

Model of Social Anxiety Therapy in Adolescents

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SUMMARY: *The purpose of the research was an attempt of therapy in cases of social anxiety in adolescents aged 9 - 15 (with average or higher IQ) and their families, mothers in particular. The model of therapy presented in the article and used in the research was based on the literature. In the therapy attempts mainly verbal techniques were used and in particular the semistructuralised conversation with anxious adolescents and their mothers. The example of the therapeutical case (an anxious boy aged 14 with a very high level of social anxiety and his mother) has been presented.*

Introduction

The purpose of the research was an attempt of therapy in cases of social anxiety in adolescents aged 9 - 15 (with average or higher IQ) and the their family, and mothers in particular.

The therapy was used with adolescents with one kind of anxiety, i.e. social anxiety. Social anxiety can be defined as a special form of anxiety which actualises itself in the course of social interaction in general, and in social evaluation and exposition in particular. The contents of this anxiety is constituted by an individual's anticipation of a personal threat in the form of negative social evaluation in the before mentioned conditions, which leads to specific disturbances in his behaviour such as disorganisation of activities accompanied by physiological symptoms typical of social anxiety (blushing, withdrawal from social contacts).

The research with 8 adolescents was carried out in two stages:
-the first, initial stage: a group of socially anxious ADOLESCENTS were selected and their family environment was tested to determine:
a) parental anxiety level
b) parental attitudes (both in children's opinions and the parents' reports)

- c) special parental forms of educational training, as for instance dependence training
- the second stage: a therapy attempt on selected adolescents was performed according to a prepared model based on the literature (com. C. Glass, Ch. Shea 1986, J. Sarason, B. Sarason 1980, P. Zimbardo 1977, W. Crosier 1982, J. Ranschburg 1980, M. Tyszkowa 1978, B. Harwas-Napierala 1989, 1992), and it comprised several directions of action.

Methods

The following were used in the initial stage:

1. Spilberger Questionnaire, for the examination of the level of anxiety
2. Shyness Survey by P. Zimbardo
3. M. Ziemska and M. Plopa Parental Attitudes Questionnaire
4. Picture "Uninhabited Island" (with the adolescents) for the calculation of the degree of their emotional ties with the family members, and parents in particular.

In the therapy attempts, mainly verbal techniques were used. They were mainly semistructuralised conversations used with the adolescents and mothers in which: 1). anxious experiences of children were analysed, 2). special tasks were given to be completed for the next session by adolescents and parents jointly, in an attempt to teach the children the eye contact. A technique called "decatastrophing" (what..if..), and a non-verbal one, namely the drawing of a self-portrait were also used.

During the sessions with parents, their parental attitudes were analysed and the developmental needs of the adolescents were stressed.

The social therapy can be supported by:

1. Action to increase orientation in one's own anxiety experiences (understanding of own anxiety) both towards adolescents and parents who are anxious (I experience anxiety).
2. Action to change wrong habits of thinking about oneself in situations when anxiety is experienced. This happens mostly in situations when tasks are performed in social contacts with a decentralisation attempt ("I - task").
3. Action favourable to improve the relation ("I - others").
4. Action aimed at parents consciousness of the adolescent anxiety sources and a modification of their inappropriate attitudes and forms of educational training towards adolescents if such forms exist.

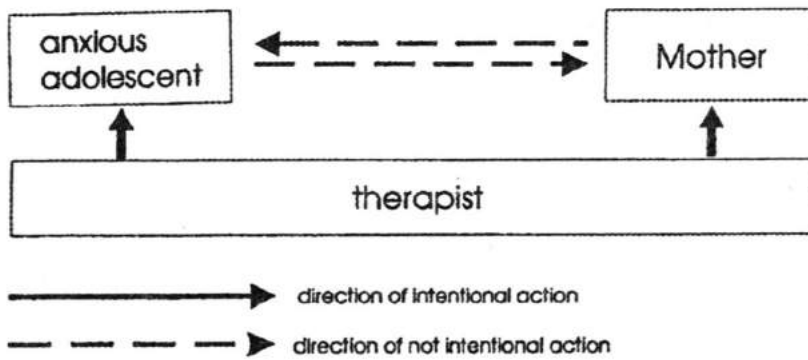
Three levels of therapeutical actions towards anxious ADOLESCENTS can be distinguished:

1. Orientation training in anxiety experiences ("I - anxiety").
2. Training in an objective: estimation of oneself with, an increase of control of one's behaviour in task situations ("I - task").
3. Training in establishing and maintaining contacts with others ("I - others").

