Health and Development Journal

Winter 2021, Volume 10, Number 1

Health and Development Journal 2021; 10(1):39-45
http:// jhad.kmu.ac.ir//

Research Paper

Health and Development Journal

Open Access
Publish Free

The Effect of Self-Acceptance Group Therapy on Students with Social Anxiety

Saeideh Jabbari[1*], Sajad Basharpour[2], Mohammad Narimani[2]

1- MSc, Department of Psychology, Faculty of Educational Sciences and Psychology, University of Mohaghegh Ardabili, Ardabil, Iran
2- Professor, Department of Psychology, Faculty of Educational Sciences and Psychology, University of Mohaghegh Ardabili, Ardabil, Iran

Citation: Jabbari S, Basharpour S, Narimani M. The effect of self-acceptance group therapy on students with social anxiety. Health and Development Journal. 2021; 10(1):39-45
10.22062/jhad.2021.91584

Received: 18.12.2019
Accepted: 14.07.2020

Corresponding Author:
Saeideh Jabbari

Email:
jabbary13@gmail.com

Address:
Faculty of Psychology, University of Mohaghegh Ardabili, Ardabil, Iran

Tel: +984533512205
Fax: +984533512200

Abstract

Background: Social anxiety is one of the most common psychological disorders that restrict the abilities of the affected people and cause various problems for them in social and performance-related situations. The objective of the present study was to investigate the effect of self-acceptance group therapy (SAGT) on students suffering from social anxiety.

Methods: This interventional study employed a pretest-posttest design with one control group and a one-month follow-up. The research population consisted of all students with social anxiety who were studying at the University of Mohaghegh Ardabili during the academic year 2018-2019. Thirty-six students were selected based on their scores on Conor's Social Phobia Inventory (SPIN) and information from structured interviews and were randomly assigned to the intervention and control group (each with 18 members). The participants in the intervention group attended ten self-acceptance training sessions, but the participants in the control group did not receive any intervention. In addition to the post-intervention assessment, the participants in both groups underwent a one-month follow-up. Data were analyzed using repeated-measures analysis of variance (ANOVA) and independent samples t-test via SPSS software (version 22).

Results: The results showed that self-acceptance group therapy (SAGT) reduced social anxiety in the intervention group at the posttest and follow-up stages. However, no statistically significant difference was observed in social anxiety reported by the members of the control group at different stages.

Conclusion: The findings of this study confirmed the results of previous studies and has provided the preliminary basis for the use of this treatment. Future studies can further explore the effectiveness of this technique in coping with different issues.

Keywords: Social anxiety, Self-acceptance, Group therapy, Students

Introduction

Man has been created as an inherently social being and needs to establish social connections to meet his/her emotional and material needs. However, establishing such connections is not easy for everyone, and factors such as fear of rejection, negative evaluation of others, criticism, or other factors cause people to feel anxious in the face of social situations. This anxiety in severe cases turns into a disorder called social

anxiety or phobia.

According to cognitive models, major characteristics play a role in social anxiety disorder, including extreme and persistent fear of social situations and avoidance of these situations. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), the diagnostic criteria for social anxiety disorder are persistent, intense fear or anxiety about specific social situations because a person believes they may be judged, embarrassed, or humiliated. Besides, attending these situations is almost always anxiety-producing, and the person realizes that her/his fear is irrational. Therefore, the person avoids social and performance-related situations, or otherwise has to endure these situations with extreme anxiety or suffering (1).

Anxiety disorders are the most common disorder in the general population and affect approximately 30 million people in the United States (2). Social anxiety disorder is the fourth most common psychiatric disorder after major depressive disorder, alcoholism, and specific phobias. The prevalence of social anxiety disorder during life ranges from 2.4% to 16% (3). Studies have shown that 81% of people with social anxiety disorder suffer from at least one other disorder, as well. Several studies using clinical samples have shown high levels of co-occurrence of social anxiety and other disorders including anxiety, mood, and substance use disorders (4). The prevalence and comorbidity of social anxiety disorder and psychiatric disorders in Iran are slightly higher than in Western countries (5). The results of an epidemiological study of social anxiety disorder in Golestan Province (Iran) showed that 10.1% of people have this disorder and women are three times more likely to develop this disorder than men (6). Furthermore, the prevalence of social anxiety in adolescents in Tehran was reported to be 3.2% (7). The percentage of recovery for social anxiety disorder without treatment is low, and if there is another personality disorder (often avoidant personality disorder or pervasive social anxiety disorder), the recovery rate will be even lower, and it is often social anxiety disorder that precedes other disorders. If left untreated, it is associated with reduced quality of life, increased socioeconomic costs, unemployment, and absenteeism (1).

