



Effectiveness of Cognitive Behavior Group Therapy on decreasing perfectionism, increasing positive affect and mental performance in Female Clergies

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Keywords:

Cognitive Behavioral Therapy

Perfectionism

Positive Affect

Mental Performance

Female Clergies

The study of the mental status of the female clergies' community is of great importance due to their role in the mental health of the family. The aim of this study was to evaluate the effectiveness of group cognitive-behavioral therapy on reducing perfectionism, increasing positive affect and improving the psychological performance of female clergies. The statistical population of this study included all female clergies. The statistical sample also included 32 female clergies who were randomly assigned to experimental and control groups. The sample responded to the Frost Multidimensional Perfectionism Scale (FMPS), the Positive and Negative affect Scale (PANAS) and the Depression, Anxiety and Stress Scale (DASS-42) in the pre-test and post-test stages. The results were analyzed using SPSS-23 software and multivariate analysis of covariance. The results of multivariate analysis of covariance indicated that group cognitive behavioral therapy had a significant effect on research variables and there was a significant difference between the experimental and control groups ($P < 0.001$). Based on the findings, the use of psychological therapies is effective in improving the performance and increasing the psychological efficiency of female clergies. Therefore, psychological strategies can be used to increase the mental health of female students more than before.

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1. Introduction

Perfectionism is the determination of very hard standards that are forced by the individual and on the other hand, a very intense effort to achieve goals despite the many problems that are created for the individual (Egan, Wade and Shafran, 2011). Discussions related to the structure of perfectionism have attracted the wide attention of behavioral scientists from the past one hundred years, both clinically and in terms of theories discussed in personality psychology (Sumi and Kanda, 2002). Perfectionist people usually have certain personality traits, such as ambition, fear of mistakes, fear of dissatisfaction, fear of being a loser, bipolar thinking and emphasis on what should be. These people are under pressure and stress in an obsessive way and without feeling forgiveness or forgiveness towards their impossible goals, and finally they find their sense of worth in the form of usefulness and perfection. Although the most prominent definition of perfectionism is based on setting high individual standards, researchers have provided different definitions of perfectionism.

When we consider perfectionism as an interpersonal and multi-dimensional construct, it becomes necessary to examine the issues related to this personality style, and one of the related issues in this field is positive emotion. Positive affect is associated with a wide range of different psychological variables. Positive emotion expresses the level of enthusiasm for life and the feeling of power to do different things in consciousness. From a theoretical point of view, the role of cognitions in their destructive effects has usually been given more attention than emotions and emotions, and this has occurred in terms of the quantification of cognitions in comparison to emotions. The construct of positive affect is directly related to feeling good and with feelings such as freshness and freshness that are associated with pleasant life experiences (Zhang et al., 2021). These people are more interested in themselves, act more creatively, and finally show more internal motivation, finally, positive emotion facilitates the increase in creativity, efficiency, decision-making, sociability, endurance, and although a kind of creation It is not emotion that affects different cognitive processes (Rio, 2001).

Therefore, positive emotion is the tendency to be pleased, happy and excited. Between positive and negative emotions, negative emotions play an important role in the creation and continuation of disorders (Barlow, Allen and Chohat, 2016). At the diagnostic level, there is a high coexistence between anxiety disorders and negative mood (Barlow, 2002; Kessler et al., 2005). In their three-dimensional model, Clark and Watson (2020) proposed negative affect as a common

factor among anxiety disorders, depression and stress. In addition to perfectionism and positive and negative emotions, experts believe that the general performance of people is subject to a set of external behaviors, which is based on psychological symptoms, a set of signs and symptoms of depression and anxiety and sometimes stress (Clabaugh et al., 2021). These symptoms strongly affect the person's level of functioning and lead to weak functioning of the person in a family and individual field (Goldstein, 2020).

