



The Effectiveness of Emotion Focused Therapy on the Pain & Time Metaphorical Perception in the Patients with Musculoskeletal

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ABSTRACT

Aims: The purpose of the present study was to investigate the effectiveness of emotion-focused therapy on the metaphorical perception of pain and time in patients with musculoskeletal pain.

Method and Materials: The study employed a semi-experimental design with a pre-test and post-test approach, along with a control group. The population consisted of all individuals with chronic pain in Tehran in 2024. According to this purpose, 30 patients with musculoskeletal pain were selected voluntarily and randomly assigned to either an intervention or control group (experimental group, n = 15; control group, n = 15). The questionnaire used in the study was Raiisi's Pain Metaphorical Perception and Raiisi's Time Metaphorical Perception. The experimental group received twelve sessions of 90-minute emotion-focused therapy. The control group received no intervention. The data were analyzed using multivariate analysis of covariance with SPSS 26.

Findings: The results indicated that emotion-focused therapy significantly increased components of pain (object, force, human, and causality) and time metaphorical perception (matter, place, and object) in patients with musculoskeletal pain ($P < 0.001$).

Conclusion: The findings of this research emphasized the effectiveness of emotion-focused therapy on the pain and time metaphorical perception. As a result, evidence-based psychotherapeutic approaches such as emotion-focused therapy can influence metaphorical understanding.

Keywords: Pain Metaphorical Perception, Time Metaphorical Perception, Emotion Focused Therapy, Musculoskeletal Pain, Patients

Introduction

Musculoskeletal patients struggle with chronic pain that may reduce their self-efficacy, disable them, and cause depression [1]. Chronic pain can significantly impact the quality of life for patients [2]. Chronic pain, such as musculoskeletal pain, has cognitive aspects in addition to psychological elements. In other words, pain is a physical feeling that requires the use of metaphors to express it. Because of using metaphors, it can be communicated to others regarding the intensity and state of pain [3]. Lakoff [4] believes that the mental and cognitive systems of humans are inherently metaphorical, and these metaphors can be achieved through language. The opinion of cognitive science experts in the field of language is that language is a model, and it reflects the thoughts and characteristics of

the human mind [5]. Therefore, the study of language from this perspective is the study of patterns in conceptualization or cognitive processes [6]. A metaphor is a mapping between two conceptual domains. In the conceptual metaphor, there is an empirical or concrete domain based on human physical characteristics, referred to as the source domain, which is mapped onto another domain that is intangible or abstract, known as the target domain [7]. Common domains of origin for pain are object, human, causality, and force [3]. Time and perception of it are not tangible or experimental, but they are the basis of all human perceptions. The perception of time is an adaptive process that predicts future events and regulates behavior accordingly [8]. Humans do not have a conscious understanding of time

their cognitive system, but time controls and directs their behavior and performance, and plays a role in cognitive construction [9]. Due to the subjective and abstract nature of time, understanding of time requires conceptual metaphors [10]. In general, it is not possible to understand time without the aid of conceptual metaphors [11].

Emotion-focused therapy is a new type of psychotherapy that aims to remove negative emotions, unpleasant memories, and change beliefs [12]. Trans diagnostic emotion-focused therapy is an effective treatment for common symptoms of depression, anxiety, and related disorders [13]. Due to the high co-morbidity of mental symptoms and our growing understanding of psychological trauma, transdiagnostic treatments are becoming more prominent day by day [14]. Emotion-focused therapy is conceptualized as a transdiagnostic approach to the treatment of various psychological problems, which is based on access to the fundamental vulnerability of core emotional pain, its transformation, and the treatment of symptoms such as anxiety [15]. This treatment approach combines symptom-level emotion-focused tasks (tasks aimed at facilitating the regulation of emotional disturbances) with functions that treat self-concern, rumination, perfectionism, and other symptoms [16]. While understanding the importance of meaning-making, this perspective considers feelings as the basic data of human experiences and views feelings and cognition as inextricably intertwined [17]. A systematic review has indicated that emotion-focused therapy is associated with improved time management [18]. In emotion-focused therapy, it is suggested that emotions have an inherent ability to adapt, which, if activated, can help patients change their emotional states or unwanted experiences [19]. As a study indicated, emotion-focused coping and therapy manage our time perspective [20]. A study showed that emotion-focused therapy is effective in pain coping strategies and pain catastrophizing in patients with pain disorders [21]. Another study indicated that emotion-focused therapy alleviated pain catastrophizing in patients with chronic pain