The most important implication of social anxiety studies is the importance of early diagnosis and treatment. In the last two decades, a large volume of studies has led to the development of effective treatment strategies to treat this debilitating disorder. Therefore, the study of the efficacy of therapies or the extent to which they have persistent effects is currently of great importance (8). Psychotherapy is the first generation of behavioral approaches in which regular desensitization therapy was considered as the first line of treatment. However, one of the problems with using this approach is that it is difficult and even impossible to create muscle relaxation and exposure in children and some people. The second generation of therapies is cognitive therapy, which focuses on changing beliefs. Since some beliefs and ideas cannot be changed and should not be changed, the third generation of therapies, i.e. cognitive-behavioral therapies, was developed.

Cognitive-behavioral therapy, especially group therapy, is the most common psychosocial therapy used for social anxiety disorder and is one of the most successful methods introduced so far (9). One of the branches of the cognitive-behavioral approach that seems to be effective in treating social anxiety disorder is self-acceptance group therapy (SAGT). Self acceptance group therapy helps regulate emotions and develops skills to improve self-acceptance through psychological training and changes in cognition and behavior. SAGT pursues specific goals related to therapeutic skills. Furthermore, SAGT, unlike other types of treatment, including awareness-raising, ACT, and compassion-focused therapy, was developed based on the framework of both traditional cognitive and behavioral approaches, so that it has the advantages of both cognitive and behavioral therapies (10).

Self-acceptance is the art of accepting oneself as the person is and with all his/her strengths and weaknesses. Since true satisfaction cannot be achieved until one can accept oneself as a human being. Self-deprecation causes people to face many problems and even complete failures in most aspects of life, and eventually to accept that they can do nothing and that all the phenomena of this world have joined hands to prevent them from achieving their desires. However, the fact is that all these problems have their

roots in the self and the only solution to overcome them is to strengthen self-confidence and develop self-acceptance (11). The definitions of self-acceptance are somewhat different. The common denominator among all definitions is awareness of strengths and weaknesses, and valuing oneself, independent of strengths and weaknesses, past and future thoughts, and other's actions or affirmation (12).

Self-acceptance therapy, as its name implies, seeks to help people achieve self-acceptance. In this therapeutic approach, people are taught that instead of intellectually and practically avoiding anxiety-provoking thoughts and social situations, they can cope with social phobia by cognitive and psychological acceptance of inner experiences such as thoughts and feelings that are induced in social situations. According to self-acceptance therapy, people are taught that their values are related to their existence, and that self-respect is an important aspect of being human. They are also taught to release themselves from the shackles of unnecessary needs, compulsions, and insistences and, instead of proving themselves to others, enjoy and unconditionally accept themselves and communicate effectively with their emotions (10).

Self-acceptance therapy is more effective in reducing the experiential avoidance of patients with social anxiety disorder than other cognitive and behavioral therapies. Trying to avoid experiences makes change difficult because avoidance responses are reinforced negatively by immediate relief of discomfort. This approach helps a person to act according to the values of his life. This treatment seeks to change people's relationships with their inner experiences, reduce strict avoidance, and help increase psychological acceptance by increasing flexibility and choice (13). In this therapy, people are taught to be in touch with their experiential world and to accept their thoughts without any attempt to change them (11). Studies have also shown that people treated with SAGT reported improved symptoms of social anxiety and emotion regulation (10, 17). Moreover, studies addressing the effectiveness of cognitive-behavioral group therapy have shown that this therapy has a significant effect on improving the treatment of people with social anxiety (13-16).

