



Effectiveness of Single-Session Solution-Focused Therapy on Body Image Concern, Resilience, and Anxiety in Pre-Surgical Patients with Strabismus

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ABSTRACT

Purpose: The aim of the present study was to examine the effectiveness of single-session solution-focused therapy on body image concern, resilience, and anxiety.

Methods and Materials: The research method was quasi-experimental with a pre-test, post-test, and follow-up design with a control group. The statistical population included all patients with strabismus referred for pre-surgical consultation at Dr. Azemati's clinic in Tehran in 2023. The sampling method was purposive, and the sample consisted of 45 participants who were randomly assigned to two experimental groups and one control group. The research instruments included the Littleton Body Image Concern Inventory (2005), the Beck Anxiety Inventory (1990), and the Connor-Davidson Resilience Scale (2003). Data were analyzed using mixed ANOVA.

Findings: The results of the data analysis showed that single-session solution-focused therapy was effective in improving resilience and reducing anxiety among pre-surgical patients with strabismus, and this effect persisted during the follow-up phase ($p < .05$). This intervention may serve as an effective and rapid approach to managing negative emotions and enhancing psychological well-being in patients during the pre-surgical phase.

Conclusion: Therefore, it is recommended that this type of therapy be systematically integrated into preoperative programs and considered as a complementary treatment option alongside other methods, to help patients face the surgical process with greater calm and achieve better outcomes.

Keywords: Single-session solution-focused therapy, body image concern, resilience, anxiety.

1. Introduction

Patients with strabismus often present with symptoms such as double vision, discomfort, headaches, ocular pain during reading or close-up tasks, and additional signs such as closing one eye in bright light in search of treatment. Furthermore, factors like fatigue or stress during the illness, dissociation, sleepiness upon waking, and other symptoms are common complications of this condition (Mitsuhashi et al., 2021). Accordingly, one of the challenges faced by individuals with strabismus is concern about body image. This concern is classified within the obsessive-compulsive spectrum and includes intense and distressing thoughts about perceived or minor flaws in one's appearance (Todd et al., 2019). Body image is a multidimensional construct encompassing all the ways individuals experience their bodies (Jiotsa et al., 2021). According to Cash and Deagle (1997), body image comprises two distinct components: perceptual and attitudinal. The perceptual component relates to the individual's belief about the extent to which their appearance reflects their self-worth, while the attitudinal component includes two aspects: orientation and evaluation. Orientation refers to the degree of importance placed on appearance, and evaluation denotes the individual's satisfaction with their body and appearance. Individuals with high orientation and low evaluation tend to experience body dissatisfaction (Waite et al., 2023). For those experiencing body image concerns, managing appearance-related fears and anxieties is often difficult. These individuals may spend considerable time feeling discomfort and despair while checking their appearance in mirrors and attempting to conceal perceived flaws. In essence, individuals with this disorder often employ safety behaviors, compulsive appearance-related rituals, and social avoidance to reduce perceived threats linked to their appearance (Thomas et al., 2019).

One key factor in coping with life's challenges and difficulties is resilience, which serves as a psychological protective mechanism against disorders and distress (Uddin et al., 2020). Resilience is recognized in psychology as a fundamental trait that enhances individuals' ability to cope with stressful situations, life pressures, and various problems. Resilient individuals are capable of managing adversity and derive meaningful lessons from unpleasant life experiences (Si, 2020). Resilience may act as a protective shield against psychological and physical problems, aiding individuals in fostering self-awareness and continuing their personal growth (Okwori, 2022). Additionally, it strengthens

tolerance to pain (Hussain & Wegmann, 2021), reduces depressive symptoms (Raj & Sivamoorthy, 2021), and improves quality of life (McMenemy & Nicholas, 2022). Patients with strabismus who exhibit high resilience before surgery are more likely to perform better under unpleasant conditions. They are better equipped to endure the suffering associated with their condition and to enhance their overall quality of life (Dey & Amponsah, 2020). In a study conducted by Jia, Mikami, and Normand (2021), it was found that patients with high resilience cope more effectively with the social and familial pressures arising from their illness. Such individuals are also better positioned to confront daily concerns and reduce stress (Jia et al., 2021). Overall, a high level of resilience assists patients in effectively navigating life's challenges and enhancing their life quality. This skill positively impacts family relationships, social interactions, and personal development. Studies by Amiri Moghaddam et al. (2020) and Slavin (2022) have examined the effect of resilience on psychological well-being, with findings indicating that individuals with high resilience and access to resilience components enjoy greater mental health. Robust resilience in patients may facilitate identification of optimal solutions for managing life's difficulties (Amiri Moghaddam et al., 2020; Slavin, 2022).