[22]. Emotion-focused therapy can be effective in accepting pain [23]. Researchers found that emotion-focused therapy targets the core of pain [24]. A study indicated that emotion-focused Therapy can alleviate pain severity and resistance in women with chronic headaches [25].

Kinds of pain and related emotions are often expressed metaphorically. As the results of literature studies indicate, emotion-focused therapy can facilitate and alter emotions triggered by pain and perceived time. Therefore, the place of metaphors in emotions caused by pain and perceived metaphorical time is undeniable. In other words, we cannot deny the metaphorical thinking and capacities that feelings evoke in response to pain and time perception. Hence, the purpose of this study was to investigate the effectiveness of emotion-focused therapy on the metaphorical perception of pain and time in patients with musculoskeletal pain.

Method and Materials

The study employed a semi-experimental design with a pre-test and post-test, and included a control group. The population consisted of all individuals with chronic pain in Tehran in 2024. According to the purpose, 30 patients with chronic pain were selected voluntarily and randomly assigned to either an intervention or control group (experimental group, $n = 15$; control group, $n = 15$). According to Cohen's formula [26] and considering the first and second type errors and the expected average difference in the study groups, 15 people were randomly assigned to each group. No intervention was given to the control group. The inclusion criteria were: having musculoskeletal pain for at least one year, being between 35 and 55 years old, and not under any other psychological treatment. The exclusion criteria were the absence of at least two sessions during this psychotherapy, leaving psychotherapy due to continuing physical therapy, and not being satisfied with continuing this psychotherapy. To perform the treatment, the researchers referred to physiotherapy centers in Tehran. After obtaining permission from the physiotherapy

centers of Sina and Milad hospitals, they selected their sample from among those who were willing to participate in this psychotherapy. Two groups completed two questionnaires from this study before and after the intervention. The researchers in this study adhered to all the ethical principles of research. The tools used in this study were as follows:

Demographic Information Inventory: This inventory collected the personal information of the patients, including age, education, marital status, history, and type of illness.

Pain Metaphorical Perception Questionnaire: This questionnaire, designed and validated for Persian speakers by Raiisi [27], consists of 25 questions. The four subscales of this questionnaire are object, force, human, and causality. Its scoring is based on a five-point Likert scale (completely agree = 1, to completely disagree = 5). The minimum score is 25, and the maximum score is 125. The content validity was confirmed by experts' opinions using the Waltz and Bassel method. The Cronbach's alpha coefficient was 0.75 overall. Cronbach's alphas for object (0.73), force (0.76), human (0.72), and causality (0.77) were obtained. The factor analysis revealed that the Pain Metaphorical Perception Questionnaire comprises subscales that account for 24.66% of the total variance of the questionnaire. In the present study, the reliability of the test was assessed using Cronbach's alpha coefficient, which yielded a value of 0.93.

Time Metaphorical Perception Questionnaire: This questionnaire, designed and validated by Raiisi and Moghadasin [28], consists of 30 questions. The three subscales of this questionnaire are matter, place, and object. Its scoring is based on a five-point Likert scale (completely agree = 1, to completely disagree = 5). The minimum score is 30, and the maximum score is 150. The content validity was confirmed by the Waltz and Bassel method. The Cronbach's alpha coefficient was 0.75 overall. Cronbach's alphas for matter (0.77), place (0.71), and object (0.77) were obtained. The factor analysis revealed that the Pain Metaphorical Perception Questionnaire comprises subscales that account for 37.12% of the total variance of the questionnaire. In

the present study, the reliability of the test was assessed using Cronbach's alpha coefficient, which yielded a value of 0.91.

