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A PILOT PERSON-CENTRED GROUP COUNSELLING FOR UNIVERSITY STUDENTS: EFFECTS ON SOCIAL ANXIETY AND SELF-ESTEEM

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***Abstract*:** The Person-Centred Approach (PCA) has been effectively used with clients experiencing a variety of emotional disorders such as anxiety and depression. However, a study investigating the effectiveness of PC group work with individuals experiencing social anxiety symptoms is currently lacking. Thirteen university students were pre-tested with the Brief Fear of Negative Evaluation scale (BFNE-R) and the Rosenberg Self-Esteem scale (RSE), and then participated in a ten-week PC group counselling intervention. At the conclusion of the intervention, they repeated the same measurement and identified the aspects of the group experience that had any impact on them. They were also followed up six months later. Results are mixed regarding the quantitative and qualitative data. Implications for the treatment of social anxiety and future research are briefly discussed.

***Key words*:** Group counselling, Person-centred, Self-esteem, Social anxiety, University students

> "She was always *there* - always alive - always present. At the beginning I did not trust her - like I did not trust she was sincere - that she would *stay* interested in me. No-one had ever stayed interested in me. It took a long time before I trusted her. But every time we met she was so trustworthy - so real. She would get pissed off at me and she'd say so - and it was OK. Sometimes I'd get pissed off at her and that was OK too - like people do get fed up with each other from time to time - that's the way things are, isn't it?"
>
> A clients' view of person-centred counselling (from Mearns & Thorne, 1988, p. 95)

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INTRODUCTION

History and defining characteristics of social anxiety

Social anxiety was for a long time a neglected diagnostic entity (Liebowitz, Gorman, Fyer, & Klein, 1985). In fact, it was not recognized as a distinctive disorder until the publication of DSM-III (American Psychiatric Association, 1980). However, in recent years social anxiety represents one of the major anxiety disorders in DSM IV-TR (American Psychiatric Association, 2000) and this has resulted in a dramatic increase of systematic research into its etiology and treatment.

Social anxiety is a pervasive state that impairs the individual's ability to perform in front of others (Alden & Taylor, 2004). Socially anxious individuals fear "the prospect or presence of interpersonal evaluation" (Schlenker & Leary, 1982, p. 642). They are afraid that others will not approve of or will judge negatively their performance in a social situation[1]. Therefore, the fear of negative evaluation is a core component of social anxiety, which pervades individuals' experience of their feared situations (Beck, Emery, & Greenberg, 1985).

Socially anxious individuals tend to avoid social situations and thus have limited opportunities to form interpersonal relationships (e.g., friends, romantic relationships). Even when they do have interpersonal relationships, however, they tend to: evaluate them as less intimate and supportive, to reveal less information about themselves and to be less expressive of their emotions to their social counterparts (for reviews see Alden & Taylor, 2004; Cuming & Rapee, 2010). Socially anxious individuals also display more interpersonal stress and distorted social perceptions, they have fewer social competencies and social problem solving skills, and tend to judge their social performance as poor (Alden & Taylor, 2004; Cuming & Rapee, 2010). Inevitably, this interferes with work, school and/or interpersonal relationships.

Social anxiety appears to be quite common. In two population studies, Pollard and Henderson (1988) and Furmark, Tillfors, Everz, Marteinsdottir, Gefvert, and Fredrikson (1999) found that approximately 20 percent of the adult participants reported intense social fears, which did not, however, severely disrupt their everyday functioning. Another study (Bryant & Trower, 1974) showed that social anxiety is quite prevalent among the youth. These authors showed that 10 percent of the British undergraduate students participating in their study reported that they

[1] Anxiety-provoking social (and/or performance) situations may include: speaking in public, meeting new people, taking part in social gatherings and eating in front of others.

experience severe stress and tend to avoid social situations such as "approaching others," "taking initiative in conversation" or "going into a room full of people" (p. 16). Milder forms of social anxiety may indeed be widely experienced. Arkowitz, Hinton, Perl, and Himadi (1978) found, for example, that 37 percent of a sample of 3,800 college students reported low to moderate levels of stress when interacting with the opposite sex. High social anxiety is less prevalent and has been linked to loneliness (Bruch, Kaflowitz, & Pearl, 1988), excessive drinking (Burke & Stephens, 1999) and co-morbid mental health issues (e.g., depression; Bella & Omigbodun, 2009).

Person-centred counselling and therapy

The central hypothesis of Person-Centred Counselling and Therapy is that the client is the expert on his or her own experiencing and the source of the healing process (Rogers, 1961). Nevertheless, it is within a special relationship with the therapist that the client's development could become congruent with the constructive organismic process. If the therapist is successful in creating a comfortable, non-judgmental atmosphere by conveying attitudes of genuineness, empathy and unconditional positive regard, there is high probability that the client will connect with the constructive direction of the organism. Thus, the relationship between therapist and client is considered to be the most important aspect of the therapeutic process. If this is true for the individual counselling, it may also be true for the group work, for which Rogers assumed that the same principles and healing forces apply (Rogers, 1970; see also Vassilopoulos, Koutsopoulou, & Regli, 2011).

