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Cognitive Behavioural Therapy for Social Anxiety Disorder: A Case Report from an Indian Clinical Setting

Divisha Rastogi

Clinical Psychologist, Indian Institute of Management Lucknow

Abstract

Background: Social anxiety disorder (SAD) is a disorder marked by intense fear of social judgement leading to avoidance behaviours. Cognitive behavioural therapy (CBT) is considered one of the best treatments of choice.

Case Presentation: This case reports, a 38-year-old female, who had long-standing complaints anxiety in social situations, interpersonal avoidance leading to impairment and distress in social and personal life. A structured CBT intervention incorporating psychological assessments, psychoeducation, cognitive restructuring, graded exposure, and relaxation training was done over a period of 7 months.

Results: A considerable decline was seen in the anxiety symptoms, maladaptive cognitions as well as in state and trait anxiety. There was functional improvement which comprised of better social engagement and professional performance.

Conclusion: The findings support the effectiveness of CBT in the treatment of social anxiety disorder and point out its relevance in the clinical practice within the Indian context.

Keywords: Social Anxiety Disorder; Cognitive Behavioural Therapy; Case Study; Exposure Therapy; India

1. Introduction

Social anxiety disorder (SAD) is characterized by a marked and persistent fear of social or performance situations in which the individual is exposed to possible scrutiny. It often leads to avoidance behaviours and significant impairment in social, occupational, and interpersonal functioning.

The Clark and Wells (1995) cognitive model proposes that social anxiety is sustained by a self-perpetuating cycle of "negative self-perception, intense self-focused attention, and the use of safety behaviours", rather than just dreading the social situations. It postulates that people with social phobia perceive social situations as hazardous, activating anxiety and causing them to monitor their performance internally preventing them from recognizing any positive external sign.

This paper presents a detailed case report illustrating the assessment, formulation, and treatment of SAD using Cognitive Behaviour Therapy (CBT).

2. Case Presentation

An average built female of 38 years of age, belonging to middle socioeconomic class and urban background came with the chief complaint of anxiety in social situations, fear of interacting with others

and embarrassing oneself. Onset was insidious and course was progressive. Family history reveals bipolar disorder in her mother. Pre-morbid personality of the patient indicated that she was a shy and introvert individual even as a child. She used to feel lack of confidence and this led her to have negative thoughts about herself and was afraid of being scrutinized by others hence tried to avoid social situations whenever possible. In social situations, she experienced physiological symptoms of anxiety such as sweating, tension, shaky voice and a pounding heart. She reported that she experienced extreme anxiety in the presence of others and thought that other people are very confident in public and that she is the only one who is not. This led her to avoid making friends.

She also feared that she will say something silly which would lead others to have a negative perception about her. In group setting, she found herself being unable to communicate proficiently with others and felt out of place. She finds it difficult to talk to someone, as she finds it difficult to initiate a conversation, leading her to become incredibly self-conscious.She also had low self- esteem and found it difficult to do perform normal daily activities similar to people of her age. The patient reported being unable to communicate effectively despite having something to say due to the fear that it might not be attended well by others.

This fear of being around people hindered her from seeking employment. She was unemployed for 5 years and was living with her parents before seeking treatment at the outpatient department at K.G.M.U. Lucknow. She was prescribed Tab Olanex 1HS, Tab Alinol 10 1 BD, Tab Arip 7.5 mg 1 HS and Tab Zodem 10 mg 1 HS by the psychiatric consultant. She was concerned about the fears that interfered with normal functioning and was hence, referred to the Clinical Psychology Unit for therapeutic intervention

Based on ICD-10 criteria, a diagnosis of **Social Phobia (F40.1)** was made.

Case Formulation

Predisposing Factors

- Introverted personality traits
- Hypersensitivity to criticism
- Family history of psychiatric illness

Perpetuating Factors

- Negative automatic thoughts
- Avoidance behaviours
- Low self-esteem
- Poor social skills

Protective Factors

- Good insight
- Treatment motivation
- Family support

Intervention

One of the most popular methods used to reduce and eliminate social anxiety is cognitive behavioural therapy (CBT) as it involves the process of identifying, analysing and changing the maladaptive thought patterns and behaviours with the aim of reducing overall anxiety. CBT has been stringently applied to many people with anxiety and depression, and it has proven to be more effective than any other psychological techniques. Cognitive behavioural therapy works around the idea that thoughts affect behaviour and vice versa.

