Introduction

For over a decade social anxiety has been a major public concern, with reports showing that anxiety is the second most common mental illness observed in a primary care setting (Kroenke et al., 2007). Individuals experiencing Social Anxiety Disorder (SAD) typically report being afraid of being negatively evaluated by others. As a result, individuals with SAD frequently avoid social situations, which can impact negatively on their daily lives (Heimberg et al., 2014).

Historically, cognitive-behavioural therapy (CBT) has been one of the most common treatments for SAD. However, many patients have not found improvements with these treatments, provoking a search for alternative interventions (Power, Sigmarsson and Emmelkamp, 2008). More recently, mindfulness interventions have been explored as a possible independent treatment or additional treatment to CBT for patients with SAD (Khoury et al., 2013).

MINDFULNESS versus CBT

- **MINDFULNESS**
  - Alters individuals thoughts by identifying and accepting them without judgement
  - Focuses on new ways of being with stressful situations
  - Recognises thoughts but focuses on paying attention to present
  - Noticing thoughts and accepting them
  - Breathing through reactions
  - Experiencing thoughts
  - ‘I am having the thought [that I am anxious, upset]’
  - Constantly noticing what is around you in the now moment

- **CBT**
  - Recognises and alters the actual content of thoughts to be more realistic and reliable
  - Focuses on new ways to look at stressful situations
  - Focuses on negative thoughts and beliefs
  - Carefully mentally re framing thoughts
  - Charting and analysing reactions
  - Analysing thoughts
  - ‘I am [anxious, upset]’
  - Constantly noticing thoughts

Methodology and methods

A ‘mini-review’ is similar to a full systematic review in that it must have a clearly focused question and be specific about the characteristics of studies that could answer such a question. However, a mini-review differs in that it mostly focuses on a single question with just one or two outcomes considered, while a systematic review usually focusses on several comparisons or outcomes at a time (Griffiths, 2002). For pragmatic reasons of time and resources, a mini review was undertaken to explore this review question.

Search strategy:

- **Inclusion criteria**: Quantitative statistical analyses, randomized controlled trials (RCTs) comparing mindfulness intervention with CBT in patients with SAD; participants age between 18 to 65 years, meeting diagnostic criteria for SAD.

- **Exclusion criteria**: Non-peer-reviewed, conference abstracts, book chapters, case-studies, dissertations and review articles. Non-randomized, uncontrolled, quasi-randomized trials and qualitative statistical analysis.

- **Key words**: (“social anxiety disorder” OR “SAD” OR “social phobia”) AND (“mindfulness” OR “meditation” OR “mindfulness treatment” OR “mindfulness therapy” OR “mindfulness intervention” OR “mindfulness based intervention”) AND (“cognitive behavioural therapy” OR “CBT”) AND (“anxiety level” OR “avoidance”) NOT (“seasonal affective disorder”).

- **Databases**: Cochrane, CINAHL, PsycNet, PubMed, Medline.

182 articles identified through database searching:

<table>
<thead>
<tr>
<th>Database</th>
<th>Articles</th>
<th>Full-text articles included in review (n = 4)</th>
<th>Full-text articles excluded, with reasons (n = 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cochrane</td>
<td>(n = 23)</td>
<td></td>
<td>• No appropriate comparison with CBT (n = 3)</td>
</tr>
<tr>
<td>CINAHL</td>
<td>(n = 31)</td>
<td></td>
<td>• Non relevant intervention (n = 2)</td>
</tr>
<tr>
<td>PsycNet</td>
<td>(n = 31)</td>
<td></td>
<td>• Not specific to social anxiety (n = 2)</td>
</tr>
<tr>
<td>PubMed</td>
<td>(n = 81)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medline</td>
<td>(n = 16)</td>
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</tbody>
</table>

Results

Following the inclusion and exclusion criteria four quantitative studies were reviewed and included in this mini review.

<table>
<thead>
<tr>
<th>Author</th>
<th>Participants</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goldin et al. (2016)</td>
<td>108 participants (Mdn Age 33) with current diagnosis of SAD.</td>
<td>CBT and MBSR both yielded similar improvements in social anxiety symptoms.</td>
</tr>
<tr>
<td>Faucher et al. (2016)</td>
<td>68 participants (Mdn Age 38) with current diagnosis of DSM-IV SAD.</td>
<td>CBT produced the best results, MBSR was associated with a significant decrease in subjective anxiety and symptoms of SAD during the speech task.</td>
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<td>Kocovski et al. (2015)</td>
<td>69 participants (aged 18 to 62 years) diagnosed with SAD.</td>
<td>Change in social anxiety was supported to a greater extent for CBT compared to MAGT.</td>
</tr>
<tr>
<td>Desnoyers et al. (2017)</td>
<td>137 participants (aged 18 to 62 years with symptoms meeting criteria for SAD, all treatments).</td>
<td>Both treatment conditions MAGT and CBT reported significantly lower levels of social anxiety, when compared to the control but did not differ significantly from each other.</td>
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</table>

Discussion

Findings indicated that mindfulness interventions were not significantly more effective than CBT. But, both mindfulness and CBT seemed to be equally effective in alleviating anxiety. Nevertheless, studies indicate that mindfulness provide significant benefits for reducing symptomatology among SAD patients.

Methods

For over a decade social anxiety has been a major public concern, with reports showing that anxiety is the second most common mental illness observed in a primary care setting (Kroenke et al., 2007). Individuals experiencing Social Anxiety Disorder (SAD) typically report being afraid of being negatively evaluated by others. As a result, individuals with SAD frequently avoid social situations, which can impact negatively on their daily lives (Heimberg et al., 2014).

Introduction

The purpose of the present mini-review was to examine the scientific literature exploring whether mindfulness training is more effective than CBT in treating social anxiety disorders.

Methodology

Following the inclusion and exclusion criteria four quantitative studies were reviewed and included in this mini review.

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