



A COGNITIVE-BEHAVIORAL MODEL OF ANXIETY IN SOCIAL PHOBIA

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Summary—The current paper presents a model of the experience of anxiety in social/evaluative situations in people with social phobia. The model describes the manner in which people with social phobia perceive and process information related to potential evaluation and the way in which these processes differ between people high and low in social anxiety. It is argued that distortions and biases in the processing of social/evaluative information lead to heightened anxiety in social situations and, in turn, help to maintain social phobia. Potential etiological factors as well as treatment implications are also discussed. © 1997 Elsevier Science Ltd

INTRODUCTION

Social phobia refers to persistent fears of situations involving social interaction or social performance or situations in which there is the potential for scrutiny by others (American Psychiatric Association, 1994). More than 13% of the population meet diagnostic criteria for social phobia at some point in their lives (Kessler *et al.*, 1994). Life interference and impairment associated with social phobia may be severe (Rapee, 1995; Schneier *et al.*, 1994) and, in addition, many people report interference from related problems such as performance anxiety or test anxiety (Beidel & Turner, 1988). People with social phobia typically report high rates of depression (Schneier, Johnson, Hornig, Liebowitz & Weissman, 1992; Stein, Tancer, Gelernter, Vittone & Uhde, 1990) and substance abuse (Kushner, Sher & Beitman, 1990; Schneier, Johnson, Hornig, Liebowitz & Weissman, 1992), and markedly restricted socialisation (Dodge, Heimberg, Nyman & O'Brien, 1987; Turner, Beidel, Dancu & Keys, 1986a) and career functioning (Phillips & Bruch, 1988; Turner *et al.*, 1986a). Yet, social phobia has been slower than other anxiety disorders to capture the attention of psychopathology researchers and funding bodies. One possible reason may be that social phobia is sometimes difficult to conceptualize as a form of psychopathology, given that up to 40% of the general population describe themselves as 'shy' (Zimbardo, Pilkonis & Norwood, 1974). This is also reflected in the fact that social phobia was not an officially defined nosological category until the publication of the DSM-III (American Psychiatric Association, 1980) and only a decade ago, social phobia was described as the 'neglected' anxiety disorder (Liebowitz, Gorman, Fyer & Klein, 1985). Nevertheless, over the past several years, research into the nature and treatment of social phobia has increased dramatically. In addition, a wealth of research exists on shyness and related concepts (e.g. communication apprehension) in the counselling and social psychology literatures. At this stage of the research, a synthesizing model may be of tremendous heuristic value. The model of social phobia described in this paper extends earlier models (e.g. Carver & Scheier, 1988; Schlenker & Leary, 1982) and owes much to similar current thinking (Clark & Wells, 1995).

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PRELIMINARY ASSUMPTIONS

In the development of a model of any form of psychopathology, some fundamental assumptions must be made and, ideally, should be clearly spelled out.

The first assumption of the present model concerns the relationship of social phobia to shyness and avoidant personality disorder. Much has been written about these issues (Brown, Heimberg & Juster, 1995; Bruch & Cheek, 1995; Heimberg, 1996; Rapee, 1995; Turner, Beidel & Townsley, 1990), and we will not review the arguments here. However, in developing the current model, we take the position that social phobia and avoidant personality disorder are not independent 'disease entities' or qualitatively distinct disorders, but rather that there exists a continuum from low to extreme degrees of concern over social evaluation. In that context, 'shyness' describes the low to middle range of the continuum, 'social phobia' describes the middle to upper end of the continuum, and 'avoidant personality disorder' describes the upper to extreme end of the continuum. In fact, the terms overlap considerably and distinguishing between them may be a somewhat arbitrary exercise (Holt, Heimberg & Hope, 1992). In this paper, we refer to 'social phobia' and the descriptors of the model will be aimed at people in the higher range of the continuum. However, it should be understood that, like the disorder, the processing features described in the model exist on a continuum and that the model could, therefore, be applied to the entire range.

A similar assumption refers to the issue of subtypes of social phobia. The DSM-IV divides social phobia into two more-or-less distinct subtypes. The generalized type refers to individuals whose fears are evident in most social situations while a more restricted subtype (referred to as 'non-generalized' in DSM-IV, but often described as 'limited', 'specific', or 'circumscribed' in the literature) has been described to identify those individuals who fear a lesser number of social situations or who demonstrate specific fears of performing in front of other people (e.g. public speaking). Whether these subtypes differ quantitatively or qualitatively has also been the subject of considerable debate (Heimberg, Holt, Schneier, Spitzer & Leibowitz, 1993; Rapee, 1995). However, even those who argue for a qualitative difference would agree that the basic nature of the subtypes is essentially similar. Thus, in the present discussion, we assert that the similarities far outweigh the differences and that the model, as described, can be applied equally to both subtypes of social phobia. Any qualitative distinctions which may be identified through future research may serve to elaborate the model at a later point.

Finally, we have chosen to focus our model on the anxiety experienced by an individual in a socially threatening situation. We believe that this is an easier way to conceptualize the pathology in social phobia. As a result, the basic model can really be used to illustrate what occurs to any individual when he/she becomes anxious in a social situation. However, in the text, we have tried to point to those aspects that we believe differentiate people high in trait social anxiety (e.g. those with social phobia).

THE MODEL

A diagram of the model of anxiety in social evaluative situations is presented in Fig. 1. We begin with the notion that people with social phobia assume that other people are inherently critical, i.e. likely to evaluate them negatively (Leary, Kowalski & Campbell, 1988). Furthermore, they attach fundamental importance to being positively appraised by others. Within this framework, several processes may occur to generate and maintain social anxiety. These processes are essentially similar regardless of whether a social/evaluative situation is actually encountered, is anticipated, or is retrospectively digested (brooded over).

On encountering a social situation, an individual forms a mental representation of his/her external appearance and behavior as presumably seen by the audience and simultaneously focuses his/her attentional resources onto both this internal representation and onto any perceived threat in the social environment. The mental representation of appearance and behavior is not actually an homonculus, but is a loosely integrated amalgam based on a variety of inputs. These inputs include information retrieved from long-term memory (e.g. recollection of general appearance, prior experience in the situation, etc.), internal cues (e.g. proprioception, physical

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