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Psychopathology of Social Phobia: Effects of Subtype and of Avoidant Personality Disorder

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Abstract — The effects of social phobia subtypes and of comorbid avoidant personality disorder (APD) on the symptoms of 45 outpatients with a primary diagnosis of social phobia were examined. Generalized social phobic subjects with (GSP-APD, $n = 16$) and without APD (GSP-NAPD, $n = 13$) reported greater social anxiety and fear of negative evaluation than specific social phobic subjects without APD (SSP-NAPD, $n = 16$). Compared to SSP-NAPD clients, GSP-APD clients tended to exhibit poorer social skills during behavioral testing and were more likely to be unmarried and to use medication. GSP-APD subjects were more depressed than both SSP-NAPD and GSP-NAPD subjects, while non-APD groups did not differ. The results showed that both social phobia subtype and APD comorbidity contributed to the differences found among the three subgroups of social phobic clients.

Social phobia and avoidant personality disorder (APD) were introduced formally into the diagnostic nomenclature as Axis I and Axis II disorders, respectively, in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III; American Psychiatric Association, 1980). The DSM-III diagnosis of social phobia was generally intended for individuals whose fear was limited to one specific situation (e.g., public speaking, eating in public). By a hierarchical decision rule of the DSM-III, individuals with more pervasive social anxiety were assigned the diagnosis of APD.

The revised *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R; American Psychiatric Association, 1987) introduced major changes for

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the diagnoses of social phobia and avoidant personality disorder. These changes include: (a) allowing comorbid diagnoses of social phobia and APD to be given, (b) creating the generalized subtype of social phobia characterized by fear of most social situations, and (c) focusing on fear of negative evaluation and discomfort in social situations as the central aspect of APD, while minimizing the features associated with low self-esteem and hypersensitivity to rejection. Together, these changes increase the diversity among clients diagnosed with social phobia by DSM-III-R and the potential for the generalized subtype and APD to be redundant.

To date four studies have compared subgroups of socially anxious individuals classified by both subtypes of social phobia and the presence of APD (Brown, Heimberg, & Juster, 1994; Herbert, Hope, & Bellack, 1992; Holt, Heimberg, & Hope, 1992; Turner, Beidel, & Townsley, 1992). While the generalized subtype was consistently given to those subjects who feared most social situations, the comparison subtype varied across studies. Generalized social phobic clients with and without APD (GSP-APD and GSP-NAPD) were compared to either non-APD, specific social phobic clients (SSP-NAPD; Turner et al., 1992) or non-APD, nongeneralized social phobic clients (NGSP-NAPD; Brown et al., 1994; Holt et al., 1992). The nongeneralized subtype was assigned to those subjects who feared a number of social or observational situations but were not anxious in some areas of social functioning. Because APD comorbidity was infrequent among SSP subjects in these studies, an SSP-APD group was not included in the analyses. Despite some differences in subtype classification, these studies yielded convergent findings.

Overall, GSP clients with and without APD were found to have more severe symptoms than SSP-NAPD or NGSP-NAPD clients on multiple clinician and self-report measures of depression, social anxiety, and general social functioning. Less conclusive results were obtained in comparisons between subgroups of GSP clients on these measures. Those differences that did emerge typically reflected more severe pathology in the group with APD. Behavior test findings showed that the three groups of social phobic clients were similar on most ratings of subjective anxiety and social skills.

Like the previous studies, our study addresses the validity of classifying socially anxious individuals on the basis of revised DSM-III subtypes of social phobia and the presence of avoidant personality disorder. Two questions are of interest in our investigation. First, does the overall diagnosis of social phobia mask important distinctions between SSP and GSP subtypes? Second, do clinically meaningful differences exist between GSP-APD and GSP-NAPD clients? Differences in clinical syndrome (presence vs. absence of social skill deficits) and/or symptom severity (levels of depression and social anxiety) that may result in differential responses to cognitive-behavioral treatments would require that investigators report subtype classification and APD comorbidity in their publications on psychopathology and treatment outcome. Such specificity in classification might reduce the likelihood that incorrect generalizations will

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