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Original Article

The Effectiveness of Self-acceptance Group Therapy in Reducing the Fear of Negative Evaluation, Internal Shame, and Self-concept of People Suffering from Social Anxiety

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Abstract

Background: Social anxiety disorder can be considered a debilitating disorder characterized by negative evaluation by others, internal shame, negative self-concept, and high levels of anxiety and avoidance in social situations. The purpose of the present study was to determine the effectiveness of self-acceptance group therapy (SAGT) in reducing the fear of negative evaluation, internal shame, and self-concept of people with social anxiety disorder.

Methods: The samples of this experimental study included all people with social anxiety who were studying at the University of Mohaghegh Ardabili in Ardabil. A total of 36 people with social anxiety were selected using a social anxiety questionnaire and a structured interview and were randomly divided into two groups: experiment and control (18 people in each group). The experiment group underwent ten sessions of self-acceptance intervention, while the control group received no intervention. The Social Phobia Inventory (SPIN) questionnaire, the Brief Fear of Negative Evaluation Scale (FNES-B), Cook's internal shame questionnaire, and Rogers' self-concept questionnaire were used for data collection in the pre-test and post-test stages. The multivariate analysis of covariance test and SPSS 24 software were used for data analysis.

Results: The results showed that the average social anxiety in the experiment group was 60.88 ± 6.26 on the pre-test and 60.16 ± 3.98 on the post-test ($P<0.001$). Negative evaluation, with an average of 40.83 ± 3.57 in the pre-test and 28.61 ± 7.22 in the post-test ($P<0.001$), decreased the most. The total score of internal shame in the experiment group was 77.16 ± 6.33 in the pre-test, and 74.55 ± 6.50 in the post-test ($P<0.001$), and the total score of self-concept was 124.2 ± 8.9 in the pre-test, which reached 134.4 ± 9.50 in post-test ($P<0.001$). Based on the results of covariance analysis, after adjusting the pre-test scores, social anxiety, negative evaluation, internal shame, and self-concept significantly decreased in the self-acceptance therapy group in the post-test ($P<0.001$).

Conclusion: The results showed that self-acceptance therapy significantly reduced the fear of negative evaluation and internal shame and improved the negative self-concept of people with social anxiety disorder compared to the control group. While consistent with other results, the obtained results have provided a preliminary ground for the use of the mentioned treatment. However, future research should better show the usefulness of this technique in different dimensions.

Keywords: Social anxiety disorder, Fear of negative evaluation, Internal shame, Self-concept

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Introduction

Anxiety is a natural part of human life, and in some cases, it can even be helpful as it prepares us to face challenges and dangers. However, when the intensity of anxiety increases to such an extent that it disrupts the daily functioning of an individual, it causes a disorder (1). One of the subcategories of anxiety disorders is social anxiety, in which a person feels intense fear and stress when facing different social situations, including talking to unfamiliar people, participating in meetings, or being in large crowds. People who suffer from this type of anxiety may refrain from social activities due to the fear of humiliation, criticism, or shame. Because of this anxiety, they have fewer social relationships (2). In addition, negative evaluation is one of the faulty cognitions most effective in the formation of social anxiety. People with social anxiety are afraid of being negatively evaluated by others and experience significant anxiety. Therefore, they try to avoid social situations (3). According to numerous definitions, the fear of negative evaluation has been considered a distinct and differentiating characteristic of social phobia disorder (4). The results of one study showed that subjects who

had high levels of social anxiety had more self-centered thoughts, negative thoughts, and anxiety compared to subjects with low levels of social anxiety (5). These results show that the level of social anxiety can have a significant effect on people's attitudes and personality experiences. People with social anxiety underestimate their social skills and overestimate the negative evaluation of others (6).

In addition, shame plays a vital role in social anxiety states. Shame is one of the most important self-conscious emotions that has a significant impact on a person's sense of well-being and vulnerability to psychological and personality disorders (7). Shame is considered one of the emotional components of social life. When someone feels shame, it is probably because they think what they have done or their situation is not valuable, making them feel worthless and unworthy (8). Shame is a painful emotion associated with negative self-evaluation and feelings of worthlessness, which may be caused by not meeting the expectations of oneself or others. This excitement can prevent a person from social communication and various activities (9). Internal shame prompts a person to hide or avoid interpersonal situations to avoid interacting with others (10). Therefore, most of the research conducted regarding internal shame has investigated its consequences and adverse effects, including depression, anxiety, self-blame, physical complaints, alcohol consumption, mental damage, anger, personality disorder, and general psychocognitive dissonance (11).

