

The effectiveness of acceptance and commitment therapy on the fear of negative evaluation and quality of life in people with social anxiety disorder

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Abstract

The purpose of the present research was to investigate the effectiveness of acceptance and commitment therapy on the fear of negative evaluation and quality of life in people with social anxiety disorder. The current research method was a semi-experimental type with a pre-test-post-test design with a control group. The statistical population of this research consisted of all people with a social anxiety disorder who in 1401, they had referred to the psychology clinics of Mahabad city. From among the statistical population, 20 people were selected as accessible sampling and were randomly divided into 2 groups of 10 people (control group and experimental group). Data collection was done by using of Jerabek Social Anxiety Scale, Brief Fear of Negative Evaluation Scale (BFNES), and Brief Quality of Life scale (QOL). The acceptance and commitment therapy protocol was implemented in 8 sessions of 90 minutes, once a week for the experimental group. Data were analyzed by SPSS-22 software. In addition to descriptive statistics, multivariate analysis of variance (MANOVA) was used to analyze the data. The findings obtained from the analysis of variance showed that there is a significant difference between the control and experimental groups in the post-test stage in reducing the fear of negative evaluation and increasing the quality of life. This research shows that acceptance and commitment therapy is useful for people with social anxiety disorder and can be used as a psychological intervention along with other interventions.

Keywords: Acceptance and Commitment Therapy, Fear of Negative Evaluation, Quality of Life, Social Anxiety Disorder.



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Introduction

Social anxiety disorder (previously called social phobia) is a chronic anxiety disorder characterized by intense fear and avoidance of functional and social situations (Zoghi, Torabian & Ajilchi, 2019). In other words, a person experiences anxiety in social situations that others may investigate and scrutinize (American Psychiatric Association, 2022). Also, the patient is worried about doing something or showing symptoms that will lead to others' negative perceptions (Halldorsson & Creswell, 2017). Most people with social anxiety disorder report an event or an ongoing social experience that usually revolves around humiliation, rejection, and revenge and played an important role in the onset of this disorder (Bjornsson, Hardarson, Valdimarsdottir, Gudmundsdottir, Tryggvadottir, Thorarinsdottir & Thorisdottir, 2020). Usually, one of the important things in this disorder are situations such as eating in public, parties, participating in lectures or classrooms, and interacting with unfamiliar people, because affected people are usually involved in several situations in which they experience anxiety (Najdi, Mousazadeh & Kazemi, 2021). People with this disorder experience different cognitive and physical symptoms in one or more social situations, among these symptoms, we can mention things like blushing, tremors, increased sweating, and tachycardia. If this disorder is not treated, it impairs people's functional abilities (Al-Johani, AlShamlan, AlAmer, Shawkhan, Almayyad, Alghamdi & AlOmar, 2022). In short, the factor that causes the continuation of this disorder in sufferers is self-focus. Usually, people who have social anxiety when facing a social situation that scary for them, enter into a process that focuses on themselves. During this process, people try to create a distorted image of themselves using internal information sources. The important point is that these people believe that others have the same attitude toward them. This issue causes them to evaluate themselves negatively (Najdi et al, 2021). On the other hand, attachment and interaction with family, friends, and peers are considered basic human needs. If this need is not satisfied properly, there is a possibility of a person's tendency to risky behaviors. Therefore, it is possible that the fear of negative evaluation leads to cognitive distortions and has a strong effect on the person's interactions (Nezhadhamdy, Dortaj, Sadipour, Sheivandi Cholicheh & Rezaei, 2022). One of the cognitive-behavioral indicators of social anxiety is the fear of negative evaluation (Sajjadian Khosroshahi & Mikaeli Manee, 2020). The meaning of fear of negative evaluation is the fear and worry people experience from negative evaluations of others in social situations. When people fear the negative evaluation of others, they may not have the courage to take action to communicate with others (Geukens, Maes, Spithoven, Pouwels, Danneel, Cillessen & Goossens, 2022). The fear of negative evaluation causes people's attention sources to be involved in threats and social evaluations, and this causes weakness in their cognitive performance. These people try not to express themselves and their abilities in social situations so as not to be evaluated by others (Bayanlou & Jafariharandi, 2021).

