Psychotropic Treatment of Social Anxiety

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ABSTRACT

This paper shall discuss the historic and current uses psychotropic medications for the treatment of social anxiety as well as whether psychotherapy, psychotropic medications, or both should be used in the treatment of this disorder. A comparison of other literature with a basic perspective of those studies; what this author's topic holds for the future and a consideration of the evolution of said topic from a historic viewpoint shall also be discussed.
Psychotropic Treatment of Social Anxiety

As determined by surveys across the United States, 40% of persons believe themselves to have chronic shyness to the level that it hinders them in many situations (Antony & Swinson, 2000). Likewise, 40% of individuals considered themselves to have overcome their shyness whereas only 5% of individuals stated that they had never had an issue with shyness (Antony & Swinson, 2000).

These are interesting findings as they lead us to consider the overwhelming amount of persons who suffer from clinical distress that stems from social anxiety.

For the purposes of this paper, the author shall discuss the historic and current uses of psychotropics for the treatment of social anxiety; what approaches and theories she shall employ; whether the use of psychotropic medications, psychotherapy or both should be used in the treatment of this disorder; why she has chosen this topic, including professional and personal reasons; what she hopes to gain and why is it so significant to do so. The author shall also discuss the goals and objectives of the larger central issue; give a literature review of the other studies that relate to hers along with the basic perspectives of those studies; discuss historic movements, perspectives, and theories that address her topic along with the major theorists, contributors, movements; discuss what her topic holds for the future and considers the evolution of her topic from a historic perspective.

Purpose of the Paper

This paper shall examine the historic and current uses of psychotropics and psychotherapy in the treatment of social anxiety and shall determine the most effective treatment in attending to this disorder.
I will accomplish this by first examining the gender differences as they present in social anxiety such as fear when entering a room or urinating in a public restroom (Antony & Swinson, 2000). Next, I will discuss the prevalence of social anxiety across cultures in the United States, Canada, Puerto Rico, and Korea as diagnosed under the criteria according to the DSM-V-TR.

I will then discuss skills training in the treatment of social anxiety. As per Curran (1977) social anxiety, when researched amongst heterosexual individuals has been determined to be a classically conditioned response. Therefore, systematic desensitization has been reported to be, among others, a successful intervention.

Next, I will discuss the therapeutic effects of various other pharmacological treatments on individuals with social anxiety disorder.

Lastly, I will explore CBT as a means of psychoeducation which generally includes two to four twofold sessions including how it presents and an introduction of the CBT model (Rosenberg, Ledley & Heimberg, 2010).

The reason I have chosen to do this topic is because I suffer from this disorder and I know how intensely challenging it can be to live with on a day to day bases. Also, my social phobia has led to, as has been researched in Rosenberg et al (2010), the occurrence of my agoraphobia, and posttraumatic stress disorder. Social anxiety is an important topic to research since it has been found that according to the National Comorbidity Survey Replication, (NCS-R; Kessler, Berglund, Demler, Jin, Merikangas & Walters, 2005) 81% of people who suffer from this disorder met the criteria for one other psychiatric diagnosis. Likewise, social phobia is the common disorder, with 12.1%
having suffered from the disorder at some point in their lives and 6.8% suffering from the disorder in the past year (Kessler, Chiu, Demler, Merikangas, & Walters, 2005).

**Goals/Objectives**

Goal 1. To determine which gender is more prone to social anxiety disorder  
Objective: As is determined by the structured clinical interview (SCI-SHY) and the corresponding self-report questionnaire (SHY-SR).

Goal 2. To determine an effective treatment in heterosexual social-anxiety.  
Objective: Critically evaluating a social skills training approach

Goal 3. The effectiveness of SSRIs as a means to treat social anxiety  
Objective: As determined by pharmalogical trials of citalopram

Goal 4. The effectiveness of Cognitive Behavioral Therapy as a means of psychoeducation  
Objective: By teaching how social anxiety disorder presents

**Gender Difference as They Present in Social Anxiety**

Recent studies has shown that amidst children, boys are less apt to be fearful than are girls. In a sample of adolescents, 70% who were diagnosed with social phobia were girls (Beidel & Turner, 2007a), although in one treatment seeking sample only 44% of adolescents diagnosed with this diagnosis were girls (Beidel & Turner, 2007a) according to the structured clinical interview (SCI-SHY) and the corresponding self-report questionnaire (SHY-SR). In the adult population the ratio of women to men appears to be equal as well. Likewise, the ratio of men to women who seek treatment for this disorder is parallel. Therefore, the majority of epidemiological research has shown that
there are relatively insignificant variations in the prevalence of social anxiety disorder among males and females.

**Skills Training**

Researchers have hypothesized that heterosexual social phobia is the direct outcome of classical conditioning of which are cued by aversive stimuli (Curran, 1977). Conditioning may be real or imagined. Since systematic desensitization has been successful in such incidents, there is indirect evidence that “classically conditioned episode can be the source of heterosexual social anxiety” (Bandura, 1969). Skills training are the teaching of the socially anxious individual how to overcome his or her faulty perceptions of his or her real or imagined performance and the expected negative outcome of such behaviors. In a study conducted by Clark and Arkowitz (1975) individuals with both low and high social phobia interacted with their male or female counterparts. Studies were conclusive that those who experienced low social anxiety were accurate in their perceptions of how others viewed them but those who were high in this area misconstrued their performance rating. Skills training assist’s these individuals with accurately recalling past memories for positive feedback and overcoming “negative feedback directed at themselves” (Smith & Sarason, 1975, p. 425).

