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Social Anxiety, Shyness and Introversion: Adult Ethics and Freedom

He was a most peculiar man.
He lived all alone within a house,
within a room, within himself,
a most peculiar man.
He had no friends, he seldom spoke
and no one in turn ever spoke to him,
'Cause he wasn't friendly and he didn't care
and he wasn't like them.
Oh, no! He was a most peculiar man.
He died last Saturday.
He turned on the gas and he went to sleep
with the windows closed so he'd never wake up
to his silent world and his tiny room...

Simon and Garfunkel "A Most Peculiar Man" (P. Simon, 1965)

A life of total isolation is the ultimate defeat of a psychological disorder that, today, is known as social anxiety disorder. I say today because this term is relatively a new one that was first diagnosed in the late 1970's. Prior to that, the socially anxious were described as shy or maybe even peculiar. Today, in the United States social anxiety is the third most diagnosed mental health disorder behind depression and substance abuse (web MD). The National Mental Health Association describes social anxiety, also known as social phobia, on its web site.

Social phobia is a disorder characterized by overwhelming anxiety and excessive self-consciousness in social situations. People with social phobia have a persistent, intense, and chronic fear of being scrutinized by others and of being embarrassed or humiliated by their own actions...anxiety levels in people with social phobia can become so high that they begin to avoid social situations. (NMHA. 2010 Web)

So since social anxiety was once known only as shyness, the above definition must also describe what shyness is.

So is shyness therefore a disease? Most people experience some degree of shyness at points in their life. But when does it reach a point where it becomes a mental health issue? The National Institute of Mental Health uses the terms “excessive” and “overwhelming” to quantify a disorder they have titled social phobia, or more commonly called social anxiety (NMHA. 2010. Web). So it would seem that shyness of an excessive amount or to an overwhelming degree constitutes a disease. Although Social anxiety is encompassed by self-consciousness, fear of embarrassment, and fear of being scrutinized, my experience and recent research shows that social anxiety is mainly triggered by and is an issue of self-confidence, or a lack of it.

Literary Case Illustration

A small inconspicuous apartment located in the back of a St. Louis tenement is the setting of Tennessee Williams' 1944 play *The Glass Menagerie*. The story is told from the point of view of Tom Wingfield, the younger of the two Wingfield siblings. Although the play is narrated by the character of Tom, it is actually about his painfully shy sister, Laura, and her last chance opportunity of avoiding a life of self imposed isolation. Laura Wingfield is an abnormally sensitive and fragile person, both physically and mentally. Due to an early childhood illness, one of her legs was left shorter than the other. This condition causes her to wear a permanent leg brace. Laura describes herself as being crippled; even though, her condition is hardly noticeable. There is only some slight difficulty and awkwardness when she walks. She is so immensely self-conscious and sensitive that she can not sufficiently interact with the outside world. Tennessee Williams demonstrates this in scene II of the play when she drops out of business school because she got so nervous before a typing test that she became physically ill and practically had to be carried out of the classroom. Being too frightened to tell her mother of this, she left the apartment each day as if she were going to school, but instead she spent the day at the park or at the zoo. Tennessee Williams has managed to define shyness or social anxiety perfectly when he created the character of Laura Wingfield.

Laura's mother, Amanda, decides that she needs to ask Tom to search around for a potential future husband for his sister. So Tom invites an

acquaintance from work over for dinner, a gentleman caller. But Tom fails to mention to his friend, Jim, that he even has a sister. Furthermore, Jim O'Conner turns out to be the boy who Laura had a huge crush on in high school.

Once Jim arrives we get to see Laura's social Anxiety in action. When Tom and Jim ring the doorbell, Laura refuses to answer it. Well, she does not flat out refuse; rather she actually pleads with her mother to do it for her. "Oh mother, please answer the door, don't make me do it (Williams 1944: 664)," she says as if she almost expects her mother to give in. Laura continues this, saying please at least seven times. Until finally she realizes that she has no choice. People who suffer from social anxiety often rely on enablers, usually close family members or friends, who pick up the slack and perform tasks that the shy are often to frightened to do themselves. In his book *Beyond Shyness*, Jonathan Berent A.C.S.W. concludes: "My clinical experience has confirmed that when social anxiety results in avoidance, dependence on others-usually parents or other relatives- is almost inevitable (Berent & Lemley. 1994: 50)."

