

Effectiveness of emotion-focused group therapy on social anxiety and emotion-regulation in women with eating disorders

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OBJECTIVE: Eating disorder is one of the disabling disorders. However, there are treatments that help many patients with this disorder. The aim of present study was to examine the effectiveness of Emotion-focused therapy on social anxiety and emotion regulation in women with eating disorders.

METHODS AND MATERIALS: This study was quasi-experimental with pre-test and post-test and control group. For this purpose, 24 persons that had received a diagnosis of an eating disorder were selected through voluntary sampling and were placed in two experiment and control groups. In this study, EAT-26 questionnaire to measure eating disorder, SPIN questionnaire to measure social anxiety and emotion regulation process

strategies questionnaire were used. Individuals participated in 12 sessions of group therapy for 90 minutes. single and multivariate analysis of variance test were used to examine data.

RESULTS: Results showed significant reduction in the severity and frequency of symptoms of eating disorder, Reducing the severity and frequency of symptoms of social anxiety disorder and Significant improvements in emotion regulation strategies.

CONCLUSION: We can say, emotion-focused therapy is effective for reducing symptoms of eating disorder and social anxiety and improvement in emotion regulation.

Key Words: *Emotion focused therapy; Social anxiety; Eating disorder; Emotion regulation*

INTRODUCTION

Eating disorders are a common psychiatric problem in adolescent girls and young women who are identified by chronicity and recurrence components [1]. The symptoms of eating disorders are first beginning with mild states such as disorder in attitudes toward eating and become clinically severe and almost irreversible. Therefore, it is important to recognize the people at risk and to identify the factors creating these disorders. Eating disorders in the future increase the risk of obesity, depression disorders, suicide attempts, anxiety disorders, substance abuse, and health problems. Researches have shown that eating disorders, especially nervous overeating, endanger the general health of adolescents [2,3].

Some studies have shown that eating disorders are often associated with some psychological disorders such as depression; anxiety disorders, low self-esteem and drug abuse, and their medical consequences can eventually lead to death [4].

Many epidemiological and clinical studies have shown that most people with symptoms of eating disorder are afflicted with one or more anxiety disorder [5]. Anxiety is background and the main factor of eating disorders. Concern about negative evaluation of others is used as the first feature of social anxiety. In fact, social anxiety and eating disorder are common disorders that may occur simultaneously [6]. Depression, anxiety and bipolar disorders are commonly occurred with mental anorexia, bulimia nervosa, and bulimia nervosa disorder. A number of people with anorexia nervosa report anxiety or symptoms before they start eating disorder. In people with bulimia nervosa, signs of anxiety are often improved after an overnight treatment [7].

Another variable in the research is emotion regulation (Emotion Regulation). In the research it has been shown that bulimia disorder may be the result of maladaptive emotional regulation to prevent distressing thoughts or unstable and unpleasant emotional states [8].

People who are having trouble in expressing and experiencing their own excitement are also in difficulty in controlling the amount of food they eat, and factors such as severe irritation towards food, a tendency to be obese and avoid problems can cause their bulimia [9]. People with eating disorder are less aware of their emotions than healthy ones, and they are facing difficulty in the process of controlling it. Also, people with low appetite have less

emotional awareness compared to those with high appetite, and in contrast, people with high appetite have more problems in their emotional ordering in comparison with those with low appetite [10].

Various therapies, including cognitive-behavioral, dialectical, and interpersonal have been used to treat anxiety disorders and eating disorders. Emotional-Focused Therapy (EFT) is a promising treatment for bulimia disorder. Contrary to the dialectical approach that encourages patients to observe and describe their emotions in a non-judgmental environment, an emotional-focused approach more emphasizes on the interpersonal cognition and experience [11]. The main assumption in the emotional-focused therapy is the inherent adaptability of the emotions. The main purpose of emotional-focused therapy is to transform the non-adaptive emotions by increasing awareness and expressing emotions, learning to order the emotions and activating adaptive emotions [12]. Considering the importance of eating disorders and the role of anxiety and emotion disorders in this disorder, it can be expected that emotional-focused therapy is effective in reducing the anxiety and ordering of emotions and helping to use optimal strategies, and given the modernity of this treatment, there is a need for research on this issue.

