The Effectiveness of Cognitive Behavioral Therapy on Social Anxiety in China

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Abstract. This article's purpose is to discover the effectiveness of Cognitive Behavioral Therapy on patients who are diagnosed with Social Anxiety Disorder or people who have high anxiety levels in China. Chinese adolescents have higher anxiety levels that have than adolescents in other countries, and the information about social anxiety and the effectiveness of CBT is not sufficient. In order to find the relationships between CBT and SAD patients in China, this article collected 13 pieces of research that contain information about the effectiveness of CBT and SAD. There is strong evidence that cognitive-behavioral therapy treatment was effective in the Chinese SAD participants. The shame proneness will influence the effectiveness of CBT. The lower the feeling of shame and self-directed attention the patients have, the more effective the CBT will be for the SAD patients. Also, the language used during the CBT session for SAD patients is significant. CBT may be more effective if the language used is the most familiar language that SAD patients speak. However, more research is needed to find further correlations.

Keywords: social anxiety disorder, cognitive behavioral therapy, meta-analysis.

1. Introduction

According to DSM-5, social anxiety disorder, or SAD, refers to the remarkable anxiety and fear that is shown during one or more social situations due to the possibility of being observed by other people. Social situations will almost always cause fear or anxiety to SAD patients. However, for children to be diagnosed, their anxiety must occur during peer settings rather than the interactions with adults [1].

For most patients, social anxiety disorder usually emerges in adolescence or early adulthood. Social anxiety disorder is commonly accompanied by other types of mental illness, such as mood disorder and other anxiety disorders [2].

The prevalence of anxiety problems among Chinese children and adolescents has been found to be higher than in other countries [3]. Western populations have been largely studied for their social anxiety, which is one of the largest anxiety problems in anxiety disorder. However, the research on social anxiety disorder in China is not sufficient [4].

Despite the lower prevalence of SAD in China than in Western countries, about 200 million adults and a massive unmet need for mental illness treatment exist in China, which may include SAD [4].

Some studies try to find out the effectiveness of CBT different types of mental illness, but the research of the effectiveness of CBT for SAD is not largely included.

Thus, in an effort to fill this gap, I conducted a systematic review and meta-analysis of SAD to examine the effectiveness of CBT treatment in China.

2. Method

The current systematic review and meta-analysis was registered on PROSPERO (https://www.crd.york.ac.uk/PROSPERO/) with registration number [____]. The Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) were followed (Moher et al., 2009).

2.1. Eligibility criteria:

The participants who are included are social anxiety disorder patients or having high level of anxiety. Control groups are not limited during the research. Also, the measure of social anxiety and anxiety symptoms severity were used as an outcome to compare the effectiveness of the treatments. In this article, Unpublished data of any form including dissertations, conference proceedings were excluded.

Databases, included PubMed, PsycINFO, Medline, and published articles, are used in the research. The search terms combined words indicative of (1) anxiety disorder, (2) social anxiety disorder, (3) China, and (4) CBT. Rayyan was used for importing the initially identified records from the databases and for removing duplicates. Title/Abstract screening, full text screening, and data extraction of records were conducted by two researchers (Group member 1 and Group member 2) independently. Disagreements were resolved with the help of a senior reviewer.

3. Result

3.1. Study selection

Figure 1 shows the flow of our literature search and selection process. After removing duplicates, the Titles and Abstracts of 49 articles were screened for eligibility. Full texts of 23 articles were retrieved because of unrelated information. Seven articles were excluded because of not related to CBT or anxiety disorder A total of 13 articles were included in this systematic review (see Figure 1 for flow diagram). The major reasons for exclusion were not related to CBT or anxiety disorder.

The characteristics of all the collected resources are included in Table 1. Among these researches dealing with social anxiety disorders and anxiety disorders, five are Randomized Controlled trials; five are non-Randomized Controlled Studies, two the systematic reviews, and one case study.