The extant literature on treatment of social anxiety disorder points to cognitive, behavioral, and pharmacotherapy as primary interventions (Belzer, McKee, & Liebowitz, 2005). There is tentative evidence, however, within the cognitive-behavioral therapy tradition that the interpersonal relationship with therapist is more crucial for motivating those individuals. For example, Alden, Bieling, and Koch (cited in Alden & Taylor, 2004) showed that a positive collaboration between socially phobic patients and their therapists was predictive of positive cognitive behaviour therapy outcomes (but see also Woody & Adessky, 2002). As Alden and Taylor (2004, p. 875) conclude in their review of interpersonal factors in social anxiety "they [the persons with social phobia], like most people, want social acceptance and intimacy, but their beliefs and strategies trap them in an interpersonal cycle that prevents them from accomplishing those goals...the ultimate goal of treatment should be to enable people with social phobia to establish closer and more satisfying interpersonal relationships." This is one of the

very few references to the therapeutic importance of establishing an intimate relationship with a person with social anxiety symptoms and emphasizes the need for empathy and unconditional positive regard to be incorporated into the therapeutic process. However, no research has evaluated the efficacy of person-centred counselling addressing developmentally normative social anxiety.

Group therapy and counselling have been shown to be equally effective, if not superior to individual counselling (Burlingame, Fuhriman, & Johnson, 2004; Delucia-Waack & Bridbord, 2004). Group counselling gives participants an opportunity for socializing and a chance to expose themselves to others' evaluation of their behaviour, but in a safe environment. It is also an excellent context in which socially anxious individuals can learn how to function in close relationships (Corey & Corey, 2006; Yalom, 2006). According to Gladding (2012) one of the goals of the person-centred groups is "...openness to experience, especially as it relates to intimacy and meaningfulness with others...of becoming less alienated from oneself and others" (p.348). Given the salience of social anxiety to the college population and the effectiveness of the PCA in addressing people's emotional difficulties (e.g., Cooper, Rowland, McArthur, Pattison, Cromarty, & Richards, 2010; Tursi & McCulloch, 2004) the purpose of this study was to conduct a preliminary investigation of the efficacy of a ten-week PC group counselling intervention using an one-group pre- and post-test design (Buddenbaum & Novak, 2001). Given that socially anxious people often suffer from low self-esteem (Bienvenu, Brown, Samuels, Liang, Costa et al., 2001), it was hypothesized that pre-post intervention results will indicate a decrease in social anxiety symptoms, as well as an increase in participants' self-esteem.

METHOD

Participants

Students. Twenty one participants were recruited from the Department of Education, University of Patras. Eight of the twenty one participants did not complete the study (four dropped out of counselling, four missed more than three group sessions and their data were excluded from the analyses). The 13 participants (10 females, 3 males) ranged in age from 19 to 29, with a mean age of 20.16 (SD = 2.82). All participants were undergraduate students. In order to ensure maximum interaction and capitalize on Yalom's (2006) curative factors (e.g., interpersonal learning, imitative behaviour), a heterogeneous group was created that included

participants with a range of social anxiety symptoms, from mild to moderate and high. In particular, seven of the thirteen group participants had a pre-intervention score of 30 or above on the BFNE-R scale, suggesting the presence of clinically significant levels of social anxiety. All participants were White European who self-identified with the Christian Orthodox religion. With the exception of one participant, who did not report her marital status, all identified themselves as "single." They were attending a course in school counselling and guidance; however, they did not receive course credits or extra credits (or any monetary payment) in exchange for participation in the group sessions.

Group leaders. All 10 group sessions were co-facilitated by one male professor emeritus and a post-graduate student. The professor emeritus had considerable group experience with adolescents and adults as experience in training and preparing others in person-centred counselling and the postgraduate student had received elementary training in person-centred counselling. He (the professor emeritus) was also the first to collaborate with Carl Rogers and Chuck Devonshire in developing client-centred training programs in Greek universities. The co-facilitators processed after each group experience with each other what had taken place in the group, what they appreciated about the other facilitator's role in the group and personal struggles they encountered during the group. This processing after each group was important for evaluating the group sessions and for providing supervision and training for the postgraduate student.

