Impact of Cognitive Behaviour Therapy on Social Anxiety Disorders

Sanya Mittal
3rd Year, B. A. (Hons) Psychology
Department of Psychology
School of Humanities and Social Sciences
Graphic Era Deemed To Be University

Gunjan Singh,
Assistant Professor, University Psychologist
Department of Psychology
Graphic Era Deemed To Be University

Abstract
The present study is based on the vast literature available on how effective cognitive behaviour therapy is in dealing with social anxiety disorders. Cognitive Behaviour Therapy usually focuses on changing illogical unrealistic pattern of thinking that leads to maladaptive behaviour. Researches prove that it is one of the most widely studied nonpharmacological phenomena to the cure of Social Anxiety Disorder. This study summarizes the evidence on impact of Cognitive Behaviour Therapy treatment of Social Phobia. Studies have proved that results state that people learn to reinterpret negative events in a way that help them cope with it. In CBT the therapist test the assumption of the clients and see how accurate or true they are. Factors related to more or less effect of CBT on individuals with Social Anxiety Disorder are reviewed.

Keywords: Cognitive Behaviour Therapy, Social Anxiety Disorder, Maladaptive behaviour, illogical thinking patterns.

Introduction:
Everyone or the other feels worried or perturbed or depressed in their day to day life. But, relatively some people develop a prolonged mental illness. There has been a rapid increase in detecting these problems but the treatment of extent or severity of these mental illnesses are limited especially in less-developed or developing countries as a result people overlook the underlying symptoms. Globally there has been an increase in the consideration for the treatment of mental illness apt to which people have started relying on the various psychotherapies.

Cognitive Behavioural Therapy
CBT aims at improving mental health by using psycho-social interventions. It is widely used talking therapy which helps individuals to change the way they think and behave. The therapy generally lasts for 5 to 20 sessions (depending on the case complexity), each session lasting for 30 to 60 mins. CBT is used in assessing Social anxiety disorder, and one of the most important factors is cognitive restructuring with association of evaluation of any liability to formidable social situations and negative self-beliefs. The ultimate use of Cognitive Method in CBT is to change the core beliefs (schemas) which influence how you interpret your environment. Thus, changing of core beliefs automatically leads to a long lasting improvement of anxiety symptoms, while the Behavioural Method focuses on techniques like systematic desensitization which is a form of classical conditioning and involves an exposure of anxiety-provoking situations that will conclusively lead to extraction of fear. Individuals should pay full attention to the situation and expose themselves to a rush of anxiety (Foa and Kozak, 1986). Experiments conducted by (Clark and Wells, 1995) involve people entering a feared situation without involving in “Safety
Behaviour”. Safety behaviours are assumed efforts that people maliciously believe to handle their anxiety successfully yet these behaviours forbid people to learn that they have survived without these efforts.

Social Anxiety Disorder
Social Anxiety Disorder often know as Social Phobia was formerly identified as a distinct disorder in 1960s (Marks & Gelder, 1965). Individuals suffering from SAD faces unreasonable episodes of anxiety, self – consciousness and embarrassment when engaged in a social interaction. Social Anxiety Disorder is mentioned beside other anxiety disorders in both the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; APA, 2000) and International Classification of Disease (ICD; WHO, 1992). Individuals with social phobia fear about being negatively evaluated, embarrassed or disgraced when exposed to a social situation, as a result they tend to escape any social interaction or situation. There are times when individuals are unable to avoid these situations and face irrational anxiety and distress. Researches prove physiological symptoms such as increase in heart rate, sweating, is associated with individuals having social anxiety disorder. Social anxiety disorder commences in the teens which results in the fear of playing a sport, performing on stage and giving a speech irrespective of the fact that how exceptional they may be in that specific area. Moreover, according to a report published by Kessler-et-al (2003) in National Comorbidity Survey Replication, Social Anxiety Disorder is the 3rd most frequent disorder in North America with lifetime prevalence of 12% and above.

Clark and Wells’ (1995) suggest that when individuals become aware of the feared responses which ultimately impacts negatively on their processing they try to engage in ‘safety behaviours’ in order to avoid negative evaluations from others. While, Rapee and Heimberg (1997) explained social phobia through a cognitive behavioural model. According to this model people with social phobia feel that other people are very critical and being evaluated positively by others is important. When a social phobic enters a social situation evaluate himself on the basis of audience.

Systematic reviews and meta-analysis prove that social anxiety also results due to heretical factors. Results show that people having social anxiety disorder struggle in social, academic and professional functioning.

CBT for treatment of SAD
Several forms of treatments have been found to be potent in the treatment social anxiety disorder but CBT has been the most effective amongst them. The therapy was initially started by Beck in 1979 as a cognitive therapy focusing only on restructuring and altering the cognition, intensive advancements to this now includes variety of techniques which includes behavioural strategies, cognitive restructuring, exposure therapy, cognitive therapy + exposure, social skills training, relaxation, and video tape feedback (Antony & Rowa, 2008) Decades of researches provide evidence and support the use of cognitive behavioural therapy on SAD. Many of the techniques used in CBT aims at identifying and altering maladaptive thought processes (Clark et.al, 2006). The main focus of these techniques are the negative belief system of the patient and the judgement of being negatively evaluated by others (Turk, Heimberg& Magee, 2008). It is a combine effort between a client and the therapist (Heimberg, 2002). The main components of CBT in treatment of SAD are:

1) Psycho- Education-teaching client the relationship between affective, behavioural and conative processes.
2) Cognitive Restructuring- correcting negative self-beliefs and inaccurate cognitions.
3) Exposure- exposing patients to feared situations.
4) Homework- activities designed for clients to map distorted thoughts naturally.