METHODOLOGY

The present study is a quasi-experimental (pre-test, post-test with control group). The population of this study included all women who were referred to Nutrition Clinic of Qaem Hospital, students of Ferdowsi University of Mashhad and Anonymous Bulimia Association in Mashhad in May 2013. The studied sample in this research was in the form of voluntarily sampling.

The inclusion criteria for the study included: Eating disorder detection through the Carner Test (EAT-26). 2- Diagnostic interview based on DSM-V. 3- Minimum age of 18 and maximum age of 40 years. 4- Minimum diploma education. 5- The patient should not receive psychological treatment or other drug at the same time.

In order to carry out the research in October 2013, an announcement titled "Emotional-focused therapy for eating disorders" was distributed at Ferdowsi University of Mashhad, Nutrition clinic of Qaem Hospital, and Anonymous Bulimia Association in Mashhad. Among these, 65 people were referred to

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the Psychology Clinic of the Education and Psychology Faculty of Ferdowsi University of Mashhad for initial interview and diagnosis. Among these, 41 people received eating disorder diagnosis. Eventually, 24 subjects participated in the study and randomly assigned into two experimental and control groups. The questionnaire of emotional ordering process strategies, social anxiety scale (SPIN) and attitude to Cerner nutrition (EAT-26) questionnaire were completed for all participants, then participants in the experimental group received emotional-focused therapy session one day a week in the form of 12 sessions of 90 minutes and the control group received no intervention. At this stage, 2 patients in the experimental group withdrew from treatment, which we randomly eliminated 2 subjects from the control group in the final stage. One week after the end of the sessions, post-tests were taken from both groups. At the end, the collected data which has been obtained from the implementation of questionnaires in the pre-test and post-test was analyzed using SPSS statistical software. Descriptive statistics (frequency, frequency percentage, mean and standard deviation) were used in order to show information such as demographic features and then multivariate covariance analysis was used to infer the data. It should be noted that at the end of the study, the control group received 12 sessions of treatment just like the experimental group.

RESULTS

In this study, we have evaluated the effectiveness of emotion regulation of emotional-focused group therapy and social anxiety in women with eating disorder. The demographic features of the participants have been presented in Table 1.

As shown in Table 2, there is a significant difference between the participants in the experimental group of emotional-focused therapy group and the control group in terms of emotional ordering strategies (P=0.001, F=31.96), and as it has been seen, the emotional ordering strategies of the experimental group was significantly increased in the post-test in comparison with the control group. The amount of effect or difference is equal to 65, that is, 65% increase in emotional ordering strategies in the scores of post-test emotional ordering strategies is related to the effect of emotional-focused therapy group.

Since the scale of emotional ordering strategies has seven dimensions (position selection, position modification, expansion of attention, cognitive change, empirical adjustment, behavioral adjustment and biological adjustment), in continue, multivariate covariance analysis has been used in order to find meaningfulness in the dimensions of emotional ordering strategies.

In order to separately compare the two groups in terms of the average scores of emotional ordering strategies in the evaluation steps, the results of the test about the effects between the subjects in Table 3 show that there was a

TABLE 1
Frequency and percentage of subjects' education in the experimental and control group

Age	group	Frequency	percentage
Diploma	experimental	6	60
	Control	6	60
Associate Degree	experimental	2	20
	Control	1	10
B.A	experimental	2	20
	Control	2	20
M.A	experimental	0	0
	Control	1	10
Total	experimental	10	100
	Control	10	100

significant difference between the subjects in the two groups of experimental and control in the post-test scores of choosing the position (P=0.001, F=39.34); post-test of position adjustment (P=0.001, F=49.99); post-test of attention development (P=0.001, F=26.46); post-test of cognitive change (P=0.001, F=17.92); post-test of behavioral adjustment (P=0.005, F=11.92) and post-test of biological adjustment (P=0.001, F=64.01), but there was no significant difference in the post-test of experimental adjustment P=0.403, F=0.75).

