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Treatment Approaches of Social Phobia Disorder

Shiva Alinaghi loo[1], Zahra Esmi[2]

[1]*M.A. Student of Clinical Psychology, Department of Psychology, Al-Zahra University, Iran*
[2]*M.A. Student of Clinical Psychology, Department of Psychology, Al-Zahra University, Iran*

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ABSTRACT

The disorder of social phobia is the irrational and extreme fear that individual's behavior in social situation is ridiculed or criticized by others. The individuals suffering from the disorder know that their fear is irrational, but cannot help worrying about being inspected thoroughly by others. The individuals in abashing situations feels phobia and try to escape from the situations. The types of cognitive-behavioral, psychoanalytic, medical and drama therapy can be employed to treat the disorder. Certainly, various researches have confirmed that the effectiveness of cognitive-behavioral treatment is higher than the other treatments' that can be used in person or group, with or without medical treatment.

KEY WORDS: Social Phobia, Treatment Approaches, Etiology of Social Phobia

1. INTRODUCTION

Social phobia (SP) or the very agoraphobia has been in the third position of the common psychiatric disorders and is an extreme and continuous fear in which the possibility of abashment in suggested in it. Suffered individual have an extreme fear of being abased or abashed in different social situations such as speaking in public, urinating in WCs (called also as "shy bladder") and talking about the opposite sex. These patients who have greater disturbed self-perception and the tendency of interpreting situations as negative [1] make themselves away from social situation or endure it with severe pain and feel ashamed in them due to their fears [2]. Its pervasive type is chronic and debilitating and makes a high percentage of society's individuals and it can be hardly separated from avoidance personality disorder. The disorder has had prevalence from 7 to 13 percentage and major of people experience it during their life, but mostly occurs in the late of childhood, early teenage and in female teenagers [3]. Factors such as body dissatisfaction, unsafe attachment to mother, failure attributive style [4], greater negative perfectionism [5] and low self-respect have been considered involved in its incidence [6].

Regarding the undesirable effects of the disorder on patients' life and interpersonal relations and reduction of the mental feeling of welfare [7] and respecting the high coexistence of this disorder with other anxiety mood and drug disorders in teenagers and adults, its early diagnosis and treatment is crucial.

Statement of the Problem

Cognitive-Behavioral Treatment (CBT)

A number of researches have demonstrated the higher effectiveness of CBT than other treatments'. From cognitive-behavioral point of view, it is believed that SP is rooted in beliefs that always have good impact on some people that results in its continuance in such individuals, while it is unlikely to have a good effect on other individuals.

In addition, cognitive models emphasize on the importance of the role of inefficient cognition in developing and continuing the disorder of SP [8] and fear of negative evaluation is one of the most effective inefficient cognition that is high in these individuals [9].

One of the most effective methods to treat phobic disorders is CBT. Although the effectiveness of CBT empirically is confirmed for various psychic disorders from depression, anxiety to personality and psychosis disorders, many researches have not been conducted concerning the effectiveness of group CBT, especially in our country that the lack of research in this regard is notable. Group treatment is efficient to break the vicious cycle of SP through integrating cognitive structure and methods of confronting with danger in both treatment sessions and referent's environment. The treatment includes three main sections, confronting with the social phobic situation in session, cognitive restructuring and designing assignment to confront with the real danger as well as cognitive restructuring in the form of self-performance.

Intersession confrontation is conducted through a mixture of medical protocol or cognitive interferences before, during and after each confrontation. After the several initial sessions, a number of assignments are usually given. In session, referents are asked to do their activities of cognitive restructuring before, during and after communicating and after each confrontation. Confrontation with phobic situations in breaking the cycle of SP acts in different ways. First, it is conducted through small avoidance of SP that is obtained by lengthy and continuous staying in the intended

Corresponding author: Shiva Alinaghi loo, Psychology Department of Alzahra University. Email: shivaa538@yahoo.com

