

Social Anxiety and Its Relationship to Functional Impairment in Body Dysmorphic Disorder

Megan M. Kelly

Butler Hospital, Providence, RI and Alpert Medical School, Brown University

Chris Walters

Butler Hospital, Providence, RI

Katharine A. Phillips

Butler Hospital, Providence, RI and Alpert Medical School, Brown University

Social anxiety appears to be a prominent characteristic of body dysmorphic disorder (BDD). However, few previous studies have examined social anxiety and its facets (i.e., physiological arousal, fear and avoidance of social situations) and their relationship to psychosocial functioning in BDD. The present study aimed to fill these gaps by examining (a) social anxiety and its facets in BDD, and b) cross-sectional and prospective relationships between social anxiety symptoms and functional impairment in BDD. Individuals with *DSM-IV* BDD without comorbid social phobia ($N=108$) completed measures of social anxiety and psychosocial functioning at study intake (T1). Psychosocial

functioning was also assessed at a 12-month follow-up interview (T2). Severity of social anxiety (i.e., due to BDD or any other source) was rated with the Social Phobia Inventory (SPIN). In addition, participants were interviewed with the Duke Brief Social Phobia Scale (BSPS) to assess social anxiety *independent of BDD*. At T1, participants endorsed high levels of social anxiety on the SPIN and subclinical levels of social anxiety on the BSPS. Greater social anxiety was associated with poorer psychosocial functioning in cross-sectional and prospective analyses, particularly fear and avoidance of social situations. These results suggest that certain aspects of social anxiety, especially social fear and avoidance, may be significant contributing factors to functional impairment in individuals with BDD.

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Address correspondence to Megan M. Kelly, Ph.D., Edith Nourse Rogers Memorial Veterans Hospital, 200 Springs Road, Bedford, MA 01730, USA; e-mail: megan_kelly@brown.edu.

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BODY DYSMORPHIC DISORDER (BDD) is a distressing and impairing disorder characterized by preoccupations with imagined or slight defects in physical appearance. BDD is a relatively common disorder, with reported point prevalence rates of 0.7% to 2.4% in the general population (Faravelli et al., 1997; Koran, Abujaoude, Large, & Serpe, 2008; Otto, Wilhelm, Cohen, & Harlow, 2001; Rief, Buhlmann, Wilhelm, Borkenhagen, & Brähler, 2006). Although BDD is often conceptualized as an OC-spectrum disorder (Cohen & Hollander, 1997; Goldsmith, Shapira, Phillips, & McElroy,

1998; Mataix-Cols, Pertusa, & Leckman, 2007), BDD appears to be characterized by features seen in other anxiety disorders—in particular, high levels of social anxiety akin to social phobia (SP) (Coles et al., 2006; Phillips, 2005). Studies have found that levels of social anxiety in BDD are similar to those reported for SP, with social anxiety symptoms ranging from 1.3 to 1.5 *SD* units higher than in normative samples (Pinto & Phillips, 2005; Veale, Kinderman, Riley, & Lambrou, 2003).

Indeed, a number of similarities between BDD and SP further underscore the importance of examining social anxiety in BDD. Clinical observations suggest that both BDD and SP are characterized by a fear of negative evaluation in social situations (Buhlmann, McNally, Wilhelm, & Florin, 2002) as well as avoidance of social interactions (Phillips & Diaz, 1997), although in BDD, social fear and avoidance are largely related to the perceived bodily “defects” (Wilhelm, Otto, Zucker, & Pollack, 1997). Individuals with BDD also have a tendency to misinterpret neutral interpersonal cues as more negative and threatening when compared to healthy controls (Buhlmann, Etcoff, & Wilhelm, 2006). Moreover, the high rates of comorbid SP in BDD (37% to 40%; Gunstad & Phillips, 2003; Phillips, Menard, Fay & Weisberg, 2005) suggest that BDD and SP may be related disorders.

In some Eastern cultures, BDD (dysmorphophobia) is even considered a subtype of SP (Kleinknecht, Dinnel, Kleinknecht, Hiruma, & Harada, 1997). *Taijin-kyofu-sho* (TKS) is a fear of interpersonal relations, and a type of social anxiety commonly observed in East Asian cultures (Choy, Schneier, Heimberg, Oh, & Liebowitz, 2008; Kleinknecht et al., 1997; Maeda & Nathan, 1999). One subtype of TKS, the offensive subtype, includes not only BDD-like fears of perceived defects (particularly a fear of physical deformities) but also fears of blushing and facial expressions (Choy et al., 2008). Physiological arousal in social situations, particularly perceived symptoms of blushing, trembling, and sweating, has also been posited as a core symptom in SP (American Psychiatric Association, 2000; Fahlén, 1996/1997) and a factor that may distinguish SP from other psychiatric disorders (Edelman & Baker, 2002). However, no prior study has specifically examined physiological arousal or other facets of social anxiety (i.e., social fear and avoidance) in BDD.

This report additionally examines social anxiety as a correlate and predictor of functional impairment in BDD. Understanding predictors of functioning is important in BDD, as individuals with BDD tend to have high levels of functional impair-

ment (Phillips, 2000; Phillips, Menard, Fay, & Pagano, 2005). In a sample of 62 outpatients with BDD, scores on the social functioning scale of the SF-36 were more than two standard deviations poorer than the general population (Phillips, 2000). In a more broadly ascertained sample of 200 participants from the same study as in the present report (Phillips, Menard, Fay, & Pagano, 2005), overall social adjustment scores at the intake interview on the Social Adjustment Scale were more than two standard deviations below community norms, and social functioning scores on the SF-36 were 1.8 *SD* units lower than the US population. Yet, little is known about clinical correlates or predictors of poor functioning in BDD. A recent prospective study from the same sample as the present paper showed that BDD severity strongly predicts poor functioning (Phillips, Quinn, & Stout, 2008), but that report did not examine the relationship between social anxiety and psychosocial functioning.

Several sources of evidence suggest that social anxiety is associated with significant impairment in psychosocial functioning. For instance, Acarturk, de Graaf, van Straten, ten Have, and Cuijpers (2008) found that higher numbers of endorsed social fears were associated with poorer psychosocial functioning in a community sample. Furthermore, comorbid social phobia in individuals with other mental disorders, including depression and posttraumatic stress disorder, has been associated with poorer functional outcomes than those without comorbid social phobia (Belzer & Schneier, 2004; Dalrymple & Zimmerman, 2007; Zayfert, DeViva, & Hofmann, 2005). Similarly, a prior cross-sectional, retrospective study from the sample used in the present paper found that individuals with both BDD and SP were less likely to be employed and had poorer global social adjustment than individuals with BDD and no diagnosis of SP (Coles et al., 2006). However, this study, and the literature more generally, have not examined the relationship between social anxiety and its facets and psychosocial functioning in BDD.

The present study examined (a) social anxiety and its facets in individuals with BDD, and (b) cross-sectional and prospective relationships between social anxiety and its facets in relation to functional impairment. We examined both social anxiety from any source (including BDD) and social anxiety independent of BDD concerns. The sample of BDD participants in the present study was drawn from, to our knowledge, the only prospective observational study of BDD. It was expected that fear, avoidance, and physiological arousal in social situations would be elevated in BDD. Furthermore,

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