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Domains of life satisfaction in social anxiety disorder: relation to symptoms and response to cognitive-behavioral therapy

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Abstract

A general sense of satisfaction with life has been shown to be discriminable from symptom levels and disability in clinical populations. The current study focused on the utility of identifying domains of life satisfaction in social anxiety disorder and differential changes in these domains following cognitive-behavioral group therapy (CBGT). An exploratory principal axis factor analysis of the items of the Quality of Life Inventory in clients with a principal diagnosis of social anxiety disorder ($N = 138$) yielded four domains of life satisfaction: (1) Achievement, (2) Social Functioning, (3) Personal Growth, and (4) Surroundings. Prior to treatment, clients reported dissatisfaction in the Achievement and Social Functioning domains. Further, levels of satisfaction in these domains were significantly related to severity of social anxiety and depressive symptoms. Finally, analyses of a subsample of clients completing 12-weeks of cognitive-behavioral group therapy revealed significant improvements in the Achievement and Social Functioning factors. These findings provide further support for the assertion that social anxiety disorder

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has important implications for clients' quality of life and that CBGT can successfully impact several domains of satisfaction.

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1. Domains of life satisfaction in social anxiety disorder: relation to symptoms and response to cognitive-behavioral therapy

As investigations into the assessment and treatment of social anxiety disorder have progressed, researchers have moved beyond a simple focus on symptoms and their amelioration. A growing body of research highlights the nature of impairments in life functioning. Suffering from a disorder characterized by excessive fear of social and performance situations, individuals with social anxiety disorder are less likely to be married (Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992) and report impaired social functioning and social support (Liebowitz, Gorman, Fyer, & Klein, 1985; Schneier et al., 1994; Turner, Beidel, Dancu, & Keys, 1986) than their non-anxious counterparts. They also report lower levels of educational attainment and reduced productivity in the workplace (Schneier et al., 1994; Stein & Kean, 2000; Wittchen, Fuetsch, Sonntag, Muller, & Liebowitz, 1999). Furthermore, persons with social anxiety disorder have been found to utilize medical services more frequently and are more likely to be dependent on welfare or disability than individuals without a psychiatric disorder (Davidson, Hughes, George, & Blazer, 1993; Schneier et al., 1992).

Although these reports of disability tell us the degree of difficulty socially anxious persons have in different areas of functioning, they fail to assess how much these difficulties actually matter to the individual. To this end, assessment of life satisfaction is tied more to an evaluative process that reflects the degree to which an individual's most important needs, goals, and desires have been met. Previous reports of the correlations between measures of disability and a measure of life satisfaction (the Quality of Life Inventory, QOLI; Frisch, 1994) among clients with social anxiety disorder have indicated that only about 25% of the variance in quality of life is accounted for by disability (Hambrick, Turk, Heimberg, Schneier, & Liebowitz, in press).

Life satisfaction is an important indicator of response to cognitive-behavioral therapies because it can detect changes in cognitively-mediated perceptions of life satisfaction, despite perhaps, an unchanged external environment. Utilizing total scores on the QOLI, we observed that immediately following a course of cognitive-behavioral group therapy (CBGT) for social anxiety disorder, clients demonstrated significant improvement in self-perceived quality of life (Safren, Heimberg, Brown, & Holle, 1997). These improvements were maintained for several months after treatment (Eng, Coles, Heimberg & Safren, 2001).

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