Eventually, Laura reluctantly opens the door and gives a short and sweet greeting to her gentleman caller. He mentions something about her hand being cold and that's all she can handle. She quickly darts towards the back room. This is a classic example of the avoidance that is such a common behavior amongst the socially anxious. Laura dropping out of business school is another good example of avoidance. She is avoiding the discomfort that her anxiety produces by physically removing herself from the environment that causes it. . By the time it is time to eat dinner she is so nervous that she becomes faint and physically ill; so they have no choice but to excuse her from sitting at the table. She spends the whole dinner safely lying alone on the couch, until after dinner, when Amanda coaxes Jim to bring Laura a glass of wine and keep her company while she and Tom do the dishes.

Another, less blatant, form of avoidance does not involve actual physical withdrawal, but rather it is a mental withdrawal. It is quite difficult to display such behavior in the form a play that needs action and dialog to keep it progressing. So consequently, we do not get to see this behavior in Laura's

character. This is where the quietness of shy or socially anxious people comes into play. By not talking, those who suffer from social anxiety are actually hoping to avoid scrutiny from others and from themselves (Berent & Lemley. 1994: 167). In scene IV, Laura's mother describes her, "You know how Laura is. So quiet but—still waters run deep! She notices things and I think she broods about them (654)." This is also a good description of the socially anxious. They notice negative things and linger-on or brood about them.

So now, Laura is lying on the couch and Jim Approaches with a glass of wine. He sits on the floor and convinces Laura to do the same. Laura is very nervous at first, but Jim's persistence begins to wear her down. Eventually, she mentions knowing him in high school. He only vaguely remembers her; they both remember that he used to call her Blue Roses. As the conversation goes on, Laura mentions her handicap. Jim says that he never noticed it. Everything that Jim is saying is like healing music to her ears. She is actually starting to open up towards him. Tennessee Williams writes, in the lines Jim says to Laura, some simple and yet true and practical advice to all who suffer from social anxiety. Jim says to her: "You know what I judge to be the trouble with you? Inferiority complex! Know what that is? That's what they call it when someone low-rates himself (674)..." He goes on to tell her that she never should have dropped out of business school and he once again states that her physical defect is hardly noticeable. Jim continues: "A little physical defect is all you have. Hardly noticeable even! Magnified thousands of times by imagination (675)!" Again Williams manages to depict, with amazing accuracy, the frequent core misconceptions held by the shy or socially anxious.

Jim then asks Laura what interests her the most. She brings up her glass menagerie (Actually Laura does not call it that, her mother does). Laura shows him her adored collection, in doing so she is showing Jim herself. Laura then hands Jim her favorite figurine, a unicorn. He wonders if it feels isolated from the rest of the collection because it is so different. This is a symbol for something that is extinct in the modern world, namely people like Laura. Jim is not all that interested in Laura's world of glass. He wants to dance to the music

coming from the dance hall across the alley, and he very persuasively convinces her to join him.

As they are dancing, Jim bumps into the table and knocks over the glass unicorn that he left there. The unicorn's horn breaks off. Laura smiles and says to him: "I'll just imagine he had an operation. The horn was removed to make him feel less –freakish! Now he will feel more at home with the other horses (Williams. 1944: 677)." Suddenly and unexpectedly, Jim announces that he is engaged to be married soon. All the opening up that Laura did is suddenly shut down. She is in shock. She decides to give the broken unicorn to Jim. The imagined surgical removal of its horn failed; it will never feel less freakish! Laura has no more lines for the remainder of the play.

The character of Laura Wingfield is a great literary example of a person who suffers from social anxiety disorder. Tennessee Williams makes a clear insinuation that a lack of self-confidence or an "inferiority complex" is a key element of extreme shyness. The play expresses hope for Laura, but then takes it away. This implies that there is no magical or surgical means of curing this problem. Williams has brilliantly figured out how to demonstrate this disorder in the format of a stage production. However, in a play it is virtually impossible to divulge the underlying reasons and the psychological dynamics as to why a character does what they do in the story. There is usually only time to show actions, not to explain what is going on and why.

Social anxiety disorder is a disorder in which a person has an excessive and unreasonable fear of social situations. Anxiety and self-consciousness arise from a fear of being watched, judged, and or criticized by others (Richards. 1996) A person with this disorder is afraid that he or she will make mistakes and be embarrassed or humiliated by others. This fear may be exasperated by a lack of social skills or socializing experience in general. The anxiety can rise to the level of a panic attack. The socially anxious suffer from a distorted way of thinking, including false beliefs about social situations and perceived negative opinions from others. Social anxiety disorder can negatively interfere with the person's normal daily routine, including Work, education, social activities, and relationships. Or the person could avoid social situations all together because the anxiety is just too overwhelming (Richards. 1996).