In addition, self-concept is one of the essential aspects of a human being, and it identifies a person's characteristics, strengths, and weaknesses (12). People with social anxiety disorder show fewer positive beliefs about their personality traits compared to people who are not suffering from the condition. In addition, social anxiety has a negative correlation with positive self-concept (13). The results of research conducted in Brazil showed that people with less social anxiety feel more socially accepted and secure in social environments (14). In addition, social anxiety inversely predicts self-concept (13).

One of the branches of the cognitive-behavioral approach that seems to be effective in the treatment of social anxiety disorder is self-acceptance group therapy (SAGT). Dryden pointed out that self-acceptance is one of the most important concepts therapists can teach to help clients avoid negative evaluations using implicit self-esteem. SAGT with psychological training helps emotional regulation, changes cognition and behavior, and develops skills to promote self-acceptance (15). SAGT includes specific goals related to therapeutic skills. In addition, SAGT is based on the framework of both traditional cognitive and behavioral approaches, including cognitive and behavioral therapy, unlike mindfulness, which focuses on acceptance and commitment, and therapy focused on compassion (16). Self-acceptance is the art of accepting yourself before any attempt to change and progress. Accepting yourself with all your strengths and weaknesses is important. When we accept ourselves as human beings in all our dimensions, we can achieve true contentment because self-acceptance helps us on the path of personality development. Low self-esteem leads people to face many problems and even complete failure in most aspects of life. They finally accept that they cannot do anything, and all the phenomena of this world have joined forces to prevent them from achieving their wishes. However, the reality is that the root of all these problems lies in the self, and the only solution is to strengthen self-confidence and achieve self-acceptance (17). In addition, research results indicate that people who are treated with SAGT report improvement in social anxiety symptoms and excitement regulation (18). Self-acceptance therapy seeks to change people's relationships with their inner experiences, reduce radical avoidance, and help them act according to their values by increasing flexibility and choice (19). In addition, no research was found in Iran that aimed to investigate the effect of SAGT on reducing social anxiety symptoms, negative evaluation, and self-concept. On the other hand, considering the emerging field of group therapy based on self-acceptance, which seems to reduce social anxiety and strengthen a person's interaction with the surrounding environment, this study can be effective in the treatment of social anxiety disorder and symptoms related to this disorder. Considering the benefits mentioned above and the high prevalence of social anxiety disorder among students, which sometimes interferes with their academic performance (20), and also considering the effectiveness of this treatment method, this study was conducted to investigate the effect of SAGT on reducing the fear of negative evaluation and internal shame and improving the self-concept of people with social anxiety disorder.

Materials and Methods

The present research was semi-experimental, in the form of a pre-test and post-test with a control group. The statistical population of this research included all female students with social anxiety disorder who were studying at the University of Mohaghegh Ardabili in Ardabil in the first semester of the 2023–2024 academic year. A total of 36 students with social anxiety disorder who were selected through screening participated in this research. The inclusion criteria for this research included having diagnostic criteria for social anxiety disorder based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), diagnosis of social anxiety disorder based on a clinical interview, not receiving any other type of psychotherapeutic intervention during the sessions, no history of drug abuse or substance abuse, not having bipolar disorder or dissociative disorder, and doing the assignments related to the therapy sessions. Before implementing the protocol, the subjects filled

out the relevant questionnaires. After coordinating and implementing the 10-session protocol of self-acceptance therapy, the related questionnaires were filled out again.