In line with paying attention to the above psychological origins, psychological treatments during the past fifty years have mainly benefited from the integration of cognitive and behavioral approaches in various fields of etiology, evaluation, pathology and finally the treatment of a wide range of mental and psychological disorders. Cognitive behavioral therapy has been one of the dominant views of therapy since about thirty years ago. Cognitive behavioral therapy considers the cause of stress-causing disorders such as depression and anxiety to be based on biased and extreme thinking, along with high intensity (Leahy, 1996). Many experimental researches have supported the high effectiveness of cognitive and behavioral therapy in modulating important psychological variables including perfectionism (Shafran et al. 2017). This expansion has led to the design of various protocols and treatments, both individually and in groups, for this symptom. The structure of perfectionism has attracted a lot of attention from the clinical point of view since the last two decades, and for this reason, researches in this field have been increasing. More than a hundred years have passed since the discovery of the relationship between perfectionism and obsessive-compulsive disorder, and perfectionism is mentioned as the main feature of this disorder (Frost, Novar and Hiuome, 2012). Among the signs of intellectual-practical obsession, we can mention certain rituals such as order and comparison (Coles, Frost, Heimberg, Rheaume, 2013; Javad Taher, 2021). Perfectionism is considered one of the factors of social anxiety (Heimberg, Juster, Hope, Mattia, 2015). Panic disorder is another disorder whose relationship with perfectionism has been clarified to a great extent, many of these people have inflexible rules in relation to have defined themselves with anxiety symptoms (Anthony et al., 2008; Frost and Stickett, 2017). Regarding the investigation of the role of perfectionism in causing generalized anxiety disorder as well as specific phobias, the researches and surveys conducted have not been well investigated and there are very few researches (Anthony et al., 2008; Waka, 2021). Also, the research results of some researchers indicate that worry is a cognitive

process and calls for avoidance behaviors (Twenge et al., 2021).

Considering that perfectionism, negative emotions and decreased performance of women create a heavy psychosocial burden in non-clinical populations, the implementation of treatment programs to reduce symptoms and increase the general health of women due to their role in family health And raising children is felt more than before. In addition to the importance of the role of women and their mental health in the mental health of the family, especially the students of seminaries because of their great influence in the field of family education and their functional importance in the education of women, it is necessary to evaluate the female students psychologically. And in this way, seminaries can train capable and psychologically aware forces. Paying attention to the content of cognitive-behavioral therapies plays a significant role in mental health. Therefore, the aim of the present study was to investigate the effectiveness of cognitive-behavioral therapy in reducing depression, increasing positive affect and increasing psychological performance of female students in Zanjan city. In order to remove the limitations of individual psychotherapy, including high cost, lack of qualified and trained therapists, as well as the amount of time required, and considering the advantages of group psychotherapy, such as group cohesion, insight and learning from interaction, Generality means having common pain and facilitating

emotional discharge, this treatment approach was used in a group (Sahibi and Jumapour, 2019, p. 4.)

2. Methodology

This research is semi-experimental with pre-test and post-test. The statistical population included all female students studying in Zanjan city in 2018. In order to select the sample using the available sampling method, through a call for cooperation in the seminaries of Zanjan, women who were willing to participate in this research project were invited to take a test and conduct an interview. Refer to the researcher for a diagnosis. (N-300). The samples were selected from among the people who answered the questionnaire of the research tests and scored higher than 90 on Frost's perfectionism scale and scored lower than 75 on the depression, anxiety and stress test. In the second step, a sample of 32 people was selected and randomly assigned to two groups of 16 people, treatment and control. The criteria for entering the research were being a student and living in Zanjan city at the time of conducting the research, and willing to participate in the research and having a cut-off score in the DASS-42 Frost, Anxiety, Stress and Depression test. The exclusion criteria were non-participation in more than two sessions of treatment or unwillingness to receive intervention by women. In the following, the content of group behavioral counseling sessions is explained in detail.