Considering the social anxiety and impaired interactions with others and impaired social functioning of the sufferers, it is obvious that the quality of life of these people is not at a favorable level compared to others (Lu, Zhong, Li, Zhao, Zhang, Hu & Lin, 2021). Quality of life is among other things that social anxiety disorder affects on them. Quality of life refers to people's subjective assessment of their needs, desires, and important goals and

the extent of achievement to them (Yang & Lu, 2022). Researchers believe that examining the quality of life and trying to increase, it plays an important role in the personal and social health of people (Safikhani gholizadeh, Mahmoudi & Maredpour, 2018). The quality of life includes people's perception of their life situation, view of culture, the value system in which they live, their goals, expectations, and priorities (Rasoolzadegan, Agah Heris & Karbalai Saleh, 2020). Quality of life is a multidimensional, dynamic and wider concept than health and focuses on psychological, social, physical, and well-being dimensions related to the environment (Ferreira, Almeida-Neto, Teixeira & Strauss, 2015). The mental dimension includes happiness and satisfaction, and the objective dimension includes well-being and economic growth (Yousefi Afrashteh, & Rezaei, 2021). According to the mentioned cases, fear of negative evaluation and quality of life are important issues that should be investigated in people with social anxiety, and solutions should be provided for them and their improvement. According to the research, one of the treatment methods that can affect the quality of life (Mohammadi & Soufi, 2020) and the fear of negative evaluation ([Nazari](#), [Amiri](#), [Afshariniea](#) & [Kakabaraei](#), 2020; Yabandeh, Bagholi, Sarvghad & Koroshnia, 2019) is acceptance and commitment therapy.

Among the new and structured treatment approaches, we can point to acceptance and commitment therapy. This treatment method is a psychological intervention based on behavioral principles and modern evolutionary principles that uses processes such as mindfulness, acceptance, and commitment to increasing psychological flexibility. The basic principles of this method are 1- Accepting pain or other unpleasant events and thoughts, without trying to control them and 2- Taking value-based actions and committing to them to sustain them as meaningful goals, before eliminating unknown experiences (Montazernia, Kooshki, Oraki & Mirzaian, 2021). The use of verbal and cognitive processes and their interaction with non-verbal elements have made this treatment to be effective. This method includes exposure-based exercises, linguistic metaphors, and methods such as mindfulness (Abdollahi, Rafiepoor & Sabet, 2020). As mentioned, acceptance and commitment therapy seeks to strengthen psychological flexibility and reduce dysfunctional control, and to achieve this goal, it is based on six related processes: Acceptance (willingness to be completely open to unwanted experiences such as uncomfortable thoughts, memories, or emotions); contact with the present moment (awareness of one's experiences and a conscious connection with everything that happens in the present moment); self as context (Being aware of ourselves and our experiences); cognitive defusion (The ability to detach from unwanted experiences without engaging with them); committed action (Taking actions that lead us to important aspects of life) and values (Maintaining connection with personal values or areas of life that are important) (Grégoire, Lachance, Bouffard & Dionne, 2018). This treatment method does not focus on reducing symptoms but instead considers the efficacy of psychological experiences, such as thoughts, feelings, and memories (Hayes, Levin, Plumb, Boulanger & Pistorello, 2011). According to the belief of acceptance and commitment therapy, clients are never considered as failed, damaged, and far from hope, and this approach believes that a life based on values and full of meaning is available to

the public (Ezadi & Abedi, 2014). Therefore, the current research aims to investigate the effectiveness of treatment based on acceptance and commitment to fear of negative evaluation and quality of life in people with social anxiety disorder.