Materials

Brief Fear of Negative Evaluation Scale-Revised (BFNE-R; Carleton, McCreary, Norton, & Asmundson, 2006). This is a 12-item revision of the Brief Fear of Negative Evaluation scale (BFNE; Leary, 1986), which was constructed to assess fear of negative evaluation. In the original BFNE scale (Leary, 1986), eight of its items are straightforwardly worded (e.g., "I am afraid others will not approve of me") and four are reverse-worded (e.g., "I am usually worried about what kind of impression I make"). However, in the current study, only the revised scale developed by Carleton and colleagues (2006) was used, which involves rewording the reverse-worded items to be straightforward. Each item is rated on a five-point Likert scale (from 0 = *Not at all characteristic of me* to 4 = *Extremely characteristic of me*). BFNE-R has been shown to possess very good psychometric properties: high internal consistency ($\alpha = .89$) and a unidimensional factor structure (Carleton et al., 2006). In the current sample, Cronbach's alpha at pre- assessment was .92 and at post-assessment was .95.

State Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). The STAI is a self-report questionnaire that was designed to measure anxiety. It consists of 40 items: 20 assess state anxiety and 20 measure trait anxiety. Internal consistency and test-retest reliability have been reported to be high and also it has been found to correlate with other trait measures of anxiety (Spielberger et al., 1983). Only the 20 items assessing trait anxiety were used in the present study (e.g., "I worry too much over something that really doesn't matter" and "I am a steady person"). Items are rated on a five-point Likert scale. The STAI has been translated and validated in Greek by Liakos and Giannitsi (1984). In the current sample, Cronbach's alphas were .82 at pre- assessment and .72 at post- assessment.

Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965). The RSE is a widely used self-report instrument for evaluating global feelings of self-worth and self-acceptance. It contains 10 items (e.g., "I feel that I am a person of worth, at least on an equal plane with others" and "I feel that I have a number of good qualities") and it is scored using a four-point response format (strongly agree, agree, disagree, strongly disagree). Higher scores represent higher self-esteem. RSE has demonstrated good internal consistency ($\alpha = .88$) and test-retest reliability ($r = .82$) in a sample of 259 participants (Fleming & Coutrney, 1984). In the current sample, Cronbach's alphas were .62 at pre- assessment and .67 at post- assessment.

Critical incidents questionnaire (CIQ; Kivlighan & Goldfine, 1991). The CIQ is widely used to assess the effectiveness of specific interventions and leadership behaviors within a counselling group (DeLucia-Waack, 2006). In the present study, the CIQ was used to gather a description of each member's perspective while identifying the therapeutic factors (Yalom, 2006) that may have influenced the group's effectiveness. The questionnaire asks participants to write a response to the question:

> Of the events which occurred in these group sessions, which one do you feel was the most important to/for you personally? Describe the event: what actually took place, the group members involved, and their reactions. Why was this important to you? What did you learn from this event?

In addition to CIQ, participants answered to a few more open-ended questions designed to elicit their general group and leadership experience. There was also a six months follow-up questionnaire created by the authors to gather a reflection of the participants' experiences. The format of the follow-up questionnaire was open-ended to allow the students to share and acknowledge aspects of the group experience and any impact they felt the group had on them during the past six months.

Procedure

Participants were recruited from the total course enrolment of approximately 120 students. Participation in the study was completely voluntary. Recruitment took place during lesson time and the group was advertised to students as a personal development group, aimed at improving relationships with the self and others. The course instructor (first author) described the purpose of the group and explained the voluntary status of participation, noting that no credit or other compensation would be offered. The process and procedures for those who showed an interest to participate were then described, and undergraduate students were given the opportunity to ask questions or seek clarification. Group participants were also informed about the presence of a video camera recording the group sessions and gave their consent.

Before the first group session, we administered the BFNE-R, STAI-T and RSE in order to better describe our sample and provide more information about members' social anxiety levels as well as to establish baseline measurements. The group met at the Counselling Lab of the Department of Primary Education, University of Patras, which is specifically designated for group counselling and therapy sessions. The 1.5-hour sessions took place at the beginning of the spring semester and continued once a week for ten weeks (with a two weeks interruption during Easter vacations) until late spring. After the last group session, participants were asked to complete once again the BFNE-R, STAI-T and RSE and were given the CIQ to fill it out at home and return it anonymously within one week. The following university semester, the students were invited to answer the six month follow-up questions relating to their perception of long term benefits and their recollection of the group experience.

Group counselling procedures

The person-centred group counselling was established on several premises. The first was that students will grow and change to the extent to that group leaders experience and demonstrate genuineness, unconditional positive regard, and accurate empathic understanding for the members, and to the extent that the members perceive these core therapeutic conditions. A second premise was the trust in the group to help members develop their potential without being directed by the leader (Gladding, 2012). Given that the person-centred approach emphasizes the personal qualities of the group facilitators rather than techniques (Brouzos, 2004, pp. 209-214), no ice-breakers or planned exercises and techniques were

employed (with the exception of a warm up activity at the beginning of the final session). Instead, the only techniques[2] used included active listening, reflection, sharing, clarification, linking and congruence. Additionally, within the framework of the person-centred approach, members are often as facilitative as the group leader and the focus is on the members as the center of the group. Thus, the group leaders facilitated group feedback, peer support, and encouraged open expression of positive or negative feelings within the group.