Table 1: Content of group cognitive behavioral therapy sessions taken from Egan, Wade and Shafran, 2011

Session	Content
1	Defining perfectionism, examining its dimensions, consequences, and its perpetuating and aggravating factors. Explaining the explanatory model of Egan et al. and determining treatment goals
2	Working on therapeutic alliance in the group and improving participation motivation. Self-reliance, psychological training and overcoming barriers to self-reliance in group members
3	Cognitive restructuring by working on the role of common cognitive distortions in perfectionism, and challenging them in the group
4	Cognitive restructuring through the use of techniques of challenging assumptions such as confirming evidence and changing the perspective, challenging with selective attention, orthogonal continuum, challenging with inflexibility, and using acceptance techniques in working on thoughts resistant to cognitive challenge.
5	Development of behavioral experiments (learning how to design behavioral experiments, preparing principles and rules, and working on the objectives of the experiments, and finally preparing several types of behavioral experiments for each subject)
6	Work on self-evaluation and self-blame (explanation of the continuum model of perfectionism based on these two factors) based on compassion
7	Working on procrastination and improving program management (using cognitive and behavioral strategies)
8	Prevention of relapse and completion of the intervention

Instruments

Depression, Anxiety, Stress Scale (DASS-42): The Depression, Anxiety, and Stress Scale is a set of three self-report scales to assess negative emotional states in depression, anxiety, and stress. The important use of this scale is to measure the intensity of the main symptoms of depression, anxiety and stress. To complete the questionnaire, the person must specify the status of a symptom during the last week. Since the scale has the ability to measure symptoms and signs, it can also be used to evaluate the progress of treatment (Fathi Ashtiani, 2015). Regarding validity and reliability, studies (Anthony et al., 2008) indicate that 68% of the total variance of this scale is measured by these three factors. The special value of stress, depression, and anxiety factors in the mentioned research is 0.7 respectively. 9, 2.89, 1.23 and alpha coefficient for these factors were 0.97, 0.92 and 0.95 respectively. Also, the results of calculating the correlation between the factors indicate a correlation coefficient of 0.48 between the two factors of depression and stress and a correlation coefficient of 0.28 between anxiety and depression. The validity and reliability of this questionnaire has been investigated in Iran, which shows the retest validity for the scale. They reported depression, anxiety and tension equal to 0.80, 0.76 and 0.77 respectively and Cronbach's alpha for depression, anxiety and tension scale equal to 0.81, 0.74 and 0.78 respectively. Each of the 3 subscales of the test has 14 questions, which are obtained through the sum of the scores of the related questions. Each question is scored from 0 (does not apply to me at all) to 3 (extremely applies to me). The final score of each subscale should be double and the severity of the symptoms should be checked based on them. Based on the studies conducted by Asghari Moghadam, Saed, Dibajnia and Zangeneh (2017), the concurrent validity of depression, anxiety and stress scales by comparing the scores of a sub-sample taken from the general population (315 people) with a peer group of Patients with psychological disorders (130 people) were confirmed. Cronbach's alpha of this questionnaire was calculated in this study as 83./

Frost's Multidimensional Perfectionism Scale (FMPS): This scale was created by Frost et al. (2009). Frost's multidimensional perfectionism scale is based on the multidimensional model of perfectionism, and it is one of the two measurement scales of perfectionism that is very popular and has been the subject of the most researches. The number of questions consists of 35 items, which includes six components, which are concern about mistakes, doubt about performance, parental expectations, parental criticism, personal

standards and organization. In this questionnaire, there are two positive dimensions and four negative dimensions, which include personal standards and organization of positive dimensions and worry about mistakes, doubts about performance, parents' expectations and criticism of parents, negative dimensions. In the Iranian version of this questionnaire, the internal consistency coefficient for the entire questionnaire is equal to 0.86 and for the subscales of worry about mistakes, doubt about actions, parental expectations, parental criticism, personal standards and organization with 0.85 and 0.72, respectively. , 0.78, 0.47, 0.57 and 0.83 were obtained. The coefficient of retesting with an interval of one week for the whole questionnaire was equal to 0.90. The psychometric properties of this scale have been well supported. In a research conducted by Ghasemi Far and Liaqat Dar (2013) to check the standard of the above questionnaire, the outputs of Lisrel software showed the acceptable fit of the questionnaire in measuring perfectionism in Iranian students. In this research, the Cronbach's alpha is equal to 95. Calculated.