Types and techniques used:

- Cognitive Restructuring with the help of thought Record.
- Modifying Beliefs about Social Anxiety
- Behavioural Strategies- Activity Scheduling, Muscle Relaxation, Graded Exposure and Behavioural Experiment
- Relaxation Training which included shallow and deep breathing and Progressive Muscle Relaxation (PMR).

Graded exposure task

Graded exposure consists of structured and repeated exposure to anxiety provoking situations or activities. These are presented in levels of difficulties, starting with the situation or activity that provokes the least amount of anxiety, and then moving towards more challenging ones.

Rationale for Selection of Relaxation Training:

Individuals experience anxiety when there is marked degree of muscular tension. Thus, exercises that reduce muscular tension would reduce anxiety.

Locus of the Therapy Process: Hospital based set up with one individual. The therapy was conducted for 17 sessions of approximately 1 hour each during a 7 month period.

Focus of the Therapy Process:

Short-term goals: To focus on symptom relief through;

- Engagement into therapeutic session
- Educating the patient about the illness through psycho-education
- Challenging maladaptive thinking patterns
- Management of anxiety symptoms
- Reduction of negative self-talk
- Re-attribution of beliefs

Long-term goals:

- Improving self-esteem and self-confidence
- Improve the long term coping skills of the patient

Therapy Process

Session 1-2

The first session began by establishing rapport wherein the therapist introduced herself and answered the questions which the patient had. After which the clinical interview was conducted and provisional diagnosis was arrived at. The patient was psycho- educated about social anxiety, the associated safety behaviours, avoidance patterns and maladaptive coping strategies that lead to temporary reduction of anxiety.

With the help of the Social Anxiety Model (Clark and Purdon, 1995) she was explained about the avoidance behaviour and how this can maintain her problem. The treatment options were discussed and how bringing about a change at cognitive level and as well behaviour helps to overcome her fear of interacting with other people. The importance of homework assignments was also emphasized and the patient was given the rationale and need for maintaining the thought record form for the feared social situation.

A pre-assessment was done for Social Anxiety on Social Phobia Inventory (SPIN), Social Cognition Questionnaire (SCQ), State-Trait Anxiety Inventory (STAI) and Liebowitz Social Anxiety Scale (LSAS).

Session 3-5

Shallow and deep breathing were taught to the patient as a part of relaxation training which is commonly used therapy procedure designed to help individuals reduce anxiety or tension. The mind body connection was explained as in how the tension affects the body and how by reducing it the mind also becomes less strained. The relaxation exercises would help the patient to calm the physiological sensations that she experiences prior a social situation.

As the therapy progressed she was explained how overestimation of threat and consequences and underestimation of one's coping abilities lead to safety behaviours, secondary cognitions and feelings of helplessness and low self-esteem.

The thought record form was made and explained to identify the cognitive distortions and modify the maladaptive thoughts. Thinking plays a big part in social anxiety as people tend to have negative thoughts about themselves and fearful predictions about what could happen in a social situation. The thought record illustrates some of the maladaptive thoughts, emotions and behaviour, which were identified and targeted in the patient. Therefore, developing more realistic ways of thinking is an important step in managing anxiety.

S.NO	SITUATION	FEELINGS	THOUGHTS	BEHAVIOUR
1.	At the lunch table with colleagues	Anxious Nervous	I won't be able to talk if I get nervous. People won't like me. They'll think I am odd. I am stupid.	Avoiding Lunch time
2.	At a family function	Self-Conscious, Apprehension, Worried	People don't like me. She will think I'm an idiot. I am not good at public speaking I Must not feel nervous.	Avoiding Interaction, sitting alone at the party
3.	Before giving the presentation n	Anxious, Afraid Nervous	I am going to say something reckless , I will get anxious and others will notice	Pacing up and down
4.	After giving a presentation	Tensed Annoyed	I did a poor job as people looked bored. I looked like a fool	Isolating from others

The patient was encouraged to write down her thoughts whenever she feels anxious or the urge to leave the social situation. She was asked to repeat this exercise for 2 weeks.