The group leader tried to create a supportive environment in which group members can risk being themselves. This was particularly important given that persons with social anxiety symptoms are generally lacking trusting and genuine relationships in which they can express themselves without fearing that they will be criticised or humiliated. To this aim, an *unstructured group* format (Rogers, 1970) was used in which members freely express their thoughts and feelings once trust is established. The group leadership strategies used included among others: (a) not judging the members (particularly important for this kind of group), (b) being genuine and "present," (c) listening to each member's point of view, (d) trying to connect members to the group and the group process, (e) showing sincere interest, (f) knowing when to allow silence to provide time for introspection. To sum up, the group leaders attempted to understand and accept each person in the group on a more personal basis and create a climate within the group that promotes the development of relationships (Gladding, 2012).

A selection of session recordings was checked by the research team to monitor adherence to person-centred counselling treatment. Due to the pilot nature of the study, no formal procedure for rating adherence and assessing inter-rater reliability was used. However, all recording were considered by the research team to be compliant with person-centred competences.

OVERVIEW OF TEN GROUP SESSIONS

Table 1 presents general themes and issues the members brought up during the group sessions. It is important to note that the structure of the group was open in order to ensure that the issues discussed were determined by the students as well as by the facilitators.

No expressive or action-oriented techniques were used to "get a group moving." This reflected the facilitators' preference for the members' stating themselves clearly without being directed. Oftentimes, the group discussions were initiated by

[2] These tools do not represent techniques so much as basic attitudes.

the group members and related to the negative experiences within the university and their home.

One consideration noted during early group sessions was the presence of a camera in the room and the fact that all sessions were video recorded. When members expressed their concerns about the purpose and the use of the recordings, the facilitators explained that they exclusively served educational and supervisory purposes and intentionally left it completely to the group to decide if they will permit them. After some discussion the group finally decided to allow the sessions to be video recorded. Nevertheless, one member found the presence of the camera particularly hard to tolerate and eventually left the group.

Occasionally there were group members (and leaders) self-disclosures and emotionally charged moments. When this occurred the group leaders handled the member self-disclosure with acceptance, respect and sensitivity, allowing the member to decide how far he or she would like to go. This strategy was helpful in illustrating to the students that they are in control of the group process and that they could risk exposing their feelings or showing their true self without losing the group's respect and acceptance.

The group ended before university semester examinations. The last session the group members brought in food. The students ate, joked and sang songs with the backing of a guitar. They also completed the FNE, STAIT, RSE while reminiscing about the meetings that took place throughout the last ten weeks. Some discussions included the changes each of them had made and whether or not a group like this would continue in the future either for them or other students.

Table 1. Overview of group generated topics

Session #	Topics
1	Interpersonal relationships, barriers in authentic communication, the group procedure
2	Introducing ourselves, members interests, characteristics and life events
3	Human relations, differences between love and friendship, trust, sincerity, (members reported personal opinions and experiences)
4	Concerns regarding the teaching profession, one member reported a difficulty making friends and other group members tried to be of help
5	Happiness, pessimism, working students and life difficulties, students' life, quality of study programs, difficulties within the teaching profession
6	Competition for grades, competition between students and the ensuing problems, sibling comparison and differential parental treatment (members reported personal experiences)
7	The impact of external appearance on personal relationships, social networks, shyness, sociability
8	How difficult is to be your true self, how can we help someone who is in difficulty
9	Members personal anxieties and university semester examinations
10	Processing of the warm up activity, feedback regarding the importance of the group for each member personally, group termination.

RESULTS

Effects on study's measures

Means and standard deviations were computed for participants in the PC group for total BFNE-R, STAI-T and RSE for pre and post-interventions (see Table 2). Changes in scores were analyzed using paired samples t-tests to establish if there were significant differences pre-intervention to post-intervention. None of the changes in scores was statistically significant ($ps > .2$). Overall, social anxiety (BFNE-R) and trait anxiety (STAI-T) scores decreased pre-post by 46.15%, and overall self-esteem scores (RSE) increased pre-post by 38.46%. Two participants experienced a greater reduction in social anxiety and trait anxiety symptoms and an increase in self-esteem (more than one standard deviation), and one experienced a greater positive change in trait anxiety and self-esteem scores (more than one standard deviation). However, one participant reported a greater increase in trait anxiety and three a greater decrease in self-esteem (see Table 3).

