

Effectiveness of Metaphor therapy based on Metaphors of Hakim Nezami in Reducing Anxiety in Youth (A Case Study of the Impact of the Five Treasures Metaphors of Hakim Nezami Ganjavi on Youth Anxiety with a Metaphor Therapy Approach)

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Abstract

The aim of this study is to investigate the effectiveness of Hakim Nezami's metaphors in reducing anxiety in youth, in order to guide the minds of behavioral science specialists and helping professions to the point of how to use metaphors appropriate to the culture of the client while observing principles, so that in addition to treatment, the attractiveness of the sessions is also increased to encourage them to attend the sessions. 36 students with anxiety disorder were randomly divided into two groups: experimental and control. The research method was quasi-experimental. The research tool included an anxiety questionnaire (Beck,1988) and metaphors extracted from the collection of poems of Nezami's Five Treasures, as well as a metaphor therapy package, which was used in the experimental group. Data were analyzed using the Kolmogorov-Smirnov test and Shapiro test in SPSS software. The findings of the research showed that metaphor therapy using Hakim Nezami's metaphors leads to a significant reduction in anxiety in youth ($p < 0.05$).

Conclusion: It seems that metaphor therapy, by taking advantage of the metaphors of literary texts, can reduce the amount of anxiety while facing a person with problems and stimulating problems. In fact, by objectifying through metaphors, the therapist helps the client to overcome their anxiety.

Keywords: Metaphor therapy, anxiety, Nezami Ganjavi, youth

Introduction

Emotions play an important role in life and are somehow indicators of life's ups and downs. The presence of these is necessary to be aware of both the obvious and hidden currents related to them; because some of these emotions are calm and dormant like the sea waves, and others are a rage and flood that do not subside, but reacting to new life conditions, being rebellious and completely tolerant can lead to painful injuries and serious damages." (Dorzan, 2015). "In fact, every emotion tells a crucial story about how to spend your life. Meaning: Every emotion holds a story." One of these emotions is anxiety, which is considered a natural emotional reaction of the body in the face of conflicts and dangerous situations. Anxiety is a state that arises from the inability to cope with problems, shortcomings, and abnormalities in life. In other words, anxiety causes tension and discomfort in the individual and fear of what is about to happen." (Schultz, 2012).

Anxiety is one of the most prevalent emotions. In the dictionary, it means: movement, restlessness, wavering, threat, uncertainty; disturbance of mind due to fear or mental apprehension. (Dehkhoda, 1998). In psychology, it also signifies a mental preoccupation arising from fear, pain, torment, anguish, misery, pain of heart, melancholy, nausea, illusion, paranoia, concern, obsession, despair, grief, regret, restlessness in the behavior of every group of adolescents who have taken on the role of peers shows itself. For this reason, they are counted among the harmful diseases; because: "not only do they not possess themselves, but they destroy it." Therefore, the basis of anxiety causes a kind of internal fear that at times is a fear of severe intensity (Ganji, 2006), which can even cause disturbances in social and community functioning. In fact, in states of anxiety, feelings like worry, fear, terror, and rage exist. It is important to note that anxiety, in addition to mental symptoms, is also associated with a multitude of physical disorders (such as gastrointestinal disturbances: nausea and constipation, abdominal pain), stiff knees, neck muscles constricting. Based on this, physical signs of anxiety manifest in different forms and states. These symptoms can be divided into three categories: cognitive, behavioral, or physical symptoms.

Cognitive symptoms include: fear of the future, feelings of helplessness, fear of dying, negative attitudes towards oneself and others, etc. Behavioral symptoms also include the individual's reactions when infected, such as overeating, etc. External symptoms also include; physical characteristics such as sweating hands and feet, stuttering, shortness of breath, paleness, rapid heartbeat, high blood pressure, and headaches (Beck, 1967).

In today's world, where individuals face numerous challenges, anxiety has become a prevalent issue. According to the American Psychological Association,(2023) approximately 19.1% of people experience some form of anxiety disorder at some point in their lives, with the highest percentage affecting the youth. Anxiety initially manifests through symptoms such as shortness of breath and palpitations; however, on an emotional level, it also leads to a decrease in the individual's activity. If it persists for too long, it can cause serious disruptions in the daily lives of young people. Additionally, in anxiety disorders, the individual's mood becomes depressed and sorrowful. Feelings of anger may arise, and sensations of suffocation and extreme fatigue are also prominent characteristics

of this type of disorder (see: Schultz, 2012). Over time, with the progression of anxiety disorders, an individual may develop bipolar depression, leading to worries about their future and a loss of hope for life; in other words, anxiety has destructive effects on human thoughts. From this perspective, it poses a significant barrier to achieving goals and desires. The important point is that while it is not possible to completely suppress or eliminate anxiety, it must be reduced and managed in some way.

Diverse Treatments for Anxiety Reduction and Management To address anxiety, various treatments have been suggested and researched, each showing effectiveness in its own way. For example, Amimi and Kajibaf (2014) in their article "Effectiveness of Quality of Life Therapy on Anxiety and Depression Symptoms in Female Middle School Students" concluded that quality of life therapy is effective in reducing anxiety and stress. Another study, titled "The Effectiveness of Human Given Therapies (HGT) on Reducing Depression, Anxiety, and Irrational Beliefs in Divorced Women," by Kermani-Beldaji and colleagues (2019), demonstrated the impact of Human Given Therapies (HGT) on anxiety levels. They found that HGT, through focusing on changing thought patterns and emphasizing inherent resources, effectively reduced anxiety, depression, and irrational beliefs in divorced women. Cooler and Halahan (2014) examined the relationship between exam anxiety and academic performance in students, highlighting the effectiveness of skill development as a method for overcoming anxiety. Landrick and Santorli (2015) suggested meditation as a strategy for reducing anxiety. Meanwhile, Mesmer (2019) researched the use of art, play, and therapy for children with anxiety, finding that these techniques significantly reduced anxiety and interpersonal difficulties in children. Yanb and Mao (2020) discovered a significant correlation between spiritual intelligence and depression, aggression, hostility, anxiety, and self-deception in students. Kong and colleagues (2020) investigated the impact of meditation and mindfulness on mental health and anxiety. In another study, Hoffman and colleagues (2020) emphasized the effectiveness of Cognitive Behavioral Therapy (CBT) in treating anxiety and related disorders. Rachman (2020) explored cognitive approaches to anxiety treatment and recent developments in this field.

Anxiety and depression are complex emotional states in which cognitive appraisals, emotional responses, and physiological aspects are involved. Given the complexity of these feelings, they need serious attention, and can be described in several scientific languages at different levels. In other words, several nervous systems in the brain are stimulated by these emotions (Scherer & Moors, 2020). Therefore, a treatment method that can likely be effective in reducing anxiety is metaphor therapy.

