

## HOW SPECIFIC ARE SPECIFIC PHOBIAS?

STEFAN G. HOFMANN, CASSANDRA L. LEHMAN  
and DAVID H. BARLOW  
Boston University, Boston, U.S.A.

**Summary** — To study the generality of fears among specific phobic individuals and controls, 31 individuals with a DSM-IV diagnosis of specific phobia (natural environmental type:  $n = 13$ ; blood–injection–injury type:  $n = 10$ ; and situational type:  $n = 8$ ) and 33 never mentally ill control subjects participated in an interview and questionnaire study. Based on subjects' fear ratings on the Fear Survey Schedule, subjects were classified as either positive or negative with regard to fear categories that correspond to the five diagnostic subtypes of specific phobia. Phobics showed overall a more generalized form of fear than controls. Furthermore, situational fears were more common among specific phobics who did not meet criteria for specific phobia, situational type, than among controls. These results add to the literature on the functional relationship among different fears and suggest that specific phobias are not as "specific" as is implied by the current diagnostic system. © 1997 Elsevier Science Ltd

### Introduction

Comorbidity is defined as the the co-occurrence of two or more mental disorders in one person. The issue of comorbidity has been one of the greatest challenges for the nosology of mental disorders because it raises important questions about the validity of a categorical classification system (e.g. Maser & Cloninger, 1990). Two disorders are likely to co-occur if there is a functional relationship between them. This issue has been discussed in some detail in the case of phobias and other anxiety disorders (Rachman, 1991). Supporting evidence for such a functional relationship between phenomenologically different fears comes from studies that demonstrate a co-variation between treated and untreated anxiety disorders during treatment (Rachman & Lopatka, 1988a, Rachman & Lopatka, 1988b; Samson & Rachman, 1992; Williams, Kinney, & Falbo, 1989). If the functional connection between different fears is obvious, those fears are typically subsumed under a single diagnostic category. Agoraphobia is a good example of a diagnostic category that incorporates different functionally related fears. Individuals with agoraphobia typically fear and avoid a variety of situations (e.g., malls, driving a car, air travel, etc.) due to the fear of feeling trapped in case they experience a panic attack (or panic-like symptoms), which is often associated with an irrational fear of a heart attack or other mental or physical catastrophes (e.g., Barlow, 1988; Clark, 1986; Reiss, Peterson, Gursky, & McNally, 1986).

Thus, our current diagnostic system assigns individuals who share certain unique

characteristics and distinguishing features to the same diagnostic category in order to minimize the variance within and to maximize the variance between the categories. Moreover, it is possible to subtype individuals within a diagnostic category. For example, individuals with social phobia who experience anxiety in most or all social situations are typically given a "generalized subtype" specifier of social phobia (DSM-III-R, APA, 1987; DSM-IV, APA, 1994). About one half of all social phobic individuals suffer from such a more generalized form of social phobia (Hofmann & Roth, 1996; Stein, Walker, & Ford, 1996). In order to clarify the diagnostic definition for the generalized subtype of social phobia, Holt, Heimberg, Hope, and Liebowitz (1992) investigated the pervasiveness of social anxiety among functionally related social situations and introduced the term "situational domains." The authors distinguished four conceptually different situational domains of social phobia (formal speaking/interaction, informal speaking/interaction, observation by others, and assertion). Heimberg, Holt, Schneier, Spitzer, and Liebowitz (1993) suggested assigning social phobic individuals the specifier "generalized subtype" if their social fear occurs in all four situational domains.

Similar to Holt et al.'s classification method, the DSM-IV defines phobic subtypes based on the functional relationship among feared objects or situations and assigns individuals accordingly into the situational type, animal type, natural environmental type, blood-injection-injury type, and other type. Interestingly, the DSM-IV makes the implicit assumption that heterogeneity among individuals with social phobia is due to individual differences in the generality of subjects' social fears, whereas heterogeneity among individuals with specific phobias is due to the type of the feared object or situation.

The objective of the present study was to investigate the generality of fears among individuals with specific phobia. The goal was to determine whether meeting diagnostic criteria for one particular specific phobia subtype increases the likelihood of experiencing fears from other specific phobia subtypes.

## Methods

### *Participants*

A total of 31 subjects with a DSM-IV diagnosis of specific phobia and 33 never mentally ill control subjects participated in an interview and questionnaire study. Control subjects were recruited through the acquaintance procedure (Mannuzza, Fyer, Endicott, Gallops, Martin, Reich, & Klein, 1989) to control for subjects' socioeconomic status and other variables. The acquaintance procedure was as follows: After interviewing a specific phobic subject, the first degree relatives of the subjects were contacted and each relative was asked to name six acquaintances who are not friends and whom they know only slightly. Acquaintances had to be the same gender and approximately the same age as the specific phobic subject. A randomly selected member of the list provided by each relative were telephone screened and, if found to have no mental disorder, directly interviewed.

### *Assessment Procedure*

Potential subjects with specific phobia who contacted the Center for Stress and Anxiety Disorders in Albany, New York, for treatment, underwent an initial diagnostic screening. If subjects met diagnostic criteria for specific phobia, they were contacted over the telephone and

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