Table 2. Range and group pre-post mean scores for the three dependent measures (standard deviations in parenthesis)

Scales	Range		Mean scores	
	Pre	Post	Pre	Post
BFNE-R	8 - 40	8 - 40	27.15 (9.48)	24.38 (9.81)
STAI-T	36 - 54	31 - 53	45.15 (6.06)	43.92 (6.93)
RSE	26 - 35	26 - 37	29.69 (2.52)	30.30 (3.09)

***Note*:** $N = 13$; BFNE-R = Brief Fear of Negative Evaluation Scale-Revised; STAI-T = State Trait Anxiety Inventory-Trait; RSE = Rosenberg Self-Esteem scale.

An additional correlational analysis was carried out to study the relationships among the measures included in this study. Results showed that a change in fear of negative evaluation was significantly correlated with change in trait anxiety scores, $r = -.55, p = .05$, such that a reduction in fear of negative evaluation was associated with a reduction in feelings of anxiety. Additionally, change in trait anxiety was significantly and negatively correlated with change in self-esteem, $r = -.67, p = .01$, such that a reduction in trait anxiety was associated with an increase in self-esteem. Further, pre- and post-test scores of fear of negative evaluation and trait anxiety were substantially correlated (*r*s being .66 and .67, respectively, $ps = .01$), suggesting that these scores remained fairly stable during the intervention.

Table 3. Participants' pre-post scores for the three dependent measures

Participants	BFNE-R		STAI-T		RSE	
(*N* = 13)	Pre	Post	Pre	Post	Pre	Post
N1	33	32	45	47	29	31
N2	22	18	41	47	35	29
N3	30	28	45	52	31	27
N4	23	25	54	53	31	26
N5	25	27	36	41	32	33
N6	8	11	40	35	27	30
N7	40	40	49	48	30	32
N8	39	34	54	53	26	29
N9	32	34	54	52	26	29
N10	35	29	52	44	30	30
N11	16	19	39	39	28	29
N12	18	8	38	31	32	37
N13	32	33	47	45	37	37

***Note*:** BFNE-R = Brief Fear of Negative Evaluation Scale-Revised; STAI-T = State Trait Anxiety Inventory-Trait; RSE = Rosenberg Self-Esteem scale.

Critical Incidents Questionnaire (CIQ)

Two female participants failed to return the CIQ. When asked "Which event do you feel was the most important to/for you personally?" responses included, "some members through personal stories of struggling against life obstacles really touched me," "people opening up to unknown persons and being able to discuss personal issues," "talking about ways to be of real help to someone," "the life lessons learned from members and facilitators," "we were able to express our true self," and "it helped me realize that there are different perspective and ideas, different point of views among people." When asked "What did you learn from this event?" group member respondent, "I felt stronger and my self-concept was strengthened," "it helped me feel better," "it opened my eyes," "it made me think about how I should behave in similar circumstances," "I realized that there are other people out there suffering like me," and "I was moved and inspired by each member's personal story."

In addition to CIQ, members were asked a few more open-ended questions. When asked "what did you learn from your participation in the group?" group members responded that they grew more trusting of themselves and learned how to express themselves and think alternatively. They also reported gaining in self-understanding and learning how to empathize with others. Many students

acknowledged as important not to jump to conclusions but wait first to gain a better understanding of the other person. This coincided with the realization that all members have similar feelings and thoughts and their problems are pretty much the same (the experience of universality, according to Yalom, 2006). Finally, some participants felt that, due to the group experience, they came close together and shared common experiences and life events.

Furthermore, students were asked, "Did the group help you to view yourself in more positive terms?" all students responded with "yes." When asked "Did the group help you improve your relationships with other persons in your life?" nine of the students responded with a "yes" and two admitted "no." Comments about the group leaders included among others that, "they really seemed to care about our own opinions," "they were somewhat 'invisible powers' by letting the discussions flow without interrupting" and "they treated each member personally and focused on members' positive qualities." Responding to the question "Do you feel that your participation in the group helped you and, if yes, in what way?" all of the respondents were overwhelmingly positive and reported finding the group experience "helpful." They additionally shared that the group helped them to "express feelings and thoughts openly," "reduce their insecurity," and "touch personal issues." They also learned how to "communicate in an authentic way," and "listen to others non-judgmentally."

Another question related to what the members thought it necessary to change in the function of the group. Most of the members expressed their wish for these groups "to be continued" as well as their difficulty in finding any flaws in the procedure. One student shared that she "would change the depth of the counselling" in order to lead to "full self-awareness." Three members responded that they wished other members could be more active during group discussions and someone else suggested that the facilitator's self-disclosures should be more frequent and deeper. Finally, one respondent recommended that future groups could include more trust building activities and that the group sessions should take place in another place.

To sum up, participants shared through the CIQ that they found the group helpful and that the most important thing about the group was been able to discuss personal issues openly and that others shared many similar concerns and problems.

