

Social argued that cbt  
confuses the  
symptoms of

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Social phobia is a disorder where people have fear of being negatively assessed by the society and eventually avoid contacts within the society after showing significant symptoms of anxieties in social situations.

(“ How to Deal with Social Anxiety, Social Phobia and Shyness | THIS WAY UP,” 2018). This essay will critically evaluate both the effectiveness and ineffectiveness of Cognitive Behavioural Therapy (CBT), drug medications, such as antidepressants and anti-anxiety drugs, and the combination of psychological and medical therapies to treat social phobia. CBT is a therapy that aimed to shift irrational to rational thinking in a particular fear of people with social phobia by applying gradual exposure to the feared situation (“ How to Deal with Social Anxiety, Social Phobia and Shyness | THIS WAY UP,” 2018). New studies confirm the effectiveness of CBT in coping anxiety, such as social phobia (Myers & Dewall, 2015). This form of therapy is extensively implemented today in the society as it requires less time to complete and has an affordable price to obtain. Folenbee (as cited in Carlson, Miller, & Heth, 2010) suggested the effectiveness of CBT as it produces almost the same modification in brain activity as several drug therapies do. In addition, the outcomes of many cases stated that CBT can eliminate the problem without investigating the past (Carlson et.

al., 2010). CBT come up to be very effective in treating social anxiety in a short amount of time. Mostly, this therapy can be done within 16 sessions and as the outcomes, patient with anxiety symptoms of social phobia are supremely reduced or even disappear in several cases. Without questioning the method of delivering CBT, CBT for social phobia is effective to be delivered both in an individual or group-format principle (Bressert, 2018).

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On the contrary, researchers continually argue about the ineffectiveness of CBT to treat social phobia. First, Sun (2009) argued that CBT confuses the symptoms of social phobia with its cognitive causes. Supported by another finding, CBT only focuses on the symptoms rather than considering the unconscious mind as an important matter (Michaelson, 2016). CBT tends to forget the existence of superego, it puts more emphasis to the favour of the ego or the mind and forgets the possibility of the rational mind that could override the rational emotions (Michaelson, 2016). Sun (2009) also argues that the self-focused cognitive model that is addressed by CBT place a strong concern on investigating the association between negative thoughts and mental dysfunction but ignored the tendency of why individuals choose to be more focus on their negative thoughts when the positive evaluation of self is more accurate. Another criticism addressed to CBT is the fact that this treatment cannot be applied to all types of social phobia since there are groups of people with social phobia who are unaware of social behaviours and others who experienced lack of social skills (“ Limitations of CBT For Social Phobia Psychology,” 2013).

Aside from the psychological approach, authorised psychologist might use psychopharmaceutic approach to treat the symptoms of social phobia. A type of antidepressant called Effexor has the ability to reduce the symptoms of social phobia which take 6-8 weeks until the patient starts to feel the full healing effects of the medication (Bressert, 2018). Another type of drug, benzodiazepines are also used to reduce the symptoms of social phobia, however, this specific type of drug are rarely prescribed for social phobia disorder as it can act as a tranquillizer. Benzodiazepines are necessarily and

effectively used in a specific circumstance such as an unexpected public speaking as they act quickly in a short-term (Bressert, 2018). A criticism that mostly applies to drugs treatment especially antianxiety drugs is the high tendency of addiction that might cause by it. After a substantial use of antianxiety drugs, people who quit consuming them may attempt an increase in anxiety, insomnia and other symptoms (Myers and Dewall, 2015). Many researchers have come up with an idea of combining both psychotherapy and psychopharmaceutic method to treat social phobia. It is highly recommended nowadays for psychologists and clinicians to mix drugs and psychological therapies to treat social phobia, aiming to make the success rate higher and to meet the demands of various types of clients with varied conditions regarding their social phobia (" Limitations of CBT For Social Phobias," 2013).

Myers and Dewall (2015) argued that antianxiety drugs presented frequently effective results when combined with psychotherapies due to its ability to simplifies the extinction of fears. An attempt shows that the drug supplements the advantage of exposure therapy in CBT (Davis, 2005; Kushner et al., 2007 cited in Myers and Dewall, 2015).

In contrast, Black (2006) suggested that an analysis of verified research was not able to confirm the supremacy of combined treatment over monotherapy. It is because no evidence found for the effectiveness of the combined therapy, and although many researchers recommend a combined treatment is more adequate, evidence are finite. However, although a strong evidence has not yet been found for social phobia, there is a tendency that

combined treatment also might give eminent effects for social phobia's therapy (Cuijpers et. al.

, 2014). Ultimately, existing treatments for social phobia will keep developing and new treatments will be invented in the future. Every psychology researcher will keep on critically evaluating the existing methods such as CBT, antianxiety medications, antidepressants and combined treatment to manage social phobia in order to provide the best treatment on the future.