Original Article

The effectiveness of emotion-focused therapy on self-criticism/reassurance and symptoms of social anxiety disorder

**Shima Zohrabi[1]; Abbas Abolghasemi[2]; Mousa Kafi Masoole[2]; Mahnaz Khosrojavid[3]*

[1]Ph.D. student, Faculty of Literature and Human Sciences, University of Guilan, Rasht, Iran.
[2]Professor, Department of Psychology, Faculty of Literature and Humanity Sciences, University of Guilan, Rasht, Iran.
[3]Associate professor, Department of Psychology, Faculty of Literature and Humanity Sciences, University of Guilan, Rasht, Iran.

Abstract

Introduction: Social anxiety disorder is a condition where people feel very anxious in social situations. This has been conducted to assess the effectiveness of Emotion-Focused Therapy (EFT) on self-criticism/ reassurance and social anxiety symptoms.

Materials and Methods: The statistical population of this cross-sectional study included all the people aged 18-40 who were diagnosed with social anxiety disorder and referred to a psychological clinic from September to March of 2021 in Tehran city-Iran. Fourteen patients were selected using purposive sampling and assigned randomly into an equal experimental and control groups. The experimental group received EFT in five 120-minute weekly sessions, while the control group did not receive therapy intervention during this period. The Social Phobia Inventory (SPIN) and the Forms of Self-Criticizing/Attacking and Self-Reassuring Scale (FSCRS) were used for data collection. We analyzed the data through repeated measures ANOVA and SPSS-24.

Results: Emotion-focused therapy effectively reduced the scores of self-criticizing/attacking and self-reassuring and social anxiety symptoms ($P< 0.001$, $P< 0.001$, respectively).

Conclusion: Our findings highlight the positive role of emotion-focused therapy in improving self-criticism/reassurance and symptoms of social anxiety in patients with social anxiety disorder.

Keywords: Emotion-focused therapy, Self-criticism, Reassurance, Social anxiety disorder

Introduction

Social anxiety disorder is the experience of severe and persistent fear in social or everyday situations. In these situations, individuals expect others to question and judge their actions (1). In certain social situations, these individuals fear engaging in behaviors that may cause shame or embarrassment (2). Among the various anxiety disorders, this disease is common and serious. Approximately 17% of people will experience it within one year, and approximately 12.1% will experience it during their lifetime (3). This disorder occurs early and often precedes other disorders, such as anxiety disorders, major depression, and alcohol abuse (4). The condition rarely improves without

*Corresponding Author:
Department of Psychology, Faculty of Literature and Humanity Sciences, University of Guilan, Rasht, Iran.
Shima.zohrabi@gmail.com

treatment, and symptoms persist and often become chronic (6).

These individuals' social, occupational, educational, emotional, and general life experiences vary widely due to this disorder (6). Self-criticism is a negative inner voice criticizing and attacking people and their actions. Self-criticism contributes to people's vulnerability, making them see their actions as failures and unable to accept high standards that are unattainable for them, all of which contribute to feelings of self-worthlessness (7). Shahar et al. found that self-criticism functions similarly as a shame-regulating coping strategy. People who suffer from social anxiety tend to be overly self-critical and constantly criticize themselves, so they are often unable to admit their shortcomings and feel shame. However, self-criticism can lead to negative self-perceptions and anxiety in social situations (8).

Developing self-belief as a central mechanism model reduces self-critical thinking (9).

Based on this perspective, a recent study found that self-confidence is an effective defense against the depressive effects of self-criticism. As observed in previous research, self-criticism is significantly reduced by using self-belief (11). Matos et al. show that self-confidence positively relates to a person's ability to show compassion daily (12). Other research has shown that self-confidence can improve self-compassion (13). Therefore, there is a positive relationship with well-being and a negative relationship with psychology, including symptoms of stress, depression, and anxiety (14). To reduce social anxiety symptoms and ensure progress, it is important to focus attention on specific areas during treatment (6).