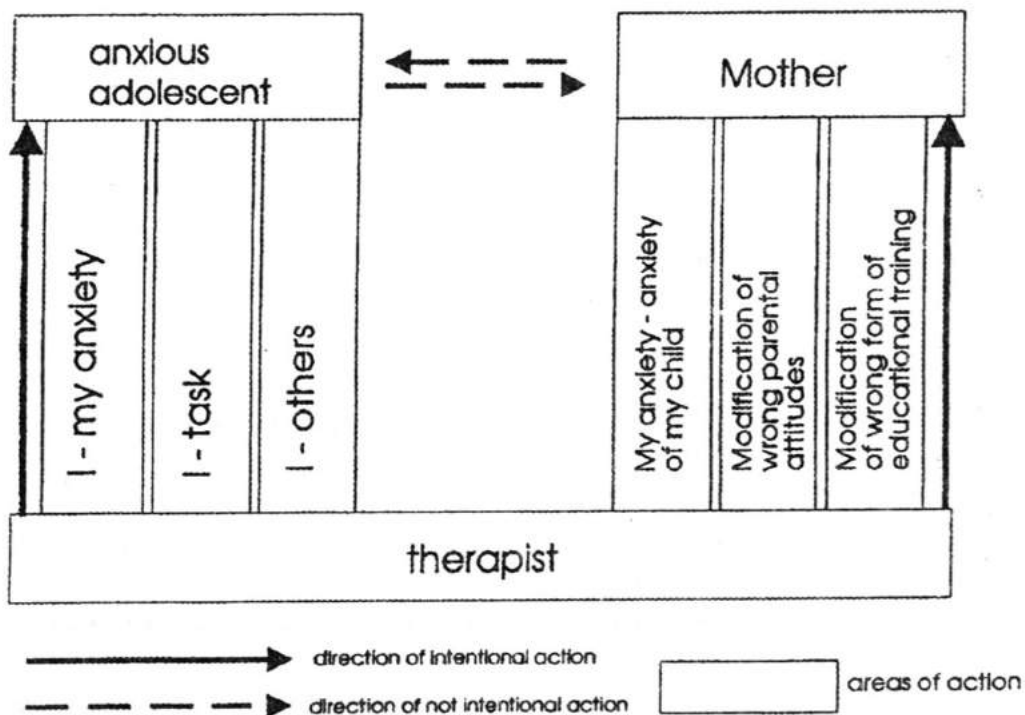
Model of therapy

Initially, the theoretical basis for the anxiety therapy attempt in adolescent was to be family therapy. Due to the problems with fathers who rejected the therapy that model of therapy had to be changed in the following manner:

General model of therapy



Detailed model of therapy



Three possible directions of therapeutical intervention to be used with anxious children's parents were distinguished:

1. Orientation training in the consciousness of a child's anxiety sources, among others. The link between the behaviour (especially the anxious one) of parents and the anxiety in adolescents
2. Training favourably in order to modify wrong parental attitudes towards their children
3. Training to change some inappropriate and particular forms of educational training, e.g. modesty training

In the case of action towards parents (mothers), the choice of the area of action was made on the basis on individual results obtained during the initial stage with the parents.

In our therapy, we made an attempt to use a cognitive-behavioural approach which was carried out in a manner of individual sessions with adolescents and their mothers only. In most cases the sessions were held every week over a period of about 2 months, or otherwise depending on the case.

Example of a therapeutical case

an anxious boy: M.C. aged 14, very high level of anxiety (general and social)

his mother: excessive feeling of concentration attitude towards the son with a tendency to limit the child's activity, a protectionist orientation

1. Scheme of conversation with the boy

Session I:

An attempt of a joint analysis of anxiety experiences of the boy (question: what he thinks, what he says to himself in, situations when he feels anxiety)

Therapist (T): "Name situations in which you feel most anxious"

M.C. When I am asked by the teacher and stand in the middle of the ,classroom, or when I sit at my desk and the teacher asks me questions. In general, when other people, my classmates, are looking at me"

(answering teacher's questions about the learned lessons in school is expressed the strongest)

T: "What do you think about when you are called to answer the teacher's questions?. Tell me about it."