Session 6-12

The patient reported 45% improvement in anxiety. Homework given to the patient was reviewed and any difficulties that the patient faced were looked into. The patient was successfully able to maintain thought record. The next few sessions focussed on identifying, challenging and restructuring the maladaptive thought patterns.

The patient was explained that she needs to ask herself a series of question to challenge her thoughts and assess its validity like;

Disputing Questions	Patients response
What am I afraid could happen?	I will say something silly.
Am I 100% sure that it will happen?	No I am not 100% certain
How many times has it actually happened?	A few times but not every time.
What is the evidence that supports my thoughts?	I made a comment about a movie and it did not make sense, I asked a question and someone started to laugh.
What is the evidence that does not support my thoughts?	Last week I asked a question in a meeting and I was appreciated. I have had a few good conversations at the parties.
Is not saying something so important that my future depends on it?	It would be embarrassing, but my future does not depend on it.
What is the worst that could happen?	I would say something embarrassing, and everyone will laugh.
What could I do to cope?	I can distract myself with a positive thought.
Is there any other way to look at the situation	Everyone does something embarrassing at some point of their life.
What would I say to a friend who had similar thoughts?	It's not the end of the world, people will forget what you said, and you are being too harsh on yourself.

The patient was led to these thoughts through guided discovery wherein the minimal role of the therapist. The patient was encouraged to counter her thoughts and arrive at a new thought.

Trigger	Automatic thought	New thought
I said something meaningless to a superior at work. I did not converse enough at the lunch table.	I always mess up, I am no good, People will think I am insensible.	I messed up but it's okay, mistakes happen I am not perfect. It's okay if everyone does not like me, I don't like everyone myself.

The patient was explained the nature of negative automatic thoughts. They are "rapid, automatic, involuntary, situation specific, habitual, plausible, distorted, subjective, idiosyncratic with our maladaptive thinking patterns". The patient was psycho-educated about identifying the various types of cognitive distortion and how to challenge them.

Thoughts	Cognitive Distortions	Challenges
People think I am insensible People don't like me.	Mind reading	Is it really in your control? Can everyone you come across like you?
I will get anxious and others will notice She will think I'm an idiot.	Fortune telling	How likely is it bound to happen?
I am stupid, I looked like a fool I am a mess I am no good	Labelling	Define the labels you give yourself. Check out these thoughts with a trusted friend.

I did a poor job as people looked bored although I got compliments from few people.	Filtering	Try to focus on something positive that happened. Then challenge the evidence that made it negative
I am a boring person as my colleague did not look at me while interacting	Jumping to Conclusions	How do you know this is true? What is the evidence?

Fear ladder was constructed collaboratively with the patient revolving around her fear of social interaction. The patient drew up the following list of feared situations from least to most feared and rate the subjective units of distress.

Goal: To be less anxious while talking with others.

	Situations (least to most feared)	**Subjective Units of Distress (0-100)**
1.	Initiating a brief conversation with someone and maintaining it for 15 minutes	100
2.	Sitting at a lunch table with co-workers/family and conversing	100
3.	Attending a family function and interacting without avoidance	95
4.	Initiating a conversation to neighbours on neutral topics	75
5.	Asking for help for in office or home	60
6.	Making a comment about weather to a co-worker /family member	35
7.	Making eye contact and greeting a family member/co-worker	10
8.	Talking to store managers or staff at departmental store	5

The patient was encouraged to face the situations stated earlier and to give herself prolonged and repeated exposure. The time duration and environment for exposure were mutually agreed. The patient was asked to maintain a though record pre and post the exposure.

Session 13-17

Feedback for earlier sessions was taken and the doubts were clarified. The graded task exposure was revised and the journal was reviewed and was continued for 3 sessions till the patient was habituated with the situation and avoidance response was extinguished.