The Social Phobia Inventory (SPIN) questionnaire: This scale was first prepared by Connor et al in 2000 to assess social phobia. This questionnaire is a 17-item self-report instrument that has three subscales: fear (6 items), avoidance (7 items), and physiological discomfort (4 items). Each question is graded based on a five-point Likert scale, including (0 points) not at all, (1 point) a little, (2 points) to some degree, (3 points) very much, (4 points) and infinite (5 points). Connor et al. have reported a retest coefficient between 0.78 and 0.82 for the SPIN questionnaire (21). In Iran, in Hassanvand Amouzadeh and colleagues' research, Cronbach's alpha of this questionnaire was between 0.74 and 0.89, and its obtained retest coefficient was 0.68. The obtained convergent validity of this questionnaire based on its relationship with the cognitive error questionnaire, the self-esteem rating scale, and phobic anxiety from the revised version of the 90-Question Symptom Checklist (SCL-90-R) were 0.35, 0.58, and 0.7, respectively, which indicates the suitable validity of the test (22). In addition, a score lower than 20 indicates normal anxiety, a score of 21 to 30 indicates low anxiety, a score of 31 to 40 indicates moderate anxiety, a score of 41 to 50 indicates severe anxiety and a score of 51 or higher indicates very severe anxiety in this questionnaire. In addition, the cut-off score of this scale, which was used to diagnose the sample, is higher than 40.

The Brief Fear of Negative Evaluation Scale (FNES-B) questionnaire: The short version of the FNES was made by Leary et al. in 1983. This scale has 12 questions that measure the level of anxiety experienced by people or their negative evaluations. The respondent shows their state in each question on a five-point scale (ranging from 0 never to 5 almost always). The scores of respondents are between 0 and 60, so there is no cut-off score in this questionnaire; a high score indicates that the person experiences high levels of anxiety and fear. The scale's consistency validity was reported as 0.96, and the retest reliability after four weeks was reported as 0.75 (23).

The Internalized Shame questionnaire: Cook's internalized shame scale was prepared in 1993 and included 30 items and two subscales of shyness and self-esteem. Each item is answered based on a 5-point Likert scale (ranging from never, 0 points, to most of the time, 4 points). The participants' scores are between 0 and 120, so there is no cut-off score in this questionnaire; a high score indicates worthlessness and incompetence, feelings of inferiority, emptiness, and loneliness, and a low score suggests high self-confidence. The reported Cronbach's alpha reliability coefficients of shyness and self-esteem subscales are 0.94 and 0.90, respectively (9).

Self-concept questionnaire: This questionnaire was developed by Carl Rogers from 1938 to 1957 to measure people's self-esteem. It includes 48 questions and has six dimensions (physical, social, intellectual, moral, educational, and temperamental). The overall self-concept score is obtained from the sum of all these dimensions. This test consists of two forms: Form A and Form B. The same set of 25 pairs of opposite personality traits are presented in the forms. The subjects describe how they see themselves in the first form and how they want to be in the second form. A 7-point Likert scale is used to score this questionnaire. The scoring method is as follows: the sum of the scores is calculated for forms A and B, and their difference (D) is raised to the power of two (D^2). If the square root of the sum of squared differences ($\sqrt{\Sigma D^2}$) is between zero and seven, the self-concept is weak and negative, and if it is seven or higher, the self-concept is positive (19).

Implementation of self-acceptance group therapy

The intervention was carried out in groups, consisting of ten 90-minute sessions, two sessions per week. This program was based on Dryden's self-acceptance protocol and according to the dependent variable of social anxiety. In the first session, participants introduced themselves. Then, the therapist explained the general goals of the treatment, the disadvantages of self-deprecation, and the advantages of self-acceptance to the group members. In addition, the importance of doing the assignments for the effectiveness of the treatment and the eleven principles of self-acceptance therapy were explained to the members. In the end, the therapist assigned a task to the members (reading the self-acceptance booklet and expressing their views on self-acceptance cases). The previous week's assignments were reviewed in the second session, and what people learned about the booklet items was checked. Then, the goals were determined with the group members; a situation in which a group member suffered from self-deprecation was selected and analyzed based on the ABC model. At the end of this meeting, the members were asked to investigate another situation based on the ABC framework as an assignment. In the third session, the previous week's assignments were reviewed, and then the members were taught how to rebuild the inflexible demands related to self-acceptance. In the third session, the previous week's assignments were reviewed first. Then, the members were taught how to rebuild the inflexible demands related to self-acceptance, and techniques such as emotion normalization, self-compassion, and mindfulness were taught to individuals. In addition, the members were provided with pre-designed assignments to practice the newly learned skills. In the fourth session, the assignments of the previous week were reviewed. Then, rational documentation techniques (judgment based on reason) were taught. At the end of the rational documentation exercises, examples that had been explained to the members during the session were given

