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Article

Introduction

The article determines the impact of computerized Cognitive Behavior Therapy (cCBT) and Cognitive Bias Modification (CBM) on stress among people. The study assumes that integration of these therapies reduce anxiety. Individuals with social anxiety or phobia exhibit emotions of fear when they are exposed to uncertain situations. Cognitive biases are repeated in computer-based practices that disengage from threat related situations. Literature has revealed significant impact of cCBT and CBM in eliminating stress among people. However previous studies did not explain which one is more effective in removing stress and enhancing mental state.

Methods and results

The study targeted 71 participants via e-mails and poster at university who accepted that they are experiencing social anxiety. Participants were selected from University of East Anglia (UAE). Responses of the participants were recorded and those who scores greater or equal to 17 on Fear of Negative Emotional Scale were selected for further investigations. The initial assessments depicted that the participants were undergoing social anxiety and needed treatment. Client were randomized by classifying 25 for cCBT and 24 for CBM. The purpose was to examine individual impact of these therapies on the respondents. The randomized trails assured that the subjects were native English speakers and had not taken any psychological treatment for al least last six months. From total 71 participants 8 were dropped. Among 63 participants 23 were men and 43 were women. Mean age was 22.7 years while the norms were recorded by using State–Trait Anxiety Inventory–Trait (STAI-T). Mild depression was expressed in Beck Depression Inventory–II (BDI-II) scores of 17.3 Majority of the respondents scored more than 19 on social phobia that was significantly high. E-cough tool was used for examining the role of cCBT. E-cough website was used for evaluating the prevalence of depression and anxiety. Four sessions of anxiety programs were offered through online platform. These sessions provided psychoeducation and information about social anxiety. Three practices used were ‘modifying you thinking’, ‘attention practice’ and ‘social skills training’. In CBM sessions the participants were asked to consider them in situations and express their preoccupied beliefs. A 20-itemed self reported questionnaire was used for assessing feelings of the respondents. Statistical software was used for computation of results based on the questionnaire.

All participants had completed the social skills training. The results depicts that both therapies helped people to reduce social anxiety but no significant different was find among two. This means it was not found that cCBT or CBM was better in reducing anxiety. Intervention groups who had received cCBT and CBM performed better socially after the sessions compared to the control groups that didn’t received any therapy. The results depicts greater improvements in attention control.

Discussions

The results of the study confirms positive relationship of cCBT and CBM on controlling social anxiety. The role of these therapies were evaluated for determining their impact on reducing social anxiety and improving attention level. The findings depicts that people exhibit high attention level and overcome their social fears that make them better after attending sessions. CMB performed better in terms of controlling beliefs of participants.

Reflection

I learned the importance of cCBT and CBM in helping people who are experiencing social phobia and anxiety. With social fear people don’t act favorably in social environments. I think both therapies can be used for helping people who are victims of stress and unable to participate in social life. Receiving social skills training allow individuals to exhibit greater social control.

Reference

Bowler, J. O., Mackintosh, B., Dunn, B. D., Mathews, A., Dalgleish, T., & Hoppitt, L. (2012). A Comparison of Cognitive Bias Modification for Interpretation and Computerized Cognitive Behavior Therapy: Effects on Anxiety, Depression, Attentional Control, and Interpretive Bias. *Journal of Consulting and Clinical Psychology* *, 80* (6), 1021–1033.