Situation	**Thoughts**	**Pre Exposure Anxiety level**	**Challenging Negative Thought**	**Post-Exposure Anxiety level**	**Thoughts**
Offering an opinion about a minor matter	I will get anxious and others will notice	90%	Everyone gets anxious. It will not be end of world if I am	40%	I did not get anxious as I thought I would, the

to co-worker	I will be unable to speak		unable to speak, as no one is perfect.		conversation almost went smoothly.

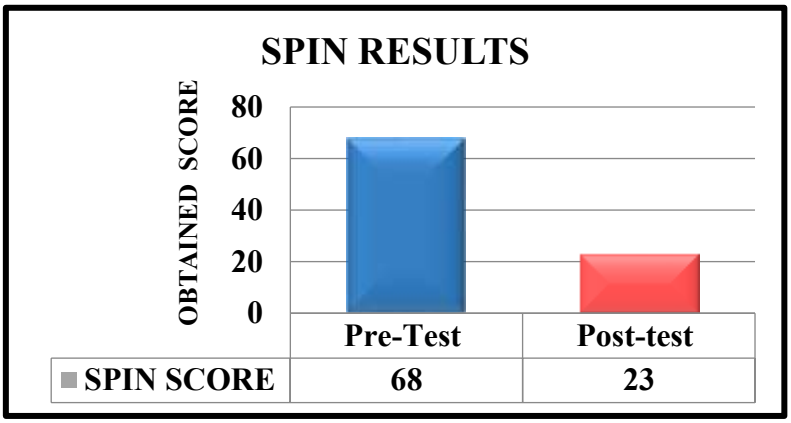
The patient with the help of classical conditioning was explained how the avoidance behaviour is maintained in response to feared stimulus. She was encouraged to practice the newly learned behaviour repeatedly in response to anxiety and maladaptive thoughts elicited in social situations.

A post-assessment was done for Social Anxiety on Social Phobia Inventory (SPIN), Social Cognition Questionnaire (SCQ), State-Trait Anxiety Inventory (STAI) and Liebowitz Social Anxiety Scale (LSAS).

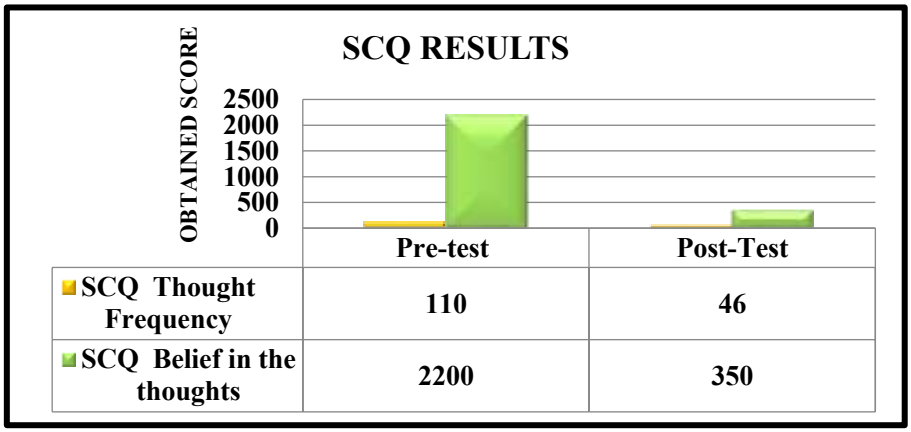
As a part of relapse prevention, the patient was explained how the excessive self-focus makes one more aware of how nervous they are feeling, triggering even more anxiety. It also prevents one from fully concentrating on the conversations around them or the performance ones giving.

Switching from an internal to an external focus can go a long way toward reducing social anxiety.