Considering that in psychoanalysis, especially in classical approaches, attention is paid to the symbols and symbolic aspects of narratives, but Lacan, in his "Rome Discourse" presented in the 1950s, inspired by the linguist Roman Jakobson, considered the unconscious as more of a linguistic structure. In his theory, where psychoanalysis and linguistics have a close relationship, he gave special importance to metaphor and metonymy. Since then, psychoanalysts and psychotherapists have paid more attention to metaphors in their theorizing, in addition to symbols (. Stoddard & Afari.,2014) Torneke (2021) uses virtual language therapy exercises as a therapeutic component when explaining psychological problems in his therapeutic approaches. Given this issue,

therapists today are trying to use new methods, such as metaphor therapy, which is considered one of the modern therapies, to establish more communication and better treatment. Milton Erickson, an American psychotherapist and psychologist specializing in hypnosis and family therapy, emphasized the importance of using metaphors with patients and utilized it as an indirect method for suggestion (Erickson, Rossi, 2015). Minuchin and Fishman (2014) and Jay Haley (Haley, 2015) also provided metaphorical assignments to their clients in addition to using metaphors. According to Steven Hayes, "psychotherapists without metaphors are like plumbers without tools" (Torneke quoting Steven Hayes, 2021). Kopp (1995) also considers metaphor therapy a type of cognitive behavioral therapy, where metaphors are introduced as a tool to assist individuals (Kopp, 1995). In fact, they try to create space for patients to understand themselves by using metaphors in psychotherapy content. Because when the topics of treatment are presented verbally, they do not have any particular appeal and attractiveness and do not lead to a deep understanding of the concepts, but if figurative language enters the treatment process, not only does it affect the effectiveness of the treatment, but it also causes a deep understanding and accurate perception of the concepts, and saves and retrieves them.

The use of metaphor in Behavioral sciences and helping practitioners. and the therapeutic process makes it possible to present tangible and close interpretations and interpretations of reality within the context of communication (Baba Safari, 2006). In fact, with the help of metaphors, mismatched data from two linguistic categories can be transferred from a more abstract psychoanalytic system to a more objective psychoanalytic system. In other words, with metaphorical words, abstract concepts can be described to the patient (client) in a better and clearer way (Blenkiron, 2011); Because, on the one hand, they consider metaphor to be based on similarity and define it as being based on the simile of two things that apparently have little to do with each other. On the other hand, metaphorical thinking is a fascinating way to cultivate creative thinking that connects two different worlds of meaning. Thinking metaphorically allows us to perceive similarities between seemingly disparate things. Moreover, metaphors can enhance conversations and leave a profound impact on listeners. Generally, they can be instructive and inspiring, sometimes acting as guides and fostering connection (Farzangan, 2021). Although we might often overlook the presence of linguistic metaphors, their prevalence in speech is undeniable. Research indicates that approximately 77% of speech consists of metaphors (Cameron, 2000). This is why helping practitioners, compared to other scientists in experimental fields, tend to utilize metaphors more frequently (Stoddard & Afari, 2014). This is because thoughts, emotions, and motivations remain elusive and resistant to scientific analysis due to their inherent complexity and connection with consciousness and memory. Therefore, helping practitioners resort to metaphors to bridge this gap and gain deeper insights into these phenomena. As many of the processes helping practitioners study are not directly observable, they often rely on metaphorical models to understand them (Ghasem-zade, 1999). This allows them to draw conclusions about a situation that are internally consistent, enabling them to predict and suggest behaviors that align with each other. Maintaining a coherent perspective on the world, having a set of expectations and assurances regarding what should be done, provides a sense of peace and stability (Lakoff & Johnson, 1980). From a linguistic perspective, metaphor has been empirically tested,

and these experiments demonstrate that many of our experiences and activities are inherently metaphorical, and a significant portion of our conceptual system is structured through metaphors (Lakoff & Johnson, 1980). Therefore, the linguistic view of metaphor is psychologically acceptable; it holds psychological validity. Metaphor, due to its psychological reality, can be a crucial tool not only in generating new words and phrases but also in organizing human thought (Ghasem-zade, 1999). To the extent that even problem-solving challenges like anxiety can be addressed through metaphorical thinking. This can be achieved by identifying an appropriate metaphor for the issue at hand and elaborating on it to generate novel ideas for its resolution.

The metaphors used in literary works, particularly those found in the Five Treasures of poet Nezāmi Ganjavi, are a rich source of wisdom on spiritual, moral, and emotional themes that resonate with the human experience. From this perspective, these poetic metaphors can serve as valuable tools for exploring vulnerable aspects of emotions like anxiety and various psychological and behavioral issues, particularly among young people. Metaphors have proven effective in both individual and group therapy. However, since some mental health challenges are inherently societal, affecting individuals differently (e.g., obsessive-compulsive disorder, stress, anxiety, despair, anger) group therapy using metaphors can be particularly beneficial. These shared metaphors allow each participant to relate to the discussion and collectively work towards overcoming these issues. As Corman & Angus (2000) found in their study "Metaphors as Indicators of Change", during group therapy sessions, metaphors like "heavy burden" often transform into "released from burden" by the end of sessions, reflecting a shift in emotional state (Isazadeghan, 2012).

One of the concepts that Nezami expresses using metaphor is emotion and feeling. Given the fundamental issue in metaphor, which is connection, these metaphors must establish a relationship between two existing and independent conceptual domains. In other words, conceptual metaphors allow us to use terms from one domain, such as "fire," to discuss another domain, such as "anger" (Kovecses, 2019).

For example:

"Or we leap into the air from joy,
Desiring to escape from his place, Khosrow.
... When they reached the playing field."
"I had a good dream about your fortune,
The path of reason was now a master.
The fairy-like ones leaped with joy." (Nezami Ganjavi, 2007)
"From that joy, I rose to the heavens."(same, 351)
Or our faces become radiant,
Why does the face of one who became a treasure-finder
... The fairy-faced one recounted her state,
When they handed a flower to her beloved.
When Shirin saw that the king's letter had come,
She bloomed with joy like the sun,
From joy, the king's face blossomed like a flower.
Her face became radiant with joy like spring,

Her face shone with joy like the moon."(Same, 361)

We may also be filled with happiness or bear the burden of sorrow, be shaken sensorially, be stimulated or discouraged, be engulfed by pride or feel empty and laugh. At times, we may vent our anger, thirst for love and burn in pursuit, or even experience love's pain like a stone that crushes and destroys one's existence.

