

Effectiveness of Emotion-Focused Group Therapy in Social Intimacy, Social Acceptance, and Self-Compassion of Clients with anxiety referring to Counseling Centers

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Abstract

Background: Anxiety is a general, vague, and very unpleasant emotional feeling accompanied by many uncomfortable physical sensations.

Objective: The present study aimed to determine the effectiveness of emotion-focused group therapy in social intimacy, social acceptance, and compassion of clients with anxiety referring to counseling centers in Isfahan.

Method: This quasi-experimental study used a pre-test, post-test design with a control group and a one-month follow-up period. The statistical population of the study included 40 clients with anxiety referring to counseling centers in Isfahan in the spring and summer of 2020. They were selected via the available sampling method from Tohid counseling centers in Isfahan and randomly assigned to experimental and control groups (n=20 in each group). The experimental group received an emotion-focused treatment program in 12 120-min sessions (once a week), while the control group did not receive any intervention. The research instruments included the Symptom Checklist 90 (SCL-90) questionnaire, self-compassion scale, social intimacy questionnaire, and social acceptance test scale. The acquired data were analyzed using repeated-measures analysis of variance in SPSS software (version 24).

Results: The results pointed out that emotion-focused therapy had a significant effect on the enhancement of social intimacy, social acceptance, and self-compassion ($P < 0.01$).

Conclusion: It can be concluded that emotion-focused group therapy is a useful intervention to increase social intimacy, social acceptance, and self-compassion in people with generalized anxiety disorder.

Keywords: Anxiety, Emotion-focused therapy, Counseling, Psychotherapy

Introduction

The present era is the age of complex human relationships, with reactions playing a major role in stressful situations. These tortuous and intertwined relationships, if not scientifically studied, can create many problems that exert destructive effects on both individuals and their families (1). Anxiety is one of the feelings experienced by all human beings in their lives when faced with threatening and stressful situations (2). This phenomenon is pervasive, universal, and experienced by all human beings, even the most adaptable ones.

Anxiety occurs when a person perceives a danger that is beyond his/her ability to deal with (3). It is a general, vague, and very unpleasant emotion that causes some physical sensations, such as shortness of breath, palpitations, excessive sweating, restlessness, trembling hands, and indigestion. Anxiety is a pervasive term for several mental disorders (4) and a feeling experienced by almost all human beings to

varying degrees throughout their lives (5). Some people are born with a more anxious mood than others since their neural network is more sensitive to stimuli. They react negatively to changes in their environment even when they are babies or toddlers and it takes them longer to adapt to new situations. An anxious mood usually leads to embarrassment and insecurity, which causes a person to avoid social situations. It also makes people very cautious and risk-averse; moreover, high sensitivity to stimuli in this mood causes them to become distracted by activities that others enjoy and avoid social interaction. Those who are more cautious and risk-averse cannot participate in activities, such as dating, partying, or learning to drive at once (6). Self-compassion is positively related to life satisfaction, and compassionate people feel better about themselves, and therefore, derive greater satisfaction from interpersonal relationships. Compassionate people have a supportive attitude towards themselves and this view is associated with

many positive psychological consequences, such as greater motivation to resolve personal and interpersonal conflicts, constructive problem solving, and stability of marital life (7). Compassion includes three basic elements: Creating a sense of kindness and self-perception instead of self-criticism and stubborn judgment (self-kindness); Considering personal experience as a part of the wider human experience instead of separation and isolation (common humanity); as well as keeping painful thoughts and feelings in a balanced consciousness instead of exaggerated assimilation with them (awareness attention) (8).

Self-compassion is one of the factors that reduce anxiety (9) and involves relative self-care in the face of perceived difficulties or inadequacies. High self-compassion is associated with psychological well-being and protects individuals against stress (10). Self-compassion has three components: self-kindness versus self-judgment, a common human sense of isolation, and a balanced self-awareness of personal emotions versus extreme assimilation. These components are interrelated, and their combination forms compassion in the mind (11).