M. C. I think that I am afraid, I feel stupid, uncomfortable, afraid that I shall not give the correct answer, that I shall not manage and get a bad mark".

Let us analyse other situations which the boy indicated as those which actualise anxiety in him. They are expressed with declarations: " I won't do it" " I won't succeed". These statements are stressed during the interview.

They indicate :

1. Negative thinking about oneself (" I won't make it", I won't manage")
2. Anticipation of failure ("I'll get a bad mark")
3. Direction of attention to oneself (concentration on one's person) is a repetitive common element in the boy's experience.

A suggestion of connections between the thought and experience ("what we think - what we say to ourselves, influences the way we feel"). The boy avoided eye contact.

Task for the next session:

Analyse of one or two situations when anxiety appears (an register the boy's own thoughts in selected situations and describe what you thought -"in those situations")

Session II

The conversation focuses on the problem of negative thoughts in situations which raise anxious experiences. An attempt to show a baseless nature of those thoughts:

1. Discussion on the task assigned to the boy on the previous session. An analysis of the three elements which are repeated in the situations which the boy described.
2. The fact that the boy's participation in those situations often ended up in a success (the boy did get a good mark) was stressed.

T: "But you often do get a good mark, despite your anxiety"

M: "Yes, but it costs me a lot, I feel shattered and anxious"

T: "Try to describe what you are anxious about"

M: "I'm anxious that they look at me and that I'll get a bad mark"

T: "But you often manage all right, so it's not because you can't manage" (calling for one of the examples given earlier by the boy, pointing out that he did receive a good mark and trying to show that the nature of mistrust in his own strength was baseless)

3. Use of the technique: What?.....if?.....

T: "And what happens when you get a bad mark. Describe it"

M: "They will look at me and not think very much of me"

T: "They already look at you when you answer the questions. What else can happen?"

M: "My parents won't be pleased, and perhaps they will shout at me"

T: "And what else may happen?"

M: "Perhaps nothing else"

T: "So, even if all that you have just described happens, it is really so terrible?"

M : No, indeed, it's not".

Task for the next session:

Draw your self portrait, featuring your virtues and faults/vices.

Session III

Conversation on the essence and functions of anxiety. What is anxiety and why some people are more anxious than others. An attempt of decentration and creation of so called task orientation.

Eye contact control problem.

1. Discussion on the assigned task. (pointing out to the virtues/strong points in the boy's character, and to the need of looking at oneself objectively: looking at other people and noticing that everybody has got weak and strong points. Stressing the fact that it is not grounded to see oneself in the following category: "I'm not good enough to do that" "I'm not adequate", "I can't". These thoughts are negative and they are wrong.
2. Drawing the boy's attention to the fact that it is necessary to pay attention to one's experiences in social situations in order to perform the task better.
3. Explanation of the role of task orientation in a human behaviour. Help in the learning of using such orientation through self-instruction: "think only about the task" when asked at school during a lesson.

Task:

Test the above mentioned self-instruction method and report the results during the next session. Watch other people your age who do not seem to be anxious when answering teachers questions at school. Analyse their behaviour.

Attempts to maintain eye contact.

Session IV:

Conversation devoted to the problem of task concentration (task orientation). An analysis of the task from the previous session. The boy speaks about difficulties with using self-instruction: "think only about the task" when answering at school.

B: "At the beginning I never succeeded, I kept remembering other times when I didn't manage, felt anxious and looked stupid".

T: "But you would make it, after all"

M: "When I was asked the same question for the third time, yes, I did make it, but only for a while, and then again I would start thinking about myself"

T: "Well, you made a good start, it's only a beginning but I am very pleased with your progress" (praising and rewarding) "You just have to train more often when you answer teacher's questions or have to perform in front of others. Think only about the goal". (indication that training is necessary to keep your own thoughts on the task, i.e. the answer)

M: "I will try and I will train"

The boy chose one of his classmates to serve as his model, observed his behaviour).

