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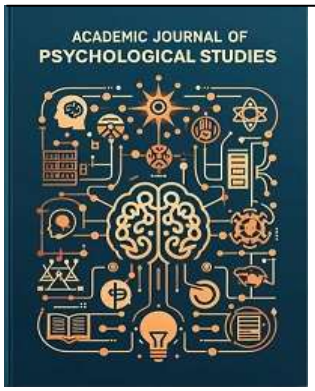

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Acceptance And Commitment Therapy in Reducing Experiential Avoidance and Increasing Awareness In 20–40-Year-Old Women with Social Phobia

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A B S T R A C T

Examined acceptance and commitment therapy (ACT) for reducing experiential avoidance and increasing awareness in women with social phobia disorder. Social phobia can impact negatively on quality of life of individuals. Participants were assessed at baseline and three-months post-baseline. Clinically significant changes were observed in the group that received ACT. This study examined the outcome acceptance and commitment therapy in women with social phobia disorders treated in community mental health clinics. A total of participants (range of 20-40 years) with a principal diagnosis of social phobia disorders were evaluated on average, 3-month post-treatment. Outcomes included reducing of experiential avoidance, increasing and changes in social phobia symptoms. A significant difference between the mean post-test scores of the study group and the control group. In other words, acceptance and commitment therapy resulted in a significant decrease in avoidance scores and a significant increase in awareness scores in 20–40-year-old women. (p‹0/05). The outcomes of this trial will inform clinicians whether ACT to reduce in experiential avoidance and increase in awareness for women with social phobia is likely to improve outcomes.

Keywords: Acceptance and Commitment Based Therapy -Experiential Avoidance - Consciousness - Social Phobia Disorder.

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INTRODUCTION

Women are one of the most vulnerable groups regarding diverse mental diseases; therefore, women's mental health ensures the health of the family and society(Shinde, 2019). Women have many roles in life; conducting family responsibilities and activities outside the home can expose them to grave conflict(Koohpaei, Khandan, Arab, Mobinizadeh, & Moamenian, 2015). Even though women's physical, mental, and social health is regarded as the essential foundation of society's health, the social health of this group has received less attention than other dimensions of health(Firouzbakht, Riahi, & Tirgar, 2017; Joulaei, Maharlouei, lankarani, Razzaghi, & Akbari, 2016). A factor influencing women's behavior in society is social anxiety disorder (SAD), one of the most debilitating mental health conditions characterized by an excessive dread of others' negative evaluation. The primary characteristic of social anxiety disorder is fear of being disgraced or shamed in front of others. This disorder causes people to feel anxious even at the thought of eating or drinking in front of others, in addition to the usual concerns about appearing foolish or making errors when acting. Therefore, it is not the dread of others that causes social anxiety but what others may perceive of the individual(Asher, Asnaani, & Aderka, 2017; Schneier & Goldmark, 2015). Social anxiety disorder was first described in its modern form with the publication of the Diagnostic and Statistical Manual of Mental Disorders. Although Marx and Golder (1966) were the first to describe the social phobia syndrome, it was not recognized as a distinct class until the Diagnostic and Statistical Manual of Mental Disorders was published in 1980 (Molavi, Mikaeili, Rahimi, & Mehri, 2014).

Women with social anxiety disorder experience a more severe and persistent fear of one or more social or functional settings with unknown persons than other women. In such a circumstance, the individual experiences extreme and persistent emotions. Specific anxiety symptoms are highly problematic because specific physiological changes, such as quivering, flushing, or perspiration, are visible to others(Arch, Landy, & Brown, 2016).

Social anxiety was 17%, and it was more prevalent in women(Boland, Verdiun, & Ruiz, 2021). Since social anxiety disorder is the most prevalent, it is crucial to treat fundamental psychological issues in those suffering from it(Mehboodi, Mohammadi, Rahimi, & Sarafraz, 2022). When this disorder is not treated, it typically results in a long-term disability, and women's professional, occupational, and social lives are likely to be disrupted by anxiety symptoms. The physiological arousal of individuals with social anxiety disorder increases when they are subjected to social situations. These individuals interpret physical symptoms as a sign of peril or anxiety, leading to increased anxiety symptoms, such as increased heart rate or blushing, and social anxiety(Roohi, Soltani, Zinedine Meimand, & Razavi Nematollahi, 2019). Negative self-evaluation, fear of evaluation by others, avoidance of evaluation situations, and fear of receiving negative evaluation from others are the most prominent cognitive symptoms of a social anxiety disorder(Asnaani et al., 2015).

