Cognitive Behavioral Therapy for Social Anxiety

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Abstract. Social anxiety disorder (also known as social phobia) is a cross-culturally real illness, which leads to dysphoric and anxious mood and high level of distress for those people. Cognitive behavioral therapy (CBT) has proved to be one of the most effective and common treatments to social anxiety. This paper is intended to explain how CBT conceptualizes the reasons for social anxiety, and describe the most relevant CBT techniques, cognitive restructuring and exposure therapy, to treat the problem. To better treat the social anxiety, the importance of the patients’ past and their sociocultural environment are worthy of attention. Chinese traditional culture emphasizes on interpersonal relationships, interpersonal harmony and the hierarchy within the relationships results in the higher level of anxiety in Chinese. Cognitive behavioral group therapy (CBGT) seems to be one of the most common and effective treatment for social anxiety for Chinese.

Introduction

Social anxiety disorder (also known as social phobia) is a cross-culturally real illness, which leads to dysphoric and anxious mood and high level of distress for those people. For example, they may feel humiliated, embarrassed, and being very self-conscious when interact with other people. Also, they are afraid of being judge by others so they always stay away from places where people are around. Thus, their daily life can always be interfere with SAD, which make patients feeling stress all over, having impairments in work, having a hard time making friendships and even intimate relationships [1]. According to the sample given by Beidel & Turner[2], approximately 52% of Caucasian, 25% of African American, 11% of Asian, 5% of Latino/Latina goes to seek treatments of social anxiety disorder.

The Diagnostic and Statistical Manual of the American Psychiatric Association (APA) currently defines social anxiety disorder in DSM-V as “Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others.” The situations may be speaking in public place, meeting with other people, eating or wiring in public, which “almost always provoke fear or anxiety” and “are actively avoided or endured with marked fear or anxiety”. The individuals always “fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated” and thus have “significant distress or impairment in social, occupational, or other important areas of functioning”. Often the signs and symptoms of anxiety, like racing heart, dry mouth, blushing face, sweaty palms, tense body and so forth, “lasting 6 or more months”.

CBT Conceptualisation of Sad

Then what causes social anxiety? The CBT model of social anxiety shows bellowed can illustrate the reason why. The figure shows that a social situation is in part anxiety provoking because their core beliefs are negative. Core beliefs are the deepest level of cognition, and many negative automatic thoughts are occurred due to its negative core beliefs[3]. “I’m incompetent” is an example of a negative belief of self.
Figure 1. CBT model of social anxiety disorder.

Usually, individuals who have a core belief that “I’m incompetent” might develop the assumption that “I need to perform well or I will be not good enough”. Always they have a high goal of performance in their social situation[4].

Once they experience initial social apprehension, like talking in public place, being with other people, they may develop many negative and dysfunctional beliefs. They may first get primary appraisal of cognitive distortions of danger: they may overestimate the risk probability and risk severity of the occurrence of a negative event, and they may have catastrophic thinking of the minor or unimportant events and think them hard to cope with. “This event can have disastrous consequences for me” is an example of their inner mind. Then, in their secondary appraisal, they may get distortions of resources. They may underestimate their personal resources and ability to cope with the feared situations, and also underestimate the outside rescue or safety factors. Some people may think their social skills are very poor and inadequate to deal with a social event. “I cannot change and control my emotion” is an example of their negative thoughts so they may feel very uncomfortable when interacting with other people. Consequently, this unbalance between primary appraisal of danger and the secondary appraisal of resources make them intolerant of the uncertain parts of the event, usually developing thoughts like “what if I cannot deal with it…” and thus have anxiety emotions.

Then they develop emotions like anxiety, terror, shame and even fear. Accordingly, they may notice their physical response like racing heart, dry mouth, blushing face, sweaty palms, tense body and so forth. Always, they may feel that other people around them can also see and sense their physical responses.
As a result, they may have some behaviors like keeping silent when sitting with other people, splattering when talking with others, avoiding or escape the situation they have to be confront with, or seeking reassurance[4].

However, when the social situation passed, individuals with social anxiety may often have a negative review of their performance and tend to recall the unsuccessful past experiences even though they are passed. The post event rumination cannot help and even make things worse.

