Discussion

The Nature of Social Anxiety Disorder

Professor Nutt: Speech block is a symptom we ought to mention because one of the reasons people do not like speaking in public is the fear that they will get speech block. We should also discuss the difficult issue of stuttering. In practice, it may be important to treat stuttering and other medical conditions that lead to social phobia the same way we treat social phobias without medical conditions.

Dr. Davidson: This could be the difference between primary and secondary social phobia, which is worth bringing out. Stuttering is a good example of a medical condition that could lead to secondary social phobia.

Professor Nutt: We should also emphasize the symptom, the fear that you are going to dry up; a very dry mouth is a feature of social phobia.

Dr. Westenberg: Dry mouth is also a feature of panic disorder.

Professor Nutt: But there is a specific fear that they are not going to find their words. I have seen world experts develop a severe speech block when presenting, being unable to say anything other than what is written on their slides.

That brings me to the next point I want to make about fear of situations. The biggest problem for young people is talking to a member of the opposite sex or a member of their preferred sexual orientation. Social phobics do not know how to talk to people they want to speak to.

Dr. Westenberg: Symptomatology highly depends on age, gender, occupation, and so on and so forth.

Professor Nutt: But it is a condition of young people. The reason social phobics do not get married or do not form relationships is because they are unable to initiate conversation with people they want to talk to. That is an absolutely critical social issue.

Dr. Westenberg: It is the most disabling one of course.

Professor Lecrubier: There are 2 points from a somewhat different perspective. One pertains to the frequency of different fears. For 80% of those people with only 1 fear, it is fear of speaking in public. For 2 fears, 100% fear speaking in public, together with a second fear, often speaking with others. For 3 fears, the frequency is 100% for speaking in public, 100% for speaking with others, and a third fear. Fear of speaking is something that we should recognize because it may be very important.

The second is an etiologic point. In many different civilizations, children can chatter as much as they want because they are not responsible for what they do. But, there is an age when they become responsible for what they say, and they will get very negative feedback from adults if they continue to chatter. Speaking to the opposite sex happens at the same age, so there are 2 factors, adults and the opposite sex. This is important because it is a natural etiologic problem that happens to everybody.

Dr. Westenberg: But still, the fear is scrutiny by others, in particular by people in authority, by parents, by the opposite sex. It is nothing specific.

Professor Lecrubier: Your point is not contradictory.

Dr. Ballenger: One of the special emphases of the steering committee is primary care, because we think it is so important in improving treatment. Murray Stein[1] recently completed a study in an American primary care setting. He found that 7% of a consecutive series of over 600 patients had social phobia, and almost none of the social phobias were recognized.

Dr. Davidson: You made some comments about the differences between ICD-10 and DSM that I found both interesting and important.

Dr. Westenberg: These may explain in part the differences between epidemiologic studies and the differences in prevalence rates.

Dr. Davidson: Absolutely. It also informs us that different parts of the world can have slightly different perspectives of what is important in this syndrome.

Professor Lecrubier: It can be misleading to refer to speaking in public. Social phobics have many problems in a small group, but often have no problem speaking in front of an audience of 1000. It is the possibility of being judged while speaking in public that is important. You are judged by your group, but you are not judged by 1000 people. It is different. This may be important to the mechanism of social phobia.

Dr. Beidel: Also, it is the controlability of the situation. Standing in front of a 1000 people giving a formatted presentation where no one is allowed to ask questions is very different from your next response depending on what the person is saying and your being so nervous that you cannot concentrate on what is being said.

Professor Lecrubier: There is no interaction in a formal talk. It is verbal exchange in public and not just speaking that causes anxiety.

Dr. Beidel: I think it is both.

Dr. Westenberg: The fear of speaking for a large audience is probably different from the fear of being scrutinized by small groups; that is why the ICD-10 focuses on small groups and not on a large audience.

Dr. Davidson: Many patients have told me that they could get up and speak to a 1000 people as long as they

knew they were never going to meet any of them. The problem is having to continue to interact afterward.

You introduced the concept of severe social phobia and seemed to equate it with generalized social phobia. How would you conceive of a person who has 1 social phobic symptom? Let us say somebody who could not urinate in public and was unable to have any social life and whose marriage depended on a lot of social activities. That is not generalized social phobia, but it is severe social phobia.

Professor Nutt: Severity obviously involves socioeconomic impairment. You can have that with a single symptom.

Dr. Ballenger: It is important to convey a better understanding of how severe this disorder is. Specific data about the severity and the burden of having severe, in particular generalized, social phobia would help people to understand that most people with the disorder have a lot of disability.

Dr. Westenberg: Severity can be measured by the number of phobic situations and impairment of functional ability.

Dr. Ono: It is very difficult on the basis of clinical properties to differentiate between severe social phobia and paranoid disorders. Sometimes the severe phobic attitude looks paranoid.

Professor Nutt: There is an interesting question about the nature of the failure of social interaction in schizophrenia. To what extent does that overlap with social phobia and would it be ameliorated by treatment? Although it is outside this meeting, it is something we should not lose sight of.

REFERENCE

1. Stein M. Social phobia in primary care. Presented at the annual meeting of the Anxiety Disorders Association of America; March 1998; Boston, Mass