Positive and Negative Affect Scale (PANAS): This scale was created and validated by Watson and Clark (1988). It is a scale consisting of 10 negative emotions and 10 positive emotions, and this list measures the two subscales of positive and negative emotions as two orthogonal dimensions on a 5-point Likert scale from zero to four. This scale measures both positive and negative emotions in two forms, the Cronbach's alpha coefficients for positive emotion questions range from 0.86 to 0.90 and for negative emotion from 0.84 to 0.87 (Watson and Clark, 1988). The results of the research conducted by Bakhshipour and Dejkam (2014) on a sample of students suffering from depression and anxiety disorders confirmed the two-factor structure of the list of positive and negative emotions, and Cronbach's alpha coefficients were calculated for both subscales at 0.87. Based on the findings, the list of positive and negative emotions can distinguish between depressed and anxious patients. During a research conducted by Bakhshipour and Dejkam (2014) on this scale in the form of factor analysis, the factor validity, construct validity and validity of this test were examined on students and the results showed that the two-factor model is the most appropriate model. ($P < 0.01$) and in terms of validity, with the help of this tool, it is possible to separate anxious and depressed patients ($P < 0.05$) and the validity of these two subscales is equal to 0.87. The reliability of this questionnaire using Cronbach's alpha method is equal to 93. Calculated.

Data analysis method

In this research, several statistical methods were used to examine the collected data. Descriptive statistics were used to examine the descriptive characteristics of the subjects and to determine central indices and dispersion indices. In addition to descriptive statistics, inferential statistics were also used. In order to investigate group differences in demographic variables using non-parametric chi-square test, to compare group differences in dependent variables using multivariate within-group analysis of variance (MANOVA) test, to control the effect of the pre-test on dependent variable sizes from covariance analysis. Univariate (Ancova) was used.

Ethical consideration

In this research, an attempt was made to pay attention to ethical principles. In this research, in order to protect the

rights of women and protect their privacy, the research process, the number of sessions, the content and the time required for them were fully explained to the subjects. Also, in order to maintain privacy and confidentiality of information, all data and information were collected based on code only. The female students were told that they can leave the treatment if they are not satisfied at any stage of the intervention. Finally, written consent was obtained from all of them.

3. Findings

Analysis of demographic data in the studied sample showed that 34% of the subjects were female and 16% were male. Also, 37% of the control group were women and 13% were men. The average age and standard deviation in the experimental group was 21.81 (2.01) and in the control group was 21.6 (1.53.)

Table 2: The mean and standard deviation of the studied variables in the experimental and control groups

Variable	Index	Mean	SD	Min	Max	
perfectionism	Exp	pre	131/56	15/84	97	156
		post	115/62	16/71	91	149
	Cont	pre	136/50	15/09	116	159
		post	141/10	10/05	121	156
positive and negative affect	Exp	pre	22/56	7/61	8	35
		post	22/62	7/93	11	40
	Cont	pre	24/06	5/54	16	35
		post	26/43	6/22	17	35
psychological function	Exp	pre	43/43	22/90	10	88
		post	34/68	26/80	5	80
	Cont	pre	52/81	27/48	14	123
		post	55/75	25/74	16	114

considering that the significance level for all research variables in the two stages of pre-test and post-test is greater than 0.1. Therefore, the Kolmogorov-Smirnov statistic was not significant for any of the variables, and therefore the assumption of normality of the data is accepted.