As shown in Table 4, there is a significant difference between the participants in the experimental group of emotional-focused therapy group and the control group in terms of social anxiety (P=0.001, F=28.57), and as shown in Table 4, the social anxiety of the experimental group in the post-test was significantly reduced compared to the control group. The amount of effect or difference is equal to 62, that is, 62% reduction in social anxiety in post-test social anxiety scores is related to the effect of emotional-focused therapy group.

As shown in Table 5, there is a significant difference between the participants in the experimental group of emotional-focused therapy group and the control group in terms of symptoms of eating disorder (P=0.001, F=55.90), and as shown in Table 5, the symptoms of eating disorder in the experimental group were significantly reduced compared to the control group in the post-test. The amount of effect or difference is equal to 76, which means 76% reduction in symptoms of eating disorder in the post-test scores of eating disorder symptoms is related to the effect of emotional-focused therapy group.

DISCUSSION AND CONCLUSION

The emotional-focused therapy group results in a significant improvement in emotional ordering strategies in the experimental group compared to the control group.

So that there was a significant increase in the scores of emotional ordering strategies in the experimental group compared to the control group in the post-test; Robinson [13] study about the effectiveness of the emotional-focused therapy on anxiety, depression and emotional ordering was among the studies which was in line with the research. These researchers in their research found that there was a significant relationship between emotional regulation and anxiety disorders, including social anxiety, so that emotional regulation reduced social anxiety.

In explaining this hypothesis, it can be said that approaching to bitter mental and emotional experiences for patients is often a difficult and enduring process. The mission of the therapist in this field is, in addition to building an effective relationship, teaching some skills to regulate emotion And, according to the belief of the creator of this treatment, including Greenberg [14], regulating emotion is more a therapeutic process rather than a protocol. In the direction of emotional ordering, this treatment helps patients to be aware of their emotion rather than suppress their emotion or be defeated by them and try to receive their experience deeper.

Emotional-focused therapy group results in a significant reduction in the social anxiety of the experimental group compared to the control group. The results of one-variable covariance analysis test used to test this hypothesis showed a significant decrease in the frequency and severity of the symptoms of the experimental group compared to the control group in the post-test; Carryer [15], Ellison [16] and Greenberg [17] studies were among researches which was consistent with this research and focused on the effectiveness of emotional-focused therapy on depression. Azizi [18] research also show the efficacy of emotional-focused therapy on decreasing intimate anxiety among divorced woman.

Researches [19,20] have shown that insufficiency in emotional ordering is associated with high levels of aggression and anti-social behaviors. Emotional regulation is an important factor in determining health and having a successful performance in social interactions, and its failure is related to disorders such as depression, anxiety, social isolation and aggressive behavior. Done researches about the ability to regulate emotions in people with social anxiety has shown that the ability to regulate emotions is related to the quality of social performance. People with social anxiety have difficulty in managing negative emotions, leading to their functional problems in situations and social interactions.