conditions (as habituation). The issue normally reduces referents' anxiety. Second, confrontation allows referent to learn and practice previously-avoided behavioral skills in situations. Confrontation provides the referents with an opportunity to test the reality of their inefficient beliefs. Intersession confrontations allow the process to be initiated in a protected environment supervised and controlled by therapists. In this less-threatening situation, referents can confront with phobic situation, which are appropriately pre-organized. Intersession confrontations also provide referents with an opportunity to practice restructuring cognitive skills and experience success in approaching real phobic situations before they would be brought in the plan of assignments. Certainly, confronting with phobic situations in assignments facilitates the transference of learning to referents' life out of treatment sessions. The ultimate goal of designing assignments in the treatment is converting the referent into a cognitive-behavioral therapist equipped with adaptive confrontation with phobic situations at present and in the future. Cognitive restructuring also plays a crucial role in breaking the vicious cycle of SP. It is the direct challenge with referents' beliefs, assumptions and expectations. Referents are asked to evaluate whether they feel these thoughts in reality or they are useful. This makes them to find more realistic and adaptable ways of confronting with phobic conditions. This technique should be the supplement and support of those cognitive changes that are resulted from confronting with phobic situation and increases this possibility that referents' negative thought would be reduced. In addition, dealing with referents' cognition usually makes them free from additional though resources. It allows referents to focus on social work and potentially increases the improvement of performance. Changing inefficient beliefs also reduces predicting and avoiding anxiety and increases referents' ability for success that in turn, provides them an opportunity to experience positive reinforcement by others. Finally, cognitive restructuring teaches referents to think about their experiences adaptably and prevent them from entering into rumination cycle that may produce failure instead of success. Therefore, this treatment includes in-session confrontation, cognitive restructuring, assignments to help referents to overcome their anxiety and gaining greater satisfaction in their interactions with themselves and others. Several previous researches have indicated that behavioral techniques have been more effective than other techniques in group CBT such as role-playing, confrontation aiming at creating anxiety in living and relaxation conditions and even substitutive confrontation in children and teenagers [10, 11, 12] Measured the effectiveness of group CBT and confrontation treatment in the tendency rate of the interpretation and fear of negative evaluation and reduction of anxiety in this disease. Their sample was consisted of 24 bachelor students of Iran University that at the end, all the three components were reduced [13]. Measured the effectiveness of eclectic interference, cognitive restructuring approaches, confrontation-cognition skills and role-playing in treating SP in 32 female students of Esfahan University and achieved positive results.

Hashemabadi [14] assessed the effect of EMDR in treating SP in 24 persons referring to the clinic of Mashhad Firdausi University. Results indicated the effect of the treatment.

Treatment Schema

Schemas are one of the cognitive factors playing role in their continuance in which individual's schemas are dealt with directly. Its ultimate goal is improving schema (through cognitive, emotional and behavioral interferences). Improving schema means the reduction of the intensity of memories relevant to schema, reduction of emotional activation of schema and reduction of inadaptability of cognition. The improvement of schema is lengthy and complicated. Since schemas are the core of individuals' identity, interwoven with their beliefs in themselves and their surrounding environment and include all things that they know, they are interpreted with difficulty. Patients resist against changing schema and consider the resistance as a kind of protecting their nature. Thus, schema cannot be eliminated, but in the improvement process, the activation rate and intensity of emotion along with them can be reduced that requires patients' strong will to fight against schemas and needs accurate discipline and long-standing practice.

The following pack can be an example of treatment sessions.

1: Pack of treatment schema [4]

Session	Content of session
First	Explaining the heart of schema of its development and confrontation styles
Second	Assessing patient's problems and searching inefficient life models and filling out the multidimensional life inventory
Third	Hypothesizing concerning schemas and identifying and naming them
Fourth	Diagnosing confrontation styles and patient's mood and mental visualization in the phase of assessment
Fifth	Conceptualizing patient's problem according to the approach of schema and collecting all obtained information in the phase of assessment
Sixth	Analyzing objective evidence confirming and rejecting schemas on the basis of patient's past and present life evidence
Seventh	Attributing the confirming evidence of schema to the childhood experience and inefficient parenting methods
Eighth	Dialogue between schema aspect and healthy aspect and learning responses of healthy aspect by patient
Ninth	Compiling and preparing training cards of schema when confronting with schema-stimulating situation
Tenth	Writing registration form of schema during daily life and the time of their stimulation
Eleventh	Presenting the logic of using empirical techniques and performing imaginary dialogue
Twelfth	Reinforcing the concept of healthy adult in patient's mind and identifying unsatisfied emotional needs and fighting against schemas
Thirteenth	Creating an opportunity for patients to identify their feelings toward parents and unsatisfied needs by them
Fourteenth	Helping patient to release blocked emotions or damaging accident and providing the background for support the patient
Fifteenth	Finding new ways of communicating and abandoning confrontation styles of avoidance and extremist compensation
Sixteenth	Compiling a comprehensive list of problem-making behaviors and determining the priorities of change and specifying treatment goals
Seventeenth	Mental visualization of problem-making situations and confronting with the most problem-making behavior
Eighteenth	Practicing healthy behaviors through role-playing and completing assignments relevant to new behavioral models
Nineteenth	Revising advantages and disadvantages of unhealthy and healthy behaviors
Twentieth	Overcoming the barriers of changing behavior