Follow up

At a six months follow up students were asked "Are you still remembering the group meetings, and if yes, what do you most recall?" All students were very positive in their responses. They reported remembering, among others, the "intimate and in-depth discussions", the "attitude of the facilitator", the "freedom of expression"

and the “emotionally charged moments” during the first and the last session.

Responding to the question, “Most of the students stated that the group experience helped them to view themselves in a more positive way as well as to improve their relationships with significant others. Do you feel that the group had actually had a long-term positive effect on you?” all students replied with a “yes”. Similarly, when asked if, in the long term, the group “did help you to view yourself more positively and in what way” all students said “yes,” stating that the group experience helped them being more their true self (2 students), enhanced their self-esteem (5 students), and changed the way they viewed themselves and others (5 students).

Finally, asked if, in the long term, the group “did help you to improve your relationship with other important persons in your life and in what way” group members unanimously responded in the affirmative. Three students commented that the group taught them not to jump to conclusions and be more patient and understanding with other people, while others responded that the group helped them being more open to their experience or with other people (4 students). Two students commented that they now try to be of help to others “by listening to them, without judging them or being too absolute” while someone else responded “I realized the importance of silence.” Finally, one student said “I learned to ask other people about that which concern them (something I did not have the courage to do before).”

DISCUSSION

The primary goal of this study was to facilitate a pilot person-centred group counselling for university students with a range of social anxiety symptomatology. The group counselling intervention’s purpose was to increase participants self-esteem and enhance their interpersonal functioning, thus breaking the negative cycle of social anxiety, with the ultimate goal of improving their interpersonal relationships. It emerged that the person-centred group counselling intervention provided an opportunity for students to experience an accepting and safe environment, where they could risk being themselves and talk about their concerns without fear of ridicule or rejection. As a result, students reported feeling better about themselves and establishing more healthy relationships with students, family members and other important persons in their life.

Interestingly, this study yielded contrasting results between qualitative and quantitative data. Although students reported that they found the group experience

enriching and with an impact on their life and suggested its continuation with a few alterations, their scores on trait measures did not statistically improve as a result of their participation in the group. There are several explanations for this. First and most important, the small sample size of the group made it difficult to detect even large effects, let alone small effects. Second, the inconsistency in findings may also be attributable to the measures employed in this study to measure the effectiveness of the intervention. The scales employed have wide normative ranges and as such they may have not probably been sensitive enough to detect the small changes (improvement) in participants' general functioning (Macklem, 2011). Nevertheless, intervention programs that succeed to reduce symptom intensity -even for some participants- may be well worth the effort, and our results showed that, statistically, at least three students appear benefited from the person-centred group (i.e., they reported a change in trait anxiety and self-esteem scores more than one standard deviation). Furthermore, the positive manner in which the majority of group members described their group experience highlights the importance of gathering outcome data with a qualitative component, at least as additional information about the potential impact of the person-centred counselling intervention.

Another explanation is that cognition or behavior-oriented measures are less than optimal when it comes to evaluating the efficacy of a person-centred counselling (which is based on an emotion-oriented, relational model of counselling). Specifically, the Brief Fear of Negative Evaluation scale and the Spielberger Trait Anxiety scale were specifically included in this study because they have been widely and successfully used in the social anxiety literature as main outcome measures for individual or group therapy. However, both measures basically assess dysfunctional thoughts and behaviors regarding current anxiety-related concerns. Given that no structured psychoeducational intervention - specifically designed to change dysfunctional thinking patterns and behavior - was included, it would have been particularly difficult to detect changes in cognition and behavior after a relatively brief person-centred group counselling intervention.

A further limitation has to do with the inclusion of unselected healthy university students in the PC group. As reported in the introduction, individuals with severe social anxiety generally avoid situations in which they are exposed to unknown persons (Clark & Wells, 1995). Thus, the students who voluntarily agreed to participate and remained until the termination of the group were mainly characterized by mild to moderate levels of social anxiety, leaving thus limited space for improvement during the intervention. Moreover, one participant with severe social anxiety symptoms (a score of 48 on BFNE-R) dropped out of the intervention after the second session, indicating that the distress she felt was hard to endure,

whereas another participant reported an increase in trait anxiety and three a decrease in self-esteem at post-measurement (standardized measures). Participating in an unstructured group format is a particularly anxiety-provoking for socially anxious individuals, in the sense that it involves multiple and intense interpersonal contacts without the safety net that an overly structured group counselling intervention or a 'directive' group leader can offer. Although this study serves as a prelude for future research, we tentatively propose that individual therapy, where the client is the sole focus of therapist attention, should be considered as the treatment of choice for individuals with severe social anxiety symptoms or marked impairment in social functioning, at least as a preparation stage before they get on board with group therapy. Alternatively, future studies should examine the merit of introducing some structure into the PC group (at least, during the first sessions), e.g., by combining a person-centred approach with skill based interventions, perhaps for individuals who do not feel comfortable participating in a totally "structureless" group. Also, we stress that group facilitators should be flexible and open to enhancing the group experience by meeting individually with prospective group members, not only to address any questions and concerns regarding group procedures, but, most importantly, to familiarize themselves with the members prior to the beginning of the group (Corey & Corey, 2006).