Emotion-focused therapy was administered to the first experimental group over 12 sessions, each lasting 90 minutes and held once a week, as a group.

Findings

The mean and standard deviation of the age of the experimental group were 43.27 ± 5.83 , and the mean and standard deviation of the age of the control group were 42.95 ± 5.79 . As the test of the Shapiro-Wilk test (S-W) showed, the scores distribution in the two groups was normal. Because Shapiro-Wilk statistics and scores were not significant for all variables and their subscales. As the pre-test and post-test means indicate, the metaphorical perception of pain and time, along with their subscales, has increased due to emotion-focused therapy. Therefore, it appears that the distribution of variables and their subscales is standard in the descriptive data and Shapiro-Wilk results. The mean and standard deviation for the pre- and post-tests are presented in Table 2. The results of the Levine test were used to examine the homogeneity of variance between the two dependent variables in the two groups. In other words, the two experimental and control groups have a significant difference in the variables of pain (object, force, human, and causality), and time metaphorical perception (matter, place, and object), which according to the effect size measuring, 91% of the total variance of the experimental and control groups is rooted in the effect of the emotion focused therapy. The significant results of the univariate analysis of covariance indicated that the F score for emotion-focused therapy on pain metaphorical perception subscales is object (46.5), force (35.4), human (35.5), and causality (34.2), with $P = 0.01$. Emotion-focused therapy F score for time metaphorical perception subscales is matter (37.4), place (36.2), and object (36.8), with $P=0.01$. The emotion-focused therapy effect size for the pain metaphorical perception subscales is 0.52 for object, 0.55 for force, 0.56 for human, and 0.59 for causality.

Table 1) Emotion-focused therapy sessions according to Greenberg [10]

1	Statement of goals and rules of the group	• Introduction of therapist and group members. • Explanation of the general process of emotional therapy and the logic of working with emotions. • Explaining the importance of honest acceptance and empathy, and encouraging members to create a safe environment. • Explanation of chronic pain disorder and metaphors of pain and time. Pain is an obstacle; time is moving. • Conducting the pre-test.
2	Encouragement of members to talk about feelings and emotions caused by pain	• The enthusiasm of the members to talk about the problem that they joined the group to solve. • Providing focused attention, support, validation, and empathy for members' unpleasant feelings. Talking about emotions related to the metaphor of timed pain. • Expanding awareness of inner experiences.
3	Connection, agreement, and awareness	• Identification of occupational therapy focuses, which means the conditions of creation and underlying processes of clients' emotional problems, and implicit or explicit shared formulation about the treatment focus for each member. Discussing the metaphor of pain requires time and consideration of the emotions associated with it.
4, 5	Call, explore, and discover	• Arousing unpleasant feelings and painful experiences of members living in a therapy session. • Expressing negative feelings about acute and transient pain or persistent pain. • Paying attention to avoidances, interruptions, and emotional destructions and neutralizing them using emotion-focused techniques in this model of treatment.
6 & 7	Achieving emotional schemas	• Helping members to overcome primary feelings or underlying maladaptive emotional schemas. • Explaining the metaphor of long-term kinds of pain. • Persuading members to accept basic emotions and basic emotional schemas.
8 & 9	Emotional change and reconstruction	• Continuing to focus on accepting primary emotions and fundamentally incompatible emotional schemas. • Creating emotional metaphors of pain and time by the group. • Challenging incompatible beliefs and accepting and facilitating emotional schema reconstruction.
10 & 11	Encourage acceptance of needs.	• Helping to create new emotional responses to interpret changes in fundamental emotional schemas and metaphors. • Helping members create new meaning by organizing themselves. • Encouraging members to express their feelings and needs to one another in a safe group environment. • Supporting and validating the emergence of self-affirmation, self-soothing, self-empathy, and emotion regulation capabilities. • Encouragement to transfer the changes through metaphors made outside the group environment.
12	Help to consolidate the situation and new learnings.	• Talk about obstacles, setbacks, and conditions that may occur in the future and interfere with positive therapeutic achievements. • How to cope with and resolve them. • Discussion and review of the effective factors and triggers for the return and recurrence of the disease. Discussion and review of time and pain metaphors. • Talking about the end of the treatment and expressing the processing of feelings around it. • Post-test implementation.