According to research, acceptance and commitment therapy is essential in reducing social anxiety(Pourfaraj Omran, 2011).

According to research on the effectiveness of acceptance and commitment therapy on the symptoms of social anxiety disorder in shy female adolescents, this treatment successfully prevents social anxiety in shy female students(karimiazar, Saken Azari, Abdoltajedini, & Azmoudeh, 2022).

According to research conducted by Kocovski, Fleming, and Rector (2009), on the effectiveness of a group therapy program based on acceptance and mindfulness for people with social anxiety disorder, it leads to a significant decrease in anxiety symptoms, depression, and rumination and a significant increase in mindfulness and acceptance. Dalrymple and Herbert (2007), designed an individualized treatment protocol based on acceptance and commitment for

social anxiety disorder and tested it on 17 patients in a clinical trial. The results of this clinical trial indicate that the treatment has resulted in a significant reduction in social anxiety symptoms, an increase in the level of desire, and a decrease in experiential avoidance, as well as a significant decrease in anxiety, depression, and an increase in patients' reported quality of life. In a separate study, Ossman, Wilson, Storaasli, and McNeill (2006), examined the efficacy of group therapy founded on acceptance and commitment with a group of 12 individuals with social anxiety disorder. The post-treatment and three-month follow-up evaluations indicate that this treatment led to a significant reduction in the symptoms of social anxiety and experiential avoidance, which was maintained and even increased during the post-test. Due to the significance of anxiety disorder in the quality of social and family interactions and interpersonal relationships, acceptance and commitment therapy has effectively reduced avoidance and increased mindfulness in Ahvaz counseling center patients.

A common issue in social anxiety disorder is avoidance, which involves temporarily removing a person, action, or object to reduce anxiety. However, in the long run, this can cause stress to persist and even increase(Eqharari, Asadi, Javazi, & Vahid, 2019). Avoidance in all its forms, including avoidance behavior in various disorders, is considered a vulnerability factor and the primary mechanism for developing and maintaining psychological disturbance(kamran, Rostamifar, & moghtadaei, 2022). This structure represents a person's cognitive, behavioral, and affective endeavors to manage a particular internal and external situation(Yazdi, Darvizeh, & Sheikhi, 2015). It prevents individuals from effectively responding to emotional stimuli and weakens their ability to manage emotions. Therefore, it is not considered a strategic and efficient factor(Ataie, Fata, & Abhari, 2014). According to the theory of psychological flexibility, avoidance prevents people from acting by their values and contributes to psychosocial disorders(kamran et al., 2022).

Because avoidance inhibits the opportunity to reject dysfunctional beliefs, which are responsible for persistent anxiety(Masoumi & Ebrahimi, 2020), avoidance behavior maintains them. Avoiding emotions leads to maladaptive behaviors and individuals with general anxiety experience more distress in attempting to avoid responses. It leads to the perpetuation of cognitive-behavioral avoidance and a deterioration in the patient's quality of life(Lorian & Grisham, 2011). According to the findings of Hinds, Jones, Gau, Forrester, and Biglan (2015), experiential avoidance plays an essential role in the relationship between students' behavior and mental health. The experiential avoidance strategy may also be how individuals respond to distressing situations when confronted with social events and interpersonal contacts. In addition, research indicates that the greater a person's propensity for experiential avoidance, the more deleterious symptoms they exhibit and the poorer their overall health(Clifton, 2023; Hayes-Skelton & Eustis, 2020; Yarollahi & Shairi, 2018).