"Like clay fallen on stone,

His pure body has turned into pain.

Another stone has fallen upon his heart,

Crushed beneath two stones."(Nezami Ganjavi, 1997a)

Or a person may burn and melt like a candle in the fire of love.

"Like a candle left to melt,

With a bird left from its mate."(same)

In the above examples, jumping for joy or boiling with anger or igniting with the fire of rage, etc., fall under the category of "emotions are forces." In fact, emotions are a domain that we often discuss with the help of metaphors. It may be assumed that the truth that emotions are often important for therapeutic work is because metaphors are frequently used in therapeutic conversations and in most other situations where we communicate with one another. In other words, emotions provoke the subject of metaphors for discussion; because metaphors create a state, emotion, or cognition and subsequently provide an individual with a new perspective through a conscious message.

Considering that therapeutic metaphor is an indirect method for changing behavior, mood, physiological processes, imagery, perception, cognition, and the inner dialogue of the patient. According to Milton Erickson, "Metaphors can make behavioral, conceptual-cognitive, or emotional changes easier just like hypnotic suggestions" (Erikson Rossi, 2015). For this reason, psychotherapists strive to unconsciously use metaphors that relate to human perceptions.

Therefore, due to the emotional turmoil that a client or patient experiences when visiting a psychotherapist, it seems that using language that can more easily and objectively describe feelings with its vocabulary increases individuals' self-confidence. "For example: I am like a ship stuck in mud. I am like a coiled spring. My life resembles a smoky lantern. I have reached the end of the line; there is fire beneath my ashes."

Nezami also uses figurative language in his collection "Five Treasures" to express the emotions of anger, sadness, despair, depression, and anxiety of individuals experiencing mental crises. For instance, in the poem "Khosrow and Shirin," he depicts Shirin's sorrow in Khosrow's separation as follows:

"The ambush of sorrow came upon the heart,

The ambushers of suffering lay in wait.

From the depth of my liver to my heart,

It fell broken upon the battlefield of my heart.

The bearers of endurance were broken,

Plundered was treasure upon treasure." (Nezami Ganjavi, 2007)

According to therapists' viewpoints, there are two types of metaphors encountered during therapy sessions: one type consists of metaphors used by the patients themselves during the conversation ("I'm drowning," "from headache to collapse"), which can be termed

"patient-generated metaphors," revealing their primary concerns regarding their lives. Therapists can leverage these metaphors as a starting point for further exploration, aiding patients in expressing their feelings and cultivating self-awareness.

There is another type of metaphor that the psychotherapist introduces into the therapeutic conversation with clients. These metaphors are referred to as "ready-made" metaphors. In fact, this type of metaphor demonstrates the initiative of the psychotherapist, which can be appropriately brought into the treatment process during the conversation with the client (patient). If the client (patient) also finds that metaphor meaningful and suitable for their current situation, they can expand upon it based on their own position, so that changes can be made in their current state. In this way, the client (patient) attaches themselves to a specific part of the metaphor. And in comparison, they either deal with something new or adapt and reconcile themselves with it (Torenecke, 2021).

"Based on this, the extracted metaphors from the works of Nezami are also considered to be ready-made metaphors; furthermore, they enrich client's issues are made more concrete, which helps them think better and surrender concepts to patients and let them make the right choice. In other words, metaphors in psychotherapy sessions can express something that the patient is expressing metaphorically and with a different meaning than what is perceived. Therefore, using this tool (metaphor), the psychotherapist will be able to express new conditions. The current research is based on this; with the aim of investigating the effectiveness of therapeutic metaphors in reducing and managing anxiety.

Methodology

The research method is a quasi-experimental of the pre-test and post-test type, using two groups: an experimental group and a control group. The statistical population of this section, according to the research objective, which are young people, consists of undergraduate students in the fields of technical engineering, agriculture, and statistics in the second semester of the academic year 2023-2024. Their average age was approximately 19-22, and they were selected purposefully.

First, the Beck Anxiety Inventory was used to measure their anxiety levels. Accordingly, they were asked to complete this questionnaire if they were willing and consented. Out of 75 people, 60 were present to participate in the test. The responses and scores obtained showed that the 36 people who answered the questionnaire had higher levels of anxiety compared to the rest. For this reason, this number was selected to continue the metaphor therapy process. Then, 36 people were randomly divided into two groups: an experimental group (18 people) and a control group (18 people). The metaphor therapy sessions were conducted over 7 sessions (one session per week) lasting 60 minutes and in a group format.

The sessions worked in a way that, like experiential therapists, moved away from traditional teaching and conversation common in therapy rooms. Instead, they utilized the method of confronting experiences. By employing metaphors found in the poems of the wise poet Nezami Ganjavi, they aimed to objectify anxiety and its effects. In reality, patients were encouraged – not only during sessions but also outside of them – to observe, experience, and connect with their negative thoughts and emotions as they arose. This

way, after recalling a difficult or painful memory, they would be prompted to make room for a painful emotion; because according to therapists, confronting one's feelings is part of the treatment models for nearly all types of psychological problems (Stoddard & Afari, 2018).

Therefore, in this research project, to incorporate Nezami's metaphors into therapy sessions, used methods like those of therapist Kopp, 1995), who outlines seven essential stages for exploring and changing a patient's metaphors. These stages are as follows:

Stage 1: Paying attention to metaphors

Stage 2: Describing the mental image of metaphors

Stage 3: Discovering the metaphor as a sensory mental image

Stage 4: Describing feelings accompanying the metaphor

Stage 5: Changing and shifting the mental image of the metaphor

Stage 6: Connecting between the metaphor and the problematic situation

Stage 7: Connecting the changed metaphor with the patient's current situation (Koop, 1995).

It can be said that other therapists, particularly metaphor-based therapists, have incorporated these stages into their teaching and therapeutic sessions. This research project followed suit, structuring the therapy sessions into 7 sessions of 60 minutes each, modeled after these stages. However, a crucial point is that, considering the specific objective and source of this research, and consultation with therapists, modifications were made to the session content. Firstly, Nezami's metaphors deemed clinically significant were identified and categorized based on themes. Then, the therapist would introduce a portion of the patient's issue by relating it to a chosen metaphor. It is important to note that these metaphors were selected to ensure participants could relate their experiences to them.

