

# Behavioral Components of Social Phobia: a Case Series

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# Diagnostic Issue of Social Phobia & Taijin-Kyofu-Sho

- Social Phobia as Phobia
  - Fear eliciting cues
  - Cognition
  - Autonomic Arousal
  - Avoidance
- Taijin-Kyofu-Sho (TKS)
  - as Relevance to others

# Another Aspect of Social Phobia & TKS

- Feared Social situation
  - Casual conversation in a group
- Interpersonal Behavior
  - Observation behavior
  - Interrupting and Initiating Conversation

# Fundamental Question

- Is TKS unique to Japan?
- Diagnostic reliability and validity of TKS and Social Phobia
- Is Japan different from US?
  - If different
- Course and Treatment

# Health Care Utilization

	Health expenditure per capita PPP \$ 1990-98	Physicians * 1990-98	Hospital beds * 1990-98	Coronary Artery Bypass Operation * 1980	Cholecystectomy * 1980	Inpatient admission rate % 1990-98	Average length of stay days 1990-98	Outpatient visits per capita 1990-98
Australia	1,866	2.5	8.5			17	16	7
Japan	1,757	1.8	16.2	1	2	9	44	16
US	4,121	2.6	4	61	203	12	8	6

\*Rates are per 1,000 people

# Psychiatric Care and Institution

	Average length of stay, Psychiatry	Psychiatric Beds *	Secondary School Enrolment %	Prison Population *	Homicide reports *	Arrested Drug offenses *
	days 1991		1998	1992	2000	2000
Australia		51 1994		91		
Japan	325.5	264 1999	97	36	1.0	23.9
US	12.7	63 1995	90	519	6.8	591
Canada			91	116		

\*Rates are per 100,000 people

# What is Different?

- Illness ?
- How the society respond to it ?
  - Culture of Health Care
  - Cognition of the Health Care Professionals and Lay people

# Case Presentation

- Background
  - National Psychiatric Hospital, Out patient clinic
  - Patients are referred from other hospitals and clinics
  - National Health Insurance Coverage

# Case 2

- 38 Years Old Male, Administrative staff of a University
- CC:#1 Feel tense in a group
- #2 Can not Talk to and look at the super visor
- #3 Get nervous when Others are present in work place
- MDD, OCD (Checker)

# Case 2 (continued)

- Behavior Observation in Social situation
  - Never makes eye contact, always look down
  - Monotonous tone of vocal tone
  - Often make vocal tics, eyelid tics, during speaking. Autonomic arousal was observed
  - In a group, avoid eye contact, others feel rejected. While others are speaking never interrupt, never start speaking
  - If prompted, starts speaking. But never stops. Only strong prompts can stop.

# Case 2 (continued)

- Treatment
  - Social skills training
    - Making eye contact
    - Observe Others
      - First step: Look at your face in the mirror
      - Observe Ones own behavior, monitoring tics
      - Generalize the skill to the other situation
    - Constructing responses
      - Group sessions
      - In vivo training, in restaurants
  - Clomipramine 225mg and Behavior therapy for OCD

# Case 3

- 18 Years Old Male, 12 grade High School student, preparing for entrance exam
- CC:
  - #1 Feel tense in a group
  - #2 Can not Concentrate, Fear of Failing Exam
  - #3 Get nervous about neighboring students while in Class
  - #4 One's emission of Odor offends Others, and Others say it badly

# Case 3 (continued)

Sep.8

HAM-D:11, SADS:15, FNE:12

FQ: Agora 14 Blood 3 Social 18

Treatments

Self monitoring, Hierarchy Building,  
Self Exposure instruction, Role play and Modeling

Fluvoxamine 150mg

Oct. 31

HAM-D:3, SADS:8, FNE:12

Among CCs, #2 #4 gone, #1 #3 lessen

# Case 2 (continued)

July 2001

HAM-D:2, SADS:12, FNE:15

FQ:18,6,18

Hierarchy

9 Walk through shopping malls

6 Casual Party with Friends “Konpa”

5 Join a group who are chatting

5 “Karaoke” party with Friends

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2 Library, Succor game

# Some “Culture Bound Syndrome”

- Pachinko Addiction



# Treatment Issues

- Exposure
  - Butler, G.: Exposure as a treatment for social phobia: some instructive difficulties, Behav Res Ther, 23:651-657, 1985
- Cognitive Restructuring

# Eye Movement Pattern During Interpersonal Interactions

- Recorded gaze patterns during mock conversations with an eye mark recorder
  - Measured the time of gaze at four periods;
    - 1) while the subject was listening to the confederate,
    - 2) the latency period before the subject started to make a verbal response
    - 3) while the subject were speaking
    - 4) following one second after the subject finished speaking
  - Repeated the measurements in 3 consecutive conversations.

# Subjects

- Social Phobia and other anxiety disorder
  - Subjects were patients who were treated at the behavior therapy unit in Hizen National Mental Hospital during 1988 to 1995 and met the diagnostic criteria of any of anxiety disorder in DSMIII-R. We tested the subjects after their active symptoms such as severe anxiety state, phobic avoidance, rituals or dysphoria were treated with behavior therapy or medication.
  - Social phobia (SP group)
    - Male were 7, and female were 3. Mean age was 28.
  - Other anxiety disorder (AX group)
    - Male were 16, and female were 33. Panic disorder with or without agoraphobia was 9, obsessive compulsive disorder was 9, generalized anxiety disorder was 3, simple phobia was 1.
- Normal control
  - Thirty four students of a college level nursing school were tested. All of them were female and mean age was 19. Students with a history of mental disturbances were excluded.