Metacognitive Treatment (Subset of CBTs)

Adrien Wales suggested metacognitive treatment for the first time [15]. In recent years, disorder in the process and content of metacognition has been investigated as the basis of many psychological disorders. Metacognition is referred to any kind of knowledge or cognitive process that participates in evaluating, supervising or controlling. Thus, metacognitive beliefs that individuals have regarding their thought and cognitive processes and experiences) can be the hidden power stimulating harmful styles of thought and result in the long-term emotional distress. According to the metacognitive theory, psychic disorders, inadaptability in knowledge, experiences and strategies can results in inefficient thought model and incidence of psychological disorder. Metacognitive treatment includes a wide area of content in the sense that any disorder in these areas has its own unexclusive content. For example, positive metacognitive beliefs are the ones that are relevant to useful involvement in particular cognitive activities such as anxiety and rumination (concerning SP, anxiety about others' evaluation helps the individual to be away from being mocked). On the other hand, negative metacognitive beliefs are pertinent to uncontrollability, sense, importance and danger of cognitive thoughts and experience (for example, anxiety causes physical disease). In this treatment, in addition to that thought content is important in determining the nature of psychological disorder, how individuals think is also another important dimension that is effective in maintaining and improving psychology disorder. Therefore, it seems that employing treatment methods that their aim is changing the models, contributes to the reduction of psychological disorders. The effectiveness metacognitive treatment in the improvement of pervasive anxiety and post-accident stress disorder has been confirmed. A number of researchers have studied the relation between meta-anxiety and anxiety intensity in a sample of the elderly. Results indicated that meta-worry predicts traumatic anxiety and its problems. The relation that remained even with the existence of relative control of general content (non-metacognitive), anxiety and anxiety uncontrollability.

Yalmaz et al. [16] in studying the exclusive role of cognition and metacognition in depression, found that metacognitive beliefs are involved in producing the syndromes of depression more than inefficient beliefs (schemas). In spite of the effectiveness of this treatment in reforming type of anxiety disorders, in the conducted searches, no research concerning the use of metacognitive treatment to improve SP was not found. In spite of the traumatic effect of SP on individuals' life, few research have been carried out regarding its psychological treatments. Probably, it can be assumed that this treatment will be also effective in improving SP. The most important feature and advantage of cognitive treatment is that they are low-cost, short-term and effective in the long-term. In addition, they are in consistent with the etiological foundations of anxiety disorders in terms of theoretical principles and effectiveness mechanisms.

Treatment of Problem-solving (subset of CBTs)

Problem-solving treatment is another type of treatments. In the course of history, psychologist and physiologists believed that the capacity of problem-solving exists in man. Probably, the importance of this belief is due to the belief that problem-solving will have considerable contribution in social competence. Therefore, the ability to confront and decide concerning daily stressful problems has a strong relation to social and personal performance. In the model by Dugas et al., [17], the weakness of problem-solving skills in anxiety and personality disorders is mentioned as an effective factor. This treatment is a type of short-term treatment-psychological interference and can be employed alone or along with other treatment methods such as CBT. Employing problem-solving treatment is a simple treatment, has limited phases and can be used independently or as part of cognitive-behavioral techniques. Problem-solving skill can be taught through the process of problem-solving treatment. This process is a disciplined and rational process that helps individual to search various solutions when confronting with problems then select the best solution. In addition, it helps individuals to be developed with teaching social-mental skills in the direction of improvement of mental treatment. Dezverila [18] has shown that problem-solving treatment helps individuals to have the highest effect in confrontation with their personal and social environment. This treatment helps individual to identify the side effects of problems and stressful events in daily life and direct their conformation efforts to change complex situational issues in order to develop their skills for a more effective confrontation. Thus, problem-solving treatment increases self-confidence and results in better adaptability by increasing confrontation and practical skills. Since no study is conducted concerning the effectiveness of this treatment on SP, it seems that this treatment interference affects the evaluating, cognition processing and restructuring thoughts, beliefs and organization individual's behavior. In studies that have used this treatment to treat other mental disorders, results have indicated that this treatment is effective in reducing the intensity of depression. Dezverila and Nezo [19] with combining the results of the previous studies that included the studying of integrating the treatment with other treatment components such as teaching interpersonal skills in consistence with other studies, concluded that problem-solving treatment is effective in reducing different problems.

