

Comparison of the Effectiveness of Gestalt Group Therapy and Psychodrama Therapy on the Perception of Social Interaction in Female Para-Medical Students with Social Anxiety Disorder

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Abstract

Background: Social anxiety is often associated with reduced social interaction and is considered a symptom of social anxiety disorder. This study aimed to compare the perception of social interaction among female para-medical students with social anxiety disorder using two therapies including gestalt therapy and psychodrama therapy.

Methods: This quasi-experimental study used a pre- and post-test design with two experimental groups and a control group, along with a follow-up period. The study population consisted of female para-medical students from Iran University of Medical Sciences, Tehran, Iran during the second quarter of the academic year 2020-2021. A total of 61 female paramedic students were randomly assigned into two experimental groups (group 1: N=17; group 2: N=19) and one control group (N=25) using convenience sampling. The Liebowitz Social Anxiety Scale (LSAS) and Perceived Social Interaction Questionnaire (PSTQ) were administered. Gestalt therapy was administered to group 1 and psychodrama therapy to group 2, in eight sessions over 90 minutes per week, while the control group received no treatment. Data was analyzed using ANCOVA in SPSS version 24.

Results: The mean and standard deviation of the perception of positive thoughts for gestalt therapy, psychodrama therapy, and the control group in the post-test were 51.18 ± 8.69 , 48.42 ± 10.57 , and 40.08 ± 7.58 , respectively. The mean and standard deviation of negative thoughts were 37.06 ± 9.65 , 37.21 ± 10.02 , and 42.92 ± 10.27 , respectively. The results showed a significant difference between the overall mean scores in the psychodrama therapy group ($P=0.0234$) and gestalt therapy group ($P=0.0345$); the effect of gestalt therapy was higher. The mean scores of the social interaction component in the three phases of the pre-test, post-test, and follow-up showed a significant difference between the mean scores.

Conclusion: This study showed that psychodrama therapy and gestalt group therapy can decrease social anxiety in para-medical students. Moreover, the finding indicated the positive effects of gestalt group therapy intervention on the perception of positive thoughts. Therefore, further research is needed to gain more insight into the effective elements of both therapies and their mechanisms of change.

Keywords: Gestalt therapy, Psychodrama therapy, Social interaction, Social anxiety disorder

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1. Introduction

An estimated of 1.6-12.1% of the population suffer from social anxiety disorder (SAD) in their lifetime (1). Individuals with this disorder tend to fear and avoid social interactions and situations (2). According to a previous review, the course of SAD seems to be similar for both men and women, and gender differences in comorbidity and functional impairment were not found (1). However, a study conducted in four countries (USA, Canada, Korea, and Puerto Rico) using the Diagnostic Interview Schedule found some consistent patterns, including higher rates of SAD in females (2). An epidemiological study conducted in Iran in 2003

found that 15% of people suffered from some types of anxiety disorder, and women in the sample showed higher anxiety levels than men (3).

Additionally, anxiety disorders follow a chronic course; however, there is a natural decrease in prevalence rates with older age (4). Individuals suffering from SAD fear that they will behave embarrassingly and may receive negative assessments from others. Consequently, they tend to avoid social situations or experience significant distress (1). SAD is often comorbid with other mental health problems, especially anxiety disorders, depression, and substance use disorder in older adolescents (5). A previous study

indicated that women with SAD are less likely to be employed than men, and men are more likely to be employed full-time than women (1). People with high social anxiety tend to be overly nervous, shy, or uncomfortable in various social situations (6). This prevents the establishment and maintenance of personal relationships with others and society, ruins the quality of life, and may lead to loneliness, depression, and even suicide (7).

Individuals with social anxiety disorder may react differently to social stress compared to those without the disorder. The way individuals react to stress can be divided into two categories including exhibiting negative or positive behaviors, which correspond to the “fight or flight” response or the “social bonding and comfort” instinct, respectively, based on evolutionary theory (8). It is important to note that not all situations allow for social behavioral responses to stress. In cases where it is feasible and essential, implementing robust regulatory actions can help regulate individuals’ emotions, enhance their interpersonal abilities, and improve social connections in the long run (9).

