Discussion

Social Anxiety Disorder: Etiology and Early Clinical Presentation

Dr. Ballenger: Is there a link between serotonin and behavioral inhibition?

Professor Nutt: Serotonin increases behavioral inhibition and that raises interesting issues as to how SSRIs work in social phobia. As in panic disorder, we may have 2 totally opposite theories. You would predict that more serotonin would make shyness worse if the behavioral inhibition is a major component.

Dr. Ballenger: All across biological psychiatry, you find the same lack of clarity as to whether it is "too much" or "too little" activity of a neurotransmitter system that is critical. The most important issue is that serotonin is involved.

Professor Lecrubier: Many social phobics have no history of behavioral inhibition. That is a problem conceptually.

Dr. Ballenger: However, the most common condition that children who have behavioral inhibition have as teenagers is social phobia.

Dr. Beidel: Right, but non–behaviorally inhibited children also develop social phobia.

Professor Nutt: Has anyone looked at treatment outcome in relation to behavioral inhibition or any of the factors you have identified, in particular conditioning? Do we know whether those who develop social phobia after a conditioned experience are differentially responsive to treatment?

Dr. Beidel: You remember that specific phobias seem to be more commonly associated with a "learning"-type etiology. A couple of years ago, we did a study where we looked at flooding (intensive exposure) to atenolol and placebo control in adults with social phobia.[1] Based on strict end-state functioning criteria, we found that all of those with the specific subtype for social phobia were improved with a basic, straightforward flooding procedure, whereas the improvement rate for the generalized subtype was around 40%. Our hypothesis was that the generalized subtype needed something more, other than flooding.

Professor Lecrubier: Did you cross-tabulate those with a family history and those with trauma as the first trigger in social phobia?

Dr. Beidel: No.

Professor Lecrubier: It would be interesting to do this because to my knowledge there are no data. You could imagine 2 possible theories: in one, there is no trauma, but a high family loading; in the other, there is a high trauma.

Dr. Beidel: We could go back and look at it.

Professor Lecrubier: I have another point about the identification of trauma. I believe a description of the first onset of social phobia is necessarily interpreted as a trauma. It is the first time subjects experience a feeling of embarrassment in a social situation, and, when questioned, they will tell you "that is my trauma."

Dr. Davidson: It is a very upsetting experience, rather than a trauma as in posttraumatic stress trauma.

Dr. Westenberg: But there are still conditioning phenomena in it.

Professor Lecrubier: No, you do not know that. Imagine there is a totally different etiology, and you will still have a first time. If patients are asked about the first embarrassing experience, they would refer to their experience at onset. There is no other possibility.

Dr. Beidel: You are right, but our definition also included: Did it cause a significantly different change in your behavior from that point on? It was not only: What was the first time you remember being embarrassed? But some people said, "You know, I can't remember anything that happened. I've just always been this way."

Dr. Davidson: There is evidence that having pathological, critical put-down-type parents may be a factor in the origin of social phobia and, of course, both behaviors are amenable to some preventative intervention that could be done with parents.

Professor Lecrubier: What you said about the lack of negative thoughts in children is interesting. That means that cognition in children, compared with that in adults, is less important than we think. Coming back to what Professor Nutt was saying, cognitive issues may be secondary, not necessarily primary.

Professor Nutt: Social phobia is an inherited, fearful experience, just like fear of heights. You can spend a lot of time looking at the cognitive evolution of this, but in practice, it is an evolutionary protective, primitive fear that just happens to be overexpressed in some people.

Dr. Beidel: You are right. Meta-analyses have looked at the interventions of cognitive-behavioral therapy versus behavioral therapy. The outcome indicates that the cognitive part is not essential.

REFERENCE

1. Turner SM, Beidel DC, Jacob RG. Social phobia: a comparison of behavior therapy and atenolol. J Consult Clin Psychol 1994;62:350–358