Cognitive-behavioral approaches to social phobia

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Abstract

Cognitive theories consider that the dysfunctions of informational processing play a crucial role in developing and maintaining anxious disorders. The fundamental element in maintaining these manifestations is constituted by a selection dysfunction regarding potential threats (Beck & Clark, 1997). This dysfunction probably intervenes on all levels of information processing. The first levels which imply a parallel, involuntary and unconscious processing, just as it is necessary in identifying threat are named levels of automatic processing and the following stages which demand a serial, intended, aware processing such as attributing meaning and semantic analysis are named controlled or strategic processing levels (Brewin, 1996; Schiffrin, 2014).

Keywords: *Cognitive-behavioral therapy, social phobia, modeling, behavioral rehearsal, feedback, role play*

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I. COGNITIVE – BEHAVIORAL APPROACHES TO SOCIAL PHOBIA

Cognitive theories consider that the dysfunctions of informational processing play a crucial role in developing and maintaining anxious disorders. The fundamental element in maintaining these manifestations is constituted by a selection dysfunction regarding potential threats (Beck & Clark, 1997). This dysfunction probably intervenes on all levels of information processing. The first levels which imply a parallel, involuntary and unconscious processing, just as it is necessary in identifying threat are named levels of automatic processing and the following stages which demand a serial, intended, aware processing such as attributing meaning and semantic analysis are named controlled or strategic processing levels (Brewin, 1996; Schiffrin, 2014).

Researchers have discovered in anxious disorders a selection dysfunction regarding information about threatening stimuli on the level of attention, memory and interpretation (Mansell, Clark, Ehlers, & Chen, 1999). It is considered that giving attention firstly implies automatic processes while memory and interpretation of events imply both types of processes, automatic and strategic. Mathews and Milroy (1994) and Beck (1997) suggested that the nature of dysfunction if different from the level of processing it is produced at. They suggest also that anxious people are characterized by an excessive vigilance to threatening stimuli at automatic levels of processing and avoiding of these stimuli at tardive strategic levels.

Starting with the 80's four types of psychotherapeutic interventions were developed and imposed by efficacy studies: social skills training, exposing to stimuli, management of anxiety (relaxation, distraction, etc.) and cognitive therapy (Carkhuff, 2017).

Each of these methods was proved to work even if certain methodological proprieties, the design variability, quality of evaluation introduced a degree of uncertainty.

Many studies propose complex programs associating elements from several methods or even from the ones we have mentioned.

Brann (2015), Owen and Williamson (2015) define simple phobia as an irrational fear of an object, activity, or specific situation. A person with a phobia is afraid of situations or objects that are not a direct threat to him / her and is fully aware of the irrational character of his / her fear. Agoraphobia and social phobia are more complex and triggered by a greater number of stimuli or situations.

For a long time it was considered that social phobia is the consequence of a deficit of social abilities. Some authors affirmed that the deficit may intervene only among patients who present an avoiding type of personality disorder. Social competence implies mostly three main aspects: expressive, receptive and conversational abilities.

The first ones reunite verbal behavior (shape, content, structure, number of words, etc.), paraverbal behavior (voice, tone, fluence) and nonverbal behavior (visual contact, mimics, pantomimics, distance, etc.)

Receptive abilities refer to attention, expressing empathy, perceiving emotions and others. Conversational abilities include the capacity to initiate, maintain and end a verbal exchange. In time there were created and tested programs of developing social skills.

A standard program contains a presentation of techniques and the model made by the therapist, followed by discussion of several situations (conflict negotiation, expressing or receiving a compliment or critique, refusal, etc) after a fix agenda or one proposed by the beneficiary (Holdevici, 2009).

A solution is then presented by therapist and by modeling, or observational learning, behavioral rehearsal, feedback, role play and especially through in vivo homework between two sessions. The method seems to have given results especially with patients whose social abilities were truly deficient and not only underestimated. In all these programs it is hard to appreciate which is the active component which leads to the improvement: better social skills or exposure (Lambert & Bergin, 1994).

Exposing to social stimuli avoided by people expressing phobia implies an extremely detailed behavioral analysis to identify all situations which rise anxiety. For each problem as many information as possible is collected in order to tell which aspects provoke avoidance. But after this phase an individualized exposure program can be constructed. The essential part of the intervention consists in convincing the client or patient to look for situations which evoke the anxiogenic stimuli and stay in contact with it until the symptoms start to diminish their intensity. In generalized phobia hierarchies can be built so that the program starts with an upsetting situation but in which the patient can make a successful exposure from the first exercise which will motivate them to continue and will represent proof of efficacy of the method (Beck & Stanley, 1997).