Soltani and Motih [20] assess the effectiveness of these two treatments in reducing SP in female students of Urmia University and obtained results indicating the high effectiveness of the two methods.

Teaching Assertiveness (subset of behavioral treatments)

Assertiveness is presenting different responses and flexible decisions in unpredicted situations contrary to anxious insecurity and doubt. To solve this social conflict, teaching assertiveness is indispensable. Assertiveness is a behavior that enables individuals to act in favor of themselves, stand on their own feet with any anxiety, express their real feelings sincerely and gain their right with considering others' rights. Teaching assertiveness is a structured method of interference to improve the effectiveness of social relations. It is used to treat anxiety disorders and phobias in children,

teenagers and adults. This approach is also used in the commerce world especially in the fields of sale and management. Various research have been conducted concerning the relation between SP and assertiveness [21, 22] investigated the effectiveness of group training of assertiveness on SP, academic achievement and social skills in 70 students and achieved satisfactory results. Honarmand [23] measured the effect of teaching boldness on SP, social skills and academic performance in 60 female high school students. Results indicated the increase of the three components after the treatment.

Drama Therapy (therapy used for children with SP)

Drama therapy as a method close to children's nature, which is accepted by them with therapeutic effect with side effects has been accepted in recent years as one of the most effective therapeutic methods by experts of mental health including psychologists, psychiatrists and therapists. This treatment has various applications in psychiatric hospitals, clinics, schools, kindergartens, orphanages, reformation and training centers and prisons aiming at treating and training. The British Association of Drama Therapists has presented one of the most complete definition of drama therapy as "the major and purposeful use of drama-theatrical processes and productions to reach particular treatment objectives such as improvement of syndromes, physical and emotional consistency and individual change." Drama therapy is a method of the application of play. Although it is a newly-established field practically and scientifically, it has ancient and traditional rots can be used as an appropriate treatment method for children and teenagers with emphasizing play, storytelling ,legend, myth, movement, sound and pantomime [24].

Dadsetan [24] carried out this treatment on 16 children with SP for six weeks and achieved positive results.

Insight-based Psychotherapy (subset of psychoanalysis)

In the early time of psychoanalysis and psychoanalytic psychotherapies, theoreticians believed that the mentioned methods are the selective treatment of phobias. Both Freud and his students found that if progress is to be achieved in analyzing the mentioned syndromes, therapists should have a role beyond their psychoanalytic role and encourage patient to search phobic situation so that the patient feels the anxiety and as a result, achieves insightfulness. After the two, most of psychiatrists accepted that to treat phobic anxiety successfully, it is necessary that therapists should be active. Phobic syndromes are not sufficient for therapists to see whether insight-based treatment techniques can be applied to the patient or not, but this treatment method should also exists in the patient's ego structure and life model. Insight-based psychotherapy enables patients to understand the origin of their phobia, phenomenon of secondary interest and resistant role and makes them to seek healthy methods to confront with phobic stimulators [225].

Medical Treatment

Effective drugs to treat this disorder include serotonin reuptake inhibitors, benzodiazepines, venlafaxine and Buspirone. Most of clinical therapists used the first group as the first choice to treat patients. Among benzodiazepines, alprazolam and clonazepam in both pervasive and exclusive types of population are effective. Buspirone shows useful effects when is prescribed with inhibitors of reabsorption of serotonin to reinforce the treatment. The successful treatment of the chronic cases of this disorder is reported using both types of inhibitors of monoamine oxidase namely irreversible type such as phenelzine and reversible such as Moclobemide and Brofaromine (that are unavailable in the US). The treatment value range of phenelzine is from 45 to 90 mg and its responsiveness is varied from 50 to 70 percent. To evaluate the effectiveness of this drug, it should be consumed from 5 to 6 weeks. The treatment of agoraphobia relevant to performance situations is often the consumption of B-adrenergic receptor antagonists a little before being exposed to the phobic stimulator. Two combinations that have been mostly used are atenolol 50 to 100 mg (every morning or one hour before performance) and propranolol 20 to 40 mg (in the same order).

2. DISCUSSION

According to the mentioned issues, various treatments are applied to the disorder of SP that cognitive-behavioral treatment (CBT) is considered among the best and most economic treatments of the disorder. Various researches have been conducted regarding its effectiveness in Iran and other countries.

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