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The Effectiveness of Emotionally Focused Individual Therapy in Improving Anxiety, Depression, and Emotional Dysregulation Associated with Complex Trauma

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Abstract

Abstract

Trauma has a devastating effect on the cognitive, emotional, behavioral, and social development of individuals. Childhood traumas result in adults suffering from symptoms of emotional disorders. The present study was conducted to determine the effectiveness of emotionally focused individual therapy in improving anxiety, depression, and emotional dysregulation associated with complex trauma. This study was a single-case, multiple-baseline asynchronous study. The statistical population included all individuals who experienced at least one type of complex childhood trauma and who referred to psychological centers in Karaj for treatment of emotional disorders, anxiety, and depression in 2024. Among them, three cases were selected as sample. The study was conducted in three phases: baseline, 15 weekly sessions of emotionally focused individual therapy (each session lasted for one hour), and a two-month follow-up. The measurement instruments included the Childhood Trauma questionnaire (Bernstein et al, 2003), the Difficulty in Emotion Regulation scale (Gratz & Roemer, 2004), the Beck Anxiety Inventory (Beck, 1988), and the short form of the Beck Depression Inventory (Beck, 1986). The reliable change index, percentage recovery formula, and visual analysis methods (diagrams) were used to analyze the data. Findings showed that participants experienced improvements in anxiety (26.55%), depression (30.38%), and emotional dysregulation (28.36%) after the treatment. This finding remained clinically significant after two months of follow-up, with a stability index above the z-score of 1.96. This study showed that emotionally focused individual therapy is useful for improving anxiety, depression, and emotional dysregulation in individuals experiencing complex trauma by creating a safe and facilitating environment.

Introduction

Complex trauma is a child's exposure to multiple pervasive, intense, aggressive, traumatic, and interpersonal events and the effects of prolonged exposure to these events (Hughes et al., 2017). The combination of separation from caregivers with pervasive abuse and negligence creates conditions that ultimately lead to complex trauma (Bouvette-Turcot et al., 2017).

The effects of complex trauma manifest in the chronic and pervasive disturbances in terms of emotion regulation, negative self-concept, and interpersonal relationships (Maercker et al., 2022). Childhood trauma has also been shown to be associated with an increased risk of depression later in life. Some findings suggest that the severity of depression also depends on the type of reported trauma (i.e., physical, emotional, sexual) (Humphreys et al., 2020). Exposure to complex childhood trauma increases the risk of depression and anxiety by three to four times (Hughes et al., 2017).

Since trauma is a painful emotional experience, it is not far-fetched to think that emotion-focused therapy would be useful in improving its symptoms. Emotionally focused individual therapy is a new and experimental human intervention for symptoms of depression, anxiety, and complex trauma (Johnson et al., 2021). Kale (2021) showed that increasing the client's internal awareness of his physical condition during the emotion-focused therapy process will lead to a reduction in the symptoms of emotional disorders.

The average quality of life of Karaj residents which is accompanied by life problems, lack of supportive networks, high hours and workload, and painful childhood experiences strengthens the likelihood of difficulty of people regulating their emotions and facilitates the development of emotional disorders such as anxiety and depression.

Therefore, given the importance of mental health in the quality of individual and social life of people as well as the limited history of emotionally focused individual therapy for complex trauma, the present study aimed to investigate the effectiveness of this therapy in improving emotional symptoms in individuals who experienced complex childhood trauma.

Methodology

The present study included a single-case, asynchronou multiple baseline design to investigate the effectiveness of emotionally focused individual therapy. The statistical population included all individuals who experienced complex trauma in childhood and referred to psychological treatment centers in Karaj. The sample consisted of three individuals who experienced at least one type of consecutive childhood abuse; they were selected through purposive sampling method. They were invited through calls from among individuals who had referred to psychological treatment centers in Karaj seeking treatment for anxiety and depression. Each volunteer who accepted to participate in the study had to obtain a score of at least the threshold or higher in at least one of the complex trauma types (i.e., at least 10 for physical abuse, at least 13 for emotional abuse, at least 8 for sexual abuse, at least 10 for physical negligence, and at least 15 for emotional negligence). Each participant underwent 15 one-hour sessions of emotionally focused individual therapy. The instruments included the Childhood Trauma Questionnaire (Bernstein et al, 2003), Difficulty in Emotion Regulation Questionnaire (Gratz & Roemer, 2004), Beck Anxiety Inventory (Beck, 1988), and Beck Depression Inventory-Short Form (Beck, 1986). The emotionally focused individual therapy protocol (Johnson & Campbell, 2021) was used for the treatment. The reliable change index, percentage recovery formula, and visual analysis methods (diagrams) were used to analyze the data.