Case Illustration

Some of the most horrific experiences of my life occurred when I was a kid going to school. Being called on to read out loud in class was the cause of some of the worst feelings that I have ever experienced in my life. Once, in sixth grade, I sat alone in a stinky cold attic from 8:30am to 3:00pm for two days straight. I was afraid to go to this one class in which we were going to be taking turns reading an entire book out loud. I sat on the floor and did nothing in that attic for both of those days because if I made any noise my mother would hear me. The day I went back to school turned out to be painfully embarrassing, anyway. I became a nervous wreck as each one of my teachers asked me for a note excusing my absence, and I did not know what to tell them.

Something like being called on to read would, for me, start off a chain of physiological and psychological events. First my face would blush, bright red. Realizing this would cause me to lower my voice. And then the teacher would tell me to read louder which made me more embarrassed and my face to get even redder. My then the sweating had already started. I would feel as if I was burning up. I would start to make mistakes like omitting or mispronouncing words. I was unable to concentrate on what I was reading, so I had to continually go back and read things again. All of these things would just feed off of one another and each symptom grew worse and worse the longer I read. Most teachers would put me out of my misery and call on someone else before I got through a single paragraph. Once I was done reading and another student started to read, I felt immediate relief. But I had absolutely no comprehension of what I had read.

With social anxiety or shyness social interactions are felt as threatening. The avoidance associated with social anxiety is a derivative of the flight or fight reaction to stress. It is the flight (Social anxiety info.com. Web). But in many social situations, flight is not possible. When this is the case, the shy person experiences feelings of discomfort and physiological stress reactions (preparations for fight) to the perceived threat of the social situation. This is where the anxiety part comes into play. The anxiety-laden individual then does whatever

they can to avoid, what is thought to be, an eminent danger. They weaken their tone of voice, avoid direct eye contact, gesture in a mild non-threatening manor, and speak as little as possible (social anxiety info.com).

Another term that is often associated with Social anxiety or shyness is introversion. The term introversion is often used by the general public simultaneously when discussing social anxiety or shyness. But most experts in the field claim that these terms are not significantly related. They say that an introvert enjoys being alone and is rejuvenated by it. Whereas the shy and socially anxious avoid social interaction out of fear and discomfort, I, in every respect, disagree with this notion. The foundations of introversion and shyness are remarkably similar when you examine them through an understanding and knowledge of the information mentioned in the preceding paragraph.

The concept of extraversion and introversion were established by Swiss psychiatrist Carl G. Jung. Although other specialists such as Hans Eysensck have adapted and altered the definition of these two terms, you need to look no further than Jung's original perception as to the origins of personality types to see how introversion relates to social anxiety. Jung noted that in nature there are two methods in which a species adapts and survives. In his book *Psychological Types: The Psychology of Individuation*, Jung writes...

Nature knows two fundamentally different ways of adaptation, which determine the further existence of the living organism; one is by increased fertility, accompanied by a relatively small degree of defensive power and individual conservation; the other is by individual equipment of manifold means of self-protection, coupled with a relatively insignificant fertility. This biological contrast seems not merely to be the analogue, but also the general foundation of our two psychological modes of adaptation. At this point a mere general indication must suffice; on the one hand, I need only point to the peculiarity of the extravert, which constantly urges him to spend and propagate himself in every way and, on the other hand, to the tendency of the introvert to defend himself from any expenditure of energy directly related to the object, thus consolidating for himself the most secure and impregnable position. (Jung 1921, 1991: 414)

Thus, shyness and introversion appear to have the same root, in that there is an underlying theme of self preservation. Preservation from any possible harm brought about by perceived danger from other people, except the threat is almost always not real and not based on here-and- now social occurrences.

Recent studies conducted in 2003 (Hirsch, Clark, Matthews, & Williams), 2004 (Hirsch, Meynen, & Clark), and again in 2005 (Hirsch, Matthews, Clark, Williams, & Morrison) have all concluded that one of the key elements that contribute to a person's level of anxiety, before, during and after a social situation is a negative self image. In these studies, even participants who stated they did not exhibit social anxiety symptoms felt more anxious prior to and during their assigned social situation when they were asked to maintain a negative image of themselves. Additionally, the negative imagery prompted the participants to rate their performance lower than when they held a positive self image. These findings provide further support for the notion that a negative self-image or a lack of confidence plays a role in the perpetuation and also the development of social anxiety.