# Method

- gaze patterns during three role plays with an eye mark recorder
- We recorded the eye mark in three scenes which required the subject to be assertive.
  - Scene 1: Chattering with a close friend about one's achievements
  - Scene 2: Rejecting a rude sales person
  - Scene 3: Arguing against boss's rebuke
- Each role play has the style of single prompt and short response.
- The total gaze time (milli second) were measured during four periods;
  1. Prompt period: while the confederate was talking,
  2. Latency period: from the end of the prompt to the beginning of the verbal response of the subject
  3. Response period: while the subject was making verbal response
  4. After response period: from the end of the response to 1 second after
- We divided the total gaze time of the each period with the duration of each period (second.) We used the divisions (millisecond/1second) for further analysis.

# Result

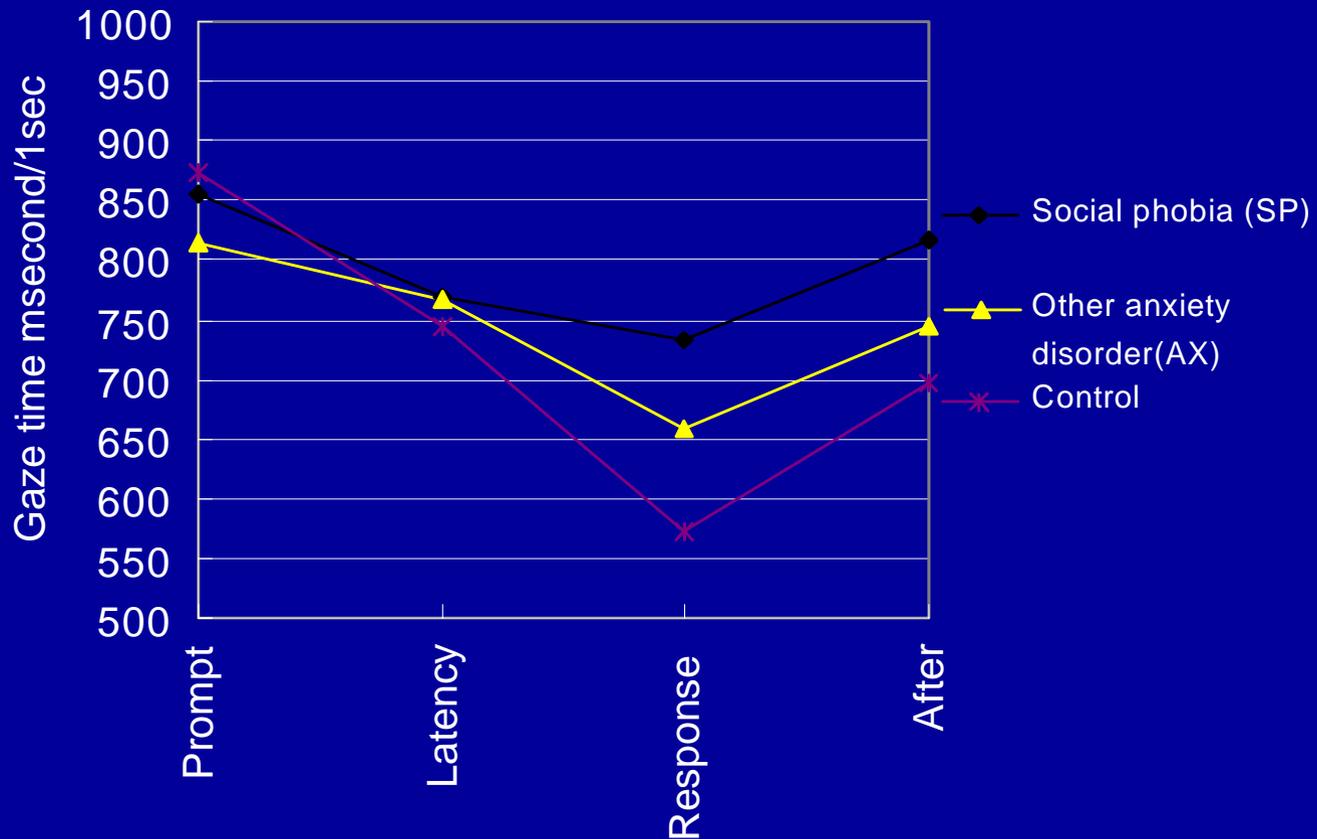


Fig.1 Gaze time in each period. The pattern of gaze that the gaze time decreases during response is observed in all groups, however the pattern is less evident in SP group

# Discussion

- Significant difference of the standard deviation of the gaze time among 3 groups.
- That of social phobia were the lowest, other anxiety disorder was in between and controls was the highest. The difference of the average of the gaze time among 3 groups was not significant.
- The pattern of gaze of patients with social phobia is more fixed than that of patients with other anxiety disorders and normal controls.
- This finding suggests a deficit of social skills specific to social phobia

# Kumamoto Prefecture High School Student Survey

- Community survey
  - 3800 students in 5 schools were surveyed
  - 95% of the general community attend high school
  - 90% of the registered student responded
  - Two waves, Dec. 1999, Sept. 2000
    - 1190 subjects gave personal identification data, and were able to be tracked the change in 1 year

# Result of FQ-Social phobia

- FQ Average
  - Agora 8.20
  - Blood 8.52
  - Social 12.8
- FQ-S >19: 215
- 54 out of 215 reported still high in FQ-S (>19) in second wave