Findings

Three volunteers participated in the present study. The first was a 28-year-old female who was a master's student. She was unemployed and single. The second participant was a 39-year-old male with a PhD degree; he was employed and had a child. The third participant was a 42-year-old female with a bachelor's degree. She was unemployed and had two children.

Table 1. Results of the change in treatment stages of the three participants in terms of anxiety, depression, and emotional dysregulation

	Anxiety			Depression			Emotional dysregulation		
Treatment stage	Participant 1	Participant 2	Participant 3	Participant 1	Participant 2	Participant 3	Participant 1	Participant 2	Participant 3
Baseline 1	22	24	25	21	18	19	122	119	143
Baseline 2	24	22	26	22	17	20	123	118	142
Baseline 3	-	22	25	-	18	20	-	119	142
Baseline 4	-	-	25	-	-	19	-	-	144
Mean	23	22.67	25.25	21.5	17.66	19.5	122.5	118.33	143
Session 5	21	20	22	19	16	17	120	115	133
Session 10	17	16	19	14	15	13	109	108	112
Session 15	14	13	16	13	12	12	83	75	98
Mean of treatment stages	17.32	16.67	19	15.33	14.32	14	104	99.33	114.32
Reliable change index (treatment)	3.25	2.79	3.72	2.9	2.49	3.31	2.28	2.51	2.68
Percentage recover (treatment)	33.32	30	34.78	40.9	33.32	36.84	32.52	36.97	31.94
General percentage recover (treatment)		32.7			33.02			33.81	
Follow-up 1	15	13	19	14	12	13	87	77	102
Follow-up 2	16	13	19	15	13	13	88	83	106
Mean of follow-up	15.5	13	19	14.5	12.5	13	87.5	80	104
Reliable change index (follow-up)	2.82	2.41	3.22	2.51	2.46	2.7	1.98	2.03	2.14
Percentage recovery (follow-up)	28.57	25	26.08	31.81	27.77	31.57	28.45	30.25	26.38
General percentage recovery (follow-up)		26.55			30.38			28.36	

According to Table 1, the recovery percentages (after the treatment) of the three participants in terms of anxiety were 33.32, 30, and 34.78, respectively, and the reliability indices were 3.25, 2.79, and 3.72. The recovery percentages (the second follow-up) were 28.57, 25, and 26.08, respectively; the reliability indices after the second follow-up were 2.82, 2.41, and 3.22. Moreover, the recovery percentages (after the treatment) of the three participants in terms of depression were 40.9, 33.32, and 36.84, respectively; the reliability indices were 2.9, 2.49, and 3.31. The recovery percentages (the second follow-up) were 31.81, 27.77, and 31.57, respectively; the reliability indices were 2.51, 2.46, and 2.7. The recovery percentages (after the treatment) of the participants in terms of emotional dysregulation were 32.52, 36.97, and 31.94, respectively; the reliability indices were 2.28, 2.51, and 2.68, respectively. The recovery percentages (the second follow-up) were 28.45, 30.25, and 26.38, respectively; the reliability indices at the end of the two follow-up stages were 1.98, 2.03, and 2.14. Since the reliability indices of the three dependent variables after the treatment were higher than the z value of 1.96, it can be stated with 95% confidence that the improvement was due to the emotionally focused individual therapy intervention. Figures 1, 2, and 3 show the changes in anxiety, depression, and emotional dysregulation as a result of emotionally focused individual therapy intervention.

Figure 1. Anxiety scores of the three participants at baseline, intervention, and follow-up stages

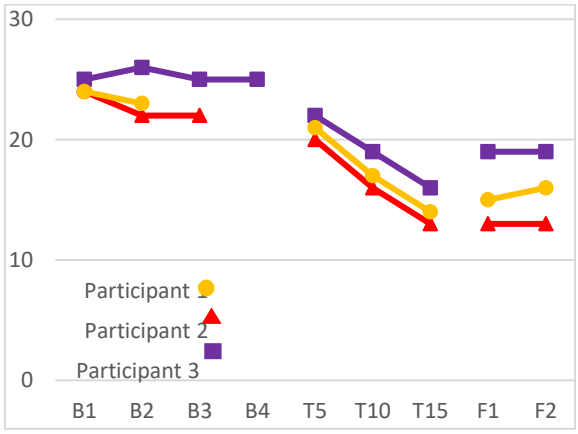


Figure 2. Depression scores of the three participants at baseline, intervention, and follow-up stages

