

Cognitive Behavior Therapy (CBT) as a Treatment for Iranian Women with Social Anxiety Disorder (SAD)

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ABSTRACT

This study was a comparative evaluation conducted to assess the effectiveness of cognitive-behavioral-cultural therapy versus medication treatment alone in improvement of social anxiety disorder (SAD). 100 SAD patients (50 females for CBT & 50 females MT) were randomly assigned into two groups: 1) Cognitive-behavioral -cultural therapy, 2) Medication treatment alone. All patients were evaluated before the commencement of treatment and, once again, 12 weeks after the treatment SCL90-R, Beck Depression Inventory (BDI), Jones Irrational Beliefs Test, Interview Diagnosis According to DSM IV-TR and Inventory of satisfy of method of treatment. The results were analyzed and further interpreted by statistical analysis. The results showed that cognitive behavioral -cultural therapy reduced the severity of anxiety symptoms, SAD, and irrational beliefs and Cognitive- Distortion and also their perfectionism decreased. Medication treatment alone was only effective in reducing symptoms of depression and anxiety, while it was not effective in reducing irrational beliefs, perfectionism and cognitive distortion. Patients with symptoms of social anxiety disorder, treated with cognitive-behavioral cultural therapy were more satisfied with treatment method than the other group and their social function improved. Also they appeared better than the other group in social situation that they feared before. And in comparison with the other group, they were more interested in treatment. Although medical group had the decrease in the symptoms of anxiety and depression like the other group, they were not satisfied with method of treatment and in social situation that they feared before had the same fear again. Also they continued their treatment unwillingly. Additionally they were afraid of being addicted to drugs. Finally their perfectionism and irrational beliefs has have not changed.

KEY WORDS: Cognitive Behavior Therapy, Social Anxiety Disorders, Medication treatment.

INTRODUCTION

Social anxiety disorder (SAD), also known as social phobia, is one of the most common mental disorders in the population. During the past two decades, an enormous amount of research has been conducted that has led to effective treatment strategies for this debilitating disorder.

Based on a review of the epidemiological literature, the lifetime prevalence of SAD in Western countries ranges between 7% and 12% of the population (Furmark, 2002; Kessler et al., 2005). The disorder affects females and males fairly equally, with the average gender ratio (female: male) ranging between 1:1 (Moutier & Stein, 1999) and 3:2 (Kessler et al., 2005) in community studies. SAD often begins in the midteens but can also occur in early childhood. During childhood, SAD is often associated with overanxious disorder, mutism, school refusal, separation anxiety, behavioral inhibition, and shyness. If untreated, the disorder typically follows a chronic, unremitting course and leads to substantial impairments in vocational and social functioning (Davidson, Hughes, George, & Blazer, 1993; Liebowitz, Gorman, Fyer, & Klein, 1985; Schneier et al., 1994; Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992; Stein & Kean, 2001; Stein, Torgrud, & Walker, 2000; Stein, Walker, & Forde, 1996).

Individuals with SAD perceive social standards as high. They typically believe that the expectations of them in a social situation are elevated and that everybody else shares these same lofty social standards. research has shown that ambiguous social standards are particularly troublesome for individuals with SAD. Social standards are likely to change slowly. Individual or group discussions and direct behavioral experiments can challenge these beliefs.

A significant subgroup of individuals with SAD report discomfort when looking at them in the mirror. Many also report distress when seeing themselves in pictures or video recordings, or when listening to themselves on an audiotape. In fact, some individuals with SAD feel more distress when watching their own speech on a video than doing the actual performance. When being asked why they feel uncomfortable, they might say: "Oh, I just don't like to look at myself" or "I just don't like hear myself talk." The reason for this distress is obviously related to self-perception. The patient's distress is

not only due to their presumed negative evaluation by the audience, but also due to their direct negative evaluation of themselves. Indeed, because the patient is only guessing at evaluations from others, the belief of what others think is of course a reflection of what the person thinks of her/him. Therefore, changing self-perception will also change the assignment of beliefs to others. This, in turn, will alter the level of discomfort and anxiety in a social situation. This is easier said than done (1)

Aim of this research was evaluation of effectiveness of cognitive- behavior- cultural therapy on social anxiety disorders (SAD) and comparing it with psychopharmacological intervention.