**Pharmacological Treatments**

Research for the effectiveness of pharmacological agents in the treatment of social anxiety disorder is on the rise. At one time, tricyclic antidepressants (TCAs) were considered the primary agent in the combat against anxiety. These days selective serotonin reuptake inhibitors (SSRIs) are now the most highly regarded agents for this disorder. Unlike TCAs, SSRIs do not cause cardiotoxicity and the need for a restrictive
diet is unnecessary. They are also unlikely to produce “weight gain, dry mouth, and sedation (Beidel & Turner, 2007b, p. 175).

Citalopram is a selective SSRI. According to Beidel and Turner (2007b) “in one of the few pharmacological trials specifically addressing comorbidity, the efficacy of citalopram for patients with primary social anxiety disorder and comorbid major depression was examined” (p. 180). Citalopram was found to be effective in the treatment of major depression in a 12-week trial. Likewise, in said study, symptoms of depression were found to respond sooner than social phobia symptoms. Therefore, it was the conclusion of this study that there is insufficient data with which to determine whether citalopram can grant full recovery from social anxiety when there is a comorbid condition.

**Cognitive Behavioral Therapy as a Means of Psychoeducation**

Social anxiety disorder is a highly immobilizing mental illness that is characterized by “a marked or persistent fear of social or performance situations” (American Psychiatric Association, 1994, p. 411). Events that can trigger this disorder include speaking at social events, conversing with others and performing actions such as eating and drinking in public. Physiologically, persons with this disorder often report shaking and sweating in public situations (Jack, Heimberg, & Mennin, 1999). Therefore, individuals with social anxiety disorder often find themselves attempting to avoid social events or partaking in subtle avoidance (Wells et al., 1995).

There has been an overwhelming amount of research on cognitive-behavioral therapy (CBT) as it pertains to social phobia. It generally includes two to four sessions based on psychoeducation and its purpose is twofold. First, the counselor educates the
client about its “etiology, maintenance, and presentation” (Rosenberg, Ledley, & Heimberg, 2010, p. 66), as well as introduces the CBT model. Next, the sessions allow time for the therapeutic relationship to build which creates a foundation and acts as a lead in to the next phase which is considered by many clients to provoke anxiety which is exposure therapy. This includes the therapist exposing the client to anxiety provoking situations, either real or imagined. Lastly, cognitive restructuring takes place. This occurs when clients identify their automatic thoughts and recognize faulty thinking as it pertains to them. They then learn to challenge these thoughts with healthy alternatives.

Literature Review

Individuals everywhere must poses social skills in order to function. Persons who have social anxiety are believed to be lacking in such skills (Angelico, Crippa, & Loureiro, 2010). The literature analyzed suggests that high amounts of social anxiety negatively affect “…social performance, academic performance, communication skills, interpersonal perceptions, and social competence” (Angelico et al., 2010).

In Wenzel, Graff-Dolezal, Macho and Brendle (2005), couples were assigned three different discussion topics which ranged from neutral to positive. They were instructed to hold a dialogue for 10 minutes.

In a study by Christensen, Stein, and Means-Christensen (2003) the participants were instructed to rate themselves, their interactions with others and their perceptions in a 9-point ranking scale.

In a study by Thompson and Rapee (2002) participants were instructed by researchers to interact among themselves as if they were in a party setting and attempting to get to know one another better. They were informed that they were being recorded.
These three studies reveal that when social interactions are moderated, the subjects tended to perform at a higher level. They also had an overall positive impression of themselves in interactions with others and a lower self-report of anxiety.

**Theories that Address Topic**

Both genetic and environmental theories have attempted to account for social anxiety. Buss (1980) argued that social phobia may be the outcome of a fearful temperament induced by excessive or underdeveloped socialization skills.

The learning theory is the belief that social phobia is a learned reaction, by either operant, classical conditioning or by learning from others, to environmental stimuli. Research has found that approximately 60% of individuals who suffer from this disorder can identify, with certainty, a time in their lives when they were embarrassed or humiliated preceding the onset of their disability (Mattick, Page & Lampe, 2005).

Interpersonal theorists have indicated that people who suffer from social anxiety disorder have problems with their social skills. According to a study by Segrin and Kinney (1995) individuals with this disorder viewed their social skills in a more negative light than did well functioning individuals.

**Philosophical Precursors and the Future**

The concept that social anxiety can be a positive influence in ones life is known as Morita’s philosophy. Its’ foundations lie in a Japanese therapeutic approach and was developed by Dr. Shoma Morita in the 1920s. “One of the key concepts in Morita’s approach is the focus on accepting social anxiety related feelings as a part of human life, and transforming these anxiety feelings into positive energy to initiate effective and healthy actions in life” (Chen, 1996, p. 5). In other words, through the Morita philosophy,
individual’s are able to learn how to positively live with social anxiety rather than eliminate the feelings altogether.

**Conclusion**

Although some literature suggests that girls are more prone towards social anxiety, it is the overwhelming consensus that girls as well as boys are virtually equal on the spectrum. Likewise, the ration of men to women who seek treatment for this disorder is parallel. Researchers have also hypothesized that heterosexual social phobia is the direct outcome of classical conditioning of which are cued by aversive stimuli (Curran, 1997). Studies for the effectiveness of pharmacological agents in the treatment of social anxiety disorder are on the rise. At one time, TCAs were considered the primary agent in the combat against anxiety. These days SSRIs are now the most highly regarded agents for this disorder. There here has been an overwhelming amount of research on CBT as it pertains to social phobia. It generally includes two to four sessions based on psychoeducation.

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References


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