Additionally, it has been shown that if therapeutic interventions are not taken, social anxiety disorder leads to long periods of disability, and the affected person is likely to have various problems in life (16). Given the issues detailed above and also considering the high prevalence of social anxiety disorder among students, which sometimes even disrupts their social and academic performance, this study aimed to evaluate the effectiveness of self-acceptance group therapy on the components of social anxiety among students.

Methods

This interventional study was conducted using a pretest-posttest design with control and intervention groups and a one-month follow-up. The research population consisted of all students with social anxiety who were studying at the University of Mohaghegh Ardabili during the academic year 2018-2019. In order to do the sampling, initially 2 buildings were randomly selected from 3 dormitory buildings and the Social Phobia Inventory (SPIN) was distributed among all 230 students residing in the two dormitories.

The Social Phobia Inventory (SPIN) is a 17-item self-report tool that has three subscales including fear (6 items), avoidance (7 items), and physiological distress (4 items). Each item is scored on a five-point Likert scale of not at all (0), a little bit (1), somewhat (2), very much (3), and extremely (4). Connor et al. reported the SPIN test-retest coefficient of 0.78 to 0.82 (14). Hassanvand Amouzadeh et al. estimated the Cronbach's alpha of the inventory ranging from 0.74 to 0.89 and its test-retest coefficient was 0.68. Besides, the convergent validity indexes of the inventory based on the Leaf & Bauer's Cognitive Error Questionnaire, Self-Esteem Rating Scale and the Symptom Checklist-90-R (SCL-90-R) were reported to be 0.35, 0.58, and 0.7, respectively, indicating the acceptable validity of the inventory (18). The minimum and maximum scores on the inventory are 0 and 68, respectively.

After completing the questionnaires, the students' scores were assessed and the students with scores of 40 and above were selected as those with high social anxiety. Accordingly, 39 students had scores above 40. First, some general and necessary information about the research procedure was provided to the participants. Besides, to ensure that the

selected individuals did not answer the questions nonchalantly, clinical interviews were conducted with them according to the research requirements, and 38 students were selected as the participants in the research sample. Then, the selected students were randomly divided into two intervention and control groups. However, 2 persons were excluded from the study as they did not attend the treatment sessions, and the final sample included 36 persons (18 participants in each group).

The participants in the intervention group underwent a one-month follow-up upon completing the 35-day therapy period and simultaneously with the control group. The participants in the control group did not receive any treatment during this period. The inclusion criteria were not receiving any other psychotherapy intervention during the sessions and having no history of drug abuse or substance abuse, and the exclusion criteria included the student's absence from the treatment sessions or not doing the homework assigned in the treatment sessions. This study was conducted based on a research proposal that was approved by the Ethics Council of Ardabil University of Medical Sciences under the code of ethics IR.ARUMS.REC.1397.132.

The intervention program was held based on Dryden's self-acceptance model in ten 90-minute sessions with 2 sessions per week. This program was developed based on social anxiety as a dependent variable. The Social Anxiety Inventory (SPIN) was administered to the participants in both groups 3 times; before starting the intervention, after completing the intervention sessions, and at one-month follow-up after the end of the intervention program. The collected data were analyzed using repeated-measures analysis of variance (ANOVA) and independent samples t-test via SPSS software (version 22) at the significance level of $p < 0.001$. Table 1 summarizes the content of the intervention sessions.

Table 1. The content of the intervention sessions

Session	Description
1	Introducing the group members and the intervention program and comparing self-acceptance and self-esteem
2	Assessing the group members' goals and problems associated with social anxiety
3	Assessing requirements and dysfunctional beliefs and challenging and replacing them with helpful practices and strategies
4	Teaching cognitive reconstruction using the ABCD approach to deal with dysfunctional beliefs
5	Using the zigzag technique and examining the nature of changing beliefs
6	Using emotional techniques to facilitate self-acceptance
7	Using a mix of cognitive-behavioral techniques
8	Performing additional cognitive-behavioral exercises and practices to deal with social anxiety
9	Dealing with dysfunctional attributes and distorted inferences about distorted thoughts
10	Summing up the discussion and assessing the instructions provided

Results

The mean (standard deviation) age of the participants in the intervention group was 22.22±3.15 and that of the participants in the control group was 22.05±2.07 and there was no significant difference between the two groups in terms of age ($p = 0.852$). The descriptive statistics for other demographic variables are shown in Table 2.