Emotion-Focused Therapy (EFT) is an empirically supported treatment for increasing self-confidence, and emotions (15). Social anxiety (9,16,17), overcoming shame and loneliness (18), anxiety and quality of life (19,20), self-criticism and self-soothing (21). Therapeutic change occurs when people recognize and experience shame rather than avoid it. When shame is evoked, the adaptive sadness accompanying the previously avoided intimacy and lack of self-compassion is transformed by harnessing and invoking courageous anger (17). These adaptive emotions empower people with social anxiety and help them cope with unmet needs throughout their lives. This allows them to

strengthen or rebuild relationships and build lives of value and purpose (22).

The role of emotion regulation in treating this condition is not widely explored through research. Nevertheless, as social beings, humans must have the ability to adapt within society to ensure survival. Psychologists are always looking for ways to improve social interactions between people. Social anxiety disorder can disrupt relationships with others and pose a threat to daily life. The purpose of this study was to evaluate the effectiveness of emotion-focused therapy on self-criticism/reassurance and social anxiety symptoms in people diagnosed with social anxiety disorder.

Materials and Methods

The statistical population of this cross-sectional study included all the people aged 18-40 who were diagnosed with social anxiety disorder and referred to Vian psychological clinic from September to March of 2021 in Tehran city-Iran. The number of people in each group was estimated at seven because of the length of the emotional treatment sessions and the moral issues of the control group awaiting treatment. A total of 14 patients were selected using purposive sampling and randomly assigned to two equal groups (an experimental group and a control group. Based on the opinion of Thompson and Girz, who employed an emotion-focused therapy group on people's levels of self-criticism, they recommended a 6 to 11-person sample size for the emotion-focused therapy group (18).

The inclusion criteria were as follows: Obtaining a cutoff score in the Social Phobia Inventory (SPIN) (cutoff score= 24), confirming the diagnosis of the disorder based on the diagnostic clinical interview based on SCID-5-CV by a clinical psychologist, and at least a diploma education. Furthermore, the exclusion criteria were as follows: The participant was affected by other psychotherapy and counseling programs related to the same or other psychological problems, taking psychoactive drugs or addictive substances, having personality disorders, psychosis, and bipolar disorder based on diagnostic interview SCID-V, and not attending more than three sessions.

After obtaining permission from the Ethical Committee of Guilan University and visiting the Vian clinic and all the people who were

diagnosed with social anxiety disorder through the calls announced in the virtual space from September to March 2021 in Tehran (based on the research criteria), the people who were willing to participate in the research referred to Vian clinic in Tehran. Those who declared their willingness to participate in the study completed a social phobia inventory, and based on this questionnaire, those with symptoms of social phobia were selected (cutoff score= 24). Then, a structured clinical interview based on SCID-V was performed to confirm social anxiety (22). Then, the participants were introduced to the aims, process, and consequences of the research. Then, after obtaining written consent from the participants, they fulfilled the questionnaires in the pre-test stage. The experimental group received emotion-focused therapy (23) in five 120-minute weekly sessions (Table 1), while the control group was placed on the treatment waiting list. After completing the training sessions, the experimental and control groups were evaluated in post-test stage, and three months later, the participants were evaluated in the follow-up phase.

Research instruments

A) The Social Phobia Inventory (SPIN): It measures social anxiety/distress, fear, physiological symptoms, and avoidance of social situations. It contains 17 items and consists of three subscales: anxiety, avoidance, and physiological symptoms. Each item is scored on a scale of 0 to 4 (not at all, somewhat, very much, and extremely). Higher scores indicate more stress; the total value is between 0 and 68. Connor et al. reported that internal consistency ranged from 0.87 to 0.94 for subjects with social phobia and from 0.82 to 0.090 for controls, with one test-retest. Reliability for subjects with social phobia was 0.89. Validity of the SPIN assessed using divergent, convergent, and construct validity showed satisfactory results (24). It has good psychometric properties for this scale in Iranian populations (25).

B) The Forms of Self-Criticizing/Attacking and Self-Reassuring Scale (FSCRS): This 22-item questionnaire has two subscales: self-criticism and self-confidence. Responses to each item in this scale are defined on a 5-point Likert spectrum ranging from "strongly disagree" (0) to "strongly agree" (4), with a maximum or minimum score between 0 and 88. Gilbert et al. reported a reliability coefficient of 0.90 for this scale. Furthermore, the internal consistency coefficient for the self-criticism/confidence scale was found to be 0.83 for the entire sample and 0.78 and 0.85 for men and women, respectively (26). Saadati et al. reported reliability coefficients for the questionnaire using Cronbach's alpha and test-retest methods to be 0.69 and 0.81 for self-criticism and 0.77 and 0.85 for reassurance, respectively (27).