Individuals with social anxiety disorder experience apprehension primarily regarding interpersonal exchanges, particularly a dread of displaying awkward behavior while communicating with others. They exhibit avoidance conduct in response to this specific distress, which is commonly observed (10). Previous research highlighted the importance of positive social interactions for good mental health (11) and the negative consequences of social isolation on both physical and mental well-being (12). Perception of social interaction is a process that helps people understand the behavior of others. For individuals with social anxiety disorder, talking to strangers may be a risky situation for negative evaluation (13). A previous study showed that self-disclosure is difficult for socially anxious individuals, and they tend to talk less and reveal less information about themselves in initial encounters and intimate relationships (14). According to previous research, women with anxiety disorders are more prevalent and tend to avoid many activities. Efforts have been made to reduce problems in this group, but there is still less focus on the variable of social perception. It is possible that if individuals with anxiety disorders are enriched in terms of social perception, they will experience fewer anxiety disorders (10-14). For this purpose, two approaches proven to increase the

perception of social interaction in this group were investigated.

Gestalt therapy is an approach to treatment aimed to reduce problems which are caused by anxiety. The main idea of Gestalt therapy is to help people live in the present. The past or the future is considered to be the cause of anxiety and decreased sense of worth (15). The technique of looking into thoughts and external projections is a way to discover the consciousness inside the person. An empty chair is an effective way to explore interpersonal dynamics and try to have new behavior (16). Several studies confirmed the effectiveness of Gestalt therapy (17-21).

Furthermore, psychodrama is an effective intervention in psychotherapy that can help individuals control negative feelings and ideas by allowing them to act them out in a safe environment. Psychodrama sessions are designed to help individuals evaluate their thoughts and develop logical ideas (22). In recent years, various experimental studies have examined the effectiveness of psychodrama in reducing stress, tension, anxiety, and depression symptoms, as well as social avoidance, social anxiety, and social distress (23-25). Additionally, psychodrama has been found to enhance empathy, self-awareness, levels of psychological well-being, and emotion regulation (25-28). Given the prevalence of social anxiety and the significant pain experienced by those who suffer from it, as well as the role of cognitive inflexibility in maintaining social anxiety, it is important to identify effective treatment methods that can strengthen and improve cognitive flexibility components.

This study aimed to compare the perception of social interaction among female para-medical students with social anxiety disorder using two methods of therapy, including gestalt therapy and psychodrama, at Iran University of Medical Sciences, Tehran, Iran in 2020-2021.

2. Methods

The present research was a quasi-experimental study, using a pre-test-post-test design with two experimental groups and one control group, along with a follow-up test period. The statistical population of this study consisted of female paramedical students from Iran University of

Medical Sciences in Tehran, Iran during the second quarter of the academic year 2020-2021. In order to estimate the sample size, G*Power software was used. The sample size for each group was estimated to be 21 individuals, taking into account the large effect size (0.8), α error (0.05), and power (0.8), as the t-test would be used for pairwise comparisons between the groups. However, considering the possibility of dropouts, a larger number of eligible participants were selected. Therefore, 75 female paramedical students from Iran University of Medical Sciences were selected using convenience sampling and randomly assigned into two experimental groups and one control group (25 individuals in each group). It should be noted that due to the non-participation of eight individuals in the gestalt therapy group and non-participation of six individuals in the psychodrama therapy group, the data analysis was only performed on 61 individuals (17 in the gestalt therapy group, 19 in the psychodrama therapy group, and 25 in the control group). Using a table of random numbers, the researchers divided the participants into two experimental groups and one control group; even numbers were used when dividing the Gestalt Group Therapy and Psychodrama Therapy groups, and odd numbers were used when dividing the control group. Each student was randomly assigned into an experimental or control group based on whether they were allocated an odd or even number.

