

Relations Among Symptoms of Social Phobia Subtypes, Avoidant Personality Disorder, Panic, and Depression

Shawn A. Carter

Kevin D. Wu

Northern Illinois University

This study's primary goal was to examine relations between symptoms of specific social phobia (SSP), generalized social phobia (GSP), avoidant personality disorder (APD), and panic and depression. Past research has suggested a single social phobia continuum in which SSP displays less symptom severity than GSP or APD. We found SSP symptoms correlated less strongly with depression but more strongly with panic relative to both GSP and APD symptoms. These findings challenge a unidimensional model of social phobia, suggesting a multidimensional model may be more appropriate. These findings also inform current research aimed at classifying mood and anxiety disorders more broadly by identifying that the different factors of fear versus distress appear to underlie different subtypes of social phobia.

SOCIAL PHOBIA AND AVOIDANT personality disorder (APD) were introduced as disorders in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III; American Psychiatric Association [APA], 1980)*. Although originally conceived as distinct conditions, the lines between these disorders have been blurred in subsequent *DSM* editions, starting with *DSM-III-R's (APA, 1987)* inclusion of a generalized subtype of social phobia (GSP) and revision of the APD criteria to

reflect social fears and avoidance. In *DSM-IV-TR (APA, 2000)*, APD and severe GSP are so closely related that the following statement summarizes their differential diagnosis: “There appears to be a great deal of overlap between Avoidant Personality Disorder and Social Phobia, Generalized Type, so much so that they may be alternative conceptualizations of the same or similar conditions” (*APA, 2000, p. 720*).

In addition to significant overlap between social phobia and APD, researchers have found broad overlap among all of the anxiety disorders and also between anxiety and mood disorders (e.g., T. A. Brown, Campbell, Lehman, Grisham, & Mancill, 2001; T. A. Brown, Chorpita, & Barlow, 1998; Clark & Watson, 1991; Mineka, Watson, & Clark, 1998; Watson, 2005). This led to the proposal of a tripartite model in which general distress explains the relation between depression and anxiety, whereas physiological hyperarousal and anhedonia differentiate anxiety from depression, respectively (Clark & Watson, 1991). More recently there has been support for a model that divides internalizing disorders across two factors – fear and distress (Cox, Clara, & Enns, 2002; Kendler, Prescott, Myers, & Neale 2003; Krueger, 1999; Slade & Watson, 2006; Vollebergh et al., 2001; Watson, 2005). In this latest model, major depressive disorder, dysthymic disorder, generalized anxiety disorder, and posttraumatic stress disorder load primarily on the distress factor, whereas panic disorder, agoraphobia, obsessive-compulsive disorder, specific phobia, and social phobia (conceptualized as a single construct, as opposed to separate generalized and nongeneralized subtypes) load primarily on the fear factor. One clear lesson from this literature has been that in order to fully conceptualize a condition such as social phobia,

Address correspondence to Kevin D. Wu, Ph.D., 311 Psychology-Computer Science Bldg, Department of Psychology, Northern Illinois University, DeKalb, IL 60115; e-mail: kevinwu@niu.edu.

0005-7894/08/002–013\$1.00/0

© 2008 Association for Behavioral and Cognitive Therapies. Published by Elsevier Ltd. All rights reserved.

one must understand its relations with other disorders.

Social Phobia and Avoidant Personality Disorder

Substantial research on social phobia has focused on ways to best classify its proposed subtypes and relations with APD. However, this research has not always been consistent across studies. Whereas some researchers have followed *DSM* by defining social phobia subtypes based on the *number* of feared social situations, others have defined subtypes based on *type* of feared situations. Further, there has been an inconsistent use of terminology in describing individuals who suffer from social anxiety but do not meet full criteria for GSP. Different names for this construct that have appeared throughout the research literature include nongeneralized (E. J. Brown, Heimberg, & Juster, 1995; Holt, Heimberg, & Hope, 1992), circumscribed (Boone et al., 1999; Ries et al., 1998), discrete (Levin et al., 1993; Schneier, Spitzer, Gibbon, Fyer, & Liebowitz, 1991), and specific social phobia (SSP; Stemberger, Turner, Beidel, & Calhoun, 1995; Tran & Chambless, 1995; Turner, Beidel, Townsley, 1992). Consistent with Hook and Valentiner (2002), we use the term SSP to indicate a fear of a limited number of social situations.