as assignments. In the fifth session, the previous week's homework was reviewed. Then, the members were taught the zigzag technique (weakening the persuasiveness of self-deprecation beliefs and strengthening the persuasiveness of self-acceptance beliefs). The zigzag form was given to the members to complete as an assignment. At the end of the fifth meeting, the members' progress was informally reviewed, and the results of the meetings and the members' requests were discussed with them. The previous week's homework was reviewed in the sixth session. Then, the group members were taught some techniques, including using the zigzag technique, effective self-expression, and rational-emotional imagery designed to help people reduce the persuasiveness of unhealthy beliefs.

Finally, as an assignment, the members were asked to record the zigzag technique they used, choose phrases based on healthy beliefs for 10 minutes daily, and spend 6 minutes on rational-emotive imagery daily. In the seventh session, the previous week's assignments were reviewed and a rational reason for using cognitive and behavioral techniques was given. In addition, the next session's homework was specified (use of cognitive-behavioral techniques). A mental review of cognitive-behavioral tasks was taught. Methods of overcoming obstacles were explained using the cognitive therapy method, and it was set as an assignment for the members. The previous week's assignments were reviewed in the eighth session. Then, other tasks regarding the use of cognitive-behavioral techniques were set. Then, a rational reason for fighting shyness was stated, and it was given to the members as an assignment for the next meeting. In the ninth session, the previous week's assignments were reviewed, and the members were shown how to challenge their distorted inferences. At the end of the session, the group members were asked to prepare a list of their strengths and weaknesses. In the tenth session, the previous week's assignments were reviewed, and the members' progress was evaluated. Then, the social anxiety questionnaire and the questionnaire related to this research were presented to the group members, and the group members' feedback was discussed. At the end of the treatment, the group members received help to expand their learning and increase its stability.

Data analysis

Descriptive statistics (mean and standard deviation), multivariate covariance analysis, and SPSS 24 software were used for data analysis. Before analyzing the data related to the hypotheses, the data of this research were examined to ensure they estimated the underlying assumptions of covariance analysis. For this purpose, the hypothesis of covariance analysis, including normality of variances, homogeneity of variances, and homogeneity of regression slopes, was examined. The results showed that all assumptions of multivariate covariance analysis were fulfilled.

Ethical consideration

We observed ethical considerations, including obtaining written consent, mentioning that it was a research study, stating the objectives of the study, stating the duration of participation of the participants, explaining the type, frequency, and sequence of study events, mentioning the possible benefits for participants, elimination or reduction of potential side effects, the confidentiality of obtained information, voluntary participation or leaving the study without any penalty or exclusion, statement of compensation or reimbursement of costs, mentioning how the participants would be informed about the progress and results of the study, mentioning sufficient reasoning for the necessity of conducting the study, and paying attention to religious and cultural considerations.

Results

Demographic findings indicate that the mean (standard deviation) age was 22.22 (3.15) in the experiment group and 22.05 (2.07) in the control group. In addition, in the experiment group, 13 people were single (33.33%) and five people were married (20%), and in the control group, 11 people were single (33.33%) and seven people were married (26.66%). In addition, all the participants were female. The results of the chi-square test showed that there was no significant difference between the control and intervention groups regarding marital status and education level ($P < 0.05$) (Table 1).

The results showed no significant difference between the experimental and control groups in all variables studied in the pre-test stage and before implementing the treatment protocol. However, after implementing the treatment protocol, there was a significant difference between the experimental and control groups in the studied subscales ($P < 0.001$). Still, this difference was not substantial in the self-concept subscale (physical, mood, and education) (Table 2).