This study has more limitations than those acknowledged so far. One clear limitation is the lack of a control group, introducing threats to study's internal validity. However, multiple dependent measures were included in the current study in hopes of minimizing this threat (Coryn & Hobson, 2011). Another limitation is that a trait measure of anxiety was chosen over a state measure. Trait anxiety is much less likely to be affected by short-term interventions than state anxiety providing a particularly stringent test of the study's hypotheses. Had we included a state measure of anxiety, we might have found significant pre- post intervention differences. Finally, this study did not use a specific screening process and an interesting avenue for future research is the prospect of screening persons with social anxiety to determine who might benefit from a person-centred approach vs. a cognitive behavioral approach. For example, students who struggle more with intimacy or establishing deeper relationships rather than initiating conversations might be more appropriate for the person centred group[3].

In sum, despite inconsistencies among measures, the feedback gathered from the CIQ highlighted that the students described their experiences within group

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[3] The authors are grateful to one of the reviewers for this suggestion.

counselling intervention very favorably, noting that the group has had a positive impact on their self-view and helped them improve their relationships with others. The results of this pilot study might have interesting therapeutic repercussions, since socially anxious individuals are likely to have lower self-esteem and present more problems in their interpersonal functioning compared to nonanxious individuals. However, in view of the fact that the unstructured group format is particularly challenging for these individuals, future investigations should seek ways to minimize the anxiety of the first contact with a group of unknown people, perhaps, by organizing pre-group meetings with the group facilitator(s) as a way to prepare members (Corey & Corey, 2006). Additionally, given the inconsistent findings of this study, it is necessary to replicate this type of group intervention for social anxiety with more empirical data and a larger sample size.

REFERENCES

Alden, L. E., & Taylor, C. T. (2004). Interpersonal process in social phobia. *Clinical Psychology Review, 24*, 857-882.

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.).Washington, DC: Author.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text rev.). Washington, DC: Author.

Arkowitz, H., Hinton, R., Perl, J., & Himadi, W. (1978). Treatment strategies for dating anxiety in college men based on real-life practice. *Counseling Psychologist, 7*, 41-46.

Beck, A. T., Emery, G., & Greenberg, R. L. (1985). *Anxiety disorders and phobias: a cognitive perspective*. New York: Harper Collins.

Bella, T. T., & Omigbodun, O. (2009). Social phobia in Nigerian university students: prevalence, correlates and co-morbidity. *Social psychiatry and Psychiatric Epidemiology, 44*, 458-463.

Belzer, K. D., McKee, M. B., & Liebowitz, M. R. (2005). Social anxiety disorder: Current perspectives on diagnosis and treatment. *Primary Psychiatry, 12*, 35-48.

Bienvenu, O. J., Brown, C., Samuels, J. F., Liang, K. Y., Costa, P. T., Eaton, W. W., & Nestadt, G. (2001). Normal personality traits and comorbidity among phobic, panic and major depressive disorders. *Psychiatry Research, 102*, 73 -85.

Brouzos, A. (2004). *Person-centred counselling: Theory, research, and applications*. Athens: Typotheto [in Greek].

Bryant, B., & Trower, P. E. (1974). Social difficulty in a student sample. *British Journal of Educational Psychology, 44*, 13-21.

Buddenbaum, J. M., & Novak, K. B. (2001). *Applied communication research*. Ames, Iowa: Iowa State University Press.

Burke, R, S., & Stephens, R. S. (1999). Social anxiety and drinking in college students: A social cognitive theory analysis. *Clinical Psychology Review, 19*, 513-530.

Burlingame, G. M., Fuhriman, A. J., & Johnson, J. (2004). Process and outcome in group counseling and psychotherapy: A perspective. In J. L. Delucia-Waack, D. A. Geritty, C. R. Kalodner, & M. T. Riva (Eds.), *Handbook of Group Counseling and Psychotherapy* (pp. 49-61). Thousand Oaks ,CA: Sage.

Bruch, M., Kaflowitz, N., & Pearl, L. (1988). Mediated and nonmediated relationships of personality components to loneliness. *Journal of Social and Clinical Psychology, 6*, 346-355.

Carleton, N. R., McCreary, D. R., Norton, P. J., & Asmundson, G. J. G. (2006). Brief fear of negative evaluation scale-revised. *Depression and Anxiety, 23*, 297-303.