Therapist (Dr Hosein Ghamari Psychologist) skillfully incorporated metaphors into their conversations, guided by the topic at hand, constantly reminding participants to work with these metaphors and attempting to expand and deepen them through questions related to consequences and feelings. It's also worth noting that metaphors can aid in veiled communication; sometimes, a metaphor conveys intent indirectly. In therapy sessions, using pre-existing metaphors from Hakim Nezami allows individuals to express their thoughts, feelings, and emotions indirectly, without feeling shame or embarrassment. For example, a patient could use these metaphors to discuss issues, even emotional ones, for hours. A crucial aspect of this method is the therapist establishing a strong connection with the patient. Utilizing metaphors in therapy sessions can expedite this connection. However, the ultimate aim of therapists is to potentially increase the patient's connection with matters that are important to them, serving as a potential catalyst for change.

Finally, these sessions teach patients, through metaphor usage, to observe both understandable events (both internal and external), including thoughts, feelings, and emotions, objectively. As Stoddard and Afari (2014) put it, "Metaphorically speaking, this process widens the filters language creates, enabling a more direct experience."

The metaphors are provided in the table below, along with the verses in the table below.

Metaphor	Couplet
Anxiety is part of body human's/ Anxiety is the hair	When your hair becomes unruly Like a bird tied to a tether
Anxiety is the hair /. restless Anxiety is the	Fallen like his own hair in the breeze Worried and sleepless and restless
Anxiety is a rapid heartbeat	His heart has sunk, deep in the mire. He laid his hand on his chest
Anxiety is a bird /Anxiety is a half-dead bird .Anxiety is a broken-winged bird.	As a bird, halfway killed, rising and falling From narcissus to shimmering light
.Anxiety is Snakes	As if feverish from the heat of my being at night I coil and writhe like a scorpion-bitten snake
Anxiety is Snakes	Never was there a time without remembering my beloved And from this thought it would it writhe like a snake
Anxiety is Snakes Anxiety is a broken-winged bird.	Restless like a snake on its torn flesh Singless like a bird with its wing clipped
Anxiety is a slaughtered lamb	As a lamb that has been slain, Lies still and beats its hands and feet
Anxiety is an insect / Anxiety is an ant.	I'm restless like an ant, Until it brings sugar away from me
Anxiety is matter /Anxiety is quicksilver.	Majnun's heartbroken like quicksilver With those two or three companions who are hard to please
Anxiety is gold mixed with quicksilver	Khusraw's heart shines on it like the moon Just as gold mixes with mercury
Anxiety is matter within the container	Like water that the wind makes restless It keeps running to and fro on the shore
Anxiety is an instrument /Anxiety is a ball	Sometimes like a ball it rolls everywhere Sometimes like a bent polo mallet
Anxiety is darkness	The night of separation boils like a cauldron Majnun's heart burns from its heat
Anxiety is an obstacle /Anxiety limitation and imprisonment	To the prison of love, Majnun was bound With shackles on his feet and strings in his heart
Anxiety is a shackle	To the shackles of love, Shirin has bound her hands and feet With the dagger of deceit in a hardened heart

a) Beck Anxiety Inventory: This is a self-report questionnaire used to measure the severity of anxiety in adolescents and adults. The Beck Anxiety Inventory (BAI) consists of 21 items, where participants choose one option from four for each item, indicating the intensity of their anxiety. Each question uses a four-point scale ranging from 0 to 3. The items describe various common symptoms of anxiety: mental, physical, and fear-related (Beck et al., 1988).

The total score for this questionnaire ranges from 0 to 63. In Khaneipour et al.'s study (2011), the internal consistency reliability of this test using Cronbach's alpha was 0.66. Its validity, measured through internal consistency in studies with adults, university students, and Nezami recruits, ranged from 0.95 to 0.86. Test-retest reliability for schoolchildren was reported at 0.77 and for university students at 0.70 (Anthony et al., 2002, as cited in Khaneipour et al., 2011). In Iranian standardization, the test-retest reliability for the anxiety scale ranged from 0.65 to 0.86 and Cronbach's alpha for the state anxiety subscale was 0.92 (Mehram, 1994, as cited in Khaneipour, 2011). This questionnaire served as the pre-test and post-test measurement tool in this research.

b) Metaphors extracted from Nezami's Panjgan: These metaphors, focused on anxiety themes, were utilized as the intervention for the experimental group.

c) Program of Sessions; a Summary of Each Session.

Program of Metaphor-Based Therapy Sessions for Anxiety Reduction

Session	Content
Session 1	Introduction and getting to know each other within the group to establish a therapeutic relationship. Explanation of group principles and regulations. A brief introduction to metaphor and familiarity with metaphor therapy, highlighting its benefits compared to other psychotherapy methods. Defining the session's goals and main themes, as well as an exchange of opinions about future sessions.
Session 2	Discussing anxiety and the factors that contribute to it. Explaining the harmful consequences if this condition persists. Introducing Hakim Nezami Ganjavi and his works. Highlighting the role of Nezami's metaphors in treatment and suggesting their use as interventions in sessions.
Session 3	Understanding one component of anxiety: cognitive symptoms such as fear of the future, negative thoughts about oneself, the world, and the future, and lack of focus. Applying metaphors related to this topic. Discussion and conclusion.
Session 4	Presenting information on behavioral symptoms of anxiety. Examining group members' reactions when experiencing anxiety. Introducing metaphors relevant to this topic. Summary.
Session 5	Presenting physical symptoms of anxiety (sweating, stuttering, shortness of breath, paleness, muscle spasms, chest pain, high blood pressure and sudden headaches). Discussing these with the help of Nezami's metaphors about how they change when someone is anxious.

	Applying metaphors from this session. The goal: helping to solve the problem of anxiety by objectifying it through metaphors.
Session 6	Examining metaphors for anxiety and using a story from Nezami's work to shift perspectives on situations and triggers that cause anxiety. Question and answer session.
Session 7	Summary of all sessions, preventive measures, and administration of post-test.

The first session was dedicated to getting acquainted and establishing a therapeutic relationship. Participants were first asked to introduce themselves, sharing their names and briefly mentioning their interests and concerns. Then, the therapist and researcher provided some information about the reasons for holding the sessions, the nature of the program, and the therapeutic approach used (metaphor therapy). The importance of using metaphors in psychotherapy and their ability to create a deeper connection and understanding of thoughts and feelings was discussed. Furthermore, an introduction to Hakim Nezami Ganjavi, his poetry's characteristics, and the metaphorical roots in his works were explored. Each session followed a pre-determined program, providing participants with metaphors that would be used gradually to better understand themselves and their anxiety as therapy progressed. Concurrently with these sessions, a control group of individuals, equal in number to the treatment group, met with the therapist for discussions about anxiety. However, this group did not use any metaphors. Finally, data from both groups was analyzed and compared using the T-test statistical method to determine the effectiveness of metaphor-based therapy.