The negative self-image associated with social anxiety is thought to stem from memories of negative occurrences, such as teasing or criticizing, at a young age. The negative events then (due to mental immaturity) develop into a negative self-image. Later in life, these feelings are unconsciously re-activated when entering social situations, thus causing anxiety. It is not the negative events that are re-experienced it is actually the person's response to those situations. So if the response is the lowering of the individual's self esteem, then it would seem logical that the trigger for social anxiety is based on a negative self-image. Although, these negative self-images can be linked to injurious social events, the socially anxious do not often recollect the memories at all in the present. This only furthers the individual's belief that the symptoms are stemming from the current social situation (Hackmann, Clark, & McManus. 2000).

Literary Case Illustration

The 1989 film *An Angel at My Table* is a cinematic adaptation of Janet Frame's autobiography. Frame's autobiography was published in three installments, *An Angel at My Table* (1984), is the title of the second volume of Frame's Autobiography. The first volume is titled *To the Is-Land* (1982); the title of the third volume is *The Envoy from Mirror City*. The film was directed by Jane Campion and the screenplay was written by Australian author Laura Jones. The film, as does the books, covers from Janet Frame's early childhood (the late 1920's) to the point where Frame returns to New Zealand as a successful writer (early 1960's).

Jane Campion intentionally highlights the young Frame's curly frizzy red hair. In her article "Jane Campion Frames Janet Frame", Suzette Henke says of that hair "(it) dominates Janet's self-conscious persona and serves as a visible sign of her alienation." (Henke, 2000) The young frame, played by actress Alexia Keogh, is teased and humiliated by other children about her hair. In a scene from the film, the young Janet steals money from her father and buys chewing gum, which she shares with her entire class. She tells her teacher that her father gave her the money to buy the gum. But the teacher does not believe her and forces her to stand in front of the class, facing the blackboard, for the remainder of the day. In another scene, a school nurse isolates Janet from the rest of the class and points out how dirty and uncleanly she is. In a scene at home, a young Janet and her two sisters spy on their oldest sister, Myrtle, as she sexually experiments with a boy from the neighborhood. When Janet boasts of what she witnessed at the dinner table her father, much to her surprise, blows-up in anger and violently beats Myrtle.

As Janet Frame grew to young adulthood, she eventually went on to attend a teaching academy where she was to be trained as a school teacher. By now, she had developed a love for literature and poetry, not only reading, but writing as well. She kept a few close friends at the academy. But for the most part, she was very socially awkward. The following is how Suzette Henke describes how Campion films a pivotal point in Janet Frame's life.

Campion makes exceptional use of cinematic pauses and silences to convey torturous moments of awkward and protracted self-consciousness on the part of her shy, sensitive subject. In the scene where Mr. Niles, the school inspector, visits Janet's classroom, the apprentice teacher clearly panics. For what seems like an eternity to both students and state official, as well to the film's audience, Janet stands frozen before the blackboard, like a rabbit caught in a trap, and blankly stares at the chalk clutched in her fingers. She asks to be excused and dashes out of the school never to return. (Henke, 2000)

Why would Janet Frame and Jane Campion, for that matter, choose to put so much emphasis on these events? In fact, there is no more importance placed on such scenes as Janet's sister Myrtle's dying in a drowning accident or of her brother suffering from

epileptic seizures, as there are to the previously mentioned ones. All of these events must have been significant and traumatic in Janet Frame's eyes. How is a young child supposed to react to events like these? What is a child to conjecture when something they say causes their father to explode in anger and beat their sister? What opinion does a child form about themselves when others humiliate, tease, or point-out and isolate them? And what is the possible end result of experiencing situations like these over and over again?

