SHYNESS

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I. DEFINED AND CATEGORIZED

Shyness may be defined experientially as excessive self-focus characterized by negative self-evaluation that creates discomfort and/or inhibition in social situations and interferes with pursuing one's interpersonal or professional goals. The experience of shyness can occur at any or all of the following levels: cognitive (e.g., excessive negative self-evaluation), affective (e.g., heightened feelings of anxiety), physiological (e.g., racing heart), and behavioral (e.g., failure to respond appropriately) and may be triggered by a wide variety of situational cues. Among the most typical situations are interactions with authorities and strangers, one-on-one opposite sex interactions, and unstructured social settings. Subcategories of shyness reflect the degree (i.e., mild social awkwardness to totally inhibiting social phobia) and frequency of experienced shyness and include chronic shyness (self-labeling as shy and the experience of shyness in numerous social situations), situational shyness (the experience of shyness in specific social situations), and shy extroverts (experience anxiety and negative self-evaluation but are publicly outgoing). Although similar in its overt expression, introversion is not a subcategory of shyness. Introverts, like extroverts, do not fear social situations, but simply prefer solitary activities. Shy individuals would prefer to be with others but are restrained by the experience of shyness.

II. PREVALENCE AND DIAGNOSIS

The percentage of adults in the United States reporting that they are chronically shy has escalated from 40% (+/- 3%) since the 1970's and into the 1980’s up to about 50% within the last decade. Another 40% indicated that they had considered themselves as shy previously but no longer, 15% as being shy in some situations, and only about 5% believed they were never shy. Most clinical referrals for shyness meet the criteria for generalized social phobia (i. e., difficulty in initiating and maintaining social interactions) and many meet criteria for avoidant personality disorder (i.e., excessively sensitive to rejection). Other frequent co-morbid diagnoses are dysthymia, generalized anxiety disorder, specific phobias, dependent personality

disorder, schizoid personality disorder, and, in some extreme cases, obsessive-compulsive and paranoid personality.

III. THE CONSEQUENCES OF SHYNESS

A common observation in virtually all shyness research is that the consequences of shyness are deeply troubling. Shy individuals don't take advantage of social situations, date less, are less expressive verbally and nonverbally, and experience more loneliness than do non-shy people. Shy men have been found to marry and have children later, have less stable marriages, delay establishing careers, and exhibit lower levels of career achievement than their non-shy peers. Shy people have been found to use alcohol in an effort to relax socially, which may lead to impaired social performance and substance abuse. A perceived inability to socialize by shy individuals, along with a pessimistic outlook for social interactions, becomes an excuse for anticipated failure and a self-handicapping strategy (e.g., "I can't do it because I am shy."). Finally, severe shyness that continues into the later years of life can result in chronic social isolation that leads to increasingly severe loneliness and related psychopathology, and even to chronic illness and a shorter life-span.

IV. GENETICS AND THE INTERACTIONIST INTERPRETATION OF SHYNESS

Research suggesting a genetic contribution to the origins of shyness proposes that 15 to 20% of newborns exhibit an inhibited temperament characterized by high reactivity (e.g., excessive crying and vigorous movement of head and limbs) to novel stimulation, along with elevated in utero heart rates. In early childhood, such infants tend to exhibit more behavior defined operationally as timid or shy (e.g., playing near primary caretaker) and have close relatives who reported more childhood shyness than uninhibited children. An interactionist interpretation of shyness suggests that being born with the easily aroused inhibited temperament may lead to social withdrawal in childhood and adolescence from parents, siblings, and peers, and may discourage others from freely interacting with that child, thus promoting a shy response style. Other environmental factors fostering such withdrawal include being teased or bullied, dominating older siblings, family conflict, and overprotective parenting. Finally, the development of shyness in adulthood is usually due to experiences of rejection and self-blame for failure in social domains.

V. NEUROLOGICAL BASES OF SHYNESS

The neurological foundation of the social fear/anxiety component of shyness is centered in the action of the amygdala and hippocampus. The amygdala appears to be implicated in the association of specific stimuli with fear. The more general pervasive conditioning of background factors related to the conditioning stimuli is known as contextual conditioning. This diffuse contextual conditioning occurs more slowly and lasts longer than most traditional CS-US classical conditioning. It is experienced by shy people as anxiety and general apprehension in situations that become associated with fear cues, such as classrooms and parties. Contextual conditioning involves the hippocampus, crucial in spatial learning and memory, as well as the amygdala. The bed nucleus of the striate terminalis (BNST) is also involved in emotional-behavioral arousal and extends to the hypothalamus and the brain stem. The hypothalamus triggers the sympathetic nervous system and the associated physiological symptoms of shyness, among them, trembling, increased heart rate, muscle tension, and blushing.

VI. SHYNESS AND CULTURE

Cross-cultural research indicates a universality of shyness. A large proportion of participants in all cultures reported experiencing shyness to a considerable degree--from a low of 31% in Israel to a high of 57% in Japan and 55% in Taiwan. In Mexico, Germany, India and Canada, shyness was more similar to the 40% reported in the U.S. Explanations of cultural differences in shyness have focused on the distinction between collectivistic cultures, which promote the esteem of the group over that of the individual, thus fostering self-consciousness and shyness, and individualistic cultures, which promote the esteem of the individual, thus fostering self-expression. How cultures handle credit for successful actions and blame for failures also contributes to the experience of shyness if the former is externalized and the latter internalized to the actor.

VII. TREATMENT

Existing treatments generally include a comprehensive initial assessment session (e.g., structured clinical interview, shyness inventory, fear of negative evaluation scale, depression inventory) and exposure to a hierarchy of feared situations, usually simulated in treatment sessions or in-vivo, and some kind of cognitive modification, anxiety management, and/or social skills training. A promising new treatment program that includes many of these elements is the 26-week Social Fitness Training Model (SFTM) provided at the

Stanford/Palo Alto Shyness Clinic. Unique features of the SFTM, which contribute to its ecological validity, are the in-group simulated exposures of feared situations, using both other group members and outside "confederates"; between-session in-vivo exposures (e.g., making conversation with co-workers) called "behavioral homework"; and skills tool kit, (like tennis drills or calisthenics) that includes education and training in positive social behavior, including skills to build trust and intimacy, exercises to convert maladaptive thoughts, including attributions and self-concept distortions to more adaptive cognitive patterns, and training in effective communication skills, including assertiveness and negotiation. As exemplified by the SFTM, any successful treatment program for shyness must consider the cognitive, behavioral, physiological, and emotional components that constitute each individual's unique experience of shyness.

Selected References

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