Considering that the method of analyzing Nezami's metaphors in therapy sessions is based on three principles:

1. **Functional Analysis:** In this case, the therapist begins their work with the main topic of the expressed metaphor. The goal of this analysis is to clarify and specify the connection between what the client is doing and its outcome, meaning the relationship between the source and the goal.
2. **Determining Observational Distance:** This fact indicates that both the situation and the action expressed metaphorically reveal a possible observational distance. The third aspect is clarifying what is important in life and which concrete steps can be taken in that direction. Accordingly, we selected the metaphors for each session in such a way that participants could easily recognize their experiences within those metaphors. For instance, with the metaphor "anxiety is a snake," they realize that this is a description they experience when anxiety overwhelms them, and finding such a source naturally requires a relatively good level of knowledge and awareness from the participants. Therefore, the source of the snake related to anxiety and its associated harms is easily identifiable for them. If there happens to be someone among the participants who has experienced this state, they can establish a connection between this metaphor and their own anxiety. In fact, in these sessions, the therapist seeks to describe the source of the metaphor (the snake) by presenting various concrete scenarios; the more the source is embedded in the client's experience, the better. Thus, it is necessary for the source of the metaphor to

correspond with their main objectives. It seems essential to mention a few other points here:

First, although three or four metaphors were determined for each session, there were times when a single metaphor covered an entire session, and the other metaphors were not utilized. Another point is that sometimes the phrases and remarks made by participants regarding anxiety would determine the type of metaphors for that session; in other words, we used metaphors as a new topic to start the session.

To facilitate clients' connection with metaphors, it is essential to use present tense in the narratives, encouraging clients to bring the metaphor into the here and now. This approach prompts them to describe their current thoughts, feelings, and emotions instead of getting lost in the content of past events or fears and anxieties about the future. This practice helps clients observe the sequence of events as a formal functional assessment, while highlighting the tangible characteristics of that experience. The use of these metaphors reduces participants' resistance to the therapist. In fact, they are allowed to compare their feelings of anxiety—meaning the visible signs of their anxiety—with these metaphors and express their anxiety in a more externalized manner. The ultimate goal of this approach is to assist participants in recognizing the connection between the presented metaphor and their own situations during emotional behaviors (anxiety), enabling them to observe the consequences and problematic outcomes they experience when these emotions arise through the objectification provided by the metaphors and the stories embedded within them. Ultimately, it aims to help participants acquire skills that enable them to manage and, in some way, control these emotion

Findings

This section of the research presents findings to demonstrate the effectiveness of metaphors on anxiety in young adults, divided into three parts:

1. Demographic Information of Participants:

This section provides demographic information about participants in both groups (treatment and control), such as age, gender, educational level, and socioeconomic status. This ensures that both groups are comparable across fundamental characteristics.

2. Descriptive Findings:

This section presents quantitative and qualitative data regarding anxiety levels before and after intervention in each group. For example, it might include the average and standard deviation of anxiety scores in each group before and after treatment, relative changes in anxiety levels, and descriptions of behavioral or emotional patterns exhibited by participants.

3. Findings Related to Hypotheses:

This section analyzes and interprets findings based on the research hypotheses. For instance, does a statistically significant difference exist in anxiety levels between the treatment group (who used metaphors) and the control group (without metaphors) after the intervention? This analysis utilizes appropriate statistical tests.

Descriptive Findings

Table 1

Table 1: Number, Mean, Standard Deviation, and Standard Error of Test Scores in Pre-Test and Post-Test Differences						
	Number	Minimum	Maximum	Mean	Standard Error	Standard Deviation
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic
Test Group	18	00/14-	00/15	889/4	7673/1	7/4981
Control Group	18	00/6-	00/2	7222/1-	5874/0	2/3232
Valid Count/List	18					

This table contains information about test scores in pre-test and post-test for two groups: experimental and control. The sample size in both groups is 18 individuals, indicating a direct comparison between the two groups. Mean Scores: The mean score of the experimental group (7.4981) is significantly higher than that of the control group (2.3232), indicating better performance of the experimental group in the tests. Standard Deviation: The standard deviation in both groups is relatively high, especially in the experimental group, which may indicate a high level of variability in scores within this group. The maximum score in the experimental group is significantly higher than the maximum score in the control group, while the minimum score in the experimental group is also lower than the minimum score in the control group. Standard Error: The standard error is also higher in the experimental group compared to the control group, which may suggest a lack of consistency or significant variations in the test scores of the experimental group.

1- Examination of the prerequisites of parametric statistics:**2-1. the dependent variable must be continuous (interval or ratio):**

Data in this study are presented as ratios, therefore it meets this requirement.

2-2. Observations must be independent of each other:

Given the sampling method where participants voluntarily joined the study, this assumption is also presumed.

2-3. The dependent variable should be approximately normally distributed:

To check for normal distribution, the Kolmogorov-Smirnov test and Shapiro-Wilk test were used. A p-value greater than 0.05 indicates that the data meets the assumption of

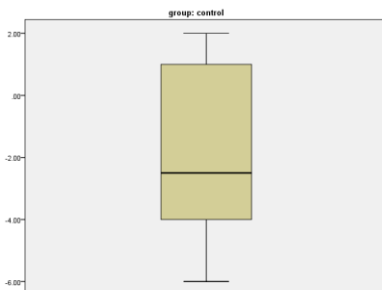
Table 2: Normality Test Results

	Shapiro-Wilk		Kolmogorov-Smirnov			
	Statistic	Df	sig	Statistic	Df	Sig
Test Group	0/924	18	0/155	0/175	18	0/150
Control Group	0/908	18	0/078	0.196	18	0/196

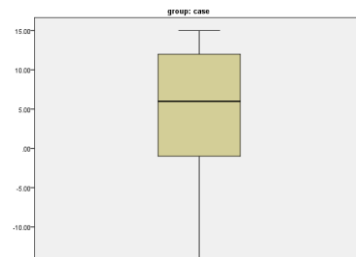
normality.

Table 2 shows that the significance level for the experimental group, in both the Kolmogorov-Smirnov and Shapiro-Wilk tests, is always greater than 0.05. Also, the significance level for the control group in both of these tests is more than 0.05. Therefore, it can be concluded that the data of both groups are normally distributed.

2-4. the dependent variable should not contain any missing values.



Box plot for the control group (Shape 1)



Box plot of the experimental group (Shape 2)

Shapes (1) and (2) indicate that there is no missing data among the experimental group and control group subjects. Since all four prerequisites for using the paired t-test are met, this test can be used to examine the difference in means between the two groups: the experimental group and the control group.