The pioneer of transactional analysis Dr. Eric Berne further describes this process:

Nearly all human activity is programmed by an ongoing script dating from early Childhood, so that the feeling of autonomy is nearly always an illusion—an illusion which is the greatest affliction of the human race because it makes awareness, honesty, creativity, and intimacy possible for only a few fortunate individuals. For the rest of humanity, other people are seen mainly as objects to be manipulated. They must be invited, persuaded, seduced, bribed, or forced into playing the proper roles to reinforce the protagonist's position and fulfill his script and his preoccupation with these efforts keeps him from torquing in with the real world and his own possibilities in it (Berne, 1964)

What the great Dr. Berne is essentially saying here is that the great majority of us are afflicted by the misconceptions of our childhood. When we are very young our ability to perceive the events that we are experiencing is, to say the least, limited. Nevertheless, we still draw conclusions about them. Children are constantly evaluating who they are, who other people are, and what they believe is happening to them with each experience. Eventually, usually by the age of six or so, they consolidate these experiences and reach a broader conclusion as to who they are and who others are. Once they make these decisions they spend the remainder of their lives unconsciously trying to prove that they are true. They take a position (e.g. I am superior/ I am inferior) and then manipulate their environment to maintain that belief. (James, Jongeward 1996, 1971 p 79-81)

It is my thought that a very similar process takes place and is the foundation that leads to feelings and symptoms of social anxiety. If an adult or other children react with anger, or dismiss or ridicule an attempt at self expression it can easily lead a frail minded child to decide that their expressions are inappropriate and insignificant. If this happens multiple times, a child is likely to not only see himself as insignificant and inappropriate but to also conclude that people are generally disparaging and berating. Holding these beliefs would certainly render a person to be uncomfortable and cause anxiety in the presence of others.

In fact, if these positions were actually true than the experienced anxiety would be justified. It would be excruciatingly disquieting to think that other people were looking to catch every mistake you make and were all set to point their finger in ridicule at each one.

Except, the notion (whether it be unconscious or conscious) that people are so judgmental that they would belittle such an insignificant person, as the socially anxious believe they are, is a complete fallacy. The truth is that people in general do not have the energy or time to constantly evaluate and than devalue other people, let alone the desire to. But the shy person will invite them to anyway. He or she will stumble over their words, talk too low or mumble, not keep up their part of a conversation, look down at the ground, and just have a “go ahead and kick me” demeanor (James, Jongeward 1996,1971 p 198-199).

The sooner a person that has social anxiety realizes that others are too involved with their own issues to ascertain another person’s shortcomings the better. They should also understand that if someone does react negatively to their self expression it is more likely to be a reflection of that person’s mood and has nothing to do with you (Carducci. 2000). Making a factual assessment, based on present-day reality about the intensions of others can be done without much difficulty and is in my opinion essential to overcome social anxiety.

As does everyone, people that suffer from social anxiety want to make a favorable impression on others but are extraordinarily insecure about their ability to do so. They also are seemly unable to elaborate enough to figure out how to go about attaining the approval of others. In a study conducted in Germany (Hiemisch, Ehler, & Westerman 2002), highly socially anxious people exhibited a type of reversed mindset when it came to attaining socially oriented goals. Usually, people deliberate possible goals for a given situation before they engage in action. This is termed a deliberative mindset. Once the goal is chosen a plan of how to achieve it is implemented (implemental mindset). The study participants showed a lack of or an inappropriate deliberative mindset (Hiemisch, Ehler, & Westerman. 2002). Thus, it appears that the goals people set themselves in social situations are crucial for understanding social anxiety. They may determine how information is processed in social situations. But the socially anxious engage in information processing that seems to interfere with successful goal attainment when approaching social situations.

The absence of clear goals in social environments is unmistakably a key factor to resolving this disorder. If the deliberative aspect of attaining goals is unattainable than the shy or socially anxious person must, more so than the average person, implement action without deliberation, and more importantly without fear.

The misconceptions about the self that were drawn in early childhood are much more uncomplicated to tackle than are the ones about others. A shy person is often quick to assume that he has said or done something inappropriate, even if it was not guilt still arises. But the sense that other people are disparaging or a perceived threat could possibly be so deep rooted that the socially anxious person might not ever realize its source. As I have stated earlier, there is an unambiguous connection between this misconception and the fundamentals of introversion. So rather than distinguish the two, I would prefer to identify the shy person's presumption to be wary of others as an introverted quality. And thus, state that introversion and social anxiety and shyness go hand in hand.

The two most common medically accepted approaches towards treatment for social anxiety are medication and cognitive behavior therapy (Web MD). Although these treatments have shown some success, the foremost pathway to overcoming shyness or social anxiety lies in the relinquishing of archaic misconceptions of perceived socially traumatic events of our childhood and gaining further insight as to who the shy person is and why. This can be accomplished by evaluating what is happening in the here and the now and by gaining a better understanding of your own unique identity, be it shy or not.