In successive moments of awareness, mindfulness is a person's distinct awareness of what is occurring inside and how they interact with the outside world. By maintaining awareness, mindfulness aids in understanding the present reality(Moridi & Nourimoghadam). In recent years, mindfulness research has attracted a growing amount of interest. Mindfulness is an open and nonjudgmental awareness of the present moment(K. Brown, Creswell, & Ryan, 2015). Mindfulness lets us realize that negative emotions are not permanent or fixed aspects of our personality, even though they may occur. It also enables individuals to respond with deliberation instead of impulsively and without consideration (Falkstrom, 2010). Mindfulness is a crucial factor in attaining liberation because it is an effective and potent method to turn off and stop the world's or one's mental pressures. Enhanced mindfulness is also associated with psychological well-being, agreeableness, openness, conscientiousness, and reduced pain symptoms.

Mindfulness people are more capable of recognizing, managing, and solving everyday problems(Emanuel, Updegraff, Kalmbach, & Ciesla, 2010; Hollis-Walker & Colosimo, 2011). On the other

hand, individuals with lower levels of mindfulness are more likely to struggle with emotion regulation(MacDonald & Price, 2017; Zeidan, Johnson, Diamond, David, & Goolkasian, 2010). According to research, mindfulness reduces nurses' anxiety and increases their contentment(Talebi, 2021). Mindfulness' three-decade-long presence in psychology has resulted in extensive clinical outcomes(Hülsheger, Alberts, Feinholdt, & Lang, 2013). According to intervention research, mindfulness-based interventions have decreased symptoms in clinical groups and increased psychological well-being(Amini, Zare, Agha Yosefi, & Hashemi, 2020).

Those with higher mindfulness scores are more mindful of their daily activities. They become more acquainted with the mechanical characteristics of their mind (tendency to escape from the present and be involved in the past and future, judgmental attitude toward internal and external changeable phenomena) and cultivate moment-to-moment awareness(Nourimoghadam & Zare, 2019).

Acceptance and commitment therapy is regarded as one of the primary interventions for comprehending dysfunctional behavioral patterns and complex processes and developing healthier and more effective behaviors and emotions(Arch et al., 2020). Acceptance and commitment therapy (ACT) is one of the treatments of the third generation of behavioral therapy(Folke, Parling, & Melin, 2012), that Hayes et al. introduced in the early 1980s. This treatment is a process-oriented approach, and unlike traditional cognitive therapy, the patient's thoughts and beliefs are not evaluated; instead, the focus is placed on the formation of psychopathology in the context of the problem(Forman et al., 2012).

This therapeutic approach assists patients in identifying what is genuinely essential to them and then encourages them to use these values to guide behavioral changes. As its name implies, it urges individuals to accept what is out of their control and commit to a course of action to enhance and enrich life(kamran et al., 2022).

Acceptance and commitment therapy teaches individuals effective mindfulness techniques to help them manage their inner experiences. This therapy aims to change the relationship between disturbing thoughts and feelings and introduce people to view them as harmless and even transitory unpleasant psychological events(Dindo, Van Liew, & Arch, 2017; Twohig, Ong, Krafft, Barney, & Levin, 2019). Instead of constantly concentrating on negative emotions and avoidant behaviors surrounding the disease, introducing acceptance as an alternative to avoidance helps patients focus on the positive aspects of their lives and be committed to them(Solimanpour, Pirkhaefi, & Zahrakar, 2022).

Lundgren, Reinebo, Näslund, and Parling (2020), Lundgren et al. (2021), demonstrated in their studies how training centered on acceptance and commitment increases people's psychological adaptability and suitable performance. Gloster, Meyer, and Lieb (2017), research highlights the importance of psychological flexibility in enhancing people's health. It offers empirical evidence for acceptance and commitment therapy's ability to reduce stress and promote health. Block and Wulfert (2000), examined acceptance and commitment therapy and cognitive behavioral therapy on 39 students with public speaking anxiety in another research. According to the results of this study, both treatments reduced anxiety symptoms, dread of negative evaluation, and public speaking reluctance. Additionally, compared to the individuals in the cognitive behavioral therapy group, the acceptance and commitment therapy group reported considerably reduced behavioral avoidance. This intervention is also effective in reducing women's psychological injuries, according to a large body of evidence based on the acceptance and commitment to the quality of life of infertile women(Koohikamali, Poursharifi, Sodagar, & Ashayeri, 2021; Salmanpour & Pasha, 2023).

