

Social Anxiety – CBT can help

Eoin Stephens MA, MIACP, MIAAAC

Eoin is a Director of CBT Solutions therapy practice, President of PCI College for counselling/psychotherapy education, and Founder of the Centre for Sexual Addictions.

Mary, 38, hates to stand in the queue at the supermarket checkout because she's afraid that everyone is watching her. One part of her knows that it's not really true, but she can't shake off the feeling. When she tries to talk to the cashier her voice comes out choked because of her anxiety. She feels she's making a fool of herself in front of the other customers. She becomes more and more self-consciousness and wants to run out of the shop.

Joe, 24, would love to go to parties, but the thought of meeting new people scares him. Too many people will be there and he won't know what to say. If he tries to talk to anyone they may reject him, even laugh at him. They'll think he is different – at the very least they'll sense his discomfort and that will put them off. So he spends most nights at home watching television because home is the only place he feels comfortable. Whenever he tries to tackle his loneliness by accepting an invitation to a party, he makes it impossible for himself by spending hours, even days, beforehand thinking about everything that could go wrong. Even if he then goes, he adds further difficulties by going late, leaving early, not talking to anyone and generally fulfilling his own prophecies. Afterwards he gives out to himself and analyses all the ways in which he made a fool of himself.

Michael, 18, always skips college on the first day of a new course because he knows that the lecturer will probably ask them to go around the room and introduce themselves. Thinking about this possibility makes him feel sick, because he is sure his anxiety will cause him to freeze up and look stupid when his turn comes.

In the Irish Times of November 17 2009, GP Dr. Harry Barry highlighted the prevalence of Social Anxiety as a problem, and identified Cognitive Behavioural Therapy (CBT) as the most effective therapeutic approach.

<http://www.irishtimes.com/newspaper/health/2009/11/17/1224258975527.html>

As a senior practitioner and teacher of CBT, I felt it would be useful to describe a little more about just how CBT can help with Social Anxiety problems, now thought to be the third most common mental health problem, after depression and substance abuse (it is thought to be a problem for about 8% of the population).

Social Anxiety

Social Anxiety (or Social Phobia) refers to symptoms such as

- acute self-consciousness, awkwardness and self-focus
- over-focus on anxiety symptoms such as blushing, shaking and sweating
- frequent embarrassment, feeling different, unwanted and negatively judged

(See below for full DSM-IV criteria).

While we all experience some social anxiety when we are in social situations outside of our comfort zones (e.g. attending a wedding where we know nobody), the extremeness of the above symptoms in some cases, and the huge extent to which they negatively affect some people's lives, are what leads us to diagnose Problematic Social Anxiety (often called Social Phobia or Social Anxiety Disorder). For the Socially Anxious person there is a constant fear of being negatively judged – social life is like one long nightmare job interview. They can never fully relax when there are others around, and so often tend to avoid social situations. In some cases there are particular worries and self-consciousness about anxiety symptoms such as blushing, sweating, shaking etc. These may of course be real, but are rarely as bad as the sufferer imagines.

Social Anxiety is not the same as shyness (a shy person may not be very confident in social situations, but they don't necessarily experience a high level of anxiety around them) or introversion (a personality characteristic – some people just like a lot of time alone). Nor or the Socially Anxious person's social skills necessarily poor, though they generally fear they are (and they may well be out of practice).

For some people these symptoms are experienced in all social situations, for others just in specific but important ones (e.g. meetings, presentations, speeches). Many sufferers manage to mask and cope with the problem to a certain extent, but only at the cost of quite a lot of damage to their life and happiness: they experience constant high levels of anxiety, and/or impose serious limitations on their social life, relationships, work, education etc).

Unfortunately, some also try to manage their anxiety using alcohol or other drugs, which can eventually lead to an addiction problem.

The loneliness and isolation that is the result of some people's Social Anxiety problem can lead them to depression and even ultimately to suicide.

CBT for Social Anxiety

Research has shown that CBT (Cognitive Behavioural Therapy) can be very effective in helping people with Social Anxiety. Sometimes people can help themselves by using a relevant CBT self-help book, e.g. Gillian Butler, *Overcoming Social Anxiety & Shyness: A self-help guide using Cognitive Behavioral Techniques*, but many need to see a Cognitive Behavioural Therapist for a number of sessions. The success rate for recovery using CBT is very good, and the therapy can often be relatively short-term (6-10 weekly sessions). If there are underlying Low Self-Esteem problems (i.e. the client tends to judge themselves very negatively as well as fearing the negative judgment of others) the therapy will need to be a bit longer. The good news is that CBT for Social Anxiety doesn't necessarily take longer just because the client has had the problem for longer.

CBT is based on the idea that how we think, how we act, how we feel and what goes on in our body chemistry all interact together, frequently leading to vicious cycles made up of anxious thoughts feeding anxious feelings, which lead to avoidance of feared situations, causing us to further find support for our anxious beliefs.