Based on the analysis of the covariance test, after adjusting for pre-test scores, self-acceptance therapy significantly reduced social anxiety in the post-test ($P < 0.001$). These findings indicate a reduction in social anxiety in the experiment group compared to the control group. However, this effect was not significant for the

Table 1. Description of frequency and percentage of subjects based on marital status and education level

	Experiment		Control		*P* value
	Frequency	Percent	Frequency	Percent	
Single	13	33.33	11	33.33	0.95
Married	5	20	7	26.66	
Bachelor's degree	9	50	9	50	0.68
Master's degree	9	50	9	50	

Table 2. The average and standard deviation of the scores of the subjects of the two experimental and control groups in the research variables

Variable	Group	Pre-test	Post-test	*P* value
Social anxiety	Experiment	60.88±6.26	39.9±4.83	<0.001
	Control	60.16±3.98	59.5±5.63	
	P value	0.759	0.001	0.132
Negative evaluation	Experiment	40.83±3.57	28.61±7.22	<0.001
	Control	42.77±3.4	45.52±3.554	
	P value	0.353	0.001	0.238
Total score of inner shame	Experiment	77.16±6.33	74.55±6.5	<0.001
	Control	82.16±6.59	85.45±7.1	
	P value	0.451	0.001	0.253
Self-esteem	Experiment	10±2.72	18.1±3.23	*P*<0.001
	Control	17.21±7.1	15.36±4.89	
	P value	0.461	0.001	0.342
Shyness	Experiment	66.38±6.36	53.83±5.16	<0.001
	Control	71.21±7.1	69.22±7.32	
	P value	0.342	0.001	0.141
Total score of self-concept	Experiment	124.2±8.9	155.1±9.1	<0.001
	Control	134.4±9.5	120.7±10.11	
	P value	0.241	0.001	0.231
Physical	Experiment	19.88±2.63	19.7±2.23	0.101
	Control	19.83±2	19.73±2.89	
	P value	0.631	0.111	0.321
Social	Experiment	21.22±2.46	26.61±3.89	<0.001
	Control	19.94±2.23	18.22±2.18	
	P value	0.421	0.001	0.321
Temperament	Experiment	20.77±2.57	23.54±3.23	0.134
	Control	21±2.54	22.36±2.89	
	P value	0.431	0.211	0.431
Education	Experiment	20.77±2.72	21.27±3.23	0.121
	Control	19.94±2.23	21.11±2.45	
	P value	0.132	0.006	0.241
Moral	Experiment	21.14±2.68	24.65±3.23	<0.001
	Control	20.08±2.64	20.36±2.89	
	P value	0.811	0.103	0.231
Rational	Experiment	20.05±6.89	23.5±3.77	<0.001
	Control	21.08±2.74	19.5±3.6	
	P value	0.432	0.005	0.213

physiology subscale. In addition, based on the analysis of covariance test results after adjusting for pre-test scores, the self-acceptance therapy group significantly reduced internal shame and one of its dimensions, shyness, in the post-test ($P<0.001$). In other words, these findings indicate a decrease in negative evaluation and one of its dimensions, shyness, in the experiment group compared to the control group. However, this effect was not significant for self-esteem. Based on the analysis of the covariance test, after adjusting for pre-test scores, self-acceptance therapy substantially increased self-concept and some of its dimensions, including social, moral, and rational dimensions, in the post-test ($P<0.001$). However, this effect was insignificant for other dimensions, including the physical, temperamental, and educational (Table 3).