Methods

The current research method was a semi-experimental type with a pre-test-post-test design with a control group. The independent variable was acceptance and commitment therapy and the dependent variables were fear of negative evaluation and quality of life in people with social anxiety. The statistical population of this research consisted of all people with social anxiety disorder who visited the psychological clinics of Mahabad city in 1401. Out of the statistical population, 20 people were selected as convenience sampling and were randomly divided into 2 groups of 10 peoples (control group and experimental group). Informed consent to participate in the research, suffering from a social anxiety disorder, and the ability to answer questionnaire questions, as criteria for entering the research, and absence of more than two sessions from therapy sessions and simultaneous participation in other therapy and psychotherapy sessions were also considered as criteria for exiting the research.

After obtaining informed consent from the participants to participate in the research and ensuring of anonymity and confidentiality of the information, the questionnaires were distributed by the researcher and the participants completed them in the form of self-reports and the people of the experimental group were treated by acceptance and commitment therapy.

The Tools Used in This Research Were:

Jerabek Social Anxiety Scale: This questionnaire was created in 1991 by Jerabek to measure social anxiety. The tool has 25 five-choice questions (with the options almost never, rarely, sometimes, often, and almost always). The internal consistency of the questionnaire was reported as 0.76 by Cronbach's alphas method. Movahedian et al. (2020) investigated the validity of this questionnaire using the Structural Equation Modeling and the fit indices were 0.88 to 0.96, respectively, and were confirmed. Also, the overall reliability of this questionnaire was reported as 0.88 by Cronbach's alphas method (Poorabed & Bahrami, 2021).

Brief Fear of Negative Evaluation Scale (BFNES): This scale was designed by Leary (1983) to determine people's fear of negative evaluation. It has 12 questions and answers are given on a 5-point Likert scale (not at all applicable to me = 1, to completely applicable to me = 5). Questions 2, 4, 7, and 10 are scored in reverse. Its original version is 38 questions, designed by Watson & Friend (1969). The correlation between these two questionnaires is high (0.96). The internal consistency of this questionnaire is reported to be high (0.89). The calculation of Cronbach's Coefficient Alpha of this questionnaire (0.92) indicates an acceptable internal consistency (Sajjadian Khosroshahi & Mikaeli Manee, 2020).

Quality of Life scale (QOL): The World Organization with the cooperation of 15 international centers made this questionnaire in 1989. This questionnaire has 26 questions and on a Likert scale (1 to 5), evaluates the quality of life in four dimensions physical health (7 questions); mental health (6 questions); evaluates social health (3 questions), and environmental health (8 questions). The first 2 questions of this questionnaire are not related to any of the domains. The score of each area is in the range of 4-20 and the overall score of this scale is in the range of 0-100. Its Cronbach's alpha for the four subscales was reported between 75 and 89%. In Iranian standardization, the reliability of the test by retest method in the dimension of physical health (0.77); psychological (0.77); Social (0.75), and environmental health (0.89) were reported (Mohammadkhani, 2018).

The protocol of acceptance and commitment therapy was implemented in 8 sessions of 90 minutes, once a week for the experimental group. This treatment was based on the guidelines of Eifert and Forsyth (2005) (Table 1).

Table 1. protocol of acceptance and commitment therapy

session	Description of the session
The first session	Familiarizing the therapist with people and regulation of treatment
The second session	Discuss whether previous attempts to control anxiety have been effective and how these attempts have led to a reduction in valued life activities and acceptance.
The third session	Explaining mindfulness and being in the present and providing exercises related to this part
The fourth session	Explaining acceptance, and cognitive defusion and providing exercises related to this part
The fifth sessions	Behavioral, internal, imaginary, and real exposure was used to practice space to acceptance, observation, and attention to anxiety
The sixth session	Discussing values and discovering the values of client and providing exercises related to this part
The seventh session	Discussing committed action and values-based actions
The eighth session	A review of what has been done so far and how to continue it.

Finally, the data were analyzed by SPSS-22 software. Parametric methods of descriptive statistics were used to analyze the demographic information of the subjects, and multivariate analysis of variance (MANOVA) was used to analyze the differences between the studied groups.

