
NO MORE SHYNESS

Christian Jonathan Haverkamp, M.D.

Shyness is a subjective perception, which is triggered by a complex set of emotions. It is not a mental health condition and does not require treatment as long as the shy person does not feel to change it. Social anxiety, on the other hand, is a mental health condition which requires treatment.

Shyness is a variation in communication and information processing. When individuals interact, meaning is extracted from communicated messages, which then informs the decision-making, such as whether to continue with the interaction or not. These three important parts of an interaction, receiving information, decoding it and distilling meaning may be different in people who are shy.

Keywords: shyness, psychotherapy, psychiatry

Table of Contents

Introduction	3
Lifelong Learning.....	3
Shyness is not social anxiety	3
Manifestations of shyness	3
Self-Consciousness.....	4
Distorted Expectations.....	4
Unfamiliar situations.....	4
Self-Esteem and Self-Confidence	5
Social Skills	5
Predisposition for Shyness.....	5
Medication	6
Psychotherapy	6
Being Oneself.....	7
References	8

Introduction

Shyness is a subjective perception, which is triggered by a complex set of emotions. It is not a mental health condition and does not require treatment as long as the shy person does not feel to change it. Social anxiety, on the other hand, is a mental health condition which requires treatment.

Shyness is a variation in communication and information processing. When individuals interact, meaning is extracted from communicated messages, which then informs the decision-making, such as whether to continue with the interaction or not. These three important parts of an interaction, receiving information, decoding it and distilling meaning may be different in people who are shy.

Lifelong Learning

Throughout life we learn how to select information that may be relevant to us, how to decode it and how to distill meaning from it. Shyness does not change much over time. Adults who are shy often have been shy as children, and most children who are shy will also feel shy in adulthood.

Shyness is does a deficit in one's insight into the communication processes an individual engages in every day. Being shy is, however, subjective. One may feel happy with reading a book by oneself and prefer this to frequent social contacts with strangers, which leads to a slower learning of social competence, but by itself it does not result in anxiety or individual suffering.

Shyness is not social anxiety

Social anxiety, unlike shyness, is a psychiatric diagnosis and it is present if certain criteria are met. Shyness does not necessarily interfere with an individual's well-being. Social anxiety, on the other hand, is a form of anxiety. An individual may for example be a people person and be very outgoing without the social anxiety but be prevented from this because of the social anxiety.

Manifestations of shyness

Shyness means feeling apprehension and discomfort around other people. There may be a concern concern about what other people think about oneself, but this is, other than in social anxiety, not necessarily the case. Minor details of one's outward appearance, voice or behavior are

focused on repeatedly. The constant analyzing of other people's opinions and thoughts about oneself is often associated with low self-esteem, depressed thoughts, anxiety and setting high standards for oneself. Many people may be both, socially anxious and shy, but shyness by itself does not mean one is anxious.

Self-Consciousness

If one becomes very self-conscious in the presence of other people, the awareness for the situation, others and the true awareness for oneself usually decrease. This can lead into a vicious cycle, where one is less open to information from the environment and can process less of it because one is distracted by being too focused on static noise. Being less aware of what is going on in the environment, however, can increase the uncertainty one has about it, which leads to an even greater distancing from the environment.

Distorted Expectations

One may have expectations which are too high in some areas and too low in others at the same time. For example, one may believe that there has to be instant chemistry in an interaction, while doubting one could ever have a long-time relationship. The media contribute to these distorted expectations, and it is helpful to remember that the purpose of fiction is to change how one feels, and occasionally how one thinks, but that a film or a novel is not a true undistorted reflection of reality.

Socially anxious people in particular often expect too much in the moment. Romantic Hollywood movies with love on first sight or rousing boardroom speeches that completely turn the destiny of a company are not what usually happens

in the real world. Most social interactions are much more mundane, which does not make them less important. To see this can be quite liberating to a shy and socially anxious person. It is important to remember that change in the real world is more gradual as the real world is much more complex than a fictional world. One does not have to understand it in its full complexity but becoming more aware of regular everyday processes in the world can be more helpful than focusing exclusively on one's own reactions to these outside events.

Unfamiliar situations

Shyness is more likely to occur in unfamiliar situations and/or with unfamiliar people. Infants are naturally fearful of strangers, and they not only get to know other people over time but also develop a greater sense of mastery and confidence into their own communication skills. Communication is after all the instrument that not only provides the information needed to feel more certain, safer and less fearful in the world but also gets one's needs, values and aspirations fulfilled, which often requires a combination of internal and external communication.

Situations remain unfamiliar to a shy person if she avoids them. Especially in cases of social anxiety, social withdrawal makes things worse as the opportunities to practice and gain insight into communication are even further reduced.

Self-Esteem and Self-Confidence

A desire to communicate with people which can only be lived partially reduces the sense of self-efficacy and agency in interactions with others. This can give further impetus to a tendency to withdraw from other people. Helpful is for a shy or socially anxious individual to become more aware of others and a more realistic and more adequate appraisal of others' and one's own expectations. For example, if one gives a presentation, others probably expect only to gain some valuable information and not to be entertained or that their life will be completely changed by this one presentation. They have simply come to be educated on something, no more and no less.

Social Skills

Developing social skills may help, but it may not take care of the underlying problems. Especially if there is low self-esteem, there is a risk the newly learned social skills merely cover up a problem further down below. This can have a negative effect on one's self-esteem and self-confidence in the long-run because deeper down the individual does not believe the image he/she is projecting into the world.

Learning communication skills can be helpful in giving shy individuals more confidence. Behavioral traits in social situations such as smiling, easily producing suitable conversational topics, assuming a relaxed posture and making good eye contact, may not be second nature for a shy person. It may also be worthwhile to explore other communication channels. The internet, for example, has helped shy people become more

active in a dating environment. Exchanging a number of messages and photos first, makes the other person less unknown, which helps the shy person be less intimidated and self-conscious.

Communication training can improve the situation as the individual learns to more easily interact with others and receive valuable feedback in return. Focusing on an exploration of one's values, interests and aspirations can facilitate communication by raising one's confidence in talking about certain issues. If one sees meaning and value in a topic, it is far easier to converse about it.

Predisposition for Shyness

There is some evidence for a genetic predisposition for shyness. Some research has indicated that shyness and aggression are related—through long and short forms of the gene DRD4, but this is merely a working hypothesis. Further, it has been suggested that shyness is related to obsessive-compulsive disorder. However, because of the numbers of factors involved and the difficulties in linking a basic cell mechanism to a group of thoughts and behaviors, this remains speculative.

A long form of the serotonin transporter promoter region polymorphism (5-HTTLPR) seems to be somewhat correlated with shyness in grade school children.(Arbelle et al., 2003) Interestingly, a connection between this form of the gene and both obsessive-compulsive disorder and autism has been shown in previous studies.(Brune et al., 2006) The dopamine D4 receptor gene (DRD4) exon III polymorphism, had been the subject of studies in shyness and aggression and "novelty seeking" traits.

Medication

Substances from the class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs) can be used to treat shyness in individuals who feel inhibited in their daily life because of low self-esteem and psychological symptoms, such as depression or loneliness. They can often be a valued support in combination with psychotherapy. As the individual can better communicate with his or her environment they may no longer be needed after a while. They are generally viewed as non-addictive and can be discontinued relative easily, but to solidify and maintain any positive changes they should be taken for at least a year, and especially in cases of social anxiety longer, if they are well tolerated.

Psychotherapy

Psychotherapy can help uncover some of the conflicts and emotions underlying the anxiety and fears in the presence of unknown others. Often there are issues from one's personal history that add difficulties and fears. If they are dealt with, the shyness can become much less or even disappear. Imagining situations and developing a good communication skill set can go a long way. Ultimately, the explorations of one's values, interests and aspirations can relieve stress, psychological pressure and help one avoid situations that are more harmful than beneficial, such as unwanted relationship constellations or work situations that lack meaning. (Re)establishing a sense of the inner compass can work miracles in cases of shyness.