Discussion

The present study aimed to determine the effectiveness of SAGT in reducing the fear of negative evaluation and internal shame and improving self-concept in people with social anxiety. The results of the multivariate analysis of covariance showed a significant difference between the mean pre-test scores of the experiment and control groups in social anxiety after controlling for the pre-test effect, meaning that the self-acceptance therapy group effectively reduced social anxiety in the experiment group. In a study conducted by Schoenleber and Gratz, the results indicated that people who underwent SAGT treatment reported improvements in social anxiety symptoms and emotion regulation (16). These findings are consistent with research conducted to confirm the effectiveness of cognitive-behavioral therapy (18,24-27). In explaining the data, self-acceptance therapy, as its name suggests, seeks to help individuals achieve self-acceptance. In this therapeutic approach, individuals are taught to cope with this disorder by increasing psychological and mental acceptance of internal experiences, such as thoughts and feelings that arise when speaking in public, rather than intellectually and practically avoiding thoughts and situations that cause social anxiety. This method also teaches people that it is their beliefs that shape their feelings, and by changing unhealthy beliefs, replacing them with healthy beliefs, and leading individuals to unconditional self-acceptance, it is possible to modulate the uncomfortable feelings and mental pressures that originate in their beliefs, and reconstructing the irrational and incorrect perception of events reduces anxiety and worry in individuals. In addition, in this treatment method, people were taught that it is the nature of all people to make mistakes and that everyone is unique. Humans can never be evaluated as a whole and from only one dimension. Still, it is possible to assess the components of the self and the events that happen to individuals separately, according to their strengths and weaknesses. In this therapy, individuals are taught to be in sincere contact with their experiential world, and emotion normalization techniques allow them to accept their emotions without attempting to change them. In addition, regarding the explanation of the lack of effect on the physiology subscale, it can be said that the main focus of this treatment method is more emphasis on accepting the psychological dimensions and internal experiences of patients, and due to the limited time of the treatment sessions, there has not been much training in accepting the physical and physiological dimensions of patients.

SAGT also reduces the fear of negative evaluation in people

Table 3. Multivariate analysis of covariance to examine the therapeutic significance of SAGT on reducing social anxiety, fear of negative evaluation, and internal shame in the intervention and control groups

Source of changes		Sum of squares	Degree of freedom	Mean squares	*F*	*P* value
Social anxiety	Group	886.28	1	886.28	11.72	0.001
	Pre-test	52.316	1	52.316	0.69	0.41
Negative evaluation	Group	1869.6	1	1869.6	64.65	0.001
	Pre-test	374.52	1	374.52	12.65	0.01
Feeling of inner shame	Group	647.112	1	647.112	14.17	0.001
	Pre-test	37.09	1	37.09	0.82	0.37
Self-esteem	Group	51.99	1	51.99	11.02	0.001
	Pre-test	61.32	1	61.32	0.85	0.02
Shyness	Group	1428.14	1	1428.14	35.5	0.001
	Pre-test	14.04	1	14.04	0.361	0.36
Self-concept	Group	2196.5	1	2196.5	17.7	0.001
Physical dimension	Group	1	1	1	0.1	1
Social	Group	394.51	1	394.51	43.28	0.001
Temperament	Group	6.2	1	6.2	0.612	0.44
Educational	Group	0.46	1	0.46	0.03	0.85
Moral	Group	74.15	1	74.15	6.69	0.01
Rational	Group	11.82	1	11.82	12.3	0.002

with social anxiety. The results of multivariate analysis of covariance showed a significant difference between the mean pre-test scores of the experiment and control groups in the fear of negative evaluation after controlling the pre-test effect, meaning that self-acceptance therapy influenced the fear of negative evaluation in the experiment group. The results of this study are consistent with previous studies (17). Regarding the explanation of the findings, it can be stated that when an individual makes a negative and general evaluation based on a negative part of themselves (based on an adverse activating event they have encountered), this individual has made a false generalization about themselves. As a result, the fear of negative evaluation causes them to avoid social situations. Therefore, in this therapy, using techniques such as mindfulness, individuals are taught that their body and mind are the stage for all emotional states (sadness, anxiety, sadness, etc) and that they should not see themselves from just one negative aspect but see themselves with all their positive and negative features so that they can accept themselves unconditionally and reduce the amount of negative evaluation that results from false beliefs. This method teaches patients to distance themselves from self-critical cognitions and simply accept them with awareness, without the need to distance themselves from them or change them. In addition, in this treatment method, the patients become familiar with the positive aspects and abilities they have that they are unaware of, pay attention to their own possibilities, and know that everyone must heal from within. This treatment reduces these individuals' fear of negative evaluation by destroying the tendency to avoid and escape and increasing flexibility and acceptance of negative thoughts.