Clark, D. M., & Wells, A. (1995). A cognitive model of social phobia. In R. Heimberg, M. Liebowitz, D. A. Hope, & F. R. Schneier (Eds.), *Social Phobia: diagnosis, assessment and treatment* (pp. 69-93). New York: Guilford Press.

Cooper, M., Rowland, N., McArthur, K., Pattison, S., Cromarty, K., & Richards, K. (2010). Randomised control trial for school-based humanistic counselling for emotional distress in young people: Feasibility study and preliminary indications of efficacy. *Child and Adolescence Psychiatry and Mental Health, 4*. Retrieved December 7, 2011 from www.capmh.com/content/4/1/12/abstract

Corey, M. S., & Corey, G. (2006). *Groups: Process and Practice* (7th ed.). Pacific Grove, CA: Brooks/Cole.

Coryn, C. L. S., & Hobson, K. A. (2011). Using nonequivalent dependent variables to reduce internal validity threats in quasi-experiments: Rationale, history, and examples from practice. *New Directions for Evaluation, 131*, 31-39.

Cuming, S., & Rapee, R. M. (2010). Social anxiety and self-protective communication style in close relationships. *Behavior Research and Therapy, 48*, 87-96.

DeLucia-Waack, J. L. (2006). *Leading psychoeducational groups for children and adolescents*. Thousand Oaks, CA: Sage.

DeLucia-Waack, J. L., & Bridbord, K. H. (2004). *Measures of group process, dynamics, climate, leadership behaviors, and therapeutic factors*. In J. L. Delucia-Waack, D. A. Geritty, C. R. Kalodner, & M. T. Riva (Eds.), *Handbook of group counseling and psychotherapy* (pp. 120-136). Thousand Oaks, CA: Sage.

Fleming, J. S., & Courtney, B. E. (1984). The dimensionality of self-esteem. II: Hierarchical facet model for revised measurement scales. *Journal of Personality and Social Psychology, 46*, 404-421.

Furmark, T., Tillfors, M., Everz, P-O., Marteinsdottir, I., Gefvert, O., & Fredrikson, M. (1999). Social phobia in the general population: prevalence and sociodemographic profile. *Social Psychiatry and Psychiatric Epidemiology, 34*, 416-424.

Gladding, S. T. (2012). *Groups: A counseling specialty* (6th ed.). Upper Saddle River, NJ: Pearson.

Kivlighan, D. M., & Goldfine, D. C. (1991). Endorsement of therapeutic factors as a function of stage of group development and participant interpersonal attitudes. *Journal of*

Counseling Psychology, 38, 150-158.

Leary, M. R. (1983). A brief version of the Fear of Negative Evaluation Scale. *Personality and Social Psychology Bulletin, 9*, 371-375.

Liakos, A., & Giannitsi, S. (1984). The validity of the revised Greek Spielberger State Train Anxiety Inventory. *Encefalos, 21*, 71-76 (in Greek).

Liebowitz, M. R., Gorman, J. M., Fyer, A. J., & Klein, D. F. (1985). Social phobia: review of a neglected anxiety disorder. *Archives of General Psychiatry, 42*, 729-736.

Macklem, G. L. (2011). *Evidence-based school mental health services: Affect education, emotion regulation training, and cognitive behavioral therapy*. New York: Springer.

Mearns, D., & Thorne, B. (1988). *Person-centred counselling in action*. London: Sage.

Pollard, C. A., & Henderson, J. G. (1988). Four types of social phobia in a community sample. *Journal of Nervous and Mental Disease, 176*, 440-445.

Rogers, C. R. (1961). *On becoming a person: A therapists' view of psychotherapy*. Boston: Houghton Mifflin.

Rogers, C. R. (1970). *On Encounter Groups*. New York: Harper & Row.

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

Schlenker, B. R., & Leary, M. R. (1982). Social anxiety and self-presentation: A conceptualization and model. *Psychological Bulletin, 92*, 641-669.

Spielberger, C. D., Gorsuch, R. L., Lushene, R., Vagg, P. R., & Jacobs, G. A. (1983). *Manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press.

Tursi, M. M., & McCulloch, L. A. (2004). A person-centred approach to individuals experiencing depression and anxiety. *The Person-Centred Journal, 11*, 71-75.

Yalom, I. D. (2006). *Theory and Practice of Group Psychotherapy*. Athens: Agra [in Greek].

Vassilopoulos, S. P., Koutsopoulou, I., & Regli, D. (2011). *Psychoeducational groups for children: Theory and Practice*. Athens: Grigoris [in Greek].

Woody, S. R., & Adessky, R. S. (2002). Therapeutic alliance, group cohesion, and homework compliance during cognitive-behavioral group treatment of social phobia. *Behavior Therapy, 33*, 5-27.