

Cognitive Behaviour Therapy to Treat Social Anxiety Disorder: A Psychology Case

Yasmin Binti Othman Mydin, Mohd. Fadzillah Abdul Razak

Abstract—Rational Emotive Behaviour Therapy is the first cognitive behavior therapy which was introduced by Albert Ellis. This is a systematic and structured psychotherapy which is effective in treating various psychological problems. A patient, 25 years old male, experienced intense fear and situational panic attack to return to his faculty and to face his class-mates after a long absence (2 years). This social anxiety disorder was a major factor that impeded the progress of his study. He was treated with the use of behavioural technique such as relaxation breathing technique and cognitive techniques such as imagery, cognitive restructuring, rationalization technique and systematic desensitization. The patient reported positive improvement in the anxiety disorder, able to progress well in studies and lead a better quality of life as a student.

Keywords—Anxiety, behaviour, cognitive, therapy

I. INTRODUCTION

ANXIETY is usually experienced while anticipating events that can be challenging or threatening. In the Diagnostic Statistical Manual of Mental Disorders (TR-IV), [1] anxiety is defined as “the apprehensive anticipation of future danger or misfortune accompanied by feeling of dysphoria or somatic symptoms of tension”. REBT is an effective cognitive and behavioural therapy which is widely used in treating psychological problems.

This paper aims to present a psychology counseling process to treat a social anxiety disorder with the use of cognitive and behavioural techniques as suggested by Rational Emotive Behaviour Therapy (REBT). The patient was referred for a psychology counseling session by a psychiatrist. The therapy was conducted in a mental health hospital in East Malaysia. The patient was introduced and explained about the therapeutic procedure. The therapeutic process was conducted with the use of systematic cognitive and behavioural techniques.

II. DEMOGRAPHIC PROFILE OF THE PATIENT

The patient is 25 years old male. JCD (not his actual name) is a Malaysian, an undergraduate medicine student (4th year) of a public university in Malaysia. He does not experience any physiological illnesses. The medicine prescribed by a psychiatrist to treat the anxiety for the past 8 month prior to counseling was Lexapro (Escitalopram Oxalate) 20 m.g., to be taken one tablet daily at night.

Yasmin Othman Mydin is attached with Universiti Malaysia Sarawak, East Malaysia. (Telephone no: 0162823109; Fax: 082-422564; e-mail: omyasmin@fmhs.unimas.my)

The patient was referred for psychotherapy by this psychiatrist for him to learn strategies to manage the anxiety. This patient was treated in a mental health institution in Kuching, Sarawak (East Malaysia). While going through the therapy sessions, the patient continued taking the medication.

III. PRESENTING PROBLEM

According to the patient, he has been experiencing social anxiety ever since he was studying in school, but at that time, the anxiety did not interfere with his daily functioning. However, none of his family members experience any kind of mental illness. Incidentally, prior to his attendance for counseling session, about 2 years ago, JCD met with a car accident and he experienced Post Traumatic Stress Disorder (PTSD). He was referred to a psychiatrist to receive treatment for the PTSD. Due to this traumatic experience, he initially took study leave for about 1 year. After a year, he had recovered from the PTSD, such as no experience of recurrent of distressing dreams of the event, overcome sleep problem and no fear to drive again. However, he extended his leave for one more year largely because of his social anxiety. He also believed that PTSD might have contributed to the feeling of anxiety. PTSD may go beyond being reminded of the traumatic event and cause restrictions to daily activities and one of the symptoms experienced is anxiety[6].

He felt intense fear when he anticipated the idea to go to the faculty and to meet up with his class-mates. He thought that they should have negative ideas about his long absence, furthermore some of them knew that he was referred to a psychiatrist to treat his PTSD. He is afraid that they may question him about his absence and he indoctrinated his friend's negative perception about his absence from study and about his psychiatric treatment for the PTSD experience. He was anxious thinking of the questions they might ask him.

His level of anxiety was assessed with the 10-point scale. Therapist can identify the level of anxiety in a patient at a 10-point scale [5]. At the initial stage of the counseling process, the patient reported his level of anxiety was 9 (intense anxiety) out of 10. During the counseling process, it was determined that this patient meets the diagnostic criteria of social anxiety disorder as suggested in DSM-IV such as: 1.A marked and persistent fear of one or more social or performance situations in which the individual face unfamiliar people or to possible scrutiny of others. 2. The exposure to the feared social situation almost invariably creates anxiety which may be bound by the situation or situation predisposed panic attack due. 3. The individual realizes that the fear is excessive and reasonable. 4.

The feared situation or performance is avoided otherwise the person will experience anxiety or distress. 5. This anxious anticipation interferes with the individual's normal routine such as occupational or academic functioning. 6. The fear is not due to physiological effects of a substance.