For Social Anxiety problems, the cognitive behavioural therapist helps the client explore their tendencies

- To worry and mentally rehearse for hours before social events
- To practice a range of "Safety Behaviours" in social settings (e.g. staying on your own, leaving early, drinking before going out, trying too hard to be "interesting")
- To carry out a thorough, self-critical, "post mortem" after social events.

Such habits of thinking and behaving are understandable, given the anxiety the sufferer feels, but unfortunately they all tend to further exacerbate and perpetuate the problem. The Cognitive Behavioural Therapist and client work together to change these ingrained habits by identifying habitual thoughts (e.g. 'what if somebody sees me blushing'), beliefs (e.g. "people will think I am weak"), and patterns of thinking (e.g. common cognitive distortions/thought filters such as All or Nothing Thinking, Discounting Positive Feedback, Mind-reading, Emotional Reasoning, and Catastrophising - see full list below), which can be questioned and tested. Even getting a clear picture of these can take some of their power away. The next step is to reality-test some of these in an experiential way, through planned behavioural experiments (e.g. going to a cafe and observing that not *everyone* is looking at you). People who believe that they blush "as red as a fire engine" may need to take the step of seeing themselves on video when they are blushing (e.g. when describing an embarrassing moment to the therapist), so that they can see that the reality does not match their fears.

One crucial step is that the socially anxious person has to, at some point, begin to drop some of their safety behaviours, and see what happens. This may mean e.g. not preparing what to say in advance, not trying to agree with everyone, not bringing a huge present to a dinner party, etc. They gradually begin to see that not only are people not judging them all the time (only sometimes, and maybe they can survive this!), but that they are not even in other people's minds most of the time.

One client's story

I started CBT in the spring of last year and it “changed my life”, and to those of you that like to avoid clichés I think something closer to the truth is that it changed my perspective on life. I'd come to a point where I needed to do something about the shape my life was in. I'd been drinking heavily and unhappily for years, my career was not the career I'd trained for and was certainly not one that I loved. My life was lacklustre and I felt I was paddling in a rapidly decreasing circle rather than moving forward.

I'd had a nervous breakdown 5 years previous to starting CBT and though I had successfully pulled myself out of it, some residue remained; I felt ugly, unlovable and talentless, and I lacked any shred of confidence. In large groups I would happily sink into myself and avoid taking any focus. Life was generally a terrifying prospect.

A close friend suggested CBT might be ideal for me, as it was about dealing with issues in the present tense rather than wading through the past, which is common to most conventional talk therapies.

Through working with my therapist over the course of several weeks I discovered I'd been suffering from “social anxiety” and when I went through the symptoms a huge wave of relief passed through me; I wasn't the only person in the world to feel this way! A paralysing fear of public situations was not a normal state of being, and getting hammered to deal with them was not the best approach to take! My “real” self had been held back by “social anxiety”.

The process of CBT liberated me; I returned to my original career with much success, I can speak in large groups and I respect myself. And though life still keeps throwing challenges my way, CBT has given me the tools to face those challenges head-on with courage.

Criteria for Social Anxiety Disorder/Social Phobia

from *Diagnostic & Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*:

- A. A persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others.
The individual fears that he or she will act in a way (or show anxiety symptoms) that will be embarrassing and humiliating.
- B. Exposure to the feared situation almost invariably provokes anxiety, which may take the form of a Panic Attack.
- C. The person recognizes that this fear is unreasonable or excessive.
- D. The feared situations are avoided or else are endured with intense anxiety and distress.
- E. The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine, occupational (academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

TYPES OF COGNITIVE DISTORTION

1. All-or-nothing thinking: You look at things in absolute, black-and-white categories.
2. Overgeneralization: You view a negative event as a never-ending pattern of defeat.
3. Mental filter: You dwell on the negatives and ignore the positives.
4. Discounting the positives: You insist that your accomplishments or positive qualities "don't count."
5. Jumping to conclusions: (A) Mind reading: you assume that people are reacting negatively to you when there is no definite evidence for this; (B) Fortune-telling: you arbitrarily predict that things will turn out badly.
6. Magnification or minimization: You blow things up way out of proportion, or you shrink their importance inappropriately.
7. Emotional reasoning: You reason from how you feel: "I feel like an idiot, so I really must be one." Or "I don't feel like doing this, so I'll put it off."
8. Should statements: You criticize yourself or other people with "shoulds" or "shouldn'ts." "Musts," "oughts," and "have tos" are similar offenders.
9. Labelling: You identify with your shortcomings. Instead of saying, "I made a mistake," you tell yourself, "I'm an idiot," or "a fool," or "a loser."
10. Personalization and blame: You blame yourself for something you aren't entirely responsible for, or you blame other people and overlook ways that your own attitudes and behaviour might be contributing to a problem.