Fanaee and Sajjadian (2016), Iturbe, Pereda-Pereda, Echeburúa, and Maiz (2021), indicate that acceptance and commitment therapy reduces experiential avoidance of persons. Considering

the prevalence of social anxiety in recent years and the fact that so far, no study has been found in Iran's scientific environment that deals with the effectiveness of acceptance and commitment therapy on reducing avoidance and increasing mindfulness in women with social anxiety disorder, therefore, this study examined the effectiveness of acceptance and commitment therapy in reducing avoidance and increasing mindfulness in women with social anxiety disorder.

METHODOLOGY

This study is experimental and includes a control group. All Ahvaz-based women with a social anxiety disorder who visited counseling centers in 2022 make up the statistical population of this study. Then, by attending counseling facilities, women were invited, and during a meeting, the participants were explained the research's goals. All female patients with social anxiety disorder in the centers, ages 20 to 40, completed Connor's Social Phobia Inventory (2000). In the end, a purposive sampling method was used to choose 30 individuals for the experimental group randomly and 15 for the control group.

Group therapy based on acceptance and commitment was administered in ten 90-minute sessions, one session per week, to the experimental group, while the control group received no treatment. One week after the sessions, all members of the experimental and control groups completed the avoidance and mindfulness questionnaires once more. To comply with ethical principles, the clients signed a consent form for participation in the research, and the researcher assured the participants that the results of the questionnaire and all materials presented during meetings would be kept confidential. In addition, their participation in the study is entirely voluntary, and they may opt out at any time. Age requirements of 20 to 40 and a score of at least 40 on Connor's Anxiety Questionnaire from 2000 were used to select the volunteers for this study. The absence from more than two sessions, failure to complete the questionnaires, and simultaneous participation in other training sessions are the criteria for subject withdrawal in this study.

Sexston and Dugas (2004), created the avoidance questionnaire. The purpose of this 25-item scale is to assess cognitive avoidance, comprised of five factors: Thought Suppression, Thought Substitution, Distraction, Avoidance of Threatening Stimuli, and Transformation of Images into Thoughts. This scale is measured on a five-point Likert scale, ranging from "completely false" to "completely true." The scale's total score is determined by adding the total scores of all queries. The scale score ranges from 25 to 125. A low score indicates low avoidance, and a higher score means high avoidance. Between 0.71 and 0.91 is reported as the reliability coefficient for this scale (35). In addition, the reliability coefficient in Iran was 0.21 (36). Based on Cronbach's alpha, the questionnaire's reliability in the current study was 0.90. K. W. Brown and Ryan (2003), developed the Mindful Attention Awareness Scale, which consists of 15 items to measure mindfulness and has a 6-point response range from 0 (almost always) to 6 (rarely). It has a 15 minimum score and a 90-maximum score, respectively. On this scale, the higher the subject's score, the greater their mindfulness. Cronbach's alpha coefficients ranging from 0.80 to 0.87 (37), which measure the internal consistency of test questions, have been reported. For a sample of 723 students, Cronbach's alpha for the Persian translation of these scale's questions was determined to be 0.81 (38). According to Cronbach's alpha, the questionnaire's reliability in the current study was 0.82.

Acceptance and commitment-based therapy intervention sessions were implemented by the mindfulness and acceptance-based group therapy protocol for a social anxiety disorder: An open trial by Fleming and Kocovski (2014). These 90-minute sessions are listed in Table 1 (39). In this study, a significance level of 0.05 was used, and descriptive and inferential statistics,

including analysis of variance, were employed to analyze the data. In addition, SPSS version 22 was used to analyze the data.

Table 1. General titles of treatment protocol based on acceptance and commitment and training sessions by Fleming and Kocovski (2014)