Table 2. The participants' demographic characteristics

Variable	Categories	Intervention group	Control group	P-value
		Mean (%)	Mean (%)	
Marital status	Single	13 (72.2%)	11 (61.1%)	0.371
	Married	5 (27.8%)	7 (38.9%)	
Birth order	First	7 (38.9%)	4 (22.2%)	0.403
	Second	8 (44.4%)	8 (44.4%)	
	Third and younger	3 (16.7%)	6 (33.3%)	

Table 3 shows the results of the independent samples t-test used to compare the mean scores of the research variables in the two intervention and control groups, before and after the intervention and at follow-up. As it can be seen, there was no significant difference between the intervention and control groups in the subscales of social anxiety before the intervention. However, social anxiety scores (fear, avoidance, and physiological distress) for the participants in the intervention group changed significantly between the pretest and posttest stages and remained almost constant

at follow-up. In contrast, social anxiety scores for the participants in the control group showed no significant changes during the pretest, posttest, and follow-up phases.

Table 3. A comparison of the two groups in terms of their mean scores on the social anxiety subscales

Variable	Group	Pretest		Posttest		Follow-up		P-value
		Mean	SD	Mean	SD	Mean	SD	Repeated-measures ANOVA
Fear	Intervention	21.16	2.50	14.61	2.97	14.5	2.93	0.001
	Control	20.38	2.54	20.83	2.66	20.88	2.63	0.362
	P-value	0.362		0.001		0.001		
Avoidance	Intervention	25.88	2.88	15.44	3.09	15.88	3.39	0.001
	Control	24.44	31.51	21.16	3.36	24.61	2.7	0.187
	P-value	0.187		0.001		0.001		
Physiological distress	Intervention	14.33	1.78	9.88	1.52	10.27	1.84	0.001
	Control	15.33	1.68	14.50	1.24	15	1.28	0.115
	Sig.	0.092		0.001		0.001		
Total score	Intervention	60.88	6.26	39.9	4.83	40.66	6.65	0.001
	Control	60.16	3.98	59.50	5.63	60.50	4.50	0.581
	P-value	0.683		0.002		0.001		

Table 3 shows the results of repeated-measures analysis of variance. As can be seen, the self-acceptance group therapy reduced fear ($p < 0.001$), avoidance ($p < 0.001$), physiological distress ($p < 0.001$), and the total social anxiety score ($p < 0.001$) among the participants in the intervention group.

Discussion

The present study investigated the effectiveness of the self-acceptance group therapy on students with social anxiety. The results showed that the self-acceptance group therapy can improve social anxiety disorder.

Similarly, a study by Schoenleber and Gratz on the effectiveness of self-acceptance group therapy in reducing the shame of patients with social anxiety disorder found that people treated with SAGT reported improvements in their anxiety symptoms and emotion regulation (10). Moreover, Masuda et al. (19) showed that self-acceptance therapy improves mental health by changing inflexible beliefs into flexible beliefs in individuals. Flaxman and Bond (20) also showed that self-acceptance group therapy can increase mental health and flexibility by changing maladaptive cognitive content. Besides, this technique can change dysfunctional beliefs and replace them with helpful beliefs enabling people to develop unconditional self-acceptance and can alleviate distressing feelings and stresses that originate in their beliefs.

The findings of this study also confirmed the effectiveness of cognitive-behavioral therapy. Likewise, Hayes-Skelton and Marando-Blanck (21) explored the effectiveness of cognitive-behavioral therapy in reducing the symptoms displayed by people with social anxiety and showed that cognitive-behavioral therapy has a significant effect on reducing social anxiety symptoms. In addition, a study by Kushnir et al. (22) on the effectiveness of cognitive-behavioral therapy on 38 people with social anxiety showed that cognitive-behavioral therapy reduces the fear of negative evaluation and improves the self-concept of people with social anxiety. Furthermore, Salzer et al. compared acceptance-based therapies, family therapy, and behavioral therapy on people with social anxiety and showed that acceptance-based therapy was more effective compared to the other two techniques (16). Moscovitch et al. also confirmed the effectiveness of group cognitive-behavioral therapy on social anxiety disorder (23). In a study on two groups of people with generalized anxiety disorder and social anxiety disorder who were exposed to cognitive and behavioral therapy, Hoyer et al. found that people with social anxiety reported less anxiety at the end of the intervention compared to the other group (24).