The related studies have demonstrated that self-compassion is lower in people with anxiety disorders, as compared to that in normal people (12). Social skills are the ability to establish interpersonal relationships with others in a way that is socially acceptable, valuable, customary, and at the same time beneficial to the individual, family, community, and mutually beneficial. Researchers have pointed out that satisfying intimate relationships are an important source of happiness and meaning in life, and intimacy is psychologically associated with creativity, emotion regulation, and well-being.

Based on the experiences of social relationships that begin in the early stages of development, individuals make a plan of themselves as a lovable or unlovable person and a plan of others as a frame of trust or distrust (13). Since intimacy is an important feature of interpersonal relationships, the identification of the factors that affect it can help to establish healthy relationships. In the meantime, it seems that the family, emotions of others, and how to deal with them are effective in having satisfactory relationships (14). Social acceptance can be one of the variables that have a significant impact on people's mental health and have a major role to play in mental health since one's actions and thoughts are influenced by the presence of others (15). Social acceptance is the result of several social phenomena, such as social influence, compliance, social judgment, and attitudes of individuals. Therefore, according to the presented context, it can be stated that social acceptance means that most people look at themselves from others' points of view and act like others to adapt to them (16). Studies have suggested that social acceptance is one of the concepts that are very important

concerning psychological health and well-being. It refers to an individual's perception of society according to the characteristics of other people.

Social acceptance includes accepting pluralism with others, trusting in the inherent goodness of others, and a positive view of human nature, all of which make one feel comfortable with other members of human society. Those who accept others have come to understand that individuals are generally constructive (17). Anxiety is one of the disorders that can disrupt social success and cause deep fear in the face of social situations. This mental disorder deprives people of their right to control their lives and makes them unable to lead their lives. Moreover, this disorder prevents people from choosing the right job out of fear. The destruction of social relationships is one of the greatest consequences of this disorder, although anxious people are eager to have social relationships (18).

Emotion-focused therapy as one of the few treatment models that inherently includes a combination of client-centered therapeutic approaches, Gestalt therapy, and cognitive principles. It regards emotion as the basis of experience concerning adaptive and non-adaptive functions. Emotion-focused therapy is an integrated and empirical therapeutic approach that views emotions as a fundamental adaptation and attention to the benefits and exploration of emotional experiences (19). The main problem with emotion-focused therapy is that emotion is an essential part of one's structure and a key factor in self-organization. The most basic level of emotion function is an adaptive form of information processing, and readiness that directs one's behavior (20). Emotion-focused therapists help patients in establishing an ongoing relationship of warmth, support, acceptance, and empathy so that clients can express a stronger sense of self and undergo emotional transformation. The achievement of emotion-focused therapy is that emotional trauma and attachment process the painful feelings of fear, sadness, and shame, and as a result, become more self-compassionate and self-accepting (21). The first basic premise of emotion-focused therapy states that the most influential factor in adult intimacy is the current emotional chains between them (22). Emotional disturbance and regulation can cause psychological damage (23).

This treatment is effective in depression, interpersonal trauma, and marital disputes; nonetheless, it is used in anxiety disorders in their early stages (24). Emotion-focused therapy can help improve physical symptoms and emotional states, including stress, depression, and anxiety (25). Studies have demonstrated that elevated levels of anxiety endanger the mental health of individuals, families, and society. Moreover, anxiety impairs the performance of individuals and leads to maladaptive behaviors (26), and as a result, social acceptance and intimacy will decrease. As mentioned earlier,

compassion will reduce anxiety itself, and given that social intimacy, social acceptance, and compassion are among can be part of the criteria for mental health,..... The necessity and importance of this research lie in the fact that social intimacy, social acceptance, and self-compassion are international issues and the main challenges faced by researchers. Although many studies have been conducted to prevent and treat anxiety and have provided relatively good results, these studies have not investigated the effectiveness of emotion-focused group therapy in social intimacy, social acceptance, and self-compassion of anxious clients.