Results

The descriptive findings of this research included statistical indicators such as frequency distribution, the mean and standard deviation of the studied variables, which are listed in Table 1.

Table 2: Descriptive statistics indicators related to the pre-test and post-test in the two experimental groups and the control group

Variables	groups	Pre-test		Post-test	
		mean	standard deviation	mean	standard deviation
fear of negative evaluation	Intervention (acceptance and commitment therapy)	26/5	4/87	18/60	5/19
	control	23/1	5/62	23/60	5/68
quality of life	Intervention (acceptance and commitment therapy)	48/60	10/25	64/53	11/40
	control	50/8	6/10	51/03	6/31

In Table 2, as can be seen, the average experimental groups in fear of negative evaluation decreased and increased in quality of life.

Table 3: The results of covariance analysis on the mean post-test scores of the variables in the subjects of the experimental and control groups.

dependent variable	sum of squares	of df	Mean of square	F	sig	Eta squared
fear of negative evaluation	718/11	1	718/11	22/57	0/0001	0/451
quality of life	1704/23	1	1704/23	109/07	0/0001	0/681

As can be seen from the above table, there is a significant difference between the mean scores of the post-test of fear of negative evaluation and quality of life after removing the effect of the pre-test ($P \leq 0.05$). In other words, it can be said that acceptance and commitment therapy has significantly reduced fear of negative evaluation and increased quality of life in the post-test stage. Considering the eta square, it can be said that about 45% of the changes in fear of negative evaluation and 68% of the quality of life were caused by the effect of the intervention.

Discussion

The present study was conducted with the aim for investigating the effectiveness of acceptance and commitment therapy on fear of negative evaluation and quality of life in people with social anxiety disorder. The results of the research showed that the acceptance

and commitment therapy was effective in reducing the fear of negative evaluation and increasing the quality of life of people with social anxiety disorder. Post-test scores of fear of negative evaluation and quality of life confirm the impact of acceptance and commitment therapy on these variables. These results are in line with the research of Kalantari, Yazarlou, and Mehrabi (2017), Zahedi et al (2020), Ghahnaviyeh, Bagherian, Feizi, Afshari, & Darani (2020), Mohammadi et al (2020) and Ahmadi & Valizadeh (2021) on increasing the quality of life, and Habibollahi et al (2016), Yabandeh, Bagholi Sarvghad & Koroshnia (2019), Najdi, Mousazadeh & Kazemi (2021), Erol, & Mustafa (2021) and Khaleghi Kiadahi et al (2022) are consistent in reducing the fear of negative evaluation. Also, the results of this research are in agreement with the results of Khoramnia et al (2020) and Caletti et al (2022) who evaluated the effectiveness of ACT on social anxiety disorder.

According to the DSM-5-TR, people with social anxiety disorder may feel so insecure and uncomfortable that they avoid talking to others; they are extremely worried about being in social gatherings because they are afraid of the negative evaluation of others (American Psychiatric Association, 2022). In acceptance and commitment therapy, these symptoms are known as sticky thoughts or mental hooks. In other words, the client is fused with the stories that the storyteller's mind makes. The storyteller's mind has the ability to lead us astray because it is an evaluative and critical system.

From the point of view of acceptance and commitment therapy, people with this disorder cannot correctly choose and achieve their personal (such as education, job, etc.) and super-personal (such as compassion, spirituality, etc.) goals and because of this, they are flawed, so that their goals are perfectionistic, obsessive, ambitious and lack internal spontaneity. Therefore, these people are afraid of being in gatherings and expressing themselves in social situations and suffer from anxiety. People with social anxiety disorder face problems in emotional regulation, psychological flexibility, and anxiety sensitivities. Also, these people have deficiencies in things like self-compassion, individual and interpersonal functions. Therefore, according to the mentioned cases, it seems that the application of contextualized third-wave treatment patterns can target these variables (Asadi, Mohammadi & Naziri, 2020).

