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Beyond DSM-5: An alternative approach to assessing Social Anxiety Disorder

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ABSTRACT

This article focuses on the Diagnostic and Statistical Manual of Mental Disorders (DSM) classification of Social Anxiety Disorder (SAD). The article details the diagnostic criteria for SAD that have evolved in the various editions and demonstrates that whilst there have been some positive steps taken to more comprehensively define the disorder, further revision is necessary. It will be argued that the DSM-5 (APA, 2013) has made some changes to the diagnostic criteria of SAD that do not seem to be completely in line with theory and research and do not describe SAD effectively in terms of both diversity and presentation. This article concludes with the presentation of a proposed set of diagnostic criteria that address the concerns raised in the article. The proposed criteria reflect a hybrid categorical–dimensional system of classification.

1. Beyond DSM-5: an alternative approach to assessing Social Anxiety Disorder

The latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013) has recently been released. There are several notable changes to the diagnostic criteria for several disorders but this article details the diagnostic criteria for Social Anxiety Disorder (SAD) that have evolved over the various editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM); namely DSM-III (APA, 1980), DSM-III-R (APA, 1987), DSM-IV (APA, 1994), DSM-IV-TR (APA, 2000) and DSM-5 (APA, 2013). We argue that despite the efforts taken to improve the diagnostic criteria for SAD, there exist several deficiencies in the latest approach to DSM from clinical, research and theoretical perspectives.

In order to contextualise our arguments, we begin by examining the historical changes in the DSM diagnostic criteria of SAD. A critical review of the diagnostic criteria as recorded in the DSM-5 is then presented. Next, a proposed set of diagnostic criteria for SAD is discussed. The proposed criteria add some key features to the existing criteria and remove others. Overall, the proposed changes are arguably more theoretically sound and grounded in evidence.

2. History of Social Anxiety Disorder in the DSM

2.1. DSM III to DSM-IV-TR

Social Anxiety Disorder/Social Phobia first appeared as a diagnostic category in the DSM-III (APA, 1980). Originally, the DSM used the term 'Social Phobia' to describe 'Social Anxiety Disorder' but DSM-IV adopted the term 'Social Anxiety Disorder'. The terms 'Social Phobia' and 'Social Anxiety Disorder' (SAD) have been used interchangeably in the past. There have been significant changes to the diagnostic criteria for SAD since this time. These changes are outlined next.

First, Criterion C of the DSM-III (APA, 1980) indicated that if the symptoms were due to another disorder (e.g., Avoidant Personality Disorder [AvPD]), a diagnosis of SAD would be excluded. This exclusion was later supported by information gathered from studies that indicated qualitative differences in relation to social skills between those individuals with AvPD and those with SAD (e.g., Turner, Beidel, Dancu, & Keys, 1986). However, the exclusion clause was removed in subsequent editions of the DSM. This change was supported by literature indicating that there are minimal to no differences between those individuals with comorbid AvPD and SAD compared to those individuals with SAD only (e.g., Herbert, Hope, & Bellack, 1992). These changes to DSM reflect the considerable level of discussion and research undertaken in order to better understand the similarities and differences of SAD and AvPD. What continues to fuel the interest is that high levels of comorbidity between SAD and AvPD are reported (e.g., ranges from 31% to 86%; Grant et al., 2005; Ralevski et al., 2005; Tillfors, Furmark, Ekselius,

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& Fredrikson, 2004; Zimmerman, Rothschild, & Chelminski, 2005). These results conclude that whilst there is considerable overlap or co-morbidity between these two disorders, it is possible to have SAD without a diagnosis of AvPD and vice versa.

Second, the articulation of where the fear is experienced changed from fear in a situation (DSM-III; APA, 1980), to "one or more situations" (DSM-III-R; APA, 1987, p. 243) and then to "one or more social or performance situations" (DSM-IV; APA, 1994, p. 416; DSM-IV-TR; APA, 2000, p. 456). It appears that these changes were graded attempts to address the diversity that was being recorded in the SAD population in terms of the types of feared situations. These changes have, at least partially, addressed this type of variability, but other types of diversity (such as the presence or absence of broader interpersonal functional impairment, or the diverse nature of avoidance behaviour, where some people with SAD largely avoid the situations they fear, but others endure them with distress) remain unaddressed.

Third, the DSM-IV-TR introduced a specification that anxiety may be present when the individual "is exposed to unfamiliar people" and referred to a person's fear of "show(ing) anxiety symptoms" (APA, 2000, p. 456). This addition addressed the increasingly reported symptom of self-consciousness, such as when people with SAD have a great fear of blushing or shaking in public situations, or a fear of unfamiliar people. Finally, a reference to the possibility that the anxiety "may take the form of a situationally bound or situationally predisposed Panic Attack" was added in the DSM-IV (APA, 1994, p. 456).

The changes outlined above went some way to including symptoms that were being seen in clinical practice settings and reported in research. However, several problems remained. The next section critically reviews the changes to the most recent edition of the DSM diagnostic criteria for SAD as it appears in DSM-5.