The results of the present study also confirmed the findings of a study by Gallagher et al. (25). Thees researchers performed cognitive-behavioral therapy on 23 children with social anxiety and the children who received cognitive-behavioral therapy reported lower levels of social anxiety at the end of the intervention than the children in the control group.

It can be argued that self-acceptance improves the symptoms of social anxiety due to changes in irrational beliefs, changes in attribution, and developing unconditional self-acceptance. The

group and social context of this therapy has increased its effectiveness. It also increases the self-esteem of people with a social anxiety disorder and empowers them to accept themselves, allowing them to focus less on their mistakes in social situations and replace positive emotions against poor performance in such situations (12).

The present study had some limitations. For instance, the participants were selected from female students and from only one city and university, and the therapists and evaluators were the same. This study is a preliminary research in this field, and complementary findings and future studies can reveal new insights in this field. Therefore, further studies can be done on both male and female participants from different regions and cities. Also, the treatment outcomes have to be evaluated by individuals who did not attend the intervention process.

Conclusion

Self-acceptance group therapy is effective in reducing social anxiety by increasing psychological acceptance and changing people's dysfunctional beliefs. This type of therapy is thus recommended for the treatment of social anxiety disorder.

Acknowledgments

This study reports the results of a Master's thesis. The authors would like to express their gratitude and appreciation to all those who contributed to this study.

Conflict of interest

The authors declared no conflict of interest in this study.

References

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (DSM-5). 2013. Available from: https://www.psychiatry.org/psychiatrists/practice/dsm.
2. Ghayourkazemi F, Sepehri Shamloo Z, Mashhadi A, Ghanaei A, Pasalar F. A comparative study of the effectiveness of metacognitive therapy with neurofeedback training on metacognitive beliefs and anxiety symptoms in female students with social anxiety disorder (single subject). Journal of Cognitive Psychology. 2016;4(1-2):19-30. [In Persian]
3. Karlsen BS, Clench-Aas J, Roy BV, Raanaas RK. Relationships between social anxiety and mental health problems in early adolescents from different socioeconomic groups: results from cross-sectional health survey in Norway. J Psychol Abnorm Child 2014; 3:120-126. doi: 10.4172/2329-9525.1000120.
4. Rapee RM, Spence SH. The etiology of social phobia: empirical evidence and an initial model. Clin Psychol Rev. 2004; 24(7):737-767. doi: 10.1016/j.cpr.2004.06.004.
5. Mohammadi, MR, Ghanizadeh, A, Mohammadi M, Mesgarpour B. Prevalence of social phobia and its co-morbidity with psychiatric disorders in Iran. Depression and Anxiety. 2006; 23(7):405-411. doi: 10.1002/da.20129.
6. Talepasand, S. Nokani, M. Social phobia symptoms: Prevalence and sociodemographic correlates. Archives of Iranian Medicine, 2012;13(6):66-72. doi: 010136/AIM.0013.
7. Shahrabi Farahani H, Rafie Poor A, Razian S. The role of gender in the social anxiety. Rooyesh -e-Ravanshenasi Journal. 2019;7(10):243-254. [In Persian]
8. Asher M, Asnaani A, Aderka IM. Gender differences in social anxiety disorder: a review. Clin Psychol Rev. 2017; 56:1-2. doi: 10.1016/j.cpr.2017.05.004.
9. Hofmann SG, Smits JA. Cognitive-behavioral therapy for adult anxiety disorders: a meta-analysis of randomized placebo-controlled trials. J Clin Psychiatry. 2008; 69(4):621-632.
10. Schoenleber M, Gratz KL. Self-acceptance group therapy: a trans diagnostic, cognitive-behavioral treatment for shame. Cognitive and Behavioral Practice. 2018; 25(1):75-86. doi: 10.1016/j.cbpra.2017.05.002.
11. Drydan W. Developing Self-Acceptance: a brief, educational, small group approach. New York: Wiley; 1998.
12. Dryden W. How to accept yourself. London: Sheldon Press; 2004.
13. Morton J, Snowdon S, Gopold M, Guymer E. Acceptance and commitment therapy group treatment for symptoms of borderline personality disorder: a public sector pilot study. Cognitive and Behavioral Practice. 2012; 19(4):527-544. doi: 10.1016/j.cbpra.2012.03.005.
14. Connor KM, Davidson JR, Churchill LE, Sherwood A, Weisler RH, Foa E. Psychometric properties of the Social Phobia Inventory (SPIN) New self-rating scale. The British Journal of Psychiatry. 2000; 176(4):379-3.
15. McCrady BC, Ziedonis D. American psychiatric association practice guideline for substance use disorders. Behavior Therapy. 2001;(32):309-336. doi: 10.1016/S0005-7894(01)80007-1.
16. Salzer S, Stefini A, Kronmuller KT, Leibing E, Leichsenring F, Henningsen P, et al. Cognitive-behavioral and psychodynamic therapy in adolescents with social anxiety disorder: a multicenter randomized controlled trial. Psychotherapy and Psychosomatics. 2018;87(4):223-233. doi: 10.1159/000488990.
17. Lazarov A, Marom S, Yahalom N, Pine DS, Hermesh H, Bar-Haim Y. Attention bias modification augments cognitive–behavioral group therapy for social anxiety disorder: a randomized controlled trial.