In addition, the results of multivariate covariance analysis showed a significant difference between the mean pre-test scores of the experiment and control groups in internal shame after controlling the pre-test effect, meaning that the self-acceptance therapy group effectively reduced internal shame in the experiment group. Consistent with this research, the results of one study showed that people with social anxiety and feelings of shame reduced their internal feelings of shame and reached a high level of self-acceptance after undergoing SAGT (16). In explaining the findings, it can be noted that internal shame arises due to an irrational belief about inadequacy or failure resulting from a negative evaluation of one's existence. Therefore, in this treatment method, individuals are taught that our values are related to our existence and that respecting ourselves is sufficient only for being human. In addition, individuals learn self-acceptance, internalize it as a value, and choose values for their lives. In this treatment method, small steps taken to reduce internal shame are considered valuable behavior, and by focusing on individual values, the individual's well-being is maintained, reducing internal shame in individuals. The results of the study also showed that the SAGT was effective in reducing the poor self-concept of the experimental group. However, it was ineffective for the physical, educational, and temperamental subscales. The results of this study are consistent with previous studies (28). SAGT can increase individuals' mental health and resilience by restructuring incorrect cognitive content. Cognitive-behavioral therapy makes individuals less attracted to the discrepancy between their actual and ideal selves. This training is done

by monitoring thoughts, reducing self-preoccupation, and increasing self-efficacy through cognitive restructuring. In explaining the effectiveness of SAGT on self-concept and social, moral, and rational subscales, it can be stated that individuals are taught that self-concept is not good or bad in this treatment method. However, instead, it is the perception and understanding of self-concept and its value that makes them feel valuable or worthless. Individuals are also taught to free themselves from the constraints of musts, compulsions, and unnecessary insistences, enjoy themselves, unconditionally accept themselves, and have an effective relationship with their emotions instead of proving themselves to others.

Furthermore, we should not equate behavior with ourselves or judge ourselves based on actions to overcome poor self-concept. However, the results of this study showed that this treatment program was ineffective in improving individuals' self-concept in physical, temperamental, and educational dimensions. In light of these findings, it can be stated that this treatment method focuses more on the devaluing beliefs that cause social anxiety in individuals, the communication problems of individuals in social relationships, and, as a result, the social functioning of individuals. It is also worth noting that the self-acceptance therapy in this study is short-term in terms of duration. Due to time constraints, there was not enough time to address all dimensions of self-concept (physical, temperamental, and educational). The limitations of this study include the allocation of subjects to female students, the lack of control for intervening variables, including family, economic, social, and cultural issues that may have affected the results of the study, and the lack of examination of the effectiveness of treatment in multi-stage follow-ups and over a more extended period after the end of treatment. It is suggested that the SAGT method be studied in future research based on longer treatments, longer follow-ups, and multiple studies. It is also recommended that future research examine this treatment method in comparison with medication and other types of psychotherapy. In addition, given the effectiveness of this treatment method, it is suggested that it be used in the treatment of different psychological disorders, including depression, stress, guilt, and courage training.

Conclusion

Concerning the effectiveness of SAGT, it can be stated that although the studies conducted on third-wave therapies are impressive, the studies conducted specifically on SAGT are very limited. However, it can be concluded from the results that this treatment was effective in reducing social anxiety and its related components (negative evaluation, internal shame, and self-concept). This treatment also increases the self-esteem of those with social anxiety disorder. It empowers them to accept themselves, allowing them to focus less on their mistakes in social situations and replace poor performance in such situations with positive emotions. In conclusion, it should be stated that self-acceptance due to changes in irrational beliefs, changes in attributional style, and unconditional self-acceptance are among the reasons for the improvement in social anxiety symptoms. The group context of this treatment has also increased the effectiveness of this type of therapy; therefore, this method has proved effective.

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Authors' Contribution

Conceptualization: Saeide Jabari.
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Funding acquisition: Saeide Jabari.
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Software: Saeide Jabari.
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Validation: Elnaz Ghayerin.
Visualization: Saeide Jabari.
Writing–original draft: Elnaz Ghayerin.
Writing–review & editing: Elnaz Ghayerin.

Competing Interests

This research had no conflict of interest.

Ethical Approval

This study was approved by Ardabil University of Medical Sciences with the ethical code IR.ARUMS.REC.1397.132. All the participants completed the informed consent form to participate in the study.

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