Objectives

The present study aimed to assess the effectiveness of group emotion-focused therapy in social intimacy, social acceptance, and compassion of Clients with anxiety referring to counseling centers in Isfahan

Methods

This quasi-experimental study used a pre-test, post-test design with a control group and a one-month follow-up period. The statistical population included 40 anxious clients who were referred to counseling centers in Isfahan throughout the spring and summer of 2020. They were chosen via the convenience sampling method and assigned to experimental and control groups (n=20). Based on an effect size of 0.25, an alpha of 0.05, and a power of 0.80, the minimum number of subjects required to meet the specified power was calculated to be 20 in each group and 40 in total. The follow-up period started one month after the post-test due to the prevalence of the COVID-19 virus and uncertainty of access to all participants.

The inclusion criteria entailed having anxiety disorder based on clinical interview and the Symptom Checklist 90 (SCL-90) score, the absence of any psychiatric-personality disorders, a minimum education of diploma, and willingness to participate in research and have at least a diploma. On the other hand, the exclusion criteria were as follows: absence from more than two sessions, undergoing other therapies at the same time as emotion-focused therapy, lack of cooperation, and unwillingness to continue to participate in the research process.

The ethical considerations in this study were as follows: participation in this study was completely voluntary, and prior to their participation in the research project, they were familiarized with the aims and rules of the study. The attitude and opinions of the subjects were respected. The experimental and control group members were allowed to withdraw from the research project at any stage. The Shahrekord branch of Islamic Azad University's Ethics Committee approved this study

(IR.IAU.SHK.REC.1399.057).

Self-Compassion Questionnaire

Neff created and validated the Self-Compassion Scale (27). Six subscales of self-kindness (5 items), self-judgment (5 items), basic human feelings (4 items), isolation (4 items), mindfulness (4 items), and replication (4 things) make up this 26-item self-report scale (4 items). The Cronbach alpha for the overall score of the scale was 0.91, according to a study conducted by Neff (27). Self-kindness, self-judgment, shared human experiences, isolation, mindfulness, and extreme replication all had Cronbach's alpha coefficients of 0.83, 0.87, 0.91, 0.88, 0.92, and 0.77, respectively. The questionnaire's simultaneous and convergent validity has also been mentioned as desirable (27). Cronbach's alpha for the entire questionnaire was calculated to be 0.94 in this study.

Miller Social Intimacy Scale (MSIS)

This scale was designed by Miller & Lefcourt in 1982 to measure perceived intimacy in different relationships. There are two sets of questions on the scale: six for describing the frequency of intimacy and eleven for describing the level of closeness. Each item is scored on a Likert scale from 1 (rarely) to 10 (very frequently) (almost always). Miller & Lefcourt (28) obtained Cronbach's alpha coefficient between 0.86 and 0.91 in various performances and also confirmed its differential validity, construct validity, and convergence validity. A better marital adjustment is indicated by higher scores. Cronbach's alpha coefficients have ranged from 0.80 to 0.90 in prior research (29). In the current investigation, the preliminary sample (n=40) had a reliability of 0.79.

Social Acceptance Scale

This scale is one of the most valid measures of social acceptance developed by Marlowe & Crown in 1960. This scale consists of 33 yes/no questions selected by the subject to demonstrate their agreement or disagreement with each. The subjects' answers are matched by the scale key, and the sum of the answers corresponding to the scale key determines the overall result for each individual. This scale has good validity and reliability. To determine the reliability of the scale, two methods of Cronbach's alpha and split-half were used, yielding the coefficients of 0.70 and 0.67, respectively (30). In terms of concurrent validity and reliability (Cronbach alpha), this scale has illustrated a high and acceptable correlation with other psychological tools designed to measure social acceptance, and its reliability was 0.82 (30). In the present study, Cronbach's alpha was estimated at 0.82.

