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# Generalized Social Phobia Versus Avoidant Personality Disorder: Differences in Psychopathology, Personality Traits, and Social and Occupational Functioning

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**Abstract**—Four groups of patients with social phobia (SP) were compared with regard to psychopathologic characteristics, personality traits, and social and occupational functioning. Fifteen persons with discrete social phobia without any personality disorder (DSP), 28 persons with generalized social phobia (GSP) without any personality disorder, 24 persons with GSP with a single diagnosis of avoidant personality disorder (APD), and 23 persons with GSP with more than one PD were included in the present study. APD had higher levels of social phobic avoidance, depressive symptoms, neuroticism, introversion, and social and occupational impairment as compared with GSP. DSP was found to be the least severe condition. OPD was the most impaired on nearly all variables. Logistic regression analyses revealed that introversion and depressive symptoms were able to predict correctly the presence or absence of an APD in 85% of those with social phobia. These findings are discussed in the light of the severity continuum hypothesis of social phobia and APD and recommendations for future research are given. © 2000 Elsevier Science Ltd. All rights reserved.

*Keywords:* Social phobia; Avoidant personality disorder; Comorbidity

During the past decade, the relationship between social phobia (SP) and the avoidant personality disorder (APD) has received a great deal of attention

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because of the apparent similarity between both disorders. According to the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., revised [DSM-III-R]; American Psychiatric Association, 1987), the main characteristic of both SP and APD is a fear of negative evaluation, resulting in avoidance of social situations or feeling uncomfortable in social situations. In the *DSM-III-R*, a subtype of SP was introduced: the diagnosis of GSP should be assigned when the anxiety and avoidance is related to most social situations. The remaining persons with SP could be typed as having a DSP, indicating that the patient does not report fear in most social situations, but that the fear is limited to a small number of circumscribed situations (e.g., public speaking situations). Introduction of the generalized subtype resulted in a large conceptual overlap between this disorder and the APD: six of the seven *DSM-III-R* diagnostic criteria for the APD are clearly related to the criteria of SP. In addition, the age of onset is similar in both disorders: both begin in late childhood or early adolescence (Scholing & Emmelkamp, 1990), indicating that SP may be as chronic as the APD. In the course of the research on subtypes of SP, a three-category subtyping scheme has been proposed (Heimberg, Holt, Schneier, Spitzer, & Liebowitz, 1993). Besides the GSP and DSP (or circumscribed SP), a third category was added, the non-GSP, including those patients that fell in between 'most social situations' and 'a limited number of discrete situations.'

In the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed. [DSM-IV]; American Psychiatric Association, 1994), the overlap between SP and APD is acknowledged as possibly resulting from alternative conceptualizations of the same or similar conditions. Stated in terms of the overlapping symptomatology model: the comorbidity of GSP and APD is an artifact as a result of overlapping criteria (van Velzen & Emmelkamp, 1999). This model would be supported when prevalence rates of APD in GSP will approach 100%. However, studies reported varying prevalence rates, ranging from 18% (Jansen, Arntz, Merckelbach, & Mersch, 1994) to 90% (Alnaes & Torgerson, 1988), indicating that there is a subsample of persons with SP in whom a comorbid diagnosis of APD is not present. When this subsample would mainly consist of those with DSP, it would not reject the overlapping symptomatology model. However, Jansen, Arntz, Merckelbach, and Mersch (1994) reported that 94% of their SP sample was diagnosed as having GSP, whereas, as noted above, only 18% of their sample was diagnosed with APD.

In studies addressing the comorbidity issue of SP and APD, the severity continuum hypothesis has been the dominant hypothesis, stating that SP and APD only differ in severity. This latter hypothesis can be viewed as a specification of the overlapping symptomatology hypothesis. Studies comparing SP and APD have led to the conclusion that both disorders are not qualitatively different, but only differ in severity of dysfunction (e.g., Liebowitz, Gorman, Feyer, & Klein, 1985; Widiger, 1992). The differences found between those

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