As the above table shows, the amount of Levin's coefficient obtained by for all variables is greater than the significance level of 0.1. is and is not meaningful. Therefore, with 99% confidence, we can say that the assumption of homogeneity of variances is established

Table 3: homogeneity test of the slope of the regression line of the research variables

Source	SS	df	MS	F	sig
Group×perfectionism	5.93	1	2.96	0.592	0.453
Group×positive and negative affect	15.016	1	7.508	1.457	0.324
Group×psychological function	3.11	1	3.11	0.439	0.541

As can be seen in the above table, the F level of the pre-test interaction with the procedure was not significant for any of the variables, and the assumption of homogeneity of the slope of the regression line for all variables is

maintained. Examining the assumptions of the parametric test showed that all the assumptions of the parametric test of covariance analysis are valid and therefore the parametric test of covariance analysis can be used.

Table 4: The results of multivariate covariance analysis to investigate the differences between the experimental and control groups in the variables of perfectionism, positive and negative affect, and psychological function.

Source	SS	df	MS	F	sig	Eta
perfectionism	5151/1	1	5151/1	27.07	0.0001	0.47
positive and negative affect	116/28	1	116/28	2.28	0.14	0.07
psychological function	3549.03	1	3549.03	5.14	0.031	0.146

As the above table shows, there is a significant difference between the experimental and control groups in terms of perfectionism ($F=27.07$ and $P<.0001$), but there is no significant difference in positive and negative emotions and psychological performance. Therefore, it can be said that group cognitive behavioral therapy has an effect on perfectionism, but it has no effect on positive and negative emotions and psychological functioning.

4. Discussion

This study was conducted with the aim of investigating the effectiveness of cognitive-behavioral therapy on reducing perfectionism, increasing positive affect, and increasing the psychological performance of female students studying in religious schools in the city of Zanjan. The results of this study indicated the effect of cognitive behavioral therapy in reducing perfectionism in the experimental group compared to the control group. On the contrary, it does not affect positive emotions and mental performance. The findings of this study are consistent with the results of the studies of Dibartello et al. (2001), Roriz Esteban (2021), Vilkesch et al.

The basis of cognitive-behavioral therapy is based on underlying theories in order to change dysfunctional beliefs and cognitive challenges. Also, it is necessary to plan an efficient and effective cognitive-behavioral treatment, the joint formulation of the factors of continuity of the perfectionism part, and this part forms the basis of the treatment, and based on the same formulation, each person's treatment will look different. In general, the persistence factors of a specific part in the cognitive-behavioral model are targeted for treatment (Shafran, Cooper and Fairburn, 2002, 2010). These factors include collaborative formulation that helps the individual to correctly target the factors of perfectionism continuity with the help of the therapist. Also, in a comprehensive review, Shafran and Mansel (2001) showed that perfectionism has a high level in a wide range of mental disorders. Shafran et al.'s (2002) model is based on clinical perfectionism, which defines perfectionism as the excessive dependence of self-esteem on stubborn adherence to personal expectations and self-imposed standards in at least one salient domain despite its negative consequences. In the modern cognitive-

behavioral model of perfectionism (Shafran, Egan and Ray, 2001), at the top and center of the performance-based self-esteem model, which in turn affects structures related to performance (behavior), cognitive (cognitive) biases, and flexibility criteria and in case of success and temporary achievement of the criteria, the person re-evaluates the criteria as easy criteria and in case of failure or avoidance of trying to reach the criteria, he engages in anti-efficiency and self-blaming behaviors.

