Background.

Social anxiety has become a public concern, reports have shown that anxiety is the second most common mental illness observed in a primary setting (Kroenke et al., 2007). Somers, Goldner, Waraich, and Hsu (2006) conducted a systematic review of 41 prevalence studies from around the world. The review found a pooled lifetime prevalence rate of any anxiety disorder to be 16.6%. That is to say, one of every six people is likely to suffer from an anxiety disorder at some point in their life. Social anxiety disorder (SAD) involves a marked or strong fear of social situations in which individuals could be scrutinised by others (American Psychiatric Association, 2013). Individuals experiencing SAD report being afraid of being negatively evaluated by others or being seen as doing something humiliating. These fears often cause individuals to become self-focused and negatively evaluate themselves. As a result of this, individuals can frequently avoid social situations, which can lead to considerable personal suffering and impairment on their life functioning (Heimberg et al., 2014).

Cognitive behavioural therapy (CBT) has been one of the most common treatments for social anxiety disorder. Cognitive behavioural therapy was pioneered by Beck (1979) for the treatment of depression. Furthermore, in recent years CBT has also been found to be an effective treatment for anxiety disorders (Hofmann et al., 2012). CBT is based on the notion that cognitive, emotional and behavioural factors all interact together, in particular, our thoughts determine our emotions and feelings (Beck, 2005). CBT treatment usually involves a range of cognitive and behavioural strategies applied in various ways (Rodebaugh, Holoway and Heimberg, 2004). Although there are well-known interventions for SAD, such as CBT and psychotherapy, many patients have not found improvements with these treatments, provoking a search for alternative interventions (Power, Sigmarsson and Emmelkamp, 2008). For instance, despite the significant outcomes in cognitive behavioural therapies, patients receiving these interventions carry on experiencing residual symptoms and only 40% to 50% of individuals display little to no treatment response (Rodebaugh, Holoway, and Heimberg, 2004).

Given the effectiveness of mindfulness-based interventions in the treatment of other disorders (Khoury et al., 2013) and the link between mindfulness and mental well-being (Keng, Somoski, and Robins, 2011), mindfulness-based interventions have been examined as a possible independent treatment or additional treatment module to a cognitive behavioural intervention for SAD. Mindfulness is a recent type of treatment that has become increasingly popular during the past decade. Nevertheless, mindfulness practice is more than 2,000 years old, which derives from Buddhist traditions. Mindfulness has been identified as “the awareness that emerges through paying attention on purpose, in the present moment by moment” (Kabat-Zinn, 2003). Mindfulness training was first introduced into clinical and non-clinical settings, without its spiritual context, by Kabat-Zinn (2003) in 1979 for the purpose of treating chronic pain. The outcome of this intervention was found to be successful and for this reason expanded to treat other disorders, such as depression and anxiety.

There is a considerable interface in the suggested intervention mechanisms of mindfulness and cognitive behavioural therapy. However, the objectives of the therapy modalities seem to be different, with the objective of CBT being to reduce anxiety by focusing on behaviours and cognition, whereas the objective of mindfulness is to have patients accept their anxiety and behave in accordance with their values, without the explicit goal of anxiety reduction (Hayes, Strosahl and Wilson, 2011). Mindfulness-based treatments encourage individuals to alter their relationship with their thoughts by identifying and accepting their thoughts without judgement, whereas cognitive behavioural therapists encourage patients to recognise and alter the actual content of their thoughts to be more realistic and reliable (Hayes, Strosahl and Wilson, 2011). Various researchers believe that mindfulness-based
treatments and CBT are very different (Hayes, Strosahl and Wilson, 2011), whereas other researchers state that these interventions are actually more similar than different (Hofmann and Asmundson, 2008).

Although mindfulness is a type of alternative and complementary therapy with an emerging evidence base for the treatment of individuals with mental health conditions, the effectiveness of mindfulness in treating social anxiety disorder is still unclear. There is little research identifying the evidence-based strategies concerning the practice of mindfulness interventions for the treatment of patients with social anxiety disorder (Vøllestad, Nielsen and Nielsen, 2012).

**Purpose.** The purpose of this review is to examine the scientific literature exploring whether mindfulness is more effective than CBT in treating social anxiety disorders.