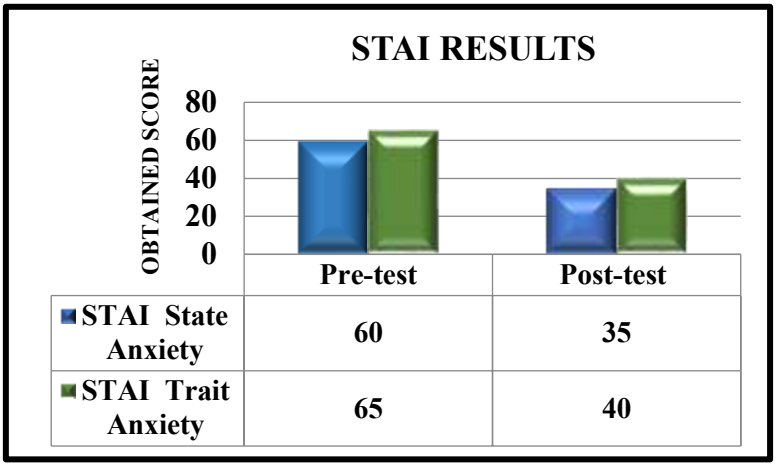
Graph 1: **Bar graph showing the scores obtained by the patient on SPIN pre-treatment and post-treatment.**



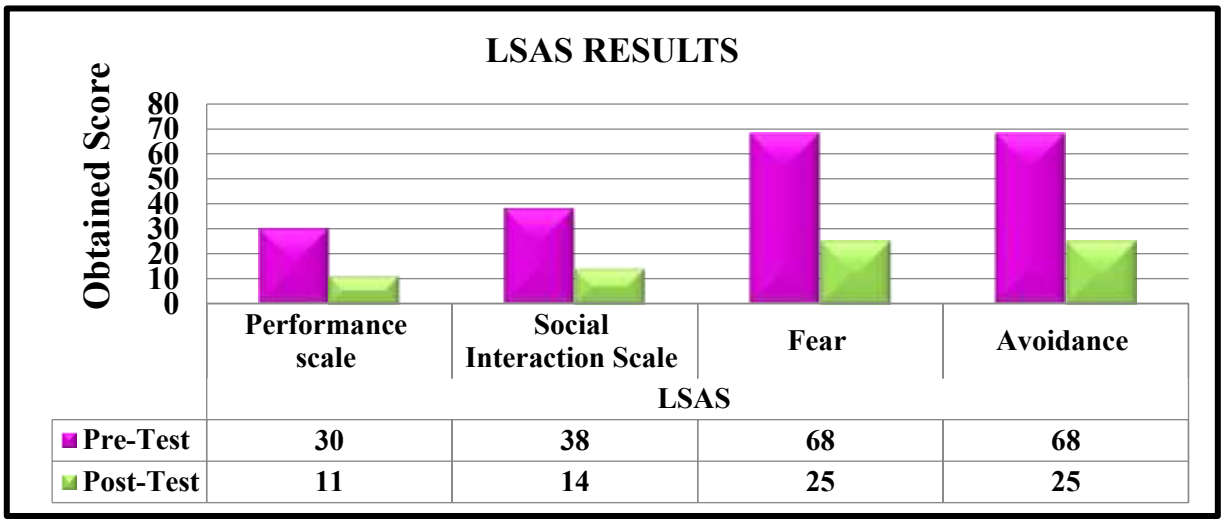
Graph 2: **Line graph showing the scores obtained by the patient on SCQ pre-treatment and post-treatment.**



Graph 3: **Bar graph showing the scores obtained by the patient on STAI pre-treatment and post-treatment**



Graph 4**: Bar graph showing the scores obtained by the patient on LSAS pre-treatment and post-treatment**



Discussion

The present case highlights the efficacy of CBT in treatment of core cognitive and behavioural mechanisms which underly social anxiety. Cognitive restructuring helps in modifying dysfunctional beliefs linked to negative self-evaluation, while graded exposure reduced the avoidant behaviours while increasing the emotional ease in anxiety-provoking conditions.

The amalgamation of relaxation techniques helped in regulation of physiological reactions accompanying cognitive and behavioural interventions. The patient's insight, motivation, and supportive environment further enhanced treatment outcomes.

Conclusion

Cognitive behaviour therapy actively prepared the patient for life after treatment and helped her to modify the maladaptive psychological processes that maintained social anxiety. The findings reinforce the applicability of CBT in Indian clinical settings and underscore the importance of combining cognitive, behavioural, and physiological interventions.

Patient Perspective

The patient reported increased confidence, reduced anxiety in social situations, and improved quality of life following therapy.

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