The effect size for the emotion-focused therapy on time metaphorical perception subscales is 0.63, place 0.66, and object 0.64; these effect sizes indicate the meaningful

impact of emotion-focused therapy on pain metaphorical perception and time metaphorical perception subscales, as shown in Table 3.

Table 2) Descriptive Indices of variables in experimental and control groups

	Variables	States	Groups	Mean	SD	Shapiro Wilk	P	
Pain	Object	Pre-test	Experimental	27.43	1.26	0.163	0.062	
			Control	27.44	1.17	0.107	0.056	
		Post-test	Experimental	35.21	1.35	0.115	0.071	
			Control	27.45	1.12	0.125	0.032	
	Force	Pre-test	Experimental	28.21	1.44	0.142	0.064	
			Control	28.22	1.63	0.151	0.048	
		Post-test	Experimental	32.46	1.09	0.176	0.058	
			Control	28.25	1.27	0.153	0.051	
	Human	Pre-test	Experimental	27.24	1.69	0.124	0.042	
			Control	27.26	1.07	0.135	0.048	
		Post-test	Experimental	33.31	1.79	0.132	0.051	
			Control	27.16	1.01	0.146	0.059	
	causality	Pre-test	Experimental	28.37	2.69	0.161	0.051	
			Control	28.35	2.59	0.163	0.042	
		Post-test	Experimental	31.47	2.81	0.174	0.053	
			Control	28.34	2.54	0.189	0.060	
	Time	Matter	Pre-test	Experimental	22.09	1.65	0.174	0.058
				Control	22.07	1.64	0.174	0.061
			Post-test	Experimental	25.11	1.83	0.179	0.048
				Control	22.05	1.62	0.172	0.048
Place		Pre-test	Experimental	23.34	1.35	0.166	0.057	
			Control	23.31	1.33	0.164	0.056	
		Post-test	Experimental	25.67	1.56	0.162	0.052	
			Control	23.33	1.34	0.160	0.054	
Object	Pre-test	Experimental	31.24	1.67	0.167	0.056		
		Control	31.26	1.68	0.164	0.048		
	Post-test	Experimental	36.77	1.74	0.163	0.047		
		Control	31.25	1.65	0.168	0.063		

Table 3) Results of Univariate Analysis of Covariance on the Mean of Post-Test Scores of the Pain and Time Metaphorical Perception Subscales

Variables	Subscale	SS	SS Error	DF	MS	MS Error	F	P	Effect Value
Pain	Object	189.26	73.13	1	189.26	4.07	46.5	0.01	0.52
	Force	145.23	46.09	1	145.23	4.10	35.4	0.01	0.55
	Human	153.43	54.45	1	153.43	4.32	35.5	0.01	0.56
	Causality	157.83	46.75	1	157.83	4.61	34.2	0.01	0.59
	matter	136.78	51.09	1	136.78	3.65	37.4	0.01	0.63
Time	place	139.65	49.89	1	139.65	3.85	36.2	0.01	0.66
	object	147.62	52.23	1	147.62	4.01	36.8	0.01	0.64

Discussion

The purpose of the present study was to investigate the effectiveness of emotion-focused therapy on the metaphorical perception of pain and time in patients with musculoskeletal pain. As the results indicated, emotion-focused therapy increased pain perception (object, force, human, and causality) and time metaphorical perception (matter, place, and object) in patients with musculoskeletal pain.