After sampling, the subjects were evaluated in the pre-test stage using the research tools. Emotion-focused group therapy intervention was performed

as a group based on the treatment protocol of Greenberg (31) on the experimental group in 12

120-min sessions once a week. The description of the treatment sessions is presented in Table 1.

Table 1. Content of emotion-focused therapy sessions

Sessions	Contents
First	General familiarity with the members of the group, introducing the therapist, examining their motivation and expectation of participating in the class, defining the concepts of emotion-focused therapy, initial familiarity with the problems of the group, pre-test implementation
Second	Creating empathy for establishing therapeutic alliances between clients and therapists about therapeutic goals and how to implement treatment, understanding how the current relationship is formed, assessing the nature of the problem and finding a relationship, a clear understanding of people's problem, and ice-breaker exercises
Third	Fostering a safe environment and creating trust, encouraging clients to express their fears (such as fear of rejection, fear of saying flaws, and defect-fear of telling their problems)
Fourth	Assessment of attachment and intimacy, finding internal and external barriers, intimacy and emotional tracking in people, and analysis of emotional states
Fifth	Achieving unrecognized emotions embedded in interactive situations, as well as identifying people's primary and secondary emotions
Sixth	Intensifying emotional experiences, increasing the tendency to emotional conflict and confrontation, increasing accountability for people to recount latent emotions and attachment-shaped needs
Seventh	Increasing the identification of self-denied needs and aspects, increasing self-awareness, as well as engaging and accepting injuries and fears
Eighth	Exploring old problems and topics, facilitating the expression of needs and desires, facilitating new solutions to problems, and healing injuries using empathy and consolidation of new situations and positive interactive cycles
Ninth	Members learn to trust newly revealed emotions and experience new reactions to their motivations.
Tenth	The initial emotions identified in previous stages are processed more thoroughly. The therapist begins a rule under which the authorities express their enthusiasm for a newer type of communication in a nearly clear way.
Eleventh	Encouraging the identification of exclusionary needs and aspects of themselves that have been denied. Attracting the attention of clients in the way of interaction with each other and reflecting their interaction patterns with respect and empathy
Twelfth	Strengthening the changes made during treatment, highlighting the differences that have been made between current interactions and old ones, as well as evaluating changes and post-test implementation

At a significance level of 0.05, data were analyzed in SPSS software (version 24) using mean, standard deviation, and repeated measures ANOVA.

Results

Table 2 presents descriptive findings related to research variables (self-compassion, social intimacy, and social acceptance).

Table 2. Mean (SD) of research variables in experimental and control groups

Variables	Groups	Pre-test		Post-test		Follow-up	
		M	SD	M	SD	M	SD
Self-compassion	EFT	82.80	6.46	97.40	5.12	97.60	4.38
	Control	79.80	4.59	78.35	3.71	78.25	3.66
Social intimacy	EFT	109.35	9.85	133.60	10.33	128.90	10.50
	Control	111.80	10.76	114.05	11.80	113.60	10.60
Social acceptance	EFT	18.39	2.53	25.05	3.87	24.55	3.56
	Control	18.25	2.88	18.50	5.02	18.50	5.02

The results presented in Table 2 indicate that group therapy focused on mutual emotion has led to changes in the mean score of self-compassion, social intimacy, and social acceptance in anxious clients of counseling centers in Isfahan in the post-test and

follow-up stages. The Kolmogorov-Smirnov test indicated that the normality was observed in the subjects. The result of Levene's test for the variables of self-compassion ($P=0.05$), social intimacy ($P=0.05$), and social acceptance ($P=0.05$) were not

statistically significant; accordingly, the assumption of variance homogeneity was also confirmed.

Following that, the homogeneity assumption of regression coefficients was established.