Internet Based CBT for SAD
The use of internet is very common these days and many treatments are also provided over it. Internet based CBT is becoming increasingly common these days which include self-help or therapist support interventions which are supported by mental health professionals. It has been developed for a variety of mental and physiological health problems (Andersson et al., 2013). The results show a positive impact of such therapies on patients. Researches in Sweden and Australia have developed various online CBT measures for treating Social Anxiety Disorders which are showing incredible results (Anderson and Carlbing, et.al, 2012).
Review of Literature

Social Phobia is one of the frequent disorders (Moscovitch, 2008). A numerous researches show that social anxiety disorder can be evaluated using CBT interventions (mortenberg.et-al, 2007).

Beck-et-al proved that SAD results due to the negative self-evaluation of individuals and dysfunctional beliefs that they hold about themselves which direct them to behave in social situations (Musa&Lepine, 2000). It has been found that people hold 3 types of dysfunctional beliefs namely; Incompetence, Negative Social Evaluation, Stable Negative Self- Beliefs. Therefore, people in social situations facethese cognitive processes that attribute to Social Anxiety Disorder and tend to describe physic-biological symptoms of anxiety (e.g. Heart racing) as an underlying basis of their incompetence, this results in a change of behaviour shown by others (Musa-et-al).

Heimberget.al (1994) conducted a correlated study on 49 patients suffering from social phobia by regulating 12 sessions of CBGT (included- exposure and cognitive strategies) with a controlled group condition who were well assisted with education and were provided with proper support. The attributions to SAD were made on the basis of self-reports, cognitive, behavioural and biological interventions. Results show a significant reduction in anxiety on those who received CBGT both after and at a six month follow up.

B.Esther.e.al (1995) conducted a comparative research to test the efficacy of CBT along with cognitive bias modification on adolescences. An online-based cognitive bias which involved 86 participants were compared to school-based cognitive therapy which involved 84 participants and a control group of 70 participants, all aged from 13 to 15 years. All 240 Participants were randomized over 3 conditions. Cognitive bias modification consisted of 20 sessions at home internet-delivery training; CBT consisted of 10 sessions at the school including homework assignment; the control group received no training. Participants were evaluated before and after the interventions in a span of 6 and 12 months. At 6 moth follow up those who received CBT reported to have a lower level of social anxiety than those in control group, while for those who received Cognitive bias modification the effect was less significant. At 12 months also there was a significant reduction in anxiety of those who received CBT than any other group.

A study compared CBT and exposure for the treatment of SAD. 12 sessions were conducted to test the efficacy of CBT vs. waiting list controls and 9 sessions were conducted to test the efficacy of exposure therapy with a waiting list controls. As, a result it was found that there was a slight improvement on those who received CBT (Feskeand Chambles).

Taylor (1996) aim to study the efficiency of CBT in the treatment of SAD. 24 studies were reviewed accommodating 42 trials. The treatments were divided a exposure consisting of 8 participants, cognitive therapy including 5 participants, cognitive therapy plus exposure had 12 participants and social skills training had 5 participants; remaining 12 trails were in wait list control and placebo. Pre to post treatment affects were recorded and means effects were found, for cognitive therapy plus exposure were 1.06, 0.82 for exposure alone, and 0.63 for cognitive therapy. Most patients were further given treatment after follow up intervals. The study concluded that Cognitive Behavioural therapies have a greater impact for treating SAD than any other therapy.

Clark.et.al (2006) aimed to test the effect of group cognitive therapy as well behavioural treatment. 62 patients with social anxiety disorder were randomly assigned to 3 groups including 1) Cognitive therapy group, 2) exposure plus applied relaxation group and 3) a wait-list control group. The results prove a greater impact on the patients belonging to group 1st and 2nd (i.e. CT and EP+AR). On measures of social anxiety disorder CT was found to be more superior to EP+AR.

Clark.et.al (2009) conducted a study on 34 musicians suffering from performance anxiety and was assigned into four groups which included buspirone group, CBT group, placebo group and a wait-list control group. Responses were recorded before the test, after the test and at one month follow-up, it was seen that the group which was given CBT treatment had a greater effect on the reduction of symptoms Social Phobia.

Richa-et-al (2009) conducted a case study to test impact of CBT on a 27 year old man suffering from social anxiety disorder. The patient was assessed on Beck Depression Inventory (Beck and Steer, 1990) and Social Phobia
The therapy consisted of: 1) Psycho-education (patients were explained about the nature and factors of the disorder), 2) Jacobson’s progressive muscular relaxation technique, 3) systematic desensitization (gradual exposure to phobic situations), 4) exposure and response prevention technique (advised to attend social gatherings) 5) Cognitive restructuring. There was a remarkable improvement in him which increased his self-esteem and decreased anxiety and guilt. The patient was again assessed after a 6-month stretch and showed a significant level of improvement.