Therefore, cognitive behavioral therapy can help improve cognitive biases and performance-related behaviors in perfectionistic female students. The biases of thinking in people suffering from perfectionism remain bipolar thinking, the evaluation of perfectionist people on the degree of fulfillment of their desired rules is always bipolar and black and white, and this issue causes severe self-criticism and extreme generalization, which leads to the strengthening of self-evaluation based on excessive effort. will be "Shoulds" and "musts" self-talking about "musts" and "musts" perpetuates perfectionism. These words are often operational definitions and a person can use them to force themselves to meet standards or to blame themselves when they do not meet them. Albert Ellis referred to this way of thinking as "self-indulgence" and "self-regarding imperatives". Selective attention is cognitive errors, which is characteristic of clinical perfectionism and includes cases that focus on one's own mistakes, regardless of the amount and size of the aforementioned appetites. Also, extreme generalization is a way of thinking that causes the continuation of perfectionism in people, and in this style of thinking, a person reaches general conclusions. Double standards is another way of thinking that differentiates perfectionists, and in this way of thinking, the standards that a person considers for himself and others are different. Evaluating criteria is another part of cognitive errors and perfectionist people try to achieve their different criteria in life at any time and they are checking their success or failure at any time. The failure to reach the standards comes from the fact that these people think that they are failures because of their self-blame and define their value in reaching their standards.

In the discussion of behavioral inefficiency and performance-related behaviors, people engage in specific behaviors to ensure their performance, which can be categorized into four areas: success-oriented behaviors. Performance evaluation and comparison and reassurance. Counterproductive and self-blaming behaviors are behaviors that people do to reduce their concerns about their performance or to perceive a positive feeling about their performance. In fact, counterproductive behaviors are negative types of safety behaviors. This behavior causes the continuation of the vicious cycle of perfectionism in people. This finding is in line with the underlying model and treatment goals of the cognitive-behavioral protocol. According to the pathological model of clinical perfectionism, incorrect cognitions and ineffective behaviors are the underlying and common factor in the structure of clinical perfectionism and should be the focus of therapeutic interventions. In this regard, Egan's cognitive-behavioral protocol is trying to treat these disorders by using common characteristics and ineffective and pathological strategies to correct people. Therefore, it can be said that the Egan protocol can be considered as a suitable and cost-effective intervention in reducing the symptoms of patients suffering from perfectionism disorder resulting in mental disorders. Increasing the positive emotion of working on positive emotional boosters such as skill training. Tolerating things, providing more solutions to increase self-esteem and creating secure attachment, all of which are related to positive emotion regulation, are likely to increase the effectiveness of this part of the treatment.

Perfectionism is not only related to mental disorders related to performance improvement, but it is also a predictor of them, and it is with this reasoning that perfectionism has been considered as a transdiagnostic process that eventually has the ability to become many disorders (Egan, Wade and Shafran, 2011). Perfectionism is considered as a perpetuating factor in cognitive-behavioral models of social anxiety (Himberg et al., 2015). Researches about panic disorder patients have identified a similar pattern with two obsessive-compulsive disorders and social anxiety disorder. Also, the relationship between perfectionism and anxiety disorders of specific phobia and generalized anxiety has been well investigated (Anthony et al., 2008). Finally, some researchers consider worry to be a cognitive process that calls for avoidance behavior, but more studies are still needed to identify the relationship between perfectionism and the processes of worry and avoidance (Borkovic, plays a role in depression. Many

therapists complain of depression and perfectionism. According to many studies, perfectionism plays an important role as a prominent feature of this disorder, and therapists often report rumination related to failure. These people's exhausting efforts to achieve goals and high-level standards maintain depression and low mood in these people (Norman et al., 2019).

Since every research conducted in the field of behavioral sciences is not free from limitations, the current research is not an exception to this rule and has limitations. Limitations such as small sample size, low generalizability and lack of follow-up period. It is suggested that in future studies, by using a larger sample size, it is possible to provide a more accurate examination and the effectiveness of the treatment with less error in the female student population. Also, comparative studies should be done between the protocol used in this application with other protocols. In future studies, a follow-up period of one or three months should be considered to check the effectiveness of the treatment.

5. Conclusion

The results of the present study show that the Egan protocol has been effective on the components of improving mental performance, which include depression, anxiety and stress. Many researches indicate the relationship between the trait of perfectionism and psychological injuries.

Acknowledgements

Authors would like to thank to all women who helped us by completing the questionnaires.

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