Emotional-focused therapy aimed at identifying negative behaviors, thoughts and emotions step by step and by affecting on the physiological

TABLE 2
One-variable covariance analysis results for comparison of groups in the test of emotional ordering strategies

Variable	Source of changes	Sum of squares	Degrees of freedom	Squares sum average	F	Meaningful value	Effect size
emotional ordering strategies (Post-test)	pre-test	9378.36	1	9378.36	663.92	0.001	0.97
	group	451.59	1	451.59	31.96	0.001	0.65
	Error	240.13	17	14.12			
	Total	324571	20				

TABLE 3
The results of the effect tests between the subjects in order to compare the emotional ordering strategies in both groups

Variable	Level	Sum of squares	Degrees of freedom	Mean of squares	F	Meaningful value	Effect size
position selection	Post-test	52.43	1	52.43	39.34	0.001	0.78
position modification	Post-test	144.06	1	144.06	49.99	0.001	0.82
expansion of attention	Post-test	81.80	1	81.80	26.46	0.001	0.70
cognitive change	Post-test	94.48	1	94.48	17.92	0.001	0.62
empirical adjustment	Post-test	2.61	1	2.61	0.75	0.403	0.06
behavioral adjustment	Post-test	32	1	32	11.92	0.005	0.52
biological adjustment	Post-test	50	1	50	61.04	0.001	0.84

TABLE 4
One-variable covariance analysis results for comparing groups in social anxiety test

Variable	Source of change	Sum of squares	Degrees of freedom	Squares sum average	F	Meaningful value	Effect size
social anxiety (Post-test)	pre-test	1931.27	1	1931.27	69.01	0.001	0.80
	group	799.67	1	799.67	28.57	0.001	0.62
	Error	475.73	17	27.98			
	Total	46100	20				

TABLE 5
One-variable covariance analysis results for comparison of groups in eating disorder symptoms test

Variable	Source of change	Sum of squares	Degrees of freedom	Squares sum average	F	Meaningful value	Effect size
eating disorder symptoms (Post-test)	pre-test	871.30	1	871.30	108.91	0.001	0.86
	group	447.24	1	447.24	55.90	0.001	0.76
	Error	135.99	17	8			
	Total	28899	20				

excitation caused by anxiety in social situations, as well as, negative cognitive patterns which lead to a reduction in social anxiety and emphasizes the skills identifying the range of emotions of yours and others and the way of adjusting and managing negative emotions which will increase the effective coping with these emotions [21,22].

Emotional-focused therapy group has significantly improved the symptoms of eating disorder in the experimental group compared to the control group, so that showed a significant reduction in the frequency and severity of symptoms of eating disorder in the experimental group compared to the control group in the post-test. Among the similar researches are Abbaszadeh [23] researches which showed that emotional intelligence and its dimensions have a negative and significant relation with eating disorders and its dimensions, it means that as much as the level of self-awareness, self-control, social consciousness, social skills, and overall emotional intelligence of subjects increase, eating disorders will decrease in them, and vice versa. Among other coherent researches, Soleimani et al. [24] also showed the efficacy of dialectical group behavioral therapy in decreasing bulimia and depression in female patients with extreme bulimia.

Depression, stress, and generally negative emotions are triggers of disturbed eating habits. Bulimia, for example, may reduce stress, while low appetite behavior may also be a way for reducing stress by increasing perceived control.

In fact, eating behaviors are counterproductive in dealing with negative emotions and there is a relationship between turbulent eating disorders and emotional disorder. However, these behaviors can lead to the release of negative emotions, but it should be taken into account that they are often accompanied by significant distress and clinical outcomes [25,26].

In explaining this assumption, it can be said that emotional-focused therapy helps to emotional adjustment and thus regulates undesirable emotional strategies such as bulimia. People with eating disorder use starvation or bulimia to calm and suppress emotions and vomit to escape emotions. These emotions can include a range of feelings such as sadness, anger, loneliness, disgust, grief or shame that seem to be intolerable. These strategies are temporary and leave the main emotions unchanged, and those emotions return sooner or later. Emotional-focused therapy can help to diagnose and label emotions, accept and tolerate them, maintain an appropriate psychological distance and increase positive emotions to reduce vulnerability against negative emotions.

At the end, it is suggested that the difference in the effectiveness of this treatment should be evaluated in the male and female society, and it would be better to use a sample of the entire population, including male and female, to generalize results.

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