Psychological Medicine. 2018;48(13): 2177-2185. doi: 10.1017/S003329171700366X.

18. Hassanvand Amouzadeh M, Shairi MR, Asghari Moghadam MA. Social anxiety prediction pattern with regard to cognitive behavioral factors. J Research Health. 2013; 3(2):379-387.

19. Masuda A, Hayes SC, Fletcher LB, Seignourel PJ, Bunting K, Herbst SA, Twohig MP, Lillis J. Impact of acceptance and commitment therapy versus education on stigma toward people with psychological disorders. Behavior Research and Therapy. 2007;45(11):2764-2772. doi: 10.1016/j.brat.2007.05.008.

20. Flaxman PE, Bond FW. A randomized worksite comparison of acceptance and commitment therapy and stress inoculation training. Behav Res and Ther. 2010; 48(8):816-820. doi: 10.1016/j.brat.2010.05.004.

21. Hayes-Skelton SA, Marando-Blanck S. Examining the interrelation among change processes: decentering and anticipatory processing across cognitive behavioral therapy for social anxiety disorder. Behavior Therapy. 2019; 50(6):1075-1086. doi: 10.1016/j.beth. 2019.03.00.

22. Kushnir J, Marom S, Mazar M, Sadeh A, Hermesh H. The link between social anxiety disorder, treatment outcome, and sleep difficulties among patients receiving cognitive behavioral group therapy. Sleep Med. 2014;15(5):515-521. doi: 10.1016/j.sleep.2014. 01.012.

23. Moscovitch DA, Santesso DL, Miskovic V, McCabe RE, Antony MM, Schmidt LA. Frontal EEG asymmetry and symptom response to cognitive behavioral therapy in patients with social anxiety disorder. Biological Psychology. 2011; 87(3):379-385. doi: 10.1016/j.biopsycho.2011.04.009.

24. Hoyer J, Coli J, Pittig A, Crawcour S, Moeser M, Ginzburg D, et al. Manualized cognitive therapy versus cognitive-behavioral treatment-as-usual for social anxiety disorder in routine practice: a cluster-randomized controlled trial. Behav Res Ther. 2017; 95:87-98. doi: 10.1016/j.brat.2017.05.012.

25. Gallagher, HM, Rabian BA, McCloskey MS. A brief group cognitive-behavioral intervention for social phobia in childhood. J Anxiety Disord. 2004; 18(4): 459-79. doi: 10.1016/S0887-6185(03)00027-6.