BEHAVIOR THERAPY 32, 479–501, 2001

An Interpersonal Problem Approach to the Division of Social Phobia Subtypes

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In the *DSM-IV*, social phobia has been subdivided into a generalized and a nongeneralized subtype. Although a number of important quantitative distinctions have been identified between the subtypes, most studies have failed to find support for qualitative differences between them. The goal of the present study was to determine whether the investigation of interpersonal problems in social phobia would lead to qualitatively different subgroups, subgroups that would provide additional nonoverlapping information to the *DSM-IV* classification. Thirty generalized socially phobic, 30 nongeneralized socially phobic, and 30 nondisordered control participants were selected based on dual structured interviews. All participants completed the Inventory of Interpersonal Problems Circumplex Scales (IIP-C; Alden, Wiggins, & Pincus, 1990). Results showed that when social phobia subtypes were classified using the *DSM-IV* definition, the IIP-C reflected subgroup differences in global severity of interpersonal problems, with the generalized social phobia group evidencing the greatest difficulty. However, the subgroups could not be discriminated on core or central interpersonal problems. In contrast, when an interpersonal analysis of subtype classification was employed, two groups were formed, each with discriminating core unifying features suggesting qualitatively different problematic reactions to interpersonal situations. One group evidenced interpersonal problems related to hostile, angry behavior, whereas the other group exhibited problems related to friendly–submissive behavior. Interpersonally derived subtypes were unrelated to *DSM-IV* defined subtypes, depression, and Axis I or avoidant personality disorder comorbidity. The potential clinical relevance of an assessment of interpersonal dysfunction to the treatment of social phobia is discussed.

We would like to thank Michael Constantino for his help conducting the structured interview assessments and Louis G. Castonguay for his comments on an earlier version of this manuscript.

Preparation of this article was supported in part by National Institute of Mental Health Research Grant MH-58593.

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005-7894/01/0479–0501$1.00/0

Social phobia was officially recognized as an anxiety disorder with the publication of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-III*; American Psychiatric Association, 1980). The disorder was initially characterized by fear of a discrete social situation, and the condition was rarely judged to be severe or incapacitating. When *DSM-III* was revised to *DSM-III-R* (American Psychiatric Association, 1987), a generalized social phobia subtype was added for individuals who feared "most social situations," and this subtype definition remained unchanged in *DSM-IV* (American Psychiatric Association, 1994). Individuals whose symptoms did not meet the definition of generalized social phobia were vaguely defined as, "a heterogeneous group that included persons who feared a single performance situation as well as those who feared several, but not most, social situations" (American Psychiatric Association, 1994, p. 413).

In response to the subtype designation, researchers began to assess whether the generalized (GSP) and nongeneralized socially phobic groups (NSP) could be discriminated. Results of these studies have consistently shown that persons with GSP scored higher on a wide range of social anxiety measures than did individuals with NSP (Brown, Heimberg, & Juster, 1995; Heimberg, Holt, Schneier, Spitzer, & Liebowitz, 1993; Heimberg, Hope, Dodge, & Becker, 1990; Herbert, Hope, & Bellack, 1992; Hofmann, Newman, Ehlers, & Roth, 1995; Holt, Heimberg, & Hope, 1992; Levin et al., 1993; Turner, Beidel, & Townsley, 1992). In addition, people with GSP were shown to be less educated (Heimberg et al., 1990), less likely to be employed (Heimberg et al., 1990), and evidenced greater overall impairment in functioning (Herbert et al., 1992; Hope, Herbert, & White, 1995; Heimberg et al., 1993) compared to NSP individuals. Similarly, GSP participants experienced more depressive symptoms (Heimberg et al., 1990; Heimberg et al., 1993; Hope et al., 1995; Levin et al.), poorer social skills (Heimberg et al., 1993; Herbert et al., 1992; Holt et al., 1992), a greater likelihood for a childhood history of shyness or neurosis (Stemberger, Turner, Beidel, & Calhoun, 1995), as well as greater cognitive interference on a Stroop task (McNeil et al., 1995). Evidence also indicates that persons with GSP differ from those with NSP in their physiological responses to feared situations (Heimberg et al., 1990; Hoffman, Newman, Becker, et al., 1995; Levin et al.; Turner et al., 1992). Because the physiological response pattern of GSP individuals is similar to persons with more chronic anxiety such as GAD (e.g., Borkovec & Hu, 1990), some researchers have suggested that GSP individuals may have a more tonically present worried thinking style and are closer to the profile of the anxious phobic person than are NSP individuals (e.g., Hofmann, Newman, Becker, et al., 1995).

Studies have also suggested that although both subtypes respond to the same treatment with the same amount of change, individuals with GSP remain more impaired after treatment (Brown et al., 1995; Hofmann, Newman, Becker, et al., 1995; Hope et al., 1995; Turner, Beidel, Wolff, Spaulding, & Jacob, 1996). Taken together, these results show that the generalized