According to research, early intervention methods that expose shy children to social interactions involving teamwork, especially team sports, decrease their anxiety in social interactions and increase their self-confidence later on. One possible reason is that a greater set of skills in communicating information, such as emotions and needs, to other people, allows for more variation and better adaptation to different communication situations and environments.

Communication-Focused Therapy (CFT)

Communication-Focused Therapy (CFT) was developed by the author (Haverkamp, 2010, 2017a) for several mental health conditions (Haverkamp, 2018), including also social anxiety and shyness (Haverkamp, 2017c). Besides developing the skills to reflect and develop insight into one's internal and external communication with others, emphasis is also placed on a greater connectedness and insight into one's basic parameters, the needs, values and aspirations, which facilitates and increases motivation for communication with oneself and others.

Whether shyness or social anxiety, it is important to understand that they are largely due to how a person uses, understands and reflects on communication processes with others, and by extension also with oneself due to the close link between internal and external communication.

Being Oneself

Shyness has been described as a personality attribute, or a collection of personality attributes. The difference between shyness and social anxiety is fluid, while the latter is more often seen as an anxiety disorder rather than as a part of one's personality.

Largely, these distinctions do not matter because there is always a combination of factors, involving biology, learning psychology and the particular environment, and the unifying factor is communication, the exchange of information,

which is decoded and attributed with meaning. These information flows take place inside and outside the individual, but they are all accessible to her and can be experimented with and reflected upon in therapy.

Shyness can be closely associated with heightened sensitivity and insight, which is seen as quite central to creativity. The key is to find out what she values, needs and aspires to, and how she can lead a more fulfilling and happier life, largely through a better use of communication, which frequently resolves the subjective problems with shyness in the process.



Dr Jonathan Haverkamp, M.D. MLA (Harvard) LL.M. trained in medicine, psychiatry and psychotherapy and works in private practice for psychotherapy, counselling and psychiatric medication in Dublin, Ireland. The author can be reached by email at jonathanhaverkamp@gmail.com or on the websites www.jonathanhaverkamp.com and www.jonathanhaverkamp.ie.

References

- Arbelle, S., Benjamin, J., Golin, M., Kremer, I., Belmaker, R. H., & Ebstein, R. P. (2003). Relation of shyness in grade school children to the genotype for the long form of the serotonin transporter promoter region polymorphism. *American Journal of Psychiatry*, *160*(4), 671–676.
- Brune, C. W., Kim, S.-J., Salt D Clin Psy, J., Leventhal, B. L., Lord, C., & Cook Jr Edwin H, M. D. (2006). 5-HTTLPR genotype-specific phenotype in children and adolescents with autism. *American Journal of Psychiatry*, *163*(12), 2148–2156.
- Haverkamp, C. J. (2010). *Communication and Therapy* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkamp, C. J. (2017a). *Communication-Focused Therapy (CFT)* (2nd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkamp, C. J. (2017b). Communication-Focused Therapy (CFT) for Depression. *J Psychiatry Psychotherapy Communication*, *6*(4), 101–104.
- Haverkamp, C. J. (2017c). Communication-Focused Therapy (CFT) for Social Anxiety and Shyness. *J Psychiatry Psychotherapy Communication*, *6*(4), 107–109.
- Haverkamp, C. J. (2018). *Communication-Focused Therapy (CFT) - Specific Diagnoses (Vol II)* (2nd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.

This article is solely a basis for academic discussion and no medical advice can be given in this article, nor should anything herein be construed as advice. Always consult a professional if you believe you might suffer from a physical or mental health condition. Neither author nor publisher can assume any responsibility for using the information herein.

Trademarks belong to their respective owners. No checks have been made.

© 2012-2018 Christian Jonathan Haverkamp. All Rights Reserved
Unauthorized reproduction and/or publication in any form is prohibited.