The criteria for participation in this study included not having received psychotherapy

treatment, not having taken medication for at least one year prior to the study, providing informed consent to participate (obtaining a written consent form), not having chronic medical diseases or coexisting disorders with social anxiety according to the Leibovitz Antisocial Anxiety Disorder Questionnaire, not using drug or alcohol, and being a female student aged 18 to 45. The criteria for excluding from the study included being required to take medication during the study, not completing all questionnaires, and missing more than two training sessions.

To carry out this study, as shown in Figure 1, the first step involved getting letter of permission to collect data from Semnan Azad University, Semnan, Iran. The letter was presented to the Vice President of Research of Iran University of Medical Sciences, who then sent it to Paramedical School. The social anxiety disorder questionnaire, along with the informed consent form, was distributed among 300 students at the Paramedical School. Participants were selected based on the criteria for entering the research and the scores they received. Those with scores between 32 and 64 were considered to have an average level of social anxiety, while those with scores below 24 were not included in the study.

During the meeting with the participants, the objectives of the study were explained, and ethical principles were discussed. Participants were assured that their information would remain confidential and that they were free to withdraw from the research

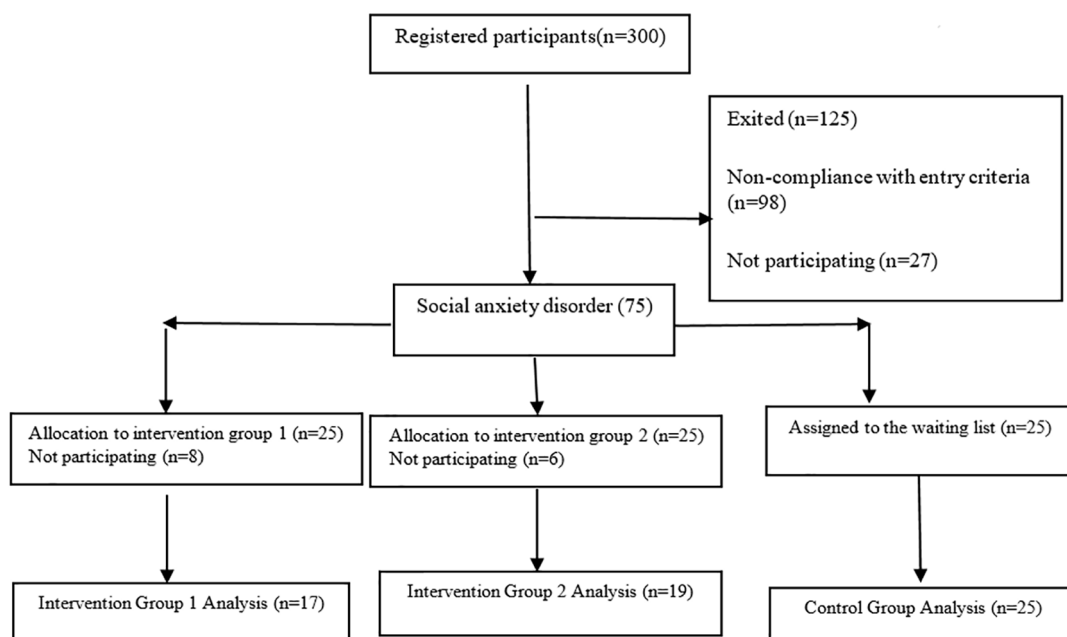


Figure 1: The figure shows the flow diagram of the study.

at any stage. After obtaining written consent from the participants who agreed to participate, it was announced that the results of the research would be reported anonymously. The control group was informed about the need to receive treatment at the end of the research project, and the same treatment process was implemented for three months.

Seventy-five people were randomly selected using a lottery method and divided into two experimental groups and one control group (25 people in each group). A pre-test was performed on all three groups, during which the participants completed the Perceived Social Interaction

Questionnaire (PSTQ) before the implementation of the experimental variable. Group 1 received Gestalt group therapy (28) (Table 1), group 2 received psychodrama therapy group (29) (Table 2), and the control group did not receive any therapy. Both therapeutic interventions included eight sessions per week, with each session lasting one and a half hours.

In the third stage, at the end of the treatment, all three groups underwent a post-test; the effect of the independent variables on dependent variables was investigated. The results were compared, and a follow-up was conducted after two months.