2- Hypothesis Testing:

Hypothesis: The true mean difference between paired samples is not equal to zero; meaning there is a statistically significant difference between the experimental and control groups. To examine the effect of the intervention and compare it between the groups that received the intervention (metaphor) and the group that did not, we subtracted the posttest scores from the pretest scores for each participant. This resulted in a

"difference score" for each individual. Statistical Test: An independent samples t-test was used to examine the difference in means between these difference scores in the experimental and control groups.

Table 3 Group Statistics						
Standard Error on the mean	Standard Deviation	Mean	Number	Group		
1/767	7/498	4/88	18	Test Group	Difference Scores (Pretest – Posttest)	
0/587	2/722	1/72-	18	Control Group		

Table 3: Table (3) presents the descriptive statistics related to the difference in pre-test and post-test scores for both the experimental and control groups. As previously mentioned, the sample size for each group consists of 18 participants, which is adequate for statistical analyses. The experimental group shows a significant increase in post-test scores with a mean of 4.88, while the control group has a mean score of -1.72, indicating a decrease in scores within this group. This suggests that the control group not only did not make progress but, on average, experienced a decline in their scores. The standard deviation is higher in the experimental group (7.498) compared to the control group (2.722), indicating greater variability in the scores of the experimental group. This means that some participants in this group may have experienced more significant changes. The standard error of the mean is also greater in the experimental group (1.767) than in the control group (0.587). This may be due to the higher variability in scores within the experimental group and indicates greater uncertainty in estimating the mean scores for this group. In conclusion, this table illustrates that the experimental group has made significant average progress, while the control group shows a decline in scores. This difference may indicate the impact of the intervention, specifically the Nezami's metaphors used in the experimental group.

Table (4): Independent Samples Test

t-test for Equality of Means						Levene's Test for Equality of Variances		Sig	F	
95% Confidence Interval of the Difference		Standard Deviation	Mean Difference	Sig(2-tailed)	Df	T	Sig			F
Upper	Lower									
2/826	1/862	6/611	0/001	34	3/550	0/005	8/848	Variance Equal Assumed	Difference of pre-test and post-test scores	
2/734	1/862	6/611	0/002	20/712	3/550		Variance Equal Not Assumed			

Table 4 shows a significant difference between the mean difference scores of the two groups ($t=550/3$, $P>0.05$). This means that the two groups have a statistically significant difference in their scores.

Now, to investigate the effect of the intervention within each group, a paired t-test will be used for each group. The aim is to determine whether there is a statistically significant difference between the mean pre-test and post-test scores within each group separately.

"Statistically significant difference" means that the difference in scores between the two groups is not random, but is likely due to the effect of the intervention.

A paired t-test is used to compare the means of two measurements on the same subjects (e.g., pre-test and post-test). The Levene's test was conducted to examine the assumption of equality of variances between the two groups. Since the p-value (0.005) is less than 0.05, the assumption of equal variances is rejected. The t-value is 3.550, indicating a significant difference between the two groups. The p-value (0.002) is also less than 0.05, thus the null hypothesis (no difference in means) is rejected, suggesting that there is a significant difference between the scores of the two groups. The difference in mean scores between the two groups is 6.611, indicating that the experimental group scored, on average, 6.611 points higher than the control group. The 95% confidence interval for the mean difference ranges from 2.826 to 10.395. Since this confidence interval does not include zero, it further confirms the existence of a significant difference between the two groups. Therefore, based on the results of Levene's test and the t-test, it can be concluded that the intervention used in the experimental group had a positive effect on scores, and this effect is significantly observable compared to the control group. Thus, the research hypothesis stating that the experimental group has made greater progress than the control group is confirmed.

Table (5): Paired Sample Statistics

Group		Mean	Number	Standard Deviation	Standard Error
Test Group	Pre-test	18/00	18	8/029	1/893
	Post-test	13/11	18	7/272	1/727
Control Group	Pre-test	24/83	18	15/693	3/699
	Post-test	26/56	18	14/581	3/437

Table (5) shows the means, standard deviations, and standard errors for pre-test and post-test scores in both the experimental group and the control group. In the experimental group, the mean score of the pre-test (18.00) is higher than the mean score of the post-test (13.11). This indicates a decrease in scores after the intervention, which may be attributed to a negative impact of the intervention or other factors. The standard deviation and standard error also indicate variability in scores within this group. In the control group, the mean score of the pre-test (24.83) is lower than the mean score of the post-test (26.56). This indicates an increase in scores in this group, which can be attributed to natural reasons or a learning effect. The standard deviation and standard error in this group are also high, indicating variability in scores among individuals in this group. Consequently, in the experimental group, a decrease in scores after the intervention (metaphorically) is observed, while in the control group, an increase in scores is present.

Table (6): Paired Sample Correlation

Group		Number	Correlation	Sig
Test Group	Paired Pre-test	18	0/529	0/024
	P Paired post-test			
control group	Paired Pre-test	18	0/989	0/000
	P Paired post-test			

Table (6) shows the correlation between pre-test and post-test scores for each group separately. In the experimental group, the correlation of 0.529 indicates a moderate positive relationship between pre-test scores and post-test scores ($p < 0.05$, $r = 0.529$). This means that individuals who scored higher on the pre-test also achieved higher scores on the post-test. Additionally, the significance value of 0.024 is less than the threshold of 0.05, indicating that this correlation is statistically significant. Therefore, it can be

concluded that the changes in pre-test and post-test scores in the experimental group are likely due to the intervention that took place. In the control group, there was also a significant correlation between pre-test and post-test scores ($p < 0.05$, $r = 0.989$). The significance value of 0.000 indicates that this correlation is highly statistically significant, and it is likely that due to the absence of any specific intervention in this group, the pre-test and post-test scores have remained stable naturally.