2.2. Social Anxiety Disorder in the DSM-5 (APA, 2013)

The DSM-5 diagnostic criteria for Social Anxiety Disorder (SAD) include some minor changes (e.g., the removal of the words "act in a way" from Criterion A in DSM-IV-TR (APA, 2000, p. 456), to Criterion B in DSM-5). There have also been several other notable changes to the diagnostic criteria with the publication of the DSM-5 (APA, 2013). These notable changes are outlined next.

First, Criterion A of the DSM-5 no longer refers to a "marked and persistent fear" as it did in the DSM-IV-TR. The removal of the words "and persistent" from Criterion A indicates that an individual with SAD may have a marked fear of one or more social situations, but that this fear does not necessarily persist within the social situation. Although the DSM-5 Criterion F acknowledges *the persistence of the disorder* over time (i.e., "typically lasting 6 months or more"), there is now no longer an acknowledgement of the more *proximal nature of persistent anxiety during the social situation.* Instead, the changes to Criterion A in DSM-5 indicate that the fear may somehow come and go over the course of the social situation or when thinking about the social situation.

This particular change is problematic as it is inconsistent with evidence-based cognitive models of social anxiety (e.g., Clark & Wells, 1995; Heimberg, Brozovich, & Rapee, 2010; Rapee & Heimberg, 1997) that indicate a number of key variables that contribute to the persistent nature of the fear about or within social situations. For instance, the Clark and Wells' (1995) cognitive model of social anxiety refers to pre- and post-event processing that is a type of social situation-specific rumination. This rumination often leads to persistent fear in the individual leading up to, during and after the social situation. Clark and Wells' (1995) model also references self-focus attention bias, where the individual focuses on their performance and anxiety symptoms, instead of the task at hand. Such a focus often causes increased anxiety in the social situation (McManus, Sacadura, & Clark, 2008). Rapee and Heimberg's (1997) cognitive behavioural model of social anxiety emphasises the presence of safety behaviours (i.e., behaviours performed in an attempt to minimise the risk of anxiety/embarrassment, for example, speaking softly or avoiding eye contact). These safety behaviours are performed during the social situation, and contribute to the persistent nature of social anxiety both within the social situation and outside of it.

Individuals with social anxiety tend to remain self-focused in the social situation and mistakenly believe that safety behaviours are helpful in several ways (e.g., reducing the anxiety experienced in a social situation, improving their performance in the social situation). However, research into this relationship is in line with cognitive models of social anxiety. McManus et al. (2008) conducted an experiment to directly investigate the impact of safety behaviours and self-focus on the persistence of anxiety. The researchers manipulated the use of safety behaviours and self-focus in short conversations and found that higher levels of anxiety were reported in individuals who were asked to perform safety behaviours and maintain self-focus ($F(1,36) = 32.60$ $p < .001$). The researchers concluded that the use of safety behaviours and self-focus increases that anxiety in the social situation and maintains fear in individuals. As a result, the exclusion of the words "and persistent" to the new Criterion A results in a very significant aspect of the socially phobic experience being dismissed.

Second, Criterion B in the DSM-5 specifies a fear of negative evaluation (i.e., "act in a way. . . that will be negatively evaluated"), as opposed to the wording in the DSM-IV-TR that stated "act in a way that might be humiliating or embarrassing". The existing Criterion B in DSM-5 now reads from the perspective of an individual who fears that others will be critical of them. Whereas the previous criterion read that the individual is concerned about *them* doing something that is likely to cause a feeling of embarrassment or humiliation. This change suggests that what is most important is the concern about what others think, rather than the concern over one's own behaviour. A judgement is therefore made here by the DSM committee that in some way indicates the perception of other people as being critical towards them is more important rather than an explicitly stated perception of myself as being worthy of that criticism. This we feel is an interesting and important step toward a more empirically-informed definition of SAD. That is, several studies support the role of a fear of negative evaluation in the experience of SAD and this appears to be a primary maintaining factor as opposed to the concern that I may *act in a way*.

The reason for this change is, presumably, that there is considerable evidence to indicate that individuals with SAD experience a fear of negative evaluation and that this fear of negative evaluation is related to other unhelpful ways of thinking. Within Clark and Wells' (1995) cognitive model, unhelpful ways of thinking are grouped according to: *high standard rules* (e.g., "I must always appear clever"); *conditional beliefs relating to consequences* (e.g., "If people become aware of my weaknesses, they'll reject me"); and, *unconditional negative beliefs about the self* (e.g., "I'm not an interesting person"). Wong and Moulds (2009) investigated responses to a series of self-report questionnaires in a sample of ($N = 93$) undergraduate students, both before and after they were videotaped giving a short presentation. Wong and Moulds found that individuals scoring higher on fear of negative evaluation tended to endorse all negative cognitions indicated by Clark and Wells in their model when compared to individuals scoring low on fear of negative evaluation.

Whilst this refinement goes some way to describing SAD, this is a limited view of the SAD experience. Defining SAD as a function of a fear of negative evaluation limits the scope of broader social anxiety-related concerns. Previously, there was an emphasis in the