Table 1: Summary of Gestalt therapy sessions

Sessions	Contents
First session	Familiarizing the members and the group leader with each other, clarifying the principles and rules of group work of the Gestalt therapy approach and its related solutions, and explaining the concept of social anxiety which was addressed by the group leader.
The second and third sessions	Teaching the concept of awareness and encouraging members to be in the here and now. Then, people were taught to focus on their bodily perceptions and feelings and describe them. Each of the members described their physical perceptions and feelings, then spinning techniques. The hot seat, the assumption of responsibility, the review of unfinished works, and the expression of individual feelings of all members were introduced and implemented.
Fourth and fifth sessions	Examining the previous assignments of using exaggeration techniques and accepting responsibility and using the technique of talking with personality poles and identifying factors that lead to social anxiety.
Sixth to seventh sessions	In these meetings, after dealing with the assignments of the group members, the method of inversion was used so that people show the opposite role of social anxiety and the use of a hot seat fan to express the feelings and emotions related to social anxiety. The assignment asked the members to use the reversal technique and identify and write their denied aspects and then play the opposite of it. In the seventh session, they were asked to think about what topic they would like to be discussed in the next session in the group.
The eighth session	In this meeting, after dealing with the assignments of the members, the leader, and the group members summarized the statements and work done in the group, and at the end, the group members took a post-test.

Table 2: Summary of psychodrama therapy sessions

Sessions	Contents
First	In the beginning, providing details about the psychodrama approach and presenting the rules related to the group and the familiarity of the group, and the necessity of trust and confidentiality in the group, introducing the members using the ball throwing technique, using the mirror fan, and the participation of the members in providing opinions and giving solutions.
Second	The warm-up stage of applying the technique of footwork, the implementation stage: displaying negative memories, using reverse role-playing techniques and the mirror fan
Third	In the warm-up phase, use the technique of writing with a non-dominant hand. Applying the reverse role-playing technique to observe oneself through the eyes of others and achieve a new attitude and use self-talk and mirror and mirror techniques for more self-awareness and in the end the members' difficulty in providing feedback.
Fourth	The warm-up phase at the beginning of the session using the fortunately-unfortunately technique In the implementation phase, using the future projection technique in the role of a successful person and using the soliloquy technique to be more aware of thoughts
The fifth	The warm-up stage with the magic shop technique in the execution stage is the use of self-actualization techniques that help the individual manifest their ideals and then the participation of members to provide feedback.
The sixth	The warm-up stage with the storytelling technique in the role-playing technique stage in an anxiety-provoking situation and the use of the mirror technique and finally the participation of the members to process and provide feedback.
The seventh	the warm-up phase of using the commercial advertisement technique and the implementation phase of the application of the hope box technique and the participation of members in presenting their opinions.
Eighth	The warm-up stage with the magic shop technique in the execution stage is the use of self-actualization techniques that help the individual manifest their ideals, and then the participation of members to provide feedback.

2.1. Instruments

Liebowitz Social Anxiety Scale: Baker and colleagues developed this questionnaire to evaluate social anxiety. The questionnaire has 24 items, 13 of which are related to performance anxiety, and the other 11 are related to anxiety in social situations. The participants should respond to each item in terms of anxiety and avoidance (30). This questionnaire provides us with a general score, which is classified as mild (score between 24 and 32), moderate (score between 32 and 64), and high (score above 64). This scale has good test-retest reliability ($r=0.83$), good internal consistency (Cronbach's alpha of 0.95), very good internal consistency (alpha between 0.81 and 0.92), and acceptable convergent validity (30). Cronbach's alpha coefficient for the whole test is reported as 0.95, for the performance anxiety scale is as 0.82, and for the avoidance behavior scale is as 0.91 (30). Moreover, the Iranian reliability and test-retest of the questionnaire and the related subscales are reported to be between 0.76 and 0.84, and their internal consistency is reported to be between 0.73 and 0.93. The convergence validity is acceptable ($r=0.46, -0.94$) (31). In the present study, the obtained Cronbach's alpha coefficient was 0.78.