In an early study that examined differences between social phobia subtypes, Heimberg, Hope, Dodge, and Becker (1990) identified individuals who either feared (a) certain circumscribed social situations or (b) most or all social situations. Although the number of feared situations formed the basis of this distinction, it was found that the group who only feared circumscribed situations consisted predominantly of individuals whose only social fear was public speaking. This finding is consistent with other research that has considered that in addition to number of situations feared these two subtypes also differ as to the nature of the feared situations (Schneier et al., 1991). In fact, Turner et al. (1992) argued that SSP is *defined* by fears of performance situations, such as public speaking, eating, or writing, whereas GSP is *defined* by fears of interpersonal interactions, although individuals with GSP often display fears of performance situations as well. Although this classification is not consistent with the *DSM*, there is evidence, as outlined below, that in addition to a simple severity distinction there may be other meaningful differences between proposed social phobia subtypes (e.g., Hook & Valentiner, 2002; Stein & Chavira, 1998; Stemberger et al., 1995).

Turning to the relation between social phobia and APD, researchers have proposed a unidimensional

model (also referred to as a social phobia continuum) with SSP on the least severe end, followed by GSP, and then APD on the most severe end (Boone et al., 1999; Herbert, Hope, & Bellack, 1992; Hofmann, Newman, Becker, Taylor, & Roth, 1995; Turner et al., 1992). Therefore, the unidimensional model suggests that SSP, GSP, and APD are similar conditions with symptom severity and number of situations feared being the primary criteria for classifying individuals suffering from social anxiety. Several studies support this possibility. For example, researchers consistently have found that individuals with either GSP or comorbid GSP and APD display greater amounts of overall distress, social anxiety, social impairment, fear of negative evaluation, and depression than individuals with SSP (Boone et al., 1999; E. J. Brown et al., 1995; Hofmann, Newman, Ehlers, & Roth, 1995; Holt et al., 1992; Tillfors, Furmark, Ekselius, & Fredrikson, 2004; Tran & Chambless, 1995; Turner et al., 1992). Conversely, individuals with GSP and individuals with GSP plus an additional diagnosis of APD have not consistently differed on these same measures across studies (Boone et al., 1999; E. J. Brown et al., 1995; Herbert et al., 1992; Huppert, Strunk, Ledley, Davidson, & Foa, 2008; Turner et al., 1992; Tillfors et al., 2004; Tran & Chambless, 1995; van Velzen, Emmelkamp, & Scholing, 2000). In a recent study using cluster analyses, a diagnosis of APD was found to significantly correlate with membership in a cluster displaying more severe symptomatology among individuals diagnosed with GSP with or without APD (Chambless, Fydrich, & Rodebaugh, 2008). However, once controlling for severity of social phobia symptoms, an APD diagnosis no longer correlated significantly with cluster membership, leading the researchers to conclude that APD is a more severe form of GSP, as opposed to a qualitatively distinct construct. Another study used confirmatory factor analysis to examine GSP-diagnosed individuals with or without APD and found that, even after removing two APD items that showed strong overlap with GSP, a two-factor GSP versus APD model displayed similar fit to a combined GSP/APD single-factor model (Huppert et al., 2008). Collectively, these studies suggest that GSP and APD are more pathological than SSP and, as suggested by *DSM*, potentially are redundant diagnoses.

In addition to considerations of symptom severity, there are several other differences that suggest SSP and GSP/APD differ in their etiology and course and therefore may be distinct conditions. Previous studies have found that both GSP and APD generally have an earlier age of onset than SSP (E. J. Brown et al., 1995; Holt et al., 1992;

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات