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# Frequency and comorbidity of social phobia and social fears in adolescents<sup>☆</sup>

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## Abstract

This report presents findings on the frequency, comorbidity and psychosocial impairment of social phobia and social fears among 1035 adolescents, aged 12–17 years. The adolescents were randomly selected from 36 schools in the province of Bremen, Germany. Social phobia and other psychiatric disorders were coded based on DSM-IV criteria using the computerized Munich version of the Composite International Diagnostic Interview. Seventeen (1.6%) of the adolescents met the DSM-IV criteria for social phobia sometimes in their life. More girls than boys received the diagnosis of social phobia and the frequency of the disorder increased with age. The lifetime frequency of social fears were much higher than that of social phobia. The most common types of feared social situations were fear of doing something in front of other people, followed by public speaking. Social phobia comorbid highly with depressive disorders, somatoform disorders and substance use disorders. Despite the high level of psychosocial impairment experienced by cases with social phobia and those with any social fears, only a small portion of them did receive professional help. © 1999 Elsevier Science Ltd. All rights reserved.

*Keywords:* Social phobia; Social fear; Comorbidity; Adolescents; Impairment

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## 1. Introduction

Social phobia is defined in DSM-IV as “a marked and persistent fear of social or performance situations in which embarrassment may occur” (American Psychiatric Association; APA, 1994, p. 411). Individuals with social phobia may either avoid these situations or endure them with extreme distress. When in feared or performance situations,

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individuals with social phobia generally experience concerns about embarrassment and are afraid of being judged as anxious, weak, crazy or stupid. Some somatic distress commonly experienced during social situation may include blushing, sweating, increased heart rates, and trembling (Gorman & Gorman, 1987). In DSM-IV individuals with multiple social fears such as in initiating conversations or attending parties are classified as having generalized social phobias. The DSM-III-R diagnosis of avoidant disorder of childhood or adolescence has been deleted and subsumed with social phobia in DSM-IV. The main feature of avoidant disorder is an excessive shrinking from contact with unfamiliar people. It is yet to be examined how much of this change may influence the prevalence of social phobia in adolescents.

According to numerous recent epidemiological studies in adults, social phobia usually begins in adolescence and that it often has a chronic course (Schneier, Johnson, Hornig, Liebowitz & Weissman, 1992; Wittchen, Essau, von Zerssen, Krieg & Zaudig, 1992). These adult studies have also indicated that social phobia which begins early in life tend to be associated with poor school performance, school drop-out, poor work performance and unemployment. Furthermore, the presence of social phobia is accompanied with increased rates of alcohol abuse, major depression, generalized anxiety disorder restricted social interaction and impairment at work, academic and social life (Turner, Beidel & Epstein, 1991; Schneier et al., 1992).

Despite these findings, little information is known about the frequency and nature of social phobia in adolescents. Based on results of small number of studies done among children, the prevalence of social phobia has been reported to be about 1.4% (Anderson, Williams, McGee & Silva, 1987; Costello et al., 1989; Benjamin, Costello & Warren, 1990). Among adolescents, Verhulst, van der Ende, Ferdinand and Kasius (1997) reported the prevalence of social phobia being 3.7% based on the adolescent report, and 6.3% based on parent's report. In the study of Canals, Domenech, Carbajo and Blade (1997), 1.7% of the adolescents met the DSM-III-R criteria for simple/social phobia; the rate found based on ICD-10 criteria for these disorders were much higher, being 5.5%. The rate of social phobia found in clinical setting was much higher, being 14.9% (Last, Perrin, Hersen & Kazdin, 1992). Social anxiety is more common than social phobia. As reported by an early study of Bryant and Trower (1974), 10% of the students had problem in social situation. Some examples of situations commonly feared by children include being in school, public speaking, blushing, crowds, eating, drinking or dressing in front of others (Strauss & Last, 1993). The mean age of onset of social phobia among children in clinical setting as reported by Last et al. (1992) was 11.3 years and by Strauss and Last (1993) 12.3 years.

In order to increase our knowledge on the nature of social fears and social phobia, the main aim of the present article is to present the frequency, comorbidity and psychosocial impairment of social phobia using data from the first wave of the 'Bremer Jugendstudie' (BJS; English translation: Bremer Adolescent Study). The specific aims are to address the following questions:

- How frequently do social fears and social phobia occur in the 12–17 years olds?
- How do social fear and social phobia distribute according to gender and age?
- How frequent is the comorbidity of social phobia with other disorders?
- How psychosocially impaired are those with social fear and social phobia?

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