Perceived Social Interaction Questionnaire (PSTQ): This survey was planned by Glass and Arnkoff (32) and is a self-report device that contains 30 items graded on a five-point Likert scale from one (not true at all) to five (completely true). It incorporates two variables of positive and negative contemplations about social intelligence. The obtained score is the total score of the survey and will range from 30 to 150, where a high score on this survey indicates high social interaction. Chaimongkol and colleagues (33) reported the validity of the survey through the relationship with the California Social Alteration Survey as to be 0.65 at the level of 0.001, which shows the survey has

high validity. They also calculated the reliability of this survey to be 0.88 using Cronbach's alpha. Homaei and Fatemi Ardestani (34) reported the Iranian reliability of the survey to be 0.88, using Cronbach's alpha coefficient. The validity of this scale was calculated through the relationship with California Social Alteration Survey as to be 0.70. In the present study, Cronbach's alpha coefficient was 0.93.

2.2. Data Analysis

The data collected from the questionnaires in this research were obtained during the pre-test and post-test stages and were analyzed using SPSS version 24. The data was analyzed in two sections, descriptive and inferential, including univariate analysis of covariance test (ANCOVA). Before implementing the parametric statistics, the assumptions of the test were confirmed, including "independence of observations, normality of the distribution of the dependent variable, homogeneity of variances, and the test of sphericity" for the mixed variance analysis method. These assumptions were examined in different groups and confirmed at a significance level greater than 0.05.

3. Results

The participants were female paramedical students from Iran University of Medical Sciences in Tehran, Iran. A total of 61 female paramedic students were randomly assigned into two experimental groups (group 1: $N=17$; group 2: $N=19$) and one control group ($N=25$) using convenience sampling. As shown in Table 3, the three groups were almost homogeneous in terms of age, educational level, and marital status. The results of the Chi-square test also demonstrated that the difference between the three groups was not significant in terms of age, educational level, and marital status ($P>0.05$).

Table 3: Demographic characteristics in the experimental and control groups

	Demographic information	Gestalt therapy	Psychodrama therapy	Control	χ^2	P value
Age	18 to 27 years	5	5	8	0.24	0.98
	28 to 37 years	8	10	12		
	38 to 45 years	4	4	5		
Grade	Masters	4	3	5	1.30	0.86
	Senior	10	14	15		
	P.H.D	3	2	5		
Marital status	Single	5	6	10	0.60	0.74
	Married	12	13	15		

Table 4: Mean and standard deviation of variables in three groups

Group	Variable	Pre-test	Post-test	Follow up	Within group test P value	Between group test P value (pre-test)	Between group test P value (Post-test)	Between group test P value (Follow)
Gestalt group therapy	Perception of positive thoughts	39.88±9.18	51.18±8.69	54.71±6.36	0.0234	0.483	0.0123	0.0034
Psychodrama therapy	Perception of positive thoughts	41.37±7.46	48.42±10.57	50.53±8.13	0.0345			
Control	Perception of positive thoughts	41.52±7.77	40.08±7.58	41.04±9.33	0.542			
Gestalt group therapy	Perception of negative thoughts	41.35±10.96	37.06±9.65	37.53±10.19	0.0003	0.739	0.0013	0.0008
Psychodrama therapy	Perception of negative thoughts	40.53±10.17	37.21±10.02	37.00±9.98	0.0004			
Control	Perception of negative thoughts	42.00±9.52	42.92±10.27	43.96±8.82	0.229			

In Table 4, descriptive statistics (Mean±SD) were reported, and all the related P values (between and within-group comparisons) were also reported.

As can be seen in Table 4, the mean±SD in the gestalt therapy group and the psychodrama therapy group in the post-test stage demonstrated a change compared to the pre-test in both subscales. Based on the results listed in the Table 4, it can be described that gestalt group therapy and psychodrama therapy increased the components of perception of social interaction in patients with social anxiety.