Anxiety disorder is a major issue in psychopathology, as its characteristics can reflect fundamental processes underlying all emotional disorders (Zugman et al., 2023). According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), this disorder is characterized by excessive worry and anxiety, an inability to control such concerns, and various psychological and physiological symptoms including muscle tension, restlessness, fatigue, difficulty concentrating, irritability, and sleep disturbances. Given that excessive, chronic, and uncontrollable worry is a core feature of the disorder (Li et al., 2024), patients with strabismus preparing for surgery may be highly affected by these symptoms. These individuals might face tension and restlessness stemming from anxiety about their appearance and the consequences of surgery. The prevalence of anxiety disorder peaks during middle age and declines thereafter. While the average age of onset is approximately 30 years, it can vary and rarely appears before adolescence. The course of the disorder is typically chronic and fluctuating, and untreated cases often have a poor prognosis (Roderburg et al., 2024). Additionally, there is a potential for secondary conditions such as major depression. Available reports indicate that anxiety disorder

commonly co-occurs with major depressive disorder and other anxiety disorders, although it is less comorbid with substance use disorders and neurological problems (Mohseni Nasab et al., 2024). Individuals with anxiety disorder may lose interest in previously enjoyable activities, experience appetite loss, and have difficulty with memory and decision-making, potentially disrupting their social relationships (MacKay et al., 2024). Feelings of hopelessness and avoidance of confronting challenges are common, which may lead to feelings of worthlessness and dissatisfaction with life. These individuals might display aggressive behaviors and be prone to prolonged conflicts and leaving the home environment (Liu et al., 2023). Research shows that anxious individuals, especially those with emotion regulation difficulties, are at increased risk of experiencing heightened feelings of worthlessness (Amiri Moghadam et al., 2020).

Recent research has identified the solution-focused approach as an effective therapeutic method in recent years. This form of therapy, which shifts attention from pathology to individual and family strengths and positive aspects of life, can be particularly beneficial for patients with strabismus preparing for surgery (Northcott et al., 2021). In this approach, therapists focus not on deficits and limitations but on clients' resources, competencies, and strengths, which can boost self-confidence. Unlike many clinical approaches that emphasize past analysis and problem examination, the solution-focused approach encourages individuals to set and pursue specific and attainable goals (De Shazer et al., 2021). This method views ruminating over the past and expressing complaints as impediments to progress. It is founded on the assumption that it is possible to alter clients' understanding of problems and potential solutions. Particularly for strabismus patients, this approach may help redirect attention from appearance-related concerns to constructive solutions (Walker et al., 2022). A key principle in this therapy is that the client must become aware of existing and potential solutions. This awareness helps individuals engage with social realities and explore newer pathways. Essentially, this therapeutic model enables patients to develop a fresh mode of interaction and collaboration with the therapist, which may increase resilience and reduce anxiety (Franklin & Hai, 2021). Overall, this approach may empower strabismus patients to feel more in control when facing challenges and to more effectively cope with surgery and its consequences.

Therefore, due to their visual appearance and the associated social impact, patients with strabismus often

encounter numerous psychological and emotional challenges. This issue is of particular importance as such challenges may influence both their quality of life and surgical outcomes. Moreover, existing research literature rarely addresses psychological interventions targeted specifically at this patient group, indicating a significant gap in interventions designed to improve their psychological condition. The present study examines the effectiveness of single-session solution-focused therapy on body image concern, resilience, and anxiety in pre-surgical patients with strabismus. Traditional therapies may not effectively meet the specific needs of these individuals. Single-session solution-focused therapy, as a rapid and efficient intervention, may offer a suitable opportunity to reduce anxiety and improve resilience and body image concern. Based on the findings obtained, this therapy could be considered a viable treatment option within pre-surgical programs.

2. Methods and Materials

2.1. Study Design and Participants

This study, in terms of purpose, is an applied research and methodologically a quasi-experimental study with a pre-test-post-test design, control group, and follow-up phase. The statistical population included all patients with strabismus who visited Dr. Azemati's clinic in Tehran prior to surgery in 2023. The sample was selected using purposive sampling with random assignment, based on the inclusion criteria (minimum education level of high school diploma, age between 40 and 60 years, and informed consent to participate) and exclusion criteria (presence of psychological disorders requiring immediate intervention such as psychotic symptoms or substance dependence). Based on patient records, 45 eligible individuals were identified and randomly assigned to two experimental groups and one control group. The sample size was calculated using G*Power software, considering an alpha level of .05 and a test power of 0.7, resulting in 15 participants per group. After the sample selection, the nature of the study, treatment sessions, and their objectives were explained to the participants, and it was emphasized that participation was voluntary, with no obligation to attend. It is noteworthy that the treatment sessions for both experimental groups were conducted in appropriate environments and in adherence to health protocols.

2.2. Measures

Body Image Concern Inventory: This questionnaire was developed by Littleton et al. (2005) and includes 19 items, each rated on a 5-point Likert scale ranging from 1 (never) to 5 (always). After establishing a good rapport with patients and motivating them to participate, the researcher administered the body image concern inventory individually. The Likert scale ranged from 0 (strongly disagree) to 4 (strongly agree), resulting in a total score ranging from 19 to 95. A score between 19 and 38 indicates low concern about physical appearance, 38 to 57 indicates moderate concern, and scores above 57 indicate high concern. Entezari and Alavizadeh (2012) reported a Cronbach's alpha coefficient of 0.89, confirming internal consistency (Entezari & Alavizadeh, 2012).

Connor-Davidson Resilience Scale (CD-RISC): This scale contains 25 items and assesses resilience using a 5-point Likert scale, from 0 (not true at all) to 4 (true nearly all the time), with total scores ranging from 0 to 100. The cutoff point for the total score is 50. Mohammadi (2005) validated this scale in Iran with a sample of 248 individuals, reporting a Cronbach's alpha of 0.89, and confirmed its construct validity through factor analysis. Kord Mirza-Nikoozadeh (2009) recalculated the overall alpha coefficient to be 0.90 (Kord Mirza Nikoozadeh, 2009). In the present study, reliability was again confirmed using Cronbach's alpha. Factor analysis revealed five components: personal competence, trust in one's instincts, tolerance of negative affect, positive acceptance of change and secure relationships, control, and spiritual influences.

Beck Anxiety Inventory (BAI): Developed by Aaron Beck in 1990, this 21-item self-report measure assesses the severity of clinical anxiety symptoms. Items are rated on a 4-point Likert scale (0 = not at all, 1 = mild, 2 = moderate, 3 = severe). The BAI is widely used for repeated measurement of anxiety levels pre- and post-treatment. Its reliability has been estimated between 80% and 92%. Studies conducted in Iran confirm its strong psychometric properties, with a reported Cronbach's alpha of 0.92. Test-retest reliability after one week was 0.75, and item-total correlations ranged from 0.30 to 0.76 (Kaviani & Mousavi, 2008). Another study reported a Cronbach's alpha of 0.92 (Behzadi & Ashouri, 2024; Ebrahimi Sadr et al., 2023).

2.3. Intervention

The intervention protocol is based on the approach proposed by de Shazer et al. (2006). The therapy includes developing a focused and logical solution, reviewing previously successful solutions, identifying exceptions, asking questions rather than giving commands or interpretations, and using present- and future-oriented questions instead of past-focused ones (De Shazer et al., 2021).

At the beginning of the session, the therapist introduces themselves, establishes rapport, assures patients of confidentiality, and explains the general principles and structure of solution-focused therapy. The session begins with setting a positive, concrete, and measurable goal aligned with the patients' values. Patients are invited to discuss their problems and suggest potential solutions they believe could improve their lives. The "miracle question" is posed—asking patients to imagine waking up one day with their problem completely resolved and to describe how their life would be different. This is followed by identifying and reflecting on behavioral patterns, exceptions to the problem, and previously successful strategies that the patient may not have recognized. The therapist encourages patients to explore these past solutions and realize that elements of the "miracle" have already occurred in their lives. Focus is placed on recognizing these exceptions, increasing self-efficacy, and using personal strengths to enhance life quality. Participants are asked what small step they could take toward their goals and how they would maintain a positive life trajectory after resolving their problems. The session concludes with a summary, feedback on the progress made, and questions prompting reflection on what improved during the session, what motivates continued effort, and what specific changes participants plan to implement moving forward.

2.4. Data Analysis

Data obtained from the administration of questionnaires were analyzed using SPSS version 21 in two parts: descriptive and inferential statistics (mixed ANOVA).

3. Findings and Results

This section reports the means and standard deviations of the dependent variables at the pre-test, post-test, and follow-up stages for the experimental and control groups.

Table 1

Mean and Standard Deviation of Body Image Concern, Resilience, and Anxiety by Assessment Stage in Groups

Group	Variable	Index	Pre-test	Post-test	Follow-up
Single-Session Solution-Focused	Body Image Concern	Mean	60.93	56.47	56.13
		SD	8.61	7.76	7.76
Control	Body Image Concern	Mean	62.40	62.00	61.33
		SD	7.45	7.05	7.43
Single-Session Solution-Focused	Resilience	Mean	42.87	49.00	48.13
		SD	6.25	7.21	5.22
Control	Resilience	Mean	43.13	42.13	42.07
		SD	5.63	5.44	5.55
Single-Session Solution-Focused	Anxiety	Mean	33.00	27.00	27.80
		SD	5.35	6.44	6.21
Control	Anxiety	Mean	32.13	33.07	33.40
		SD	4.70	4.86	5.88

As shown, the experimental group demonstrated improvement at the post-test stage compared to the pre-test. Based on the results presented in the table, it can be

concluded that the single-session solution-focused therapy reduced body image concern, increased resilience, and decreased anxiety.

Table 2

Mixed ANOVA Results for Body Image Concern, Resilience, and Anxiety Using Greenhouse-Geisser Correction

Variable	Source	SS	df	MS	F	Sig.	η^2
Body Image Concern	Within-Subjects	147.76	1.67	88.51	2.75	0.08	0.09
	Interaction	76.47	1.67	45.81	1.42	0.25	0.05
	Between-Groups	372.10	1.00	372.10	3.01	0.09	0.10
Resilience	Within-Subjects	112.16	1.52	73.79	5.02	0.02	0.15
	Interaction	229.09	1.52	150.73	10.25	0.001	0.27
	Between-Groups	401.11	1.00	401.11	4.84	0.04	0.15
Anxiety	Within-Subjects	106.07	1.74	61.02	5.10	0.01	0.15
	Interaction	225.27	1.74	129.61	10.83	0.001	0.28
	Between-Groups	291.60	1.00	291.60	3.96	0.048	0.12

Table 2 shows that for the within-subject factor, the calculated F-values for the stages (pre-test, post-test, follow-up) are significant at the 0.05 level for the variables of

resilience and anxiety ($p < .05$). This indicates a statistically significant difference among the mean scores across the three stages for these variables.

Table 3

Bonferroni Post Hoc Test Results

Variable	Comparison	Mean Difference	SE	Sig.
Body Image Concern	Pre-test–Post-test	-2.57	0.82	0.001
	Pre-test–Follow-up	-2.10	1.07	0.01
	Post-test–Follow-up	0.47	0.65	0.99
Resilience	Pre-test–Post-test	2.53	0.77	0.001
	Pre-test–Follow-up	1.97	0.68	0.01
	Post-test–Follow-up	-0.57	0.73	0.99
Anxiety	Pre-test–Post-test	2.43	0.78	0.01
	Pre-test–Follow-up	2.93	0.89	0.02
	Post-test–Follow-up	0.50	1.07	0.99

The Bonferroni post hoc test was conducted to examine differences in mean scores across treatment stages. Results indicated significant differences between pre-test and post-test scores, as well as between pre-test and follow-up scores for resilience and anxiety. However, no significant difference was observed between post-test and follow-up scores for these variables, suggesting that the improvements were sustained over time.

According to Table 3, the interaction effect of time (pre-test, post-test, follow-up) and group (experimental vs. control) yielded significant F-values at the 0.05 level for resilience and anxiety ($p < .05$), indicating significant differences in mean scores across stages between the two groups. Moreover, the between-group factor also showed significant F-values at the 0.05 level for resilience and anxiety ($p < .05$), suggesting a significant overall difference in these variables between the experimental and control groups.

Overall, the results indicate that single-session solution-focused therapy significantly affected resilience and anxiety scores. The experimental group showed greater improvements compared to the control group. Additionally, the significant changes observed in the follow-up stage compared to the pre-test stage confirm the sustained effectiveness of the therapy, highlighting its lasting impact on reducing body image concern, enhancing resilience, and lowering anxiety.

4. Discussion and Conclusion

The present study aimed to investigate the effectiveness of single-session solution-focused therapy on body image concern, resilience, and anxiety in pre-surgical patients with strabismus. The data analysis results indicated that the null hypothesis was rejected, and single-session solution-focused therapy proved effective in enhancing resilience and reducing anxiety among these patients. This finding aligns with the results of prior findings (Behzadi & Ashouri, 2024), both of which confirmed the positive impact of solution-focused therapy in reducing anxiety across different populations. Specifically, Becker et al. (2020) emphasized that solution-focused therapy, by identifying individuals' inner strengths and focusing on resolving everyday problems, can significantly lower anxiety levels. The observed increase in resilience following the intervention in this study is consistent with prior findings (Afshar Shandiz et al., 2023; Hedayati Zafarghandi et al., 2022), which demonstrated that the emphasis on resources and practical

strategies in solution-focused therapy can significantly enhance individuals' resilience. Moreover, the sustained effects of the intervention in the follow-up phase corroborate prior findings (Ebrahimi Sadr et al., 2023; Moradi Ahmar & Azadi, 2018), who also reported long-term therapeutic impacts of solution-focused therapy on related psychological variables.

To explain these results, it should be noted that single-session solution-focused therapy, rooted in the solution-focused model, emphasizes clients' strengths, identification of available resources, and a future-oriented rather than past-oriented focus. Rather than analyzing problems, this approach seeks to guide individuals toward practical solutions. The single-session format, a condensed version of the model, uses brief and targeted interventions to help individuals achieve meaningful results in the shortest time possible. This feature makes the method particularly effective in situations involving time constraints or acute crises—such as patients with strabismus awaiting surgery.

Anxiety, as a psychological response to stressful situations, is typically accompanied by negative thoughts and future-oriented worries. In the solution-focused model, shifting an individual's attention from the problem to possible solutions diminishes worry and anxious thought patterns. This shift helps interrupt the cycle of negative thinking and increases a sense of control over one's situation. Furthermore, establishing specific and actionable goals in therapy can reduce uncertainty—a key trigger for anxiety.

Resilience is defined as the ability to return to equilibrium after experiencing a crisis. One of the core principles of solution-focused therapy is identifying and reinforcing the individual's internal and external resources, which can strengthen resilience. Theoretically, this therapy is grounded in positive psychology, which aims to enhance individual strengths and positive coping mechanisms. For patients with strabismus, who face psychological stress related to upcoming surgery, focusing on strengths and solutions can help them better manage anxiety and develop a greater sense of self-efficacy.

Solution-focused theory, which underpins this therapeutic approach, is based on the principle that individuals possess numerous inner strengths and resources to resolve their problems. Rather than dwelling on the root of the problem, the focus is redirected toward a preferred future and practical steps to get there. This change in focus reduces anxiety, as the individual feels more empowered and hopeful, rather than helpless in the face of adversity.

Resilience also improves, as the individual gains confidence through discovering solutions and reflecting on past successes.

In addition, the theory of perceived control posits that individuals' perception of control over a situation plays a significant role in reducing anxiety. Solution-focused therapy strengthens this perceived control by helping individuals set and achieve short-term goals, thereby reducing anxiety. Specifically, for patients with strabismus, this approach can help mitigate surgery-related worries. Overall, the effectiveness of single-session solution-focused therapy in enhancing resilience and reducing anxiety may be attributed to its practical, action-oriented, and future-focused nature. By shifting clients' mental framework from "problem-focused" to "solution-focused," this therapy reduces surgery-related anxiety and enhances individuals' capacity to cope with challenges. Consequently, the use of this method is particularly recommended in high-stress situations or when time constraints prevent long-term interventions.

Among the limitations of this study are variables such as social support, economic status, self-concept, and coping styles of participants, which were not precisely controlled and may influence levels of anxiety, resilience, or body image concern. The two-month follow-up period may also be insufficient for assessing the long-term durability of treatment effects. Future studies with longer follow-up durations are needed to explore sustained outcomes. It is recommended that similar studies be conducted across various age groups, genders, and geographic locations—such as among adolescents or older adults—to improve the generalizability of findings. Short-term solution-focused therapy sessions help patients reduce immediate concerns and, by emphasizing inner strengths and available resources, increase their perceived control over situations. These sessions are particularly effective in identifying rapid, practical strategies to cope with stress—especially when time for prolonged therapy is limited.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

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