A study published in “Archives of General Psychiatry” in Germany (2011) included 17 patients with SAD and aimed to study the effectiveness of Interpersonal therapy and Group Therapy. The patients were divided into 3 groups. The first group was given 16 sessions of CBT over 20 weeks with an additional booster session and second group was given 16 sessions of IPT for 20 weeks with one booster session, the third was the wait-list control group. The responses were noted at the beginning of the treatment, after the treatment and at a year after. The results found an improvement of 66% for CBT, 42% for IPT, 7% on wait list at 20 weeks treatment. However, after a year follow up the improvements were found to be 68% for CBT, 32% for IPT.

F. Leichsenring & Simon et al (2013) tested the effectiveness of psychodynamic therapy and CBT on individuals suffering from social anxiety disorder. A study consisted of a sample of 495 patients in total. 209 patients were assigned to manual guided CBT, 207 for psychodynamic therapy and 79 for waiting list control. Assessments were made before and after the treatment and Results show that CBT was significantly superior in treating social anxiety disorder as compared to psychodynamic therapy with affecting a total of 60% people.

Philippe R. Goldin & Michal Z. et al (2014) aimed to investigate the potency of CBT on patients suffering from social anxiety disorder and how will it reshape negative self-evaluations and Functional Magnetic Resonance Imaging of the brain responses when exposed to a feared situation and investigated whether changes in the brain images would anticipate treatment outcomes. 59 patients suffering from social anxiety disorder were given CBT and some were in the waiting list control group, after that fMRI was conducted on patients of both the groups and results show a tremendous improvement on the patients who received CBT. The results include:

a) Significant brain responses were noticed in the right superior frontal gyrus (SFG), inferior parietal lobe (IPL) and middle occipital gyrus (MOG).

b) Decreases in left posterior superior temporal gyrus (pSTG) when reacting to social criticism werenoticed.

c) Reductions in self-reported negative emotion.

Overall, the study claimed that 24% of unique variations in CBT related reductions in Social Anxiety Disorders can be seen.

El Alaoui & Hedman et al (2015) conducted a longitudinal cohort study to evaluate the effectiveness of Internet delivered Cognitive Behavioural Therapy in the treatment of Social Anxiety Disorder. A total of 654 patients suffering from Sad were given ICBT between 2009 to 2013. Liebowitz Social anxiety scale – self rated measure was used to test the outcomes. A significant reduction was observed in anxiety symptoms after the treatment and improvements were quite sustainable after a 6-month follow up.

Per Carlbring & Magdalena et al (2018) aimed to test the effectiveness of internet based CBT on 57 participants. 29 participants were in the treatment group and 28 in the waiting-list control group. The therapy included 9-week program of internet based therapy including short weekly calls (9 in total), lasting for 90-95 minutes. Both the groups were compared and 93% participants (out of 29) experienced greater reduction in social anxiety disorder.

**Research Objective:**

- To scrutinize the vast researches available in the field of psychological disorders such as Social anxiety disorder and Impact of CBT as a treatment for Social Anxiety Disorder and to withdraw conclusions for it.
- To establish the impact of Cognitive behavioural Therapy on Social Anxiety Disorder and to cater a perspective for the further studies on following topic.
Research Methodology:
The study is an empirical review of work done on the topic “Impact of CBT on individuals suffering from Social Anxiety Disorder”. A qualitative review is done based on the secondary data and vast literature available to locate what we know about the effectiveness of CBT at all aspects of Social Anxiety Disorder and its durability, instability and its imminent effects.

Implications
Limitations:
CBT may not be effective to some who may have profound level of anxiety disorder as one has to commit himself/herself to the therapy and a therapist can only advice or help but cannot actually make someone free from that problem. One major limitation of CBT is that it is uncommon in the developing countries like India and which makes people overlook the various symptoms of it. Another major limitation is the treatment design which is structured and complex.

Scope and Future Implications:
Due to the prevalence of CBT in treating mental disorders, globally there is a momentous increase in the application of Cognitive Behavioural Interventions and as a result various internet based Cognitive behavioural therapies have been introduced to treat various mental disorders specifically SAD.

Conclusion
Research’s reviewed in the present study shows that SAD has highly prevalent and disabling disorder. Thedata reviewed and researched suggest the effectiveness of CBT techniques on SAD. The above mentioned studies prove that:

CBT as compared to placebo has a compelling reduction on anxiety symptoms as placebo is form of a substance which does not necessarily have an improved impact on anxiety symptoms and reshaping of negative self-beliefs. On the other hand use of pharmacological therapies can be considered helpful only in some cases yet not as effective as CBT. Internet based CBT innervations are now coming in limelight due to its increase positive impacts in treating various anxiety disorders.

References

10. “Coping.us, Coping.us Homepage.” *Coping.us, Coping.us Solution Focused Therapy in SUDS, www.coping.us/.*