Table 3. Wilks Lambda test to investigate the difference between group means

Variables	Value	F	Df	P	Eta
Self-compassion	0.51	4.49	2	0.01	0.27
Social intimacy	0.29	9.08	2	0.01	0.34
Social acceptance	0.22	14.34	2	0.01	0.41

According to Table 3 and values of 0.81, 0.29, and 0.22 for social acceptance, social intimacy, and self-compassion, there was a significant difference in repeated measurement of pre-test, post-test, and follow-up. The results of intergroup and intragroup

variance analysis for social acceptance, social intimacy, and self-compassion have been demonstrated by three measurements of pre-test, post-test, and follow-up in Table 4.

Table 4. Repeated measure analysis of variance in three periods of pre-test, post-test, and follow-up

Variable	Source	SS	Df	MS	F	P	Eta
Social acceptance	Time	134.01	2	112.41	8.47	0.01	0.27
	Time*group	44.09	2	31.84	2.87	0.01	0.04
	Group	527.83	1	527.83	5.76	0.002	0.23
Social intimacy	Time	248.84	2	127.92	9.89	0.001	0.29
	Time*group	306.66	2	97.33	11.04	0.01	0.34
	Group	813.94	1	813.94	10.27	0.01	0.26
Self-compassion	Time	743.72	2	437.80	11.27	0.001	0.30
	Time*group	301.21	2	119.06	4.21	0.004	0.12
	Group	1027.07	1	1027.07	8.88	0.01	0.21

According to Table 4, social acceptance, social intimacy, and self-compassion significantly differed in the pre-test, post-test, and follow-up ($P < 0.01$). The results of Bonferroni posthoc test showed that the mean scores of self-compassion, social intimacy, and social acceptance significantly differed in the pre-test, post-test, and follow-up. Nonetheless, the post-test scores did not significantly differ from the follow-up stage, denoting that the self-compassion score did not decrease in the follow-up phase, and the training course had a lasting effect.

Discussion

The present study aimed to assess the effectiveness of emotion-focused group therapy on self-compassion, social intimacy, and social acceptance of clients with anxiety referring to counseling centers in Isfahan. The results showed that emotion-focused therapy was effective on self-compassion, social intimacy, and social acceptance. It is also revealed that the treatment had a lasting effect. The results of this study were in line with those obtained by Sayadi & Madani (32), Shahar, Bar-Kalifa, & Alon (33), and Wnuk & et al. (34). Nonetheless, the results of this research were opposed to those reported by Lafrance Robinson et al (16).

In explaining these results, it can be argued that emotion-focused therapy helps patients become aware of their emotions and reconstruct unusual cognitive-emotional patterns which are often based

on anxiety symptoms. Internalizing self-compassion and improving self-comfort is one of the key principles in the treatment of anxiety disorder. When clients reach this stage, they are on the right track to overcome and reshape their anxiety (32).

One of these relationships is the relationship with yourself referred to as compassion. Compassion means sincere awareness of one's own and others' suffering, as well as striving to alleviate and reduce this suffering (33). Self-compassion specifically targets emotions, such as worthlessness, shame, and self-criticism. Emotion-focused therapy of compassionate skills, such as compassionate attention, compassionate reasoning, compassionate behavior, and compassionate imagery enhances compassionate sense in clients. Compassion refers to the cultivation of emotional sensitivity and awareness, paying attention to one's suffering and that of others, the ability to discover the causes of suffering, rationality, and a commitment to healing and preventing suffering. Emotion-focused therapy has been able to create this emotional awareness in anxious clients and strengthen self-compassion in them (34).

In explaining the effectiveness of the emotion-focused approach in the enhancement of intimacy among anxious clients, it can be argued that according to the first assumptions of emotion-focused therapy, the most effective factor in the development and maintenance of marital intimacy is the type of emotional chain in the relationship.

Intimacy will spontaneously emerge in a relationship based on positive emotions (35). Emotion-focused therapy can be considered one of the best therapies for improving communication disorders.