Session	Topic and purpose	Description and assignments
1	Staying out of harm's way, protecting oneself from social danger	Holding the pre-test, revealing the indicators, getting to know the members two by two and introducing themselves, conscious mind, scrutinizing the safe styles of the members and team interaction, and substituting the vital style with the safe style.
2	Acceptance/willingness, openness	Review of the previous session, mindfulness of observing the mountain, the metaphor of Niagara Falls, the practice of finger traps, the practice of the effort of fighting the anxiety monster, and the metaphor of welcoming Uncle Leno.
3	Identifying people's values and goals	Reviewing the previous meeting, mindfulness body scans, reviewing the experiences of the members two by two in the practice of the 80th birthday celebration, expressing Abs as a metaphor for orientation, identifying the values and goals of the group and sharing them, and introducing the goal selection worksheet.
4	Cognitive impairment	Reviewing the previous session, mindfulness of breathing, sound, and thoughts, and applying impairment strategies to the meaning of thoughts.
5	Change of desire and being with anxiety, acceptance of feelings and thoughts, and openness to experience	Reviewing the previous session, practicing holding the breath and recording the time of holding the breath, using the metaphor of jumping, exercises to be with anxiety (breathing through a straw, running in one spot, lifting the head, and taking a few short breaths before holding the breath).
6	Take action	Reviewing the previous session, seeing mindfulness, accepting feelings and thoughts, guest house poem, and taking action exercises.
7	Taking action and achieving goals (continued from the previous session)	Review of the previous session, mindfulness, imagination, action.
8	Taking action based on unique goals	Review of the previous session, mindfulness of promoting self-compassion.
9	Taking action (continued from the previous session)	Reviewing the previous session, loving-kindness mindfulness, taking action exercises along with blindfolded instructions.
10	Termination and moving on	Reviewing the previous session, mindfulness, imagining the action, ending the practice of adopting the action, and holding a post-test from the control and experimental groups.

RESULTS

Table 2 displays the variables' mean score and standard deviation for the experimental and control groups in pre-test, post-test, and follow-up, respectively.

Table 2. Mean and standard deviation of avoidance and mindfulness scores in women with social anxiety disorder in experimental and control groups, separately in the pre-test, post-test, and follow-up stages

Variable	Group	Number	Pre-test		Post-test		Follow-up	
			Mean	Std. deviation	Mean	Std. deviation	Mean	Std. deviation
Thought Suppression	Control	15	19.47	3.20	10.74	4.26	17.12	4.21
	Experimental	15	22.74	3.74	13.50	4.15	16.16	3.25
Thought Substitution	Control	15	20.23	4.11	11.65	4.10	15.90	3.19
	Experimental	15	20.90	4.29	12.70	4.13	15.14	4.01
Distraction	Control	15	19.62	3.45	13.60	4.14	17.36	3.70
	Experimental	15	17.94	3.16	8.18	4.97	13.16	3.85

Avoidance of Threatening Stimuli	Control	15	17.56	2.95	14.16	3.30	15.55	3.01
	Experimental	15	16.80	2.33	6.07	4.46	14.45	4.11
Transformation of Images into Thoughts	Control	15	15.12	2.10	12.17	2.21	13.69	2.18
	Experimental	15	15.01	1.90	21.39	3.99	7.28	2.27
Increasing mindfulness	Control	15	42.70	4.11	45.16	2.19	43.32	3.10
	Experimental	15	41.66	6.40	69.50	1.74	71.46	4.19

Table 3 displays the results of MANCOVA on the average post-test scores of the variables of the subjects of the experimental and control groups.

Table 3. MANCOVA results on the mean of the experimental and control groups

Test	Value	F	Hypothesis DF	Error DF	Sig.	Effect size	Statistical power
Pillai's trace	0.845	72.31	8	21	0.000	0.749	0.921
Wilks' lambda	0.121	72.31	8	21	0.000	0.749	0.921
Hotelling trace	42.16	72.31	8	21	0.000	0.749	0.921
Roy's largest root	42.16	72.31	8	21	0.000	0.749	0.921

According to Table 3, there is a significant difference at the P≥0.001 level between the experimental group and the control group regarding dependent variables; thus, there is a significant difference in at least one of the dependent variables between the two groups. Two analyses of covariance were conducted in MANCOVA to comprehend this difference. The calculated effect size indicates that 74.9% of the total variances between the experimental and control groups are attributable to the effect of the independent variable. In addition, the test's statistical power is 0.921, indicating that it could reject the null hypothesis with a capacity of 92.1%. Table 4 displays the results of the hypotheses test.

Table 4 displays the results of the analysis of covariance in MANCOVA on the mean post-test scores of the variables of the experimental and control groups.