These results are consistent with the findings of previous research [18, 20-25]. In the mentioned studies, it has been shown that emotion-focused therapy is effective on pain, pain perception, and the kind of emotions due to pain severity. In the mentioned studies, emotion-focused treatment is often considered for clinical communities, where the psychological aspects of the disease are given more weight than the physical aspects, such as headache, pain, and alexithymia.

However, in this study, we focused on musculoskeletal pain. Because the physical aspect of pain in these diseases is considered to be more significant than its psychological aspect, this study attempts to examine musculoskeletal pain from an interdisciplinary and innovative perspective. Metaphorical perception can form schemas or connect emotions with schemas. Therefore, this study adds a new dimension to the existing literature on emotion-focused therapy and pain and time management during chronic pain from a metaphorical perspective.

Another finding of this study is the relationship between emotion and time perception in therapeutic settings. However, in this study, musculoskeletal pain is examined from a different perspective. This point of view is completely cognitive and dependent on mental-verbal capacity, that is, metaphorical. The interdisciplinary perspective offers a metaphorical view with a new and accurate horizon that can influence the psychological aspects of pain perception and, consequently, the perception of time.

According to emotion-focused tasks (tasks that regulate emotional disturbances), some tasks address self-concern, rumination, perfectionism, and other symptoms to help patients change their thinking about how to manage pain [29]. Strategies (such as two-chair conversation and self-restraint) that target pain-onset syndrome categories are explained with detailed transcripts in treatment sessions for complete patients [30]. The primary goal of this treatment for pain perception is neither to reduce nor control emotions; instead, excitement increases in this type of treatment, leading to the organization of attachment behaviors [31]. Therefore, this treatment facilitates the achievement of emotional vulnerability for patients with powerful pain and emotional regulation. They guide emotional transformation processes and encourage them to create healthy interpersonal experiences [32]. Metaphorical perception becomes possible as a result of making healthy interpersonal experiences. In this therapy, patients become aware of the

metaphors associated with their time and pain and attempt to change the metaphors that represent their emotions. In this method of treatment, the therapist practices with his clients so that they can get closer and closer to the emotions caused by pain and tolerate them. This causes awareness of emotions caused by pain, which plays a significant role in emotional transformation [33]. This awareness of emotion leads to emotional regulation, which means that people are affected by their emotions but can easily experience and analyze them. It also means that a person knows when, where, and how to express their emotions instead of suppressing them. Since emotion-focused therapy involves the control and management of emotions, regulating these emotions will change and improve the patient's metaphors for pain and perception of time. In other words, emotion-focused therapy requires pain sufferers to express their feelings and emotions, which can help them become more aware of time and improve their expression through the use of metaphor.

This study has some limitations. One of the main limitations of this study was the perception of metaphors, as understanding and perception are subconscious, and during the treatment, understanding them required homework and training. Due to the recurrence of the disease, the patients could not fully cooperate. For this reason, we did not plan for a follow-up. For this reason, it is suggested that researchers teach metaphors for future studies and include them as an intervention protocol in their research.

Conclusion

The findings of this research emphasized that emotion-focused therapy increased pain (object, force, human, and causality) and time-metaphorical perception (matter, place, and object) in patients with musculoskeletal pain. As a result, by altering the metaphors of pain and time in patients, the interpretation of pain and its associated time can be modified. Cognitive and health therapists can use the data of this study in the treatment and interpretation of various kinds of pain that are rooted in our mental and psychological

settings. Therefore, this study offers new perspectives as an interdisciplinary investigation in the fields of psychology and medicine, particularly in the context of pain.

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Conflict of Interest: The authors declare that they have no conflict of interest.

Ethical Approval: Ethical principles in writing the article have been observed according to the instructions of the National Ethics Committee and the COPE regulations. All moral principles were respected. Written consent was obtained from all participants.

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