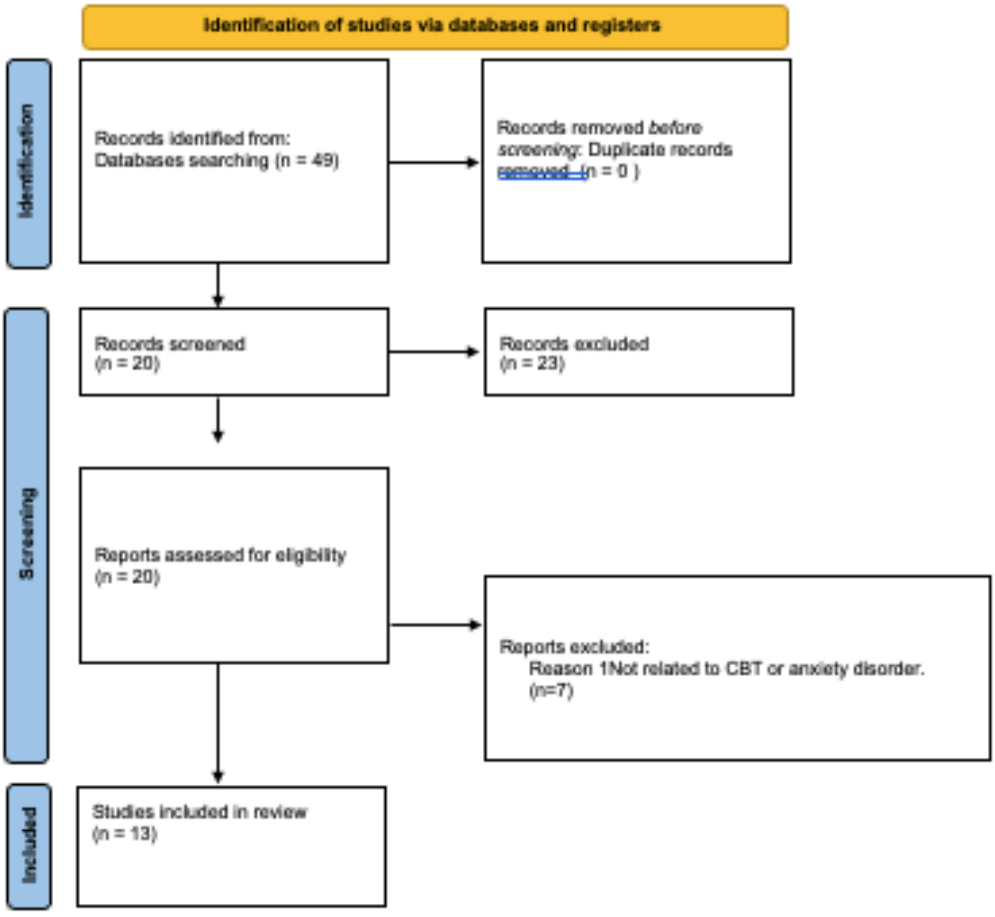

Figure 1. Study selection

3.2 Characteristics of included RCTs

Among five RCTs, a total of 813 participants has 763 participants who have a high level of anxiety or are diagnosed with social anxiety disorder. Within 13 control groups, control groups are included different types of CBTs (self-help ICBT, guided ICBT, CBT-PI, etc.)

Table 1. Experimental study on social anxiety disorder and anxiety disorder

rticle	Sample	Sampling approach	Design	Control condition	Results
Wong et al. (2020) [3]	136 participants	Convenience	Randomized Controlled Trail	CBT-PI vs. CBT vs. social activities	CBT-PI is more effective treatment for Chinese adolescents who have anxiety problems than child-focused CBT.
Yen et al. (2014) [5]	50 Children	Convenience	non-Randomized Controlled Study	Individual CBT for children with anxiety disorders vs. treatment as usual intervention for children	The individual CBT protentially improves the overall reports from children's anxiety symptoms.
Powell et al. (2021) [6]	31 Chinese Adults	Convenience	non-randomized controlled study	none	CBT is effectice for treating Chinese adults with their common mental illnesses.
Fu et al. (2013) [7]	28 adolescents with anxiety disorders	Convenience	Randomized Controlled Trail	Positive Training vs. Neutral Training	Patient groups with positive training can interpret a new ambiguous scenario less negatively than groups with neutral training
Zou et al. (2018) [8]	29 resources	Convenience	Systematic Review	none	Baduanjin may have positive psychological effects, but more research result is needed.
Ng and Wong (2018) [9]	55 resources	Convenience	Systematic Review	none	Overall efficacy of cognitive behavioral therapy for Chinese people and the benefit of cultural adaptation of cognitive behavioral therapy to Chinese culture.
Wang et al. (2020) [10]	104 Chinese participants	Convenience	Randomized Controlled Trial	self-help ICBT, guided ICBT, or wait list control groups	Shame proneness will strongly influence the effectiveness of the treatment of SAD. Also, Social anxiety symptoms are significantly improved