M: "He was so relaxed when answering, only occupied with the task of calculating and putting numbers on the blackboard. The teacher asked him something but he did

not react to her question. Then he said he was too busy solving the problem and he did not hear the question"

T: "Did you like his behaviour?"

M: "Yes"

M: "Because he took things easy and finished his calculation first"

T: "Please, observe him, see what he does and how he behaves in other situations and try to imitate him"

Task:

Continue to follow the recommendations given to you during session III.

Session V

Discussion on the performance of the task. The boy confesses that he manages the "think about the task" self-instruction better, and that his feelings during answering teacher's questions improved: "I sometimes can look at others and do not always look down"

Task:

Continue the tasks from previous sessions, i.e. 1) task concentration training; 2) observation of a chosen model behaviour in social contacts, and assessment situations in particular; 3) observation of other people's behaviour (peers and adults) with special attention paid to social idioms used and gestures performed by those who easily get on well with other people; 4) initiating social contacts (at least once a day) by starting up a conversation etc.

Session VI

Control of the course of therapy. Evaluation of the therapy results. Necessity of further: task orientation training.

2. Scheme of conversation with the boy's mother

Session I

The conversation stresses the need to apply family therapy because anxiety in children is conditioned by family environment and parental action methods. Observation made on the complexity of anxiety sources. As a result of the dialogue: 1) mother agrees to join in the therapy process and try to convince the father to cooperate; 2) the therapist and the parents, mother especially make a joint attempt to analyse the family situation.

Task:

Analysis of requirements and expectations imposed on the son.

Session II and III

Focus on the mother's attitude (strong, intensive, excessive concentration limiting the independence of the son, perfectionist attitude towards the son). The father, since he did not show up, has probably a withdrawing attitude.

1. An attempt to show a connection between the mother's behaviour and anxious reactions of the boy.
2. The therapist indicates the developmental regularities and new needs of the adolescence period which show an increasing, but normal" tendency in the boy to seek more autonomy and independence. They were interpreted by the mother as worrying symptoms.
4. Discussion of the relation between perfectionist tendencies of the mother towards the achievements of her son, and his anxious reactions in social situations.

Task:

Mother lets the son to visit his school friend, living in another district and to go, by tram to the city centre, accompanied only by another school friend, she will also extend control over his homework - until then the boy had never been allowed that and spent most of the time on his own, doing homework under strong supervision of the mother's part.

Session IV, V

An attempt to bring in the father, using mother's persuasion. The family is analysed on the basis of what the mother says. The father seems to fail in performing his parental duties and role in relation to his adolescent son. He tends to avoid conversation and neglects his son's problems. This may be a reason for the mother being over-affectionate towards her son. To create a situation in which the father can get involved.

Session VI

Evaluation of the efficiency of the therapy. Mother reports a positive change in the boy's behaviour who is now "somewhat calmer, more sure of himself, and self-confident". She also notices a positive change in her own attitudes and a better "air" in the ' family. Mother stresses the beneficial effect of the sessions and points out to the fact that the understanding that much of the boy's 'anxiety was linked to parental attitudes has helped her a lot.

Note:

Sessions VII, VIII and IX were held after a month. They were devoted to the training of the "task orientation" attitude before the boy took entrance exams to a secondary school. The aim of the sessions with the mother were to create in her an approving attitude to the boy, regardless the results of the examination, the exam itself being seen as a "new experience" or "adventure". The boy passed the exams anyway and got admitted to a secondary technical school.

The results showing the improvement in the boy's functioning in social situations and his performance as seen by others, confirm the efficiency of the therapy carried out so far.

Conclusion

The attempt of anxiety therapy in adolescents covering to some extent the family context (i.e. work with mothers) has shown usefulness of the theoretical assumptions and the accepted cognitive-behavioural strategy of the therapeutical intervention, provided it is used with adolescent with proper IQ.

The anxiety therapy model (perhaps not so typical) used here following which the therapy is directed mainly towards an adolescent and his/her parent who is willing to co-operate may be used more often and even in situations when one of the parents is not interested. This seems to be an obvious advantage. It is out of questions that the most effective therapeutical attitude is to include all family members into the therapy what practice however may be very difficult.

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