Currently, there are over 22 million Americans taking psychotropic medications, most for relatively mild conditions. Prescription medication is the predominant treatment method to relieve the suffering associated with extreme shyness and social anxiety. The use of these medications only relieves the symptoms of social anxiety. A relief that is at the expense is our own self-awareness (Carducci. 2000. Web). Medication use assumes that shyness is a medical or psychiatric problem, which it is not or has never been. What is essentially labeled as pathology is in all actuality a personality trait. This method of treatment assumes that being anxious is like having cancer. Anxiety and shyness are a part of being human. The field of psychiatry needs to ascertain the different roads that lead to anxiety in order to develop a wider range of appropriate treatments. (Carducci, 2000. web)

Despite major advances in the treatment of psychiatric symptoms in recent years, there are still no definitive clinical tests to determine whether someone has a given disorder or not. There is no blood test or brain scan that can clinically diagnose social anxiety disorder. And although there is an established pattern of it running in families, science has yet to identify any particular gene responsible for social anxiety or any other disorder. Joseph Glenmullen, M.D. psychiatrist, Harvard University speaks about this topic: “Not one [biochemical explanation for a psychiatric condition] has been proven. Quite the contrary, in every instance where such an imbalance was thought to have been found it was later proven false.” Without clear biological markers, clinicians must rely on interviews to assess the occurrence and severity social anxiety. Interview questions follow criteria from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Often, these Questionnaires can be too generalized and might confuse a patient as to whether they should answer yes or no to a specific question. Standardized questions fail to take into account the entirety of a person’s experience (Wardy, 2009 Web).

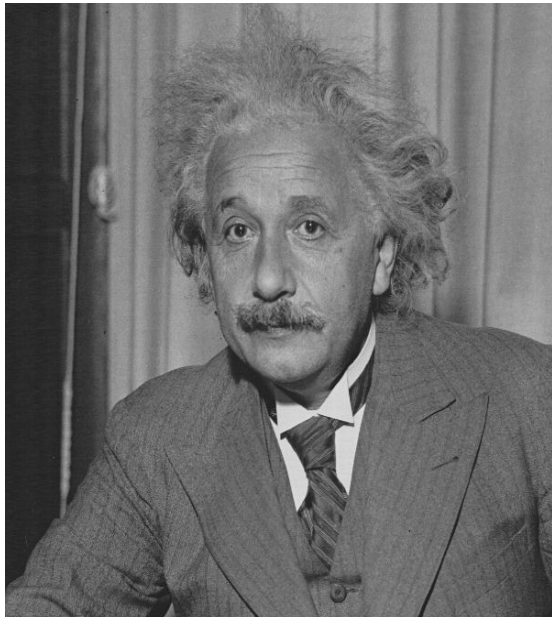
Case Illustration

Throughout their childhood, Tennessee Williams and his sister, Rose, were very close. In his 1976 book, *Memoirs*, he writes about the long walks they would take practically every night when they were teenagers. So they actually were best friends. But as he became older he began to rebel against his parents. He met new, boisterous friends, the kind that would never be partial to someone as plain and shadowy as Rose was. So he shunned her. In *Memoirs* Williams writes: “I was not too kind to my sister.... I failed to properly observe the shadow falling on Rose (Williams 1976 p 153).” Reflecting back on that time, he continues: “This is the cruelest thing I have ever done in my life, I suspect, and one for which I can never properly atone (p154).” Williams went back to Mississippi to live with his grandparents and just as Tom in the play, he never went back to that apartment again. However, in his absence Rose’s condition worsened and she was diagnosed with dementia. Under the bad advice of a physician, Rose received a lobotomy as treatment for her condition. Just like Laura’s imagined

operation on the unicorn, it was a complete failure. Rose was no longer capable of comprehending the simplest of things and she had to spend the rest of her life in an institution. Any attempt at reestablishing their former relationship or even apologizing to her was futile.

The American Psychiatric Association (APA) and the mental health field as a whole have a long reputation of implementing inappropriate treatments and mislabeling behavior as dysfunctional (Web. CMHA 2010). Just fifty years ago, the lobotomy was a common procedure. In 1960 performance of this next to barbaric procedure was at its peak, with nearly 1,300 a year being performed. Tennessee Williams based the character of Laura in *The Glass Menagerie* on his sister