The emotion-focused approach is considered a new healing extract of communication problems by creating corrected and new emotional experiences. Moreover, one of the goals of the founders of emotion-focused therapy was to highlight the role of emotions in intimate relationships. Empathy-focused therapy (with an emphasis on empathy, self-disclosure, deep understanding of self and complementary needs, acceptance, expression of thoughts and feelings, and creating an emotional atmosphere that are all essential elements in a sincere relationship) has a key role to play in the enhancement of intimacy (36).

The emotion-focused approach creates intimacy concerning attachments and emotions; moreover, it overcomes negative interaction cycles; therefore, treatment with an emotion-focused approach increases the intimacy of anxious clients. The emotion-focused approach is a short-term systemic model that combines psychological and interpersonal domains. The origins of this approach are humanistic and ontological psychotherapy, and its theoretical underpinnings are Shaver's adult love, Bowlby attachment styles, and the concepts of Guttman couple confusion (37).

This approach affects one's different behaviors, and this influence is a solution to increase intimacy. It should be pointed out that emotion-focused therapy creates secure attachment in clients and makes them comfortable in their relationship with others, have a close relationship with others and self-disclosure, and react to others' self-disclosure. Attachment theory, which is one of the principles of the emotion-focused approach, puts a great emphasis on intimacy (35); therefore, creating attachment increases intimacy. Humans are in an ongoing quest for love, and an emotion-focused approach creates this intimacy concerning attachments and emotions, as well as the elimination of negative interaction cycles. Emotion-based therapy which focuses on emotional schema processes underling interpersonal and cognitive-behavioral determinants regards emotional processing as the primary goal of its treatment (36). Emotion therapy is based on modern experimental therapies (38).

In emotion-centered therapy, the therapist's focus is not only on being aware of the mental content that has been denied or distorted by the client but also on creating new meaning influenced by the client's physical experience. It has been demonstrated that moment-to-moment client-therapist interactions and the therapist's association with the client's emotional state predict the outcome of the treatment. Approaching bitter mental and

emotional experiences is often a difficult and exhausting process for clients. The therapist's mission in this area is to teach emotion regulation skills, in addition to the establishment of an effective relationship.

With the experience gained in the emotional awareness phase, clients learn to be aware of their own emotions instead of suppressing or being overwhelmed by them and try to get the experience as deeply as possible (39). The combination of emotional arousal and experiencing emotion are better predictors of outcomes than any of these indicators alone. Clients are able to share their emotional experiences with others in a positive way. Since they know themselves better, they establish more effective communication with others and play more effective roles, and this increases the acceptance of others.

Clients coordinate treatment outcomes, including raising awareness of emotions, expressing new emotions, coping with difficulties in emotion regulation, expressing appropriate emotion, and gaining new perceptions. The acknowledgment of clients' self-regulation at this stage plays a major role in clients' self-respect. In this situation, they seek their approval as selective and acting human beings (the existential aspect of emotion-based therapy) rather than asking the therapist for a solution. Clients at this stage reached emotional stability and demonstrated that they are more socially prepared. Therefore, emotion-focused therapy (with an emphasis on empathy, self-disclosure, deep understanding of self and complementary needs, acceptance, expression of thoughts and feelings, and creating an emotional atmosphere that are all essential elements in a sincere relationship) play a critical powerful role in the enhancement of clients' social acceptance (40).

Among the notable limitations of the present research, we can refer to the heterogeneity of participants in various aspects, such as socio-economic class, cultural level, level of education, and age. Although the experimental group and the control group were somewhat similar in terms of characteristics due to random assignment, the sample was limited to people with anxiety disorder in Isfahan. Self-reporting and non-use of random sampling are important limitations of this study. According to the research results and the fact that one of the goals of psychology is prevention and promotion of mental well-being, it is suggested that emotion-focused therapy be used by counselors and psychologists as an effective, low-cost, and applicable intervention to prevent anxiety disorders and increase intimacy and social acceptance.

Conclusion

It can be concluded that emotion-focused group therapy is a useful intervention to increase social

intimacy, social acceptance, and self-compassion in people with generalized anxiety disorder.

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