The results of Table 4 demonstrated that, concerning the within-group factor, the F value calculated for the effect of the stages (pre-test, post-test, and follow-up) was significant at the 0.05 level for each tail of the component in the experiment groups ($P=0.0123$, $P=0.0013$). As a result, there was a significant difference between the average scores of the pre-test, post-test, and follow-up scores of the perception of social interaction component in the three stages of pre-test, post-test, and follow-up treatment. To investigate the difference between the means in the treatment stages, the Bonferroni follow-up test was calculated. The results showed that there was a significant difference between the scores of perception of social interaction components in the stages of pre-test and post-test, pre-test, and follow-up ($P=0.0018$, $P=0.0006$).

According to the results of Table 4, the F value calculated at the 0.05 level was significant for the component of perception of positive ($P=0.0234$) and negative thoughts ($P=0.0345$), respectively. In Figures 2, and 3, there was a meaningful difference

between the mean scores of the positive thought perception component in the two groups of gestalt therapy and psychodrama therapy; the effect of gestalt therapy was higher.

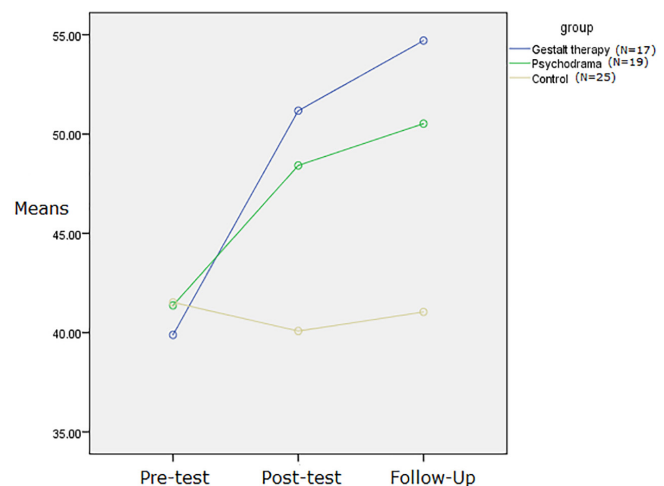


Figure 2: The plot shows the repeated measure analysis for perception of positive thoughts.

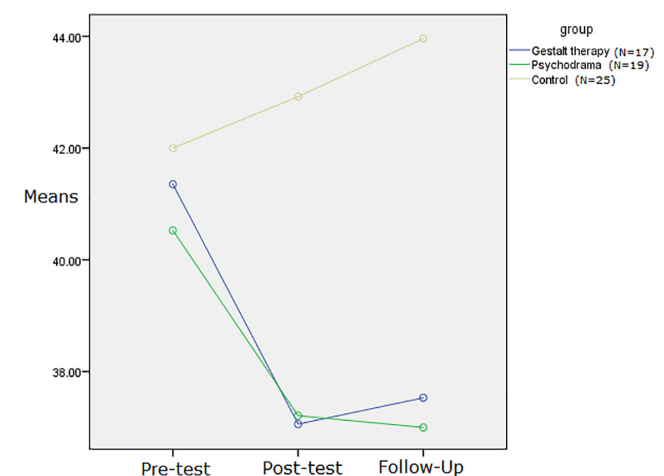


Figure 3: The plot shows the repeated measure analysis for perception of negative thoughts.

4. Discussion

The purpose of this study was to compare two methods of psychodrama and gestalt therapy on social interaction in female paramedical students with a social anxiety disorder from the Iran University of Medical Sciences. According to the results and comparison of the two groups of psychodrama therapy and gestalt therapy, the effect of gestalt therapy was higher, and these results showed a significant difference in the perception of positive thoughts. Upon checking the research background, we found no study that exactly matches the findings of this research.

Consistent with the study findings, Herrera and co-workers (16), Stripling (17), Grossman and Cohen (18), Khodabakhshi-Koolae and colleagues (19), Mokrivala and colleagues (20), and Farahzadi and colleagues (21) conducted studies that were similar with our findings. Also, a previous study indicated that between 33% and 50% of patients failed to respond to the therapy or stopped taking it. They also presented evidence from ten clients with anxiety disorders who had been treated with Gestalt therapy. Gestalt research has benefited children and adolescents in the areas including self-esteem, communication skills, conflict resolution, and contact with therapists, well-being, child anxiety, parent anxiety, and trauma symptoms (17).