**CBT Intervention**

It is important for patients to examine their thoughts about feared situations and the beliefs that may underlie them. We can see in the CBT model of social anxiety showed above, that it is the dysfunctional core beliefs of the self-statement of patients and the social situation that cause their negative thinking, low emotional control ability and behavior to the outcomes of these social situations. Cognitive behavioral therapy (CBT) has proved to be one of the most effective and common treatments to social anxiety[5]. The approach aims to identify and modify patients’ dysfunctional beliefs through different techniques, like cognitive restructuring, relaxation training, social skills training, mindfulness and systematic exposure to feared stimuli. The CBT have long-term improvement in dealing with SAD have been supported in many researches[6].

In this paper, I would like to emphasis the most relevant CBT techniques and procedures specially developed to treat SAD. They are cognitive restructuring and exposure therapy.

**Cognitive Restructuring**

Cognitive restructuring is an effective way to help patients to identifying, evaluate and modify their dysfunctional beliefs, replacing irrational beliefs with rational beliefs[7]. Restructuring involves techniques like thought record, Socratic questioning, behavioral experiments, re-attribution, refine the client’s use of a word and cognitive continuum[8].

In cognitive restructuring, patients are taught to 1) have psycho-education about nature of social anxiety and to conduct self-monitoring and record automatic thought; 2) identify and evaluate their negative thoughts and dysfunctional beliefs that occur before, during, and after anxiety-provoking situations, which interfere with normal cognitive processing and show ideas that are too absolute, broad, and extreme. This can be done using strategies like Socratic questioning. Commonly, the cognitive distortions include: black and white thinking, over-generalization, jumping to conclusion, magnification and minimization, labelling, catastrophic thinking and so on[9]; 3) modify maladaptive cognitions using some strategies like decatastrophizing. More specifically, during dacatastrophizing, patients are asked to evaluate and rate the likelihood that the likelihood of an imagined catastrophic outcome will occur and respectively give the evidence for and against for it. Then the patients are asked to re-evaluate and re-rate them again, and to think weather they have ability to control over the occurrence of the event. The therapist may ask questions like “What is the worst that could happen?” The question “How could you cope if it did happen?” is to ask patients to try to develop an action plan to cope with the event. Finally, the patients are asked to rerate the likelihood of the catastrophic outcome and evaluate the degree of perceived control over the ultimate outcome[10]; 4) assimilate adaptive cognitions.

**Exposure Therapy**

Exposure Therapy is as an effective treatment ascognitive restructuring, and it has been proven effective in the treatment of social anxiety[11,12]. Exposure therapy means reducing anxiety to a manageable level through asking patients to exposure gradually the feared situation, but otherwise not dangerous stimulus[2]. In exposure therapy, some behavioral techniques such as muscle relaxation can be applied to help patients manage the problematic situations.
In exposure therapy, patients are taught to 1) have psycho-education about nature of social anxiety to normalize their experience and explain the target of exposure [10]; 2) develop a fear or avoidance hierarchy, which have several degrees of difficulty, from very low to very high ratings [10]; 3) choose for graded exposure, usually starting at the bottom of the hierarchy set. The patients can choose to confront the feared stimulus either through imagination or in vivo. Usually, when the patients’ fear is too severe to participate in vivo exposure, it is better for them to use imaginal exposure [13]. In contrast, when the patients found it very difficult to imagine some detailed information in feared situation, then in vivo exposure may be the better choice; 4) involved in continued exposure practice, focusing on the feared situations. Usually, they may experience more and more anxiety as their tasks become harder and harder. However, when they reach the top state of anxiety emotion, they will naturally and gradually begin to feel less anxiety. During the exposure, some behavioural techniques such as muscle relaxation can be applied to help patients to manage the problematic situations; 5) finally engaged in the hardest exposure when they feel confident to manage.

Research Studies

Many researches indicates that cognitive restructuring is an effective treatment for social anxiety disorder [14,15,16,17]. For example, Bethany and other colleagues [15] asked 56 patients with SAD (DSM-IV) to complete a speech task to elicit their post-event processing (PEP), which is a key maintenance factor of SAD, and divide them randomly into three groups: the control condition, cognitive restructuring condition, or mindfulness condition. Among them, in the cognitive restructuring group, psych-education about the nature of anxiety and some strategies to identify and challenge their negative thoughts were taught to the participants. After being taught about cognitive restructuring, mindfulness strategies, the participant in these two groups showed greater efficacy in decreasing PEP and improved affect compared with the control condition, and that decreased probability and cost biases were found in the participants in the cognitive restructuring group.