					by completing the exposure component, which reduces shame proneness.
Weiss et al. (2012) [11]	Case study with Mr.	Convenience	case study	none	These two cases illustrate the efficacy of CBT for social anxiety disorder in two ethnic minority clients of different backgrounds, differing time in the United States, and differing proficiency with English.
Chen et al. (2020) [12]	255 participants	Convenience	non-Randomized Controlled Study	therapist-guided ICBT vs. self-guided ICBT	The therapist-guided and self-guided conditions did not differ significantly for treatment adherence or outcomes. Among SAD patients.
Leichsenring et al. (2013) [13]	495 patients with social anxiety disorder	Convenience	Randomized Controlled Trial	manual-guided CBT vs. manual-guided psychodynamic therapy vs. waiting list condition	Social anxiety disorder can be treated with both CBT and psychodynamic therapy, but CBT had significant advantages.
Fan and Chang (2015) [4]	357 unselected Chinese participants	Convenience	non-Randomized Controlled Study	social interaction anxiety vs. = other concerned anxiety vs. specific anxiety vs. being observed by others	
Kishimoto et al. (2016) [14]	197 participants	Convenience	non-Randomized Controlled Study	Email condition vs. Self-help condition vs. Wait list	ICBT appears to reduce symptoms of social anxiety in Chinese people effectively.
Zheng et al. (2015)	50 Chinese speaking participants	Convenience	Randomized Controlled Trial	immediate access to the Living Life vs. delayed access control group	By evaluating an online low-intensity CBT approach that would increase access to treatment, the current pilot study will help us learn if it is feasible to use this approach in this population.

4. Discussion

Among some of the studies included in this article [5,9,13,15], CBT is one of the most effective therapies for people who have SAD or anxiety problems. Different types of CBTs, such as self-help ICBT, guided ICBT, and CBT-PI, will play different roles for different age patients.

In the environment in China, shame will strongly influence the effectiveness of the treatment for SAD patients. SAD patients are usually fear of their self-directed attention and fear the negative comment from people around them. Reducing the fear and feeling of shame will make the treatment become more effective for patients. During the Internet-based Cognitive Behavioral Therapy, this treatment not only can reduce the social anxiety symptoms but also reduce the same proneness for patients. The reduction of shame proneness makes the treatment even more effective for Chinese SAD patients [10].

Not only Chinese residents, but CBT also has a strong effect on Chinese immigrants. In a case study of a Chinese immigrant, Mrs. Ling still states that CBT treatment is still an effective way as a treatment. After moving to America, where requires a more intense need of interpersonal relationships, Mrs. Ling's anxiety becomes worse (she scores 6/8 in ADIS-IV Clinician's Severity Rating) [11]. The most interesting point that was founded during the research is that for Chinese SAD patients, CBT established in the Chinese language may be more effective for them than using English or other languages. This may be caused by people being more confident in speaking their original language. Speaking a different language during the therapy may lead to more fear towards other people's opinions about their language skills, which reduces the effectiveness of CBT.

The possibility of causing Internet-Based CBT to be so effective according to higher effectiveness of using the language that patients are more familiar with is because patients do not have to face to face with the therapists, which reduces their fear of other people's judges.

In the future studies, due to a huge number of dialects that exist in China (including seven major dialects: Mandarin, Wu, Xiang, Gan, Kejia, Min, and Yue), the relationship between SAD patients' symptoms' reduction and languages that used in the CBT can be further developed among Chinese people. The randomized control trial can help to find out these relationships. The trial needs to obtain different SAD patients and Cognitive-Behavioral Therapists that can speak each of the dialects to do CBT sessions on corresponding patients. Random selected SAD patients will be offered ten sessions with the Cognitive Behavioral Therapists who can speak patients' dialect in the experimental group. As a control group, randomly selected SAD patients who can speak mandarin and another dialect will be offered ten sessions of Mandarin CBT sessions. The reduction in symptoms will be measured through Social Interaction Anxiety Scale and Social Phobia Scale for both groups. Then, by comparing the outcomes of two groups, the result will present if there is a correlation between SAD patients' symptoms' reduction and languages that used in the CBT.

5. Conclusion

CBT, especially ICBT, is extremely effective for Chinese SAD patients, Also, For Chinese patients, the effectiveness of CBT may change due to shame proneness. CBT can be more effective if patients' shame proneness is reduced. Additionally, the different languages used during CBT sessions may influence its effectiveness.

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