

Subtypes of social phobia: Are they of any use?

Noortje Vriends^{a,*}, Eni S. Becker^b, Andrea Meyer^b,
Tanja Michael^a, Jürgen Margraf^a

^aDepartment of Clinical Psychology and Psychotherapy, University of Basel, Switzerland

^bDepartment of Clinical Psychology, Radboud University of Nijmegen, The Netherlands

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Abstract

This study investigated the existence of DSM-IV social phobia subtype models in the community. Data came from the Dresden Predictor Study of a representative sample of 1877 German women (aged 18–24 years) who completed a diagnostic interview and filled out various self-report questionnaires. The number of feared social situations was distributed continuously without a clear-cut for delineation of subtypes and significantly increased functional impairment, comorbidity, subjective need for psychotherapy, seeking psychotherapeutic help and dysfunctional attitudes, and decreased social support and mental health. Subtype models based on the number (1, 2–4 and >4) and type ('formal speaking fear' versus 'other fears') of social fear did not have extra value above the continuum model of social phobia. The heterogeneity within social phobia has to be seen as a continuum of severity of social phobia, with a greater number of feared situations associated with more functional, social and psychological disability.

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1. Introduction

Social phobia (social anxiety disorder) is an anxiety disorder characterized by an intense fear of embarrassment or humiliation in social and performance situations (American Psychiatric Association [APA], 1994). People with social phobia represent a heterogeneous group of patients. Differences within social phobics have for example been found with respect to the number and type of social fears, the frequency of avoidance, impairment due to the fears, sociodemographics, onset age, life satisfaction, social skills, and self-esteem (e.g. Boone et al.,

* Correspondence to: Missionsstrasse 60/62, 4055 Basel, Switzerland. Tel.: +41 61 2670654; fax: +41 61 2670659.
E-mail address: Noortje.Vriends@unibas.ch (N. Vriends).

1999; Eng, Heimberg, Coles, Schneier, & Liebowitz, 2000; Heimberg, Holt, Schneier, & Spitzer, 1993; Hofmann, Heinrichs, & Moscovitch, 2004; Mannuzza et al., 1995; Stemmerger, Turner, Beidel, & Calhoun, 1995). This observed heterogeneity raises the question if social phobia can be divided into several or more or less distinct subtypes comprising different features (e.g. symptoms and etiological models) with different therapeutic implications or if these differences within social phobia instead have to be seen as a continuum of severity of social phobia for which no sharp boundaries can be drawn.

In recent decades, the body of research on identifying subtypes of social phobia has been expanding but the topic remains controversial. The revised third edition of the Diagnostic and Statistical Manual of Mental Disorders (*DSM-III-R*, APA, 1987) introduced a “generalized social phobia” subtype that was retained in the fourth edition (*DSM-IV*, APA, 1994). According to the *DSM-IV* generalized social phobia should be diagnosed if an individual fears *most social situations*. This definition leaves room for different interpretations. Some researchers (e.g. Heimberg et al., 1993; Hofmann et al., 1999; Hofmann & Roth, 1996) interpret “most situations” to be a quantitative dimension and hold that generalized social phobia is distinct from other subtypes of social phobia (e.g. non-generalized, circumscribed, distinct, specific social phobia) because of a higher number of feared social situations. For example, according to Heimberg et al.’s (1993) definition, individuals with non-generalized social phobia function in at least one broad social domain without experiencing clinically significant anxiety. People with circumscribed social phobia, on the other hand, experience social anxiety in only one or two discrete situations. Hofmann and Roth (1996) as another example assigned a generalized social phobia subtype diagnosis if at least four commonly occurring social situations were feared.

Other researchers (e.g. Stemmerger et al., 1995; Turner, Beidel, & Townsley, 1992) provide a qualitative explanation of “most social situations” and distinguish generalized social phobia from other subtypes on the basis of the type of feared social situations. Typically, individuals who fear social situations involving interactions with others such as attending parties or initiating a conversation are assigned to the generalized social phobia. A “specific” subtype is assigned if individuals fear only performance-oriented situations, such as giving speeches, speaking up in meetings, eating or writing in public, and/or using public restrooms. Individuals assigned to this latter group could fear multiple “specific” social situations.

Further, some researchers (e.g. Holt, Heimberg, Hope, & Liebowitz, 1992; Perugi et al., 2001) have attempted to examine situational domains defined as classes of similar social situations that could capture the heterogeneity of social phobia. Even though two types of social situations (interactional and performance social anxiety) are commonly discussed in the theoretical literature factor analytic techniques found support for three (Safren, Turk, & Heimberg, 1998; Sakurai et al., 2005), four (Safren et al., 1999), and even five (Perugi et al., 2001) situational domains. Unfortunately, not only the number but also the content of these factors varies across the different studies owing to the different samples, methods and cultures used. For example, Perugi et al. (2001) and Safren et al. (1999) found that social interaction anxiety proved to be a unifactorial dimension, whereas performance–observation anxiety was multifactorial. In Safren et al. (1998), three factors (interaction anxiety, anxiety about being observed by others and fear that others will notice anxiety symptoms) were yielded. In addition, in eastern cultures other domains of social fear could be recognized. In Japanese patient samples “relationship fear” (Sakurai et al., 2005) and “offensive fear” (*Taijin Kyofusho*) appeared to be culture-specific situational domains of social phobia (Iwase et al., 2000).

Although factor analysis is a useful technique for detecting common underlying dimensions of feared social situations, it cannot indicate group membership on the basis of these variables.

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