on the results of the present study, it was suggested that school counselors should be trained to use a satir's model for helping school students cope with their psychological and behavioral problems. It is possible to benefit from the results of the current study in a variety of settings that offer psychological counseling services, such as schools, counseling centers, and organizations. This model has specific methods and stages that the counselor can follow while providing counseling services. Furthermore, it should encourage school students to express themselves through involvement in extracurricular and curricular activities that help them increase their self-esteem and develop healthy social relationships. It should also involve the family in the counseling programs so that they are aware of their responsibilities to the students by providing them with more emotional support and additional attention.

Study Limitations:

One limitation of this study is that it was conducted over a shorter time period; therefore, other studies should be conducted over a longer time period to confirm our results. In addition, all of the participants were ninth-graders, which means that the model was not tested on students of various ages, so it's possible that the results can't be generalized. Furthermore, the study tools included two scales: the social anxiety scale and the self-concealment scale. Future studies should consider incorporating both quantity and quality scales. Additionally, all sessions were conducted with the author acting as therapist; thus, the current study should be replicated using more than one leader to confirm if the differences are attributed to the leaders or to other variables.

Consent for publication

authors are delighted with the publication of this article.

Competing interests

There is no authors' conflict of interest.

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