**Methods.** A comprehensive search of electronic databases was conducted using Cumulative Index of Nursing and Allied Health Literature (CINAHL), Cochrane Library, Medline, and PsycNet using the search terms: ‘social anxiety disorder’ and ‘mindfulness’ and ‘cognitive behavioural therapy’, from November – December 2017. The search identified 182 papers. Duplicates were eliminated. The titles and abstracts were examined, and 11 papers were selected as they appeared relevant to the review question, each article were then fully reviewed. A total of four articles met the inclusion criteria: peer-reviewed, were all randomized controlled trials (RCTs) that compared mindfulness intervention with cognitive behavioural therapy in patients with social anxiety disorder, participants were aged between 18 to 65 years old and met diagnostic criteria for SAD (Desnoyers et al., 2017; Goldin et al., 2016; Faucher et al., 2016; Kocovski et al., 2015).

**Results.** Findings indicated that both mindfulness and CBT seemed to be quite effective in alleviating anxiety. What is more, studies indicated that mindfulness interventions provide significant benefits for reducing symptomatology among social anxiety patients. However, findings revealed that mindfulness interventions were not significantly more effective than CBT.

**Conclusion.**Mindfulness interventions and cognitive behavioural therapy appeared to be equally effective in alleviating anxiety among patients with social anxiety disorder. However, studies have indicated that mindfulness interventions have a substantial impact on patients with social anxiety disorder. Therefore, mindfulness could be a relatively accessible and cost-effective alternative for or complement to CBT.

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**Title:**

Mindfulness Interventions Versus Cognitive-Behavioural Therapy for Social Anxiety Disorder: A Systematic Review

**Keywords:**

Mental health, Social anxiety disorder and mindfulness

**References:**


Abstract Summary:
The present systematic review explores the scientific literature on whether mindfulness interventions are more effective than CBT in the treatment of patients with social anxiety disorder. Social anxiety has become a public concern as research shows that it is the second most common mental illness in primary settings.

Content Outline:
I. Introduction

A. Exploring the scientific literature on whether mindfulness is more effective than cognitive-behavioural therapy in treating social anxiety disorders. Reports have shown that anxiety is the second most common mental illness observed in a primary setting (Kroenke et al., 2007). Objectives. The learner will be able to define social anxiety disorder and discuss the impact that it has on patients lives.

B. Given the effectiveness of mindfulness-based interventions in the treatment of other disorders, mindfulness-based interventions have been examined as a possible independent treatment or additional treatment to CBT. Objectives. The learner will be able to discuss and outline the differences between cognitive-behavioural therapy and mindfulness-based interventions in the treatment of social anxiety disorder.

III. Body

A. Main Point #1 Defining social anxiety disorder

1. Supporting point #1 Social anxiety disorder involves a strong fear of social situations in which individuals could be scrutinised by others (American Psychiatric Association, 2013).

   a) Patients report being afraid of being negatively evaluated by others.

   b) Patients frequently avoid social situations leading to impairment on their life functioning.

2. Supporting point #2 Social anxiety disorder is a public concern.

   a) A systematic review found a pooled lifetime prevalence rate of any anxiety disorder to be 16.6% (Somers et al., 2006).

   b) One of every six people is likely to suffer from an anxiety disorder at some point in their life (Somers et al., 2006).

B. Main Point #2 Cognitive behavioral therapy
1. Supporting point #1 Most common treatment for social anxiety disorder.
   a) Reduce patients’ anxiety by recognizing cognitive distortions and substituting them with adaptive ones.
   b) CBT treatment usually involves a range of cognitive and behavioural strategies applied in various ways.

2. Supporting point #2 Argument against Cognitive-behavioural therapy.
   a) Patients continue to experience residual symptoms after treatment.
   b) 40% to 50% of individuals display little to no treatment response (Rodebaugh, Holoway, and Heimberg, 2004).

C. Main Point #3 Mindfulness-based interventions

1. Supporting point #1 Mindfulness-based treatments encourage individuals to alter their relationship with their thoughts by accepting their thoughts without judgement (Hayes, Strosahl and Wilson, 2011).
   a) Developing patients capacity for self-regulation of attention and promoting a more compassionate focus to experience (Goldin, Ramel and Gross, 2009).
   b) In the last 10 to 15 years, mindfulness has been integrated into physical and mental health practices (Hoge et al., 2013).

2. Supporting point #2 Alternative therapy for social anxiety disorder
   a) Mindfulness-based interventions have been demonstrated to be an effective treatment for people with mental ill-health (Khoury et al., 2013).
   b) Studies have found that mindfulness intervention could vastly alleviate symptoms of anxiety disorders (Goldin et al., 2009; Kocovski et al., 2013).

III. Conclusion

A. Studies indicated that mindfulness interventions provide significant benefits for reducing symptomatology among social anxiety patients.

B. This systematic review found that mindfulness interventions and cognitive behavioural therapy appeared to be equally effective in alleviating anxiety among patients with social anxiety disorder.

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