Table 4. The results of the analysis of covariance in MANCOVA on the mean post-test scores of the variables of the experimental and control groups

Dependent variable	Sum squares	Df	Mean square	F	Sig.	Effect size	Statistical power
Thought Suppression	60.10	1	60.10	8.260	0.001	0.719	0.912
Thought Substitution	173.25	1	173.25	8.414	0.001	0.744	0.936
Distraction	88.79	1	88.79	6.691	0.001	0.756	0.921
Avoidance of Threatening Stimuli	76.54	1	76.54	6.172	0.001	0.702	0.931
Transformation of Images into Thoughts	68.33	1	68.33	6.134	0.001	0.731	0.914
Increasing mindfulness	125.30	1	125.30	7.790	0.001	0.746	0.910

According to Table 4, the f-value for the variable of withdrawal of thoughts was 8.260, which is significant at the P < 0.001 level. Therefore, acceptance-based therapy has reduced Thought Suppression in the experimental group compared to the control group. Also, the f-value for the Thought Substitution variable was 8.414, which is significant at the P<0.001 level. Therefore, acceptance-based therapy has reduced Thought Substitution in the experimental group compared to the control group. According to Table 4, the f-value for the Distraction variable was 6.691, which is significant at the P<0.001 level. Therefore, acceptance-based therapy has reduced distraction in the experimental group compared to the control group. Also, the f-

value for the Avoidance of Threatening Stimuli variable was 6.172, which is significant at the P<0.001 level. Therefore, acceptance-based therapy has reduced Avoidance of Threatening Stimuli in the experimental group compared to the control group. In addition, the f-value for the Transformation of Images into Thoughts variable was 6.134, which is significant at the P < 0.001 level. Therefore, acceptance-based therapy has reduced the Transformation of Images into Thoughts in the experimental group compared to the control group. According to Table 4, the f-value for the Increasing mindfulness variable was 7.790, which is significant at the P<0.001 level. Therefore, acceptance-based therapy has increased mindfulness in the experimental group compared to the control group.

CONCLUSION

This research focuses on using acceptance and commitment therapy to reduce avoidance and increase mindfulness in women aged 20-40 who suffer from social anxiety disorder and are seeking counseling in Ahvaz in 2022. The research results indicate that acceptance and commitment therapy has effectively reduced avoidance and increased mindfulness in women with social anxiety disorder. This therapy is considered one of the most important treatments for social anxiety disorder. The therapy includes exercises to break down the verbal meaning of internal events, which helps patients see thoughts, feelings, memories, and physical sensations as separate from themselves.

When experienced, none of these internal processes threaten one's health. They are viewed as the dangerous and damaging experiences they purport to be, and as such, they must be controlled and eradicated due to their perceived harmfulness. One of the techniques employed in this treatment is the elimination of cognitive perplexity. In this case, cognitive impairment occurs, and the person becomes impaired by the content of thoughts, stating that people have been able to recognize a thought as merely a thought (acceptance) and not a truth. As a result, they do not act on that thought (impairment). Consequently, a person's avoidance decreases, which increases psychological adaptability.

In addition, according to the results, acceptance-based therapy increased mindfulness in the experimental group relative to the control group. Therefore, acceptance and commitment therapy facilitate a more positive attitude toward mindfulness through direct instruction. Then, awareness-based exercises serve as the foundation for fostering mindfulness regarding people's control solutions for their thoughts and emotions. In other words, the treatment induces a sense of helplessness regarding the patients' control strategies, which are based on efforts toward mindfulness about social anxiety disorder and a total departure from these thoughts and emotions. These circumstances provide the foundation for introducing acceptance as an alternative solution, and with acceptance, a space is created for patients. As a result, instead of focusing incessantly on negative thoughts and emotions and being unaware of the thoughts of social anxiety disorder, patients will attain mindfulness about them, thereby increasing their mindfulness.

According to the results of the present study, acceptance and commitment therapy is a highly effective treatment for women suffering from social anxiety disorder. By reducing avoidance behaviors and increasing mindfulness, this therapeutic approach can significantly alleviate the symptoms of social anxiety disorder. Therefore, it is recommended that individuals struggling with this condition consider this therapy a viable treatment option.

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