IV. PSYCHOTHERAPY THEORY AND TECHNIQUES

Rational Emotive Behaviour Therapy (REBT) was developed by one of the prominent psychologist Albert Ellis. It is a comprehensive approach to treat psychological problems that encompasses cognitive, emotional and behavioural techniques. According to REBT, irrational thoughts are the main cause for most neurotic disturbances. Cognitive behaviour therapy assumes that reconstruction of one's self statement will result in a corresponding reorganization of one's behaviour [3]. It uses a scientific way to dispute the dysfunctional belief system. When one disputes the negative beliefs, then he or she will gain effective emotion or behaviour. It is an active, directive and didactic kind of approach which uses various techniques systematically. The therapist informed to the patient that these strategies can also be applied to manage other issues in life.

V. THERAPEUTIC PROCESS

At the initial stage, the therapist built up rapport and gained consent from the patient to proceed with the sessions by using REBT. The therapist also made sure that the patient felt comfortable to go through the counseling process. This was followed by an explanation about REBT and the process of the therapy such as the behavioural technique which include relaxation breathing technique and followed by cognitive techniques such as imagery, philosophical restructuring, rationalization (A-B-C-D-E technique) and cognitive desensitization. The process of the therapy also included structured homework, the therapist informed the responsibilities of the patient to play an active role during the therapeutic session and in real-life situation to gain a successful outcome. The process of the therapy and the follow-up sessions was done in 5 sessions. The sessions were terminated upon the request of the patient. However the patient was encouraged to make appointments for further sessions whenever needed.

A. Psycho Education

JCD was explained that current cognitive process had an effect on his current emotional and behaviour functioning. Thus, by applying cognitive methods, it may help to develop rational thoughts to achieve positive changes for the present issue. The patient and therapist will together explore the cognitive process and dispute the irrational thoughts that he indoctrinated. The therapist noticed that this patient had good motivation to gain positive changes on his present issue.

B. Behavioural Technique

Relaxation reduces physiological arousal and it is one of the important techniques used to treat anxiety. The session was started with relaxation breathing technique. This helps the patient to learn how to relax and once he is more relaxed, he

will be more prepared to proceed with cognitive techniques while in the session. Relaxation technique is able to decrease feeling of anxiety and able to control cognitive function such as concentration [5].

JCD was taught the steps involved in relaxation breathing technique. The patient was requested to close eyes and follow the instruction given by the therapist. He was taught to perform deep relaxation breathing and begin to focus on forehead and move the focus gradually step by step down to the toes. The therapist instructed the steps involved and he performed the relaxation. It took about 15 minutes to complete this relaxation. He reported that he felt more relaxed but could not feel completely calm as he did not focus well. He was encouraged to practice this at home (as a behavioural homework) and whenever he feels anxious. Relaxation training is a learned skill, and frequent practice improves the skill [5].

C. Cognitive Restructuring Steps

JCD was educated on the 5 philosophical restructuring in order to help him gain more effective emotion and behavior. The philosophical restructuring are: he should fully acknowledge that he is responsible for creating his dysfunction emotion or behaviour, accept the fact that he has the ability to gain positive changes, recognize that ineffective emotion and behaviour are caused by irrational beliefs, he need to clearly perceive these beliefs and he has to work hard to gain positive changes.

D. Cognitive Techniques (Rationalization)

REBT suggested the use of scientific method to challenge the irrational thoughts. According to this theory, people have tendency to think irrationally when they face any problematic events in life. It is the irrational belief which largely contributes to the dysfunctional emotion and behaviour but not the events. In order to gain rationalization, the patient was taught to observe, evaluate and dispute the distorted thinking. The therapist explained to the patient about the A-B-C-D-E framework which is used to gain rationalization. A is the activating event, B is belief system, C is consequences, D is dispute and E is effective emotion or behavior. It educates the patient to dispute the negative belief system. As a result of the dispute, he may gain effective behaviour or emotion.

A-B-C-D-E Framework

Activating event- to return to faculty to continue his study.

Belief system- people may have negative perception about his long absence

Consequence- anxiety

Dispute-The therapist confronted the patient by asking; where is the evidence that ensures that they would have negative perception about his absent from studies. People will normally have various perceptions on any matters. The therapist suggested that he may give the reason to his class-mates that he was away for personal reason. The patient agreed with this suggestion. (Therapist encouraged the patient to gain more ideas to dispute his irrational thoughts)

Effective- effective emotion: minimize anxiety

E. Cognitive Homework

JCD was encouraged to do the cognitive desensitization repeatedly until the anxiety reduces significantly. He was also suggested to do cognitive homework by writing down his self-defeating beliefs and use the A-B-C-D-E framework to dispute the irrational beliefs, as repeated practice helps to improve better. He may evaluate his idea to gain concrete statements to dispute the irrational belief.

F. Cognitive Techniques: Imagery

After gaining rationalization, then imagery technique was conducted. As a psychological preparation to go to university, the therapist guided JCD to imagine his faculty, meeting class-mate and lecturers and attending to their questions by being calm and confidently answering the questions appropriately.