Through its components and in different steps, this treatment helps people to accept their problems and experience less anxiety and fear of negative evaluation, and ultimately increase their quality of life. It should be noted that this treatment method tries to improve people's quality of life through psychological flexibility on the one hand and committed action on the other hand (Mohammadi, Zargar, Omidi, Mehrabi, Akbari, Baghouli, Rawari, Amiri, Mirzaei, M., Nonahal & Taheri Far, 2015). This therapy teaches people that instead of avoiding of thoughts and situations that aggravate social anxiety, through increasing psychological and mental acceptance of the thoughts and feelings that they experience in social situations and also, by considering social goals and commitment to them, face this disorder. In fact, this method has main and effective factors that can be

mentioned such as active and effective confrontation with thoughts and feelings, non-avoidance, changing one's point of view towards the story in which the affected person sees himself as a victim, revision of life values and finally the commitment to social goals. Treatment processes acceptance and commitment teach people how to let go of thought inhibition, disengage from intrusive thoughts and feelings, Highlight the self-observer instead of the self-conceptualized rather than trying to control internal events, accept them, determine their values, and have committed actions in line with their values (Molavi, Mikaeili, Rahimi, & Mehri, 2014).

As mentioned, according to the findings of the previous researches and the current research, acceptance and commitment therapy can affect the quality of life. According to the therapy based on acceptance and commitment, one should not ignore unpleasant inner experiences and emotions; instead, the client should be guided to conscious awareness of inner experiences and emotions and accept them. Using these things makes clients a proper connection with their interactions and emotions and have a new perspective on them. Also, during the implementation of this treatment, the clients know their values and committed action are internalized in them, and this motivates people to adhere to and continue the treatment. This therapy helps people to experience unpleasant feelings and thoughts just as they are. Also, in this way, people become aware that their previous methods to deal with these conditions were ineffective and it is necessary to move in the direction of their values instead of these actions. As a result, through the techniques of this therapy, people learn to easily experience events in the present tense as they are. They also learn to separate themselves from unpleasant internal situations and experiences. Therefore, acceptance and commitment therapy, based on what was said, improves the quality of life in people with social anxiety (Mahmoudi, Maddahi, Poursharifi & Meschi, 2019).

Also, according to the effectiveness of the acceptance and commitment therapy on reducing the fear of negative evaluation, the findings can be explained in such a way that this treatment helps the clients to overcome their negative thoughts. It should be noted that negative thoughts such as fear of negative evaluation and similar things will have a disturbing activity for people when their lives are not in accordance with their values. Following these cases, people believe that their negative thoughts are serious and think they are real. As a result, this method teaches people not to see their thoughts as pure reality and abandon these thoughts through techniques. Also, after defusion from these negative thoughts, accepting them, being in the present moment, identifying values, and committing action based on values, a person can reduce the fear of negative evaluation (. Khaleghi Kiadahi, Mafakheri & Yamini, 2022).

One of the limitations of the research is the lack of follow-up after treatment. Therefore, it is suggested that in future research, in order to be more confident in the generalization of the results, the research should be repeated in a systematic way, and also the research should be carried out in other culturally diverse samples. It is also suggested that in future studies, long-term follow-up periods (6 months) should be carried out in order to be more

confident about the durability of the treatment. Future research can compare the effect of this treatment with other treatments.

From a practical point of view, the findings of this research are important for counselors and psychologists. Because it is recommended to therapists that the fear of negative evaluation and quality of life as important components of treatment targets. It is also suggested that the acceptance and commitment treatment method should be used in clinics and medical centers to treat the symptoms of social anxiety disorder.

Conclusion

According to the results of this research, acceptance and commitment therapy, for people that suffering from social anxiety is used and can be used as a psychological intervention along with other interventions. It can also be a suitable treatment to reduce the fear of negative evaluation and increase the quality of life in people with social anxiety disorder. The importance of this finding is that based on research inside and outside the country and the prevalence of social anxiety disorder and its adverse consequences, the use of acceptance and commitment therapy can improve symptoms.

Disclosure Statement

The authors of this study declared no conflicts of interest

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