In the research of Khodabakhshi-Koolae and co-workers, Gestalt therapy had a significant impact on decreasing the feelings of isolation and distress among children who have suffered sexual abuse. Consequently, employing this treatment as an intervention in healthcare facilities may aid in ameliorating the sense of isolation and minimizing the stress and mental health concerns experienced by underage workers (19). A recent study has proven the effectiveness of Gestalt therapy, identified, and documented a reduction in the resistance of clients who are undergoing Gestalt therapy treatment. Gestalt therapy served as the basis for alterations in contact resistance (18). Several studies suggested that being exposed to Gestalt therapy could alleviate clients' resistance to Gestalt contact. However, only a few studies have directly investigated this assertion (18-20).

The results indicated that Gestalt therapy is effective in decreasing the scores of social phobia symptoms' diagnosis and severity factors in the

post-test phase (21). People with social anxiety are more afraid of being judged as inadequate or unappealing than of angering others. Theories of social anxiety focused on cognition propose that individuals with social anxiety tend to activate unfavorable self-beliefs, such as incompetence or disgust, when facing perceived social threats (35).

Research showed that group psychotherapy provides a condition for the participants to experience a close relationship with others. Groups help members learn to value their mental experiences and share them with others. A group is a safe place for members to find out how their behavior affects the feelings of others and become aware of their responsibility (20). It can be said that group therapy becomes a social system, and the experience of being in a group is an opportunity to learn to be themselves and become aware of their irrational beliefs. Gestalt therapy emphasizes the pursuit of completing unfinished business, unity, wholeness, and organismic self-regulation (19).

The psychodrama group therapy shown by Samadi and co-workers is effective in improving the psychological well-being levels of students. A significant difference in the symptoms of anxiety was found in psychodrama therapy groups compared to previous treatments (36). A systematic review and meta-analysis showed that such methods could be effective in reducing the negative effects of shyness (37). Moreover, psychodrama therapy has a significant effect on social anxiety and self-esteem among children who stutter (38).

Psychodrama is used to help seekers discover factors of anxiety without fear or shame, with regular drama exercises. In psychodrama, all the reactions of the real world are shown to the therapist so that, after a few moments, the anxious people feel like that they are in the real world. In addition to the mentioned features, emphasis on creativity and improvisation in psychotherapy sessions with psychodrama plays a significant role in healing of anxiety disorder. Appreciating the creativity of the therapist and not following treatment clichés may be the most significant reasons for the continuation of psychodrama therapeutic results. According to what has been said, it can be seen that psychodrama, as a treatment method based on exposure and drama, can be used as one of the treatment methods for social anxiety (39).

4.1. Limitations

Statistical population only included female para-medical students from Iran University of Medical Sciences in Tehran, Iran. Therefore, caution should be considered while generalizing the research results to other students from other cities. Further studies are recommended on other samples to generalize the findings. To provide a deeper examination of patients suffering from social anxiety, future studies should combine interventional methods with qualitative data collection methods.

5. Conclusion

The present study demonstrated that psychodrama therapy and gestalt group therapy could decrease psychosocial problems in female paramedical students with social anxiety disorder. Specifically, our results suggested that gestalt group therapy intervention could positively affect individuals' perception of positive thoughts. Psychodrama therapy involves creating dramatic reality to promote healing, which has shown remarkable adaptability within an adaptive therapeutic framework in this study.

Acknowledgments

The authors would like to appreciate the collaboration of all participants in the present study.

Ethical Approval

We sincerely thank the patients with social anxiety disorder in Tehran and Mashhad who cooperated in this study. The Research Ethics Committee of the Islamic Azad University, Semnan Branch, has approved this study with the code of IR.IAU.SEMNAN.REC.1401.009. In addition, written informed consent was obtained from the participants.

Conflict of Interest: None declared.

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