As well, there are also many researched supported the beneficial effects of exposure therapy for social anxiety [14,16,18,19]. For example, Haug and other colleagues [18] divided 375 patients with SAD (DSM-IV) randomly into four treatment groups: sertraline and placebo only, with and without the addition of exposure therapy. Among them, participants with the exposure therapy were asked to gradually expose themselves to feared situations, and behavioral techniques such as scheduling activities, muscle relaxation were applied during the exposure. The result revealed that the both the exposure therapy group and the placebo group had better effects in social anxiety during follow-up, and that exposure therapy alone had a further improvement all the time, while short-term effect can be found in sertraline and the combination of sertraline and exposure, which, however, reduce during follow-up. This research proposed that, from a long-term perspective, exposure therapy alone would be the more effective treatment than combination of exposure and sertraline treatment.

A research conducted by Castella and other colleagues [14] also supported the beneficial effects of cognitive behavioral therapy, including cognitive restructuring and exposure, for social anxiety, especial for the patients’ emotion beliefs. In addition, when compared with cognitive structuring and exposure therapy, Clark and other colleagues [16] randomly divided 62 participants with social anxiety disorder (DSM-IV) into three treatment groups: the cognitive therapy (CT) group, exposure plus applied relaxation group, or wait-list group and found that both CT and exposure therapy are effective treatment on social anxiety, and that CT therapy seem to be superior to exposure plus applied relaxation therapy on social anxiety measures.

Unsolved Problems and Future Directions

Cognitive behavioral therapy is an effective treatment for social anxiety, helping patients to modify their cognitions and promote their behavioral changes. However, there are some unanswered
questions and limitations of this approach to treat social anxiety. For example, cognitive behavioral therapy seems to ignore the importance of the patients’ past and fail to explore the underlying causes, such as the family history of the disorder[9]. History is seen as to be less important in the maintenance of social anxiety in this approach.

As for the future directions of the cognitive behavioral therapy to better treat social anxiety, it is suggested to understand the context of the patients’ sociocultural environment and avoid focusing only on the problems within the individuals. Cultural and social factors can have an influence in patients’ reporting and experience of anxiety, and in therapists’ assessments and interventions[9].

CBT Application in China for Sad

There are some researches studies supported that Chinese populations were more anxious than Americans[20]. Also, a survey conducted by Chan [21] revealed that the level of anxiety in Chinese is higher than that of Americans.

As for the reason why Chinese tend to be more anxious than Americans, it is important for us to know more about the Chinese culture. Chinese traditional culture emphasizes on interpersonal relationships[22,23] and interpersonal harmony[24], which makes social interactions become more of an effort and thus make individuals become more anxiety. People may be sensitive to others’ evaluations and may try to avoid losing face and even reduce their social interaction with others. Moreover, Chinese culture emphasizes on the hierarchy within the relationships, which may easily produce emotional anxiousness when individuals are engaged in unfamiliar circumstances or hierarchical relationships[22].

To treat with social anxiety in China, cognitive behavioral group therapy (CBGT) seems to be one of the most common and effective treatment[25,26]. For example, one research conducted by Wu and other colleagues[25] showed the effectiveness of cognitive behavioral group therapy in China. They invited 29 patients with SAD (DSM-IV) from Hangzhou City to participate in cognitive behavioral group therapy for 10 weeks, using techniques like cognitive restructuring, exposure therapy and homework assignments. Results showed that most of patients had improvement of their symptoms of anxiety and that they feel more confident and were willing to get engaged in social activities.

Another research conducted by Zhang et al. [26] also showed the similar result. They invited 58 patients with SAD (DSM-IV) from Shanghai Mental Heath Center to participate in cognitive behavioral group therapy for 8 weeks, with each group 6 to 8 persons. The techniques include cognitive restructuring; relax training, social skill training, exposure therapy and homework assignment. Results showed that most of patients had improvement of their symptoms of anxiety, and that the outcome of patients who was introverted, with a family history of this disorder and with an earlier average age of onset may be less effective.

Conclusion

The CBT model of social anxiety shows that people in dysphonic and anxious mood can be interpreted as their negative and dysfunctional core beliefs, which have a controlling influence on their emotions, physical responses and behaviors. To treat SAD problem, cognitive restructuring and exposure therapy are the most relevant CBT techniques and approach. Patients’ past and their sociocultural environment should also be considered to achieve better therapeutic effect. In China, cognitive behavioral group therapy (CBGT) seems to be one of the most common and effective treatment for social anxiety disorder.
References