Table (7): Paired Samples Test

		Difference scores							
		95% Confidence Interval							
Group		Mean	Standard Deviation	Standard Error of the Mean	Lower	Upper	T	df	Sig.(2-tailed)
Test Group	pre-test	4/889	7/286	1/767	1/160	8/618	2/766	18	0/013
	post-test								
control group	pre-test	-1.722	2/492	0/587	2/962	.0/483	-2/932	18	0/009
	post-test								

Table 7 shows that the effect size in the experimental group was significant ($p < 0.05$, $t = 2.766$), and the effect size in the control group was also significant ($p < 0.05$, $t = -2.932$). The mean difference between pre-test and post-test scores was 1.767, indicating that, on average, participants in the experimental group performed better in the post-test compared to the pre-test. The standard deviation of 4.889 indicates variability in scores among participants. The Standard Error of the Mean (SEM) is 1.160, which provides an estimate of how much the sample mean is expected to vary from the true population mean. The T value of 2.766 represents the ratio of the difference between group means to their variance. The degrees of freedom (df) is 18, calculated as the number of pairs minus one ($n-1$). The significance (Sig. 2-tailed) value is 0.013, which is less than the conventional alpha level of 0.05, indicating a significant difference between pre-test and post-test scores for the experimental group. The 95% confidence interval ranges from 0.483 to 2.962, suggesting that with 95% confidence, the true mean difference falls within this range. In the control group, the mean difference is -1.722, indicating that, on average, participants in this group performed worse in the post-test compared to the pre-test. The standard deviation of 2.492 shows less variability compared to the experimental group. The SEM is 0.587, indicating a smaller margin of error than in the experimental group. The T value is -2.932, indicating a significant difference in means, but in this case, it reflects a decrease in performance. The degrees of freedom (df) for the control group is also 18. The significance (Sig. 2-tailed) value is 0.009, which is also less than 0.05, indicating a significant difference between pre-test and post-test scores for the control

group. Although not explicitly provided, it can be inferred that since the mean difference is negative and significant, the confidence interval likely falls below zero, indicating a decline in performance. In summary, the experimental group shows a significant improvement from pre-test to post-test, while the control group demonstrates a significant decline in performance. Both groups exhibit significant results ($p < 0.05$), but these results indicate opposing trends in performance. This analysis suggests that the intervention applied to the experimental group was effective, while factors affecting the control group may have led to decreased performance.

Table (8)

Table (8): Within-Subject Factors	
Time	Dependent Variable
Test 1	Pre-test
Test 2	Post-test

Table (8) displays our independent variables.

Table 9: Descriptive Statistics

	Group	Mean	Standard Deviation	Number
pre-test	Test	18/00	8/029	18
	control	24/83	15/693	18
	Total	21/42	12/765	18
post-test	Test	13/11	7/372	18
	Control	26/56	14/581	18
	Total	19/83	13/272	18

Based on the above table, the number of observations, means, and standard deviations of anxiety test scores, which is considered the dependent variable, are presented for both groups (before and after intervention). Thus, the pre-test mean scores for the experimental group is 18.00, with a standard deviation of 8.029, indicating a relatively high variability in scores within this group. The pre-test mean scores for the control group is 24.83, with a standard deviation of 15.693, indicating even greater variability compared to the experimental group. The overall mean scores for the entire sample is 21.42, with a standard deviation of 12.765, reflecting the variability of scores across the whole sample. In the post-test for the experimental group, the mean score is 13.11, which indicates a significant improvement compared to the pre-test. The standard deviation is 7.372, showing the variability of scores in this group after the intervention.

For the control group, the post-test mean score is 19.83, indicating a decline in performance compared to the pre-test. The standard deviation is 13.272, reflecting the variability of scores in this group after the non-intervention period. The overall post-test mean score for the entire sample is also 19.83, with a standard deviation of 13.272, similar to that of the control group, indicating variability in scores across the entire sample after testing. In conclusion, the improvement in the experimental group: the increase in mean scores from 18.00 to 26.56 in the experimental group demonstrates the positive impact of the intervention on this group's performance. The decline in the control group: the decrease in mean scores from 24.83 to 19.83 in the control group indicates a lack of positive influence and may even suggest a reduction in motivation or other factors. Variability in scores: the different standard deviations at both stages indicate individual differences in participants' performance.

Table (10): Within-Subjects Effects Test

						Effect size
Sig.	F	Mean Square	Df	Type III Sum of Squares		Source
0/098	2/891	45/125	1	45/125	Sphericity Assumed	Time
0/098	2/891	45/125	1/000	45/125	Greenhouse-Geisser	
0/098	2/891	45/125	1/000	45/125	Huynh-Feldt	
0/098	2/891	45/125	1/000	45/125	Lower-bound	
0/001	12/601	196/681	1	196/681	Sphericity Assumed	Group * Time
0/001	12/601	196/681	1/000	196/681	Greenhouse-Geisser	
0/001	12/601	196/681	1/000	196/681	Huynh-Feldt	
0/001	12/601	196/681	1/000	196/681	Lower-bound	
		15/609	34	530/694	Sphericity Assumed	Error Time

15/60 9	34/00 0	530/694	Greenhou se-Geisser
15/60 9	34/00 0	530/694	Huynh- Feldt
15/60 9	34/00 0	530/694	Lower- bound

Table (10) shows that the effect of time is not statistically significant ($p > 0.05$, $F = 12.602$). The effect of time in this study does not indicate significant changes in scores over time. In other words, the changes in scores over time alone are not significant.

However, the interaction effect between time and group is statistically significant ($p < 0.01$), indicating meaningful changes in scores based on time and type of group. This means that the impact of the intervention on the experimental group was different compared to the control group. The results suggest that while the effect of time alone is not significant, the interaction between time and group is clearly significant. This finding may indicate that the intervention applied to the experimental group had a positive effect on their scores, whereas the control group did not show significant changes.

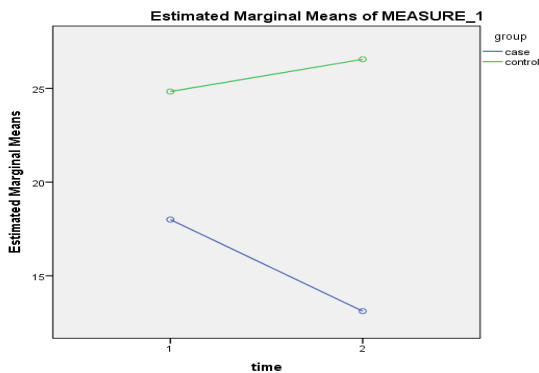


Chart 1

Chart (1) illustrates the average scores of the experimental and control groups before and after the test. Specifically. Blue line: Represents the decreasing trend in anxiety scores for the experimental group. They had higher anxiety scores before the intervention (pre-test), and these scores decreased after using metaphors as the intervention (post-test).

Green line: Represents the increasing trend in anxiety scores for the control group. They had lower anxiety scores before the test (pre-test), and these scores increased after the post-test without any intervention.

Discussion

The statistical analysis of the data revealed that there was a statistically significant correlation between paired samples in both the experimental and control groups,

indicating a strong linear relationship between pre-test and post-test scores. While the mean differences between paired samples were significant, these differences were not statistically significant. Specifically: Experimental Group: After the intervention (using metaphors by Hakim Nezami), the average anxiety level of the group decreased significantly Control Group: In the absence of any intervention, the average anxiety level increased significantly compared to the pre-test. Therefore, we conclude that there is a statistically significant difference between the average test scores at different time points: before and after using metaphors.

