



Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Acceptance and Commitment-Based Therapy on Anxiety Sensitivity in Adolescents with Social Anxiety Disorder

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(Received 10 Aug 2023; accepted 23 Aug 2023)

Dear Editor-in-Chief

Social Anxiety Disorder (SAD) is a severe condition characterized by individuals experiencing intense and lasting fear of being embarrassed or judged by others (1). This fear extends to various social situations, including interactions with unfamiliar people, participating in group activities, or even making phone calls (1,2). Individuals with social anxiety disorder find almost any situation involving being observed by others challenging (3,4). Notably, this disorder ranks as the third most prevalent mental health condition, following depression and substance abuse, with approximately 12% of people experiencing it at some point in their lives (4). Additionally, social anxiety disorder is particularly common among young individuals (5).

Anxiety sensitivity is one of the psychological components involved in creating social anxiety disorder. Anxiety sensitivity is an individual differences construct in which a person fears physical cues associated with anxiety arousal, primarily due to the belief that these cues lead to potentially harmful social, cognitive, and physical consequences. In other words, the tendency to fear is a catastrophic interpretation of anxiety symptoms

and is one of the cognitive causal factors that maintain and perpetuate most mental disorders (3).

Cognitive Behavioral Therapy (CBT) as well as Acceptance and Commitment Therapy (ACT) are two treatment methods used to reduce symptoms of SAD (6). Despite the research in this field, there are many ambiguities and shortcomings. Therefore, the purpose of this study is to examine whether there is a difference between cognitive-behavioral therapy and therapy based on acceptance and commitment in reducing anxiety sensitivity in adolescents with clinical symptoms of social anxiety (6-8).

Forty-five adolescents aged 15 to 18 yr with a diagnosis of SAD participated in the study. They were identified and recruited through neurologists' and psychological service offices in Bukan City, West Azerbaijan Province, Iran between April 4, 2022, and September 6, 2022.

The study was approved by the regional Ethics Committee under the code number IR.IAU.TABRIZ.REC.1401.239. The participants completed the Social Phobia Inventory (SPIN), Anxiety Sensitivity Index Questionnaire,



The Ruminative Response Scale (RRS), and Dysfunctional Attitude Scale (DAS). Data analysis was conducted using Multivariate Analysis of Covariance (MANCOVA). The data were analyzed in SPSS 23 (IBM Corp., Armonk, NY, USA) (9).

Both CBT and ACT treatments had a positive and significant effect on anxiety sensitivity at the 0.001 level. Moreover, there was no significant difference between CBT and ACT treatments in influencing the mentioned dependent variable (Table 1).

Table 1: Post-hoc test results

Variables	Groups	Mean Difference	Standard. Error	Sig	95% confidence interval	
					Lower Bound	Upper Bound
Anxiety sensitivity (total score)	CBT-ACT	-2.234	1.337	0.315	-5.618	1.151
	CBT-Control	18.088	1.334	0.001	14.711	21.466
	ACT-Control	15.855	1.409	0.001	12.290	19.420

In conclusion, ACT has proven to be an effective therapy for anxiety and cognitive distortions, primarily because it fosters psychological flexibility and integrates mindfulness skills with the practice of self-acceptance (6-8). ACT encourages individuals to acknowledge and accept unpleasant feelings, refrain from overreacting to them, and face situations where they may arise. On the other hand, CBT targets cognitive, behavioral, and physiological mechanisms. This means that an increase in adaptive cognitions can occur through restructuring maladaptive thought patterns, correcting misinterpretations, shifting attentional focus, and developing adaptive coping thoughts (9).

Acknowledgements

We thank all participants who helped with this research. The present manuscript was extracted from the PhD. thesis of Shirin Ebrahimi, Department of Psychology, faculty of Human science, Islamic Azad University Tabriz Branch, Tabriz, East Azerbaijan, Iran.

Conflict of interest

The authors declare that there is no conflict of interest.

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