Wells and Clark (1996) propose that the fundamental element is built by the case formulation. The patient interview allows gathering information regarding the automatic dysfunctional thoughts, avoiding behavior, anxious symptoms and the way the subject processes himself as a social object.

The descending arrow technique allows gathering necessary information to complete the model and allows the patient to observe the consequences of dysfunctional thoughts. The behavioral experiments represent one of the key elements for the interventions success and this is why they must the built carefully so that they allow the invalidation of some of the maladaptive convictions which characterize the pathological situation (Clark, Salkovskis, Hackmann, Wells, Ludgate, & Gelder, 1999).

Hypnosis can be used successfully in the treatment of social phobias for the following reasons (Brann, 2015; Owen and Williamson, 2015):

- Imaginary exposure to phobic situations in the hypnotic trance can trigger a state of anxiety;
- Due to this, the object or situation that causes the phobia should not be real to the client;
- The subject of hypnotherapy is the reduction of anxiety triggered in a state of hypnosis, which can also be transferred to real-life situations (Mairs-Houghton, 2012).

Patients presenting to psychotherapy for the treatment of phobias often do not progress sufficiently because they are afraid of having to cope with the object of their phobia. The therapist will have to make sure that no one will force them to do a compulsory exposure, the therapy being meant precisely to help them deal with the situations that cause them fear in their everyday lives. Psychological intervention can generate changes on an anxiogenic level. The way patients perceive their own symptoms and the development of the disorder represents important issues in cognitive –behavioral interventions (Holdevici & Crăciun, 2017).

References

Beck, A. T., & Clark, D. A. (1997). An information processing model of anxiety: Automatic and strategic processes. *Behaviour research and therapy*, *35*(1), 49-58.

Beck, J. G., & Stanley, M. A. (1997). Anxiety disorders in the elderly: The emerging role of behavior therapy. *Behavior therapy*, *28*(1), 83-100.

Brann, L. (2015). *The handbook of contemporary clinical hypnosis: theory and practice*. John Wiley & Sons.

Brewin, C. R. (1996). Theoretical foundations of cognitive-behavior therapy for anxiety and depression. *Annual review of psychology*, *47*(1), 33-57.

Carkhuff, R. (2017). *Toward effective counseling and psychotherapy: Training and practice*. Routledge.

Clark, D. M., & Wells, A. (1995). A cognitive model of social phobia. Social phobia: Diagnosis, assessment, and treatment, 41(68), 00022-3.

Clark, D. M., Salkovskis, P. M., Hackmann, A., Wells, A., Ludgate, J., & Gelder, M. (1999). Brief cognitive therapy for panic disorder: a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, *67*(4), 583.

Holdevici, I. (2009). *Tratat de psihoterapie cognitiv-comportamentală*. Editura Trei, Bucureşti.

Holdevici, I., Crăciun, B. (2017). *Hipnoza în psihoterapie*. Editura Trei, Bucureşti.

Lambert, M. J., & Bergin, A. E. (1994). The effectiveness of psychotherapy. *Handbook of psychotherapy and behavior change*, *4*, 143-189.

Mairs-Houghton, D. (2012). 3 Hypnotherapy and anxiety. *Hypnotherapy: A Handbook: A handbook*, *39*.

Mansell, W., Clark, D. M., Ehlers, A., & Chen, Y. P. (1999). Social anxiety and attention away from emotional faces. *Cognition & Emotion*, *13*(6), 673-690.

Mathews, A., & Milroy, R. (1994). Processing of emotional meaning in anxiety. *Cognition & Emotion*, *8*(6), 535-553.

Owens, J., & Williamson, A. (2015). Establishing Rapport. *The Handbook of Contemporary Clinical Hypnosis: Theory and Practice*, *89*.

Salkovskis, P. M., Hackmann, A., Wells, A., Gelder, M. G., & Clark, D. M. (2007). Belief disconfirmation versus habituation approaches to situational exposure in panic disorder with agoraphobia: A pilot study. *Behaviour research and therapy*, *45*(5), 877-885.

Schiffrin, H. H. (2014). Positive psychology and attachment: Positive affect as a mediator of developmental outcomes. *Journal of Child and Family Studies*, *23*(6), 1062-1072.