Explaining the Impact of Metaphor-Based Therapy Using Hakim Nezami's Metaphors on Anxiety Reduction: Metaphors have been studied by philosophers, semanticists, literary critics, psychologists, and linguists like Aristotle, Hume, Herder, and Richards (Kovecses, 2010). Some cognitive scientists, including cognitive linguists like Lakoff, Ronald Langacker, and Leonard Talmy, are currently researching metaphors (Kovecses, 2010). This highlights the significant role metaphors play in human thought, understanding, reasoning, and even shaping social, cultural, and psychological realities. Understanding metaphors means understanding a crucial part of who we are and the world we live in (Kovecses, 2010). Metaphors, similes, allegories, and other figurative language have extensive applications in psychotherapy. They indirectly enhance an individual's capabilities, boost their self-confidence, and avoid conscious and unconscious resistance from the subject. Material is accepted at the deepest levels of consciousness without critical analysis or cognitive biases because metaphors encompass a wide range of concepts; each person interprets them based on their situation and concerns (Torneke, 2021).

Western patients tend to describe their distress using psychological terminology like self, self-actualization, unconscious, repression, and reinforcement. They often use diagnostic categories such as depression or anxiety (Dwairy, 2009). Non-Western patients, however, are less psychologically oriented and prefer describing their physical complaints through metaphorical language. For example, they might express psychological distress with phrases like "darkness has engulfed my heart" or "my heart is dead" (Dwairy, 2009). This opens opportunities for therapists to utilize figurative language in their practice. Metaphors and similes are not just literary devices; they are active processes in psychology that can be utilized in various ways: reconstruction, transformation, selection, reversal, organization, growth, revision, and processing (Qasem zade, 2000).

This method, while affecting emotional healing, also leads to psychological discharge and changes in the mood of a hopeless, agitated, and distressed individual. To the point where it can drive him to action and increase his motivation for life. Considering that literature is an important part of every nation's culture and there is a close and strong connection between culture and literature. Therefore, every action should be commensurate with the culture and nation of that society. One such action is psychotherapy. Therefore, in this research, a solution was sought from a source that the

person had mental familiarity with and could somehow connect with. The results showed that using works by renowned Iranian poets and writers who have global fame can lead to developing components that can be used in psychotherapy. For example, Nezami, in various ways and through metaphors, has made the anxiety and internal turmoil of his characters' stories tangible and perceptible for the reader. So that readers can objectively observe and experience the inner fear and worry. Metaphors include: "a sheep giving its last breath", "like a scorpion-bitten snake coiling", "a bird with a broken wing", "a half-killed chicken", "water that becomes agitated by wind", "a rolling ball", "anxiety is hair entanglement", "like a bird tied to a pen", "a decapitated sheep", "anxiety is an ant" and so on. Nezami has used these metaphors to express, show, and make the anxiety of his characters in his works concrete. Each of these metaphors represents the states of an anxious individual that people, especially young people, exhibit when anxiety prevails. Utilizing these metaphors and focusing on the stories hidden behind them and empathizing with them leads to emotional restoration and healing for the anxious individual and also leads to a process that helps the anxious person to experience and observe depression and other consequences of anxiety experientially and objectively because "metaphorical words, based on retrieving information in long-term memory, evoke and affect information processing. Therefore, using figurative expressions facilitates better and faster understanding and comprehension of experiences" (Borwein, 2010).

The psychotherapist, within these metaphors, attempted to show participants in the session the states of an anxious individual through experience and objectivity. For this reason, they expanded and developed metaphors through questions about the consequences and outcomes resulting from them, making them aware that each metaphor provides opportunities for them to identify it with their current lives and, by objectifying different anxiety states, make changes in their problem-solving, decision-making, and behaviors when feeling anxious. In these situations, it's crucial to focus on their abilities instead of dwelling on anxieties and weaknesses. Therefore, besides fostering a better connection between anxious individuals and matters important to them, this method also acts as a catalyst for change and anxiety reduction. Therefore, we can say that anxious individuals, using metaphors alongside other psychotherapy tools, will be able to identify unpleasant internal experiences without trying to control them, express a new approach to their situation, and overcome their anxiety and distress.

Conclusion

Because behavioral problems during adolescence have a significant impact on lives, they are considered one of the most important challenges in psychology. This is because internalizing these behavioral issues can lead to serious problems for young people, making them susceptible to social harms. Therefore, implementing an educational program to reduce and manage anxiety in this population seems crucial.

Considering the effectiveness of metaphor-based education compared to the control group, using indigenous and culturally appropriate education appears to be more beneficial and impactful. The analysis of post-test data revealed that sessions focusing on reducing and managing anxiety in young people led to changes in the anxiety levels of those who had high anxiety scores in the pre-test. That is, the post-test showed a significant decrease in anxiety among young people. Consequently, their willingness to engage in activities and attend gatherings they previously avoided also increased. This is because, with the creativity that Nezami's name exhibited in crafting metaphors, the therapist was able to engage the patient's imagination, strengthen their minds in solving psychological and emotional problems, and encourage them to explore new solutions and challenges. Furthermore, the emotions conveyed through Nezami's name's metaphors prompted patients to overcome resistance during therapy sessions, allowing them to comfortably and without hesitation express their inner thoughts, feelings, and words, essentially engaging in self-disclosure.

Finally, it can be said that metaphorical therapy can simplify the treatment process, shorten its duration, and reduce anxiety levels. Therefore, metaphorical therapy through literary texts is a readily available medicine accessible to everyone and for every age group without cost. It's like any other medication in terms of accessibility but unlike pharmaceuticals, it has no adverse effects on physical or mental health. This sets it apart from other treatments we may have experienced. For instance, when we have a headache, we take a pill; once the pain subsides, we no longer need the medication. However, with metaphorical therapy, we are taught how to cope with life's challenges effectively. This knowledge can be applied throughout our lives. Therefore, in explaining the research hypothesis, it can be concluded that metaphorical therapy using the five treasures metaphors of Nezami's name is effective in improving behavioral problems related to anxiety in young people. It not only raises awareness but also contributes to mental well-being.

Research Recommendations

It is recommended that therapists utilize not only the works of Nezami's name but also other literary texts and works by Persian poets and writers as effective resources for localizing psychotherapy tools. This means using them as experimental interventions to visually represent and demonstrate internal states of individuals in order to reduce behavioral problems and disorders. By presenting an individual with a metaphor from Iranian poetry, they can practically observe their own problems reflected in those metaphors, become aware of their consequences and effects, and thus develop the necessary skills to cope and manage them.

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