G. Desensitization

Systematic desensitization was developed by Joseph Wolpe (1958) to alleviate anxiety by pairing relaxation with imagined situation which cause the individual's anxiety. Relaxation will become conditioned with the anxiety if the anxiety provoking situation is imagined with relaxation [7]. Desensitization is an effective method to reduce fear. There are 2 cognitive interpretations of desensitization, such as, the situation is not threatening and it helps one to develop rational thoughts [5].

He was taught to imagine moving gradually close to faculty until the situation or the scene reduces the anxiety. He was taught to experience relaxation while imagining the real-life situation, so that he will experience less discomfort. The hierarchy of the situation imagined was:

1: The situation at home while preparing to leave to university by pairing with relaxed feeling. 2: Driving toward faculty. 3: Reaching about 300 meters away from university. 4: Turning into the junction that leads to faculty. 5: Reach the entrance and drive into the parking area. 6: Walk into faculty. 7: Meet up with class-mates and speak to them appropriately and calmly.

Comment: The patient commented that the images appeared reasonably clear in his imagination.

VI. REAL-LIFE EXPERIENCE

A. The First Visit to Faculty

This first visit was to complete some documentation pertaining to his registration.

As he reached to the institution he experienced some anxiety, he was sweating and trembling. He did the relaxation breathing technique to calm down himself.

Report by patient: The cognitive desensitization helps him to reduce the fear. However, he was unable to focus well while doing the relaxation breathing technique. There was no significant improvement in his anxiety yet.

B. The Second Visit

The second visit was to meet with a professor with regards to his study. Once again the patient practiced the cognitive desensitization before leaving the house. As he reached to the faculty, there was not much sweating and trembling.

He practiced the breathing technique before meeting his professor. He was able to give a better focus on the relaxation breathing process.

Report by patient: He was experiencing some anxiety before meeting the professor, however the breathing technique did help him to feel more calm.

C. Upon Commencement of Semester (First Week)

He practiced the cognitive desensitization and applied the A-B-C-D-E technique to rationalize about his class-mate's perception towards him. Once again he tried to do the relaxation breathing technique, with a better focus.

A-B-C-D-E technique used

Activating event: return to faculty to continue study

Belief system: my class-mates would have negative perception about me to have taken a long break from studies.

Consequences: experienced anxiety

Dispute: There are other friends who also repeated the semester. Furthermore he thought that, if they are unable to understand the illness of others than it is not appropriate for them to become medical professionals. (Patient's own idea to dispute).

Effectiveness: positive improvement in anxiety, less fear to attend classes

Report by patient about anxiety: He found that this idea to dispute is effective in gaining rationalization. The anxiety level reduced from 9 to about 7 (moderately strong anxiety) by the end of 1st week.

D. Second Week

He repeated the cognitive desensitization technique and the rationalization process. He had started to interact better with his class-mates.

Report by patient about anxiety: Less fear and he tried to focus on his studies too. The anxiety level reduced to about 6 and 5 (moderate anxiety).

E. Third Week

While in the process of gaining effective rationalization and reduced anxiety, he also managed to make new friends. He felt more comfortable with his surroundings and additionally he was able to concentrate better on his studies. His self-confidence increased. He is progressing well in his studies. Level of anxiety was 3 (mild anxiety).

VII. RESULTS

Overall feedback by patient: Cognitive desensitization gave positive changes to manage his anxiety. It reduced the fear gradually. 'I have learned valuable strategies to manage my anxiety'. 'The A-B-C-D-E framework helped me to challenge the distorted thinking thus helped me to face class-mates with less fear'. 'I didn't know that CBT can be effective, it has actually helped me to minimize my anxiety'. 'I am glad to be able to continue my studies, get along with class-mates and I am going through a comfortable life as a student'. 'I am now progressing well in my studies'.

Through repeated practice, JCD reported reduced fear to the social situation. The situation does not provoke anxiety as highly as it was before. Regarding the issue on scrutiny of his class-mates, he practiced the rationalization to overcome the irrational belief. Overall, within about 2 to 3 months, his anxiety level reduced to 3.

VIII.CONCLUSION

The experience of anxiety may interfere with daily function of an individual. Along with the medicine and having learned concrete strategies to manage the anxiety, it helped the patient to improve in the normal routine functioning. Rational behaviour and emotive therapy was applied in this counseling process to treat social anxiety disorder. This psychotherapy provides systematic approach and educational strategies for the patient to learn to manage the anxiety. Even though the patient is yet to gain complete improvement in his anxiety, however, most importantly the patient has learned the strategies to be used to deal with his fear. JCD found that the cognitive techniques were good method to learn how to rationalize, fight the fear and anxiety. Relaxation breathing technique helped relax his mind and reduced the nervousness. There was an improvement in nervous feeling and less palpitation compared to usual. JCD reported a positive improvement in his anxiety level, which reduced from scale 9 to 3. Overall as a student, his academic function has improved.

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