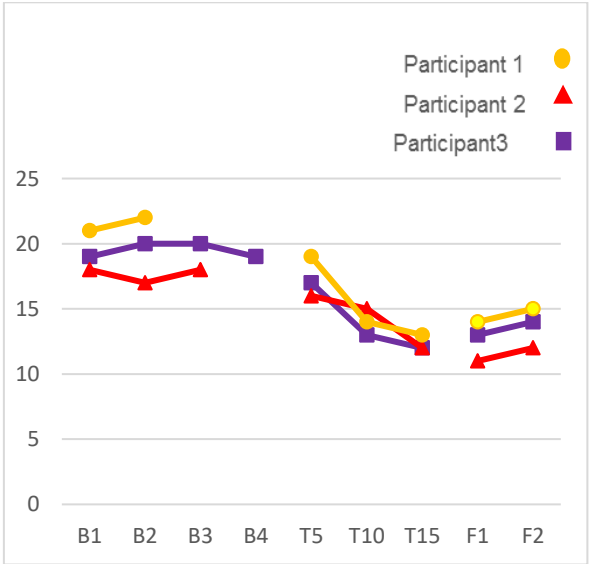
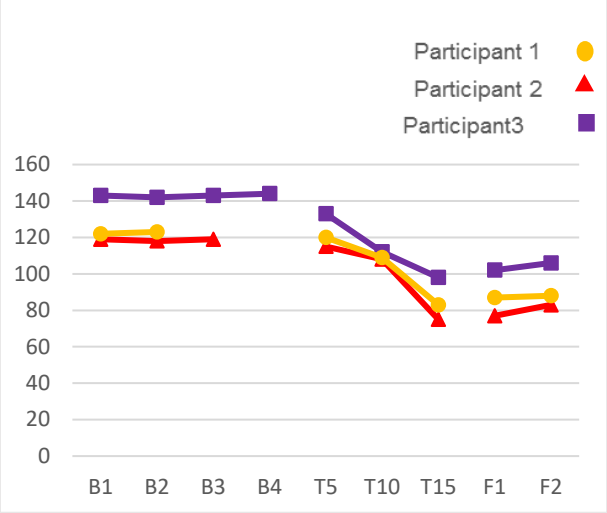


Figure 3. Anxiety dysregulation scores of the three participants at baseline, intervention, and follow-up stages



According to the graphs, anxiety, depression, and emotional dysregulation scores decreased during the intervention and follow-up phases compared to the baseline. This visual analysis showed that emotionally focused individual therapy was effective in improving anxiety, depression, and emotional dysregulation in individuals with a history of complex trauma.

Conclusion

The present study was conducted to determine the effectiveness of emotionally focused individual therapy in improving anxiety, depression, and emotional dysregulation associated with complex trauma.

The results indicated the effectiveness of emotionally focused individual therapy in improving the anxiety and depression of the participants. In other words, the anxiety and depression scores decreased significantly at the end of the emotionally focused individual therapy and the recovery percentage of all participants increased steadily compared to the baseline stage. This finding was consistent with the results of Billings (2021), Wittenborn (2019), and Weissman et al. (2018). If the emotional symptoms resulting from complex trauma are modulated through effective therapeutic interventions, depression, anxiety, social withdrawal, and even physical complaints can be improved (Bouvette-Turcot et al., 2017).

Another finding of the study was the effectiveness of emotionally focused individual therapy in improving emotional dysregulation of the participants. The findings of the present study were consistent with those of Kale (2021), Pascual-Leone et al., (2019), and Khayyat-Abuaita (2016), who found that emotionally focused individual therapy was effective in developing emotional flexibility and reducing emotional disorders. The significant point of the findings of this study is how the participants, influenced by the therapist's interventions and skills, overcame the fear of remembering and confronting childhood suffering, rediscovered current symptoms of anxiety, depression, and emotional regulation problems in attachment relationships, overcame the barrier of defense mechanisms, experienced fear, shame, and anger, became aware of emotions, and reached a level of self-compassion that led to the improvement of emotional disorders (Rollet, 2023). Finally, given the effectiveness of emotionally focused individual therapy in improving the emotional state of people with trauma, interested therapists are advised to consider this treatment as a beneficial option in treating clients with a history of complex trauma.

Conflict of Interest

This article is derived from the first author's dissertation in Counseling at Shahid Chamran University of Ahvaz with ethics code 005.1403IR.SCU.REC. It has no conflict of interest.

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