Table 1. A technique of emotion-focused therapy model to manage social anxiety disorder

Session	Content
First	Setting up a helpful relationship and investigating social uneasiness
Second	The first step in intervention is identifying the secondary anxiety processes that underlie the problem.
Third	Using a two-chair approach that confronts the inept self and the critical self, a greater division of the self may occur, causing initial feelings of fear versus the critical self (initial maladaptive fear/shame)
Fourth	The practice of empty chair assignments involves revisiting past events that have caused emotional pain and unfulfilled longings to overcome them through exercises.
Fifth	The general expression of people's experiences in group therapy

We used descriptive and inferential statistics, Box's test, Mauchly's test, ANOVA with repeated measures analysis of variance, and SPSS-24 to analyze data.

Results

In terms of demographic variables, The EFT group and the control group aged 26.42± 5.68 and 25.7±6.52, respectively. Table 2 presents the descriptive results related to the self-criticism/reassurance and social anxiety symptoms. There were no significant differences in the mean scores of self-criticism/reassurance and social anxiety symptoms between the two groups in the pre-test stage ($P= 0.444$, $P= 0.137$).

Table 2. Descriptive indices of the studied variables in pre-test, post-test and follow-up in experimental and control groups

Variables	Stage	Group	Mean ± SD
Self-criticism/Reassurance	Pre-test	Emotion- focused therapy	53.85 ± 6.28
		Control	57.51 ± 6.50
	Post-test	Emotion- focused therapy	41.00 ± 3.21
		Control	51.00 ± 6.45
	Follow-up	Emotion- focused therapy	38.71 ± 2.92
		Control	52.28 ± 5.79
Social anxiety symptoms	Pre-test	Emotion- focused therapy	52.14 ± 6.96
		Control	47.71 ± 11.48
	Post-test	Emotion- focused therapy	19.28 ± 4.27
		Control	46.28 ± 9.69
	Follow-up	Emotion- focused therapy	19.00 ± 4.54
		Control	47.14 ± 7.22

The scores of pre-test, post-test, and follow-up scores of people in the two experimental and control groups are presented in the variables of self-criticism/ Reassurance and signs of social anxiety. Also, the normal distribution of the variables was examined with the Shapiro-Wilk test, and considering the non-significance of the Shapiro-Wilk test ($P > 0.05$), the assumption of normal distribution of self-criticism/reassurance variables and social anxiety symptoms is established (Table 3).

Table 3. Box's test for equivalence of covariance matrices

Variable	Box's Test	F	P
Self-criticism/Reassurance	17.05	2.05	0.056
Social anxiety symptoms	21.90	1.11	0.354

Mauchly's test of sphericity for Self-criticism and reassurance indicates that the assumption of sphericity has not been violated ($X^2(2)= 1.983$, $P= 0.371$). Mauchly's statistic for the variable of social anxiety symptoms is significant ($P< 0.05$).

Therefore, the assumption of sphericity is not established for the variable of social anxiety. Violating the default assumption of sphericity makes the F statistic of the analysis of covariance inaccurate. To solve this problem and increase the accuracy of the F statistic, the degree of freedom is corrected using the Greenhouse-Geisser and Huynh-Feldt methods (Table 4). Table 5 presents the results of the multivariate analysis of the covariance test for variables in the two experimental and control groups.

Table 4. Mauchly's test to check the sphericity

Variable	Mauchly's test	χ^2	P	Greenhouse-Geisser	Huynh-Feldt
Self-criticism/Reassurance	0.835	1.983	0.371	0.858	1
Social anxiety symptoms	0.299	13.280	0.001	0.588	0.668

Table 5. The results of the multivariate analysis of the covariance test for the studied variables in the two experimental and control groups

Variable	SS	df	F	P	Eta
Self-criticism/Reassurance	42.454	2	22.60	0.001	0.65
Social anxiety symptoms	905.2607	1.17	112.22	0.001	0.90

According to the information provided in Table 5, there is an evident discrepancy in the mean scores of self-criticism/ reassurance and its elements when comparing the experimental group to the control group ($P< 0.001$). Emotion-focused therapy reduced self-criticism/ reassurance and social anxiety symptoms in the experimental group compared to the controls ($P< 0.001$).