WHY IT IS IMPORTANT TO DO THIS REVIEW

The NCS estimates a 12.1% lifetime prevalence rate for SAD.² The NCS has demonstrated that SAD is the most common anxiety disorder and the third most common psychiatric disorder, exceeded in lifetime prevalence only by major depression (16.6%) and alcohol abuse (13.2%). An earlier version of the NCS has demonstrated that women are approximately 1.5 times more likely than men to have social anxiety, with total lifetime prevalence rates of 15.5% and 11.1%, respectively (2) The good news is that cognitive-behavioral therapy for social anxiety has been markedly successful. Research and clinical evidence alike indicate that cognitive-behavioral therapy, which should be comprehensive in nature, produces permanent changes in the lives of people (3).

The most effective psychological treatment for Social Phobia currently available is called *cognitive behavioral therapy*, or CBT.(4) Numerous research trials have demonstrated a clear advantage for CBT, and the treatment is now widely accepted as a first choice treatment for Social Phobia. While the specific ways in which CBT for Social Phobia can be administered may vary somewhat between therapists, a number of features distinguish this approach from other commonly used psychotherapies (5)

METHOD

In the experimental research the effectiveness of two methods of treatment, cognitive – behavior- culture therapy and psychopharmacological intervention was investigated separately. Thus, 100 women with social anxiety disorder were randomly divided in to two groups: 50 women for psychopharmacological and 50 women for cognitive-behavior-cultural therapy .Their age rate were from 20 to 40 and their education range included diploma to Bachelor of Science. These women were selected from the women who have referred to the counseling center of Iranian Azad University (Eslamshahr branch), the Mental Health Center of Eslamshahr educational department, and psychology and psychiatry private office.

The course of cognitive -behavior –cultural treatment was 12-20 sessions per everyone and the course of psychopharmacological treatment was 1 year. The first group came to center every week for 1 hour counseling while the other group referred to get the medication just once in a month.

The used instruments in this research included:

- 1-Clinical interview according to DSMIV-R
- 2-SCL90-R inventory
- 3-Beck depression inventory (BDI)
- 4-Treatment satisfaction inventory
- 5-Jones'irrational beliefs inventory

In this investigation the criteria for recovery were included the decrease of SAD symptoms, the decrease of anxiety level , improvement of mood, the decrease of irrational beliefs and perfectionism , better performance in social situations and satisfaction of treatment method.

CONCLUSION AND RESULTS

Social anxiety disorder (SAD) is commonly treated with cognitive-behavioral therapy (CBT) (6) one of the central goals of CBT is to identify irrational beliefs and thought patterns and replaces them with more realistic views. As part of the therapy process, we work on a number of problem areas including:

- misperceptions about abilities and self-worth
- guilt, embarrassment, or anger over past situations
- how to be more assertive
- tackling perfectionism and being more realistic
- dealing with procrastination related to social anxiety

Assigned homework assignments also were given.

- 1-Based on the findings, the cognitive-behavioral-cultural therapy was effective in decreasing patients' anxiety symptoms and its severity.
- 2-Their depression rate decreased and they were recovered.
- 3-Their performance ability in the previous social situations (that they were afraid of or were impossible for them and they were avoidant of) was improved.
- 4-Patients were satisfied with the CBT therapy compared to medication.
- 5-Their irrational beliefs decreased specially their perfectionism.
- 6-Medication treatment made the patients' depression and anxiety decrease.
- 7-Patients were dissatisfied with the medication treatment.
- 8-They were afraid of being dependent on drugs.
- 9- Their fear of social performance hasn't changed significantly.
- 10-Their irrational beliefs and perfectionism were like before the treatment.

Acknowledgements

I would like to acknowledge Professor G. SHAHVERDYAN –Faculty of philosophy & psychology Yerevan State University, for her best offers.

I would like to acknowledge the contribution of clients who honestly expressed their problems & helped me in doing this research.

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