Discussion

The study aimed to assess the effectiveness of emotion-focused therapy on the self-criticism/reassurance and symptoms of social anxiety. Based on the findings, emotion-focused therapy reduced self-criticism/reassurance and social anxiety symptoms in the experimental group compared to the controls. The findings align with previous studies (17-20). Previous research has shown that emotion-focused therapy can help reduce anxiety and self-criticism. Some people believe that helping people with generalized anxiety disorder regulate their emotions and cope with negative past experiences can alleviate symptoms and avoid potential psychological problems (17,28).

Previous research has shown that emotion-focused therapy can help reduce anxiety and self-criticism. Some people believe that helping people with generalized anxiety disorder regulate their emotions and cope with negative past experiences can alleviate symptoms and avoid potential psychological problems (17,28). Shahar et al. demonstrated that self-criticism is conceptualized as a safety strategy aimed at hiding mistakes and preventing further experiences of shame. However, self-criticism leads to negative self-perceptions and anxiety in social situations (29). Self-criticism is positively related to depressive symptoms, psychotic symptoms, social anxiety, eating disorders, and personality disorders. Therefore, self-criticism is a form of self-to-self relationship that appears in several mental health difficulties, constituting a vulnerability factor for the development of those problems (18). The treatment group exhibited decreased anxiety levels and improved quality of life, contrasting with the control group after undergoing emotion-focused therapy (17). EFT aims to a) increase awareness of adaptive and maladaptive emotions, b) improve emotion regulation, c) transform maladaptive emotions, and d) reflect on adaptive emotions (30). Another possible explanation is that participants acquire skills over a longer period to reduce feelings of personal inadequacy (15,16).

This is consistent with the results of a previous RCT by Sommers-Spijkerman et al. which showed that self-criticism scores continued to improve between the test and 3-month follow-up, while self-confidence appeared to be fairly stable after learning (post-intervention) (14). Another possible explanation is that increasing self-confidence is a prerequisite for effectively dealing with self-criticism. As reflected in this intervention, self-belief is thought to play an important role in activating secondary mechanisms of action, including self-criticism (13-16). Self-reassurance develops from the interpersonal experiences of caring for and nurturing others and the possibility of seeking and getting cared for when needed. Depending on the experiences, children develop self-critical as well as self-reassuring schemas. How a person responds to events in which schemas become activated depends on individual differences in interpersonal experiences. Following Gilbert's conceptualization of self-criticism, they have higher levels of trait self-criticism as they tend to rely on dominant-submissive interpersonal schemes with others and, therefore, in their self-to-self relationship. This implies a self-critical mode rather than a compassionate and kind self-to-self approach (9). One limitation of this study is the limited number of people in each group, making it difficult to generalize the results. Another limitation of this study was the use of self-reported measures, treatment performance, and intervention-related ratings. Further investigation and empirical research to overcome the indicated limitations could uncover new insights and thus establish a stronger foundation for the therapeutic interventions mentioned. One of the reasons why the sample was limited is the performance of dialogue tasks between two chairs and an empty chair. This method is more difficult to perform in the presence of many people because it requires effective implementation in the presence of all. For this reason, the high sample count led to emotional suppression and a lack of proper emotional processing by those in the emotional therapy group.

It is necessary to conduct further research on the effectiveness of the method used in this study across a wider range and population base to ensure its applicability. Counselors arrange regular telephone consultations for people with social anxiety disorders, and these people can receive support to improve their mental health. Future longitudinal studies could evaluate emotion-focused therapy for maladaptive emotions and shame-based emotional memories in patients with social anxiety disorder.

Conclusion

Based on the findings, emotion-focused therapy reduced self-criticism/reassurance and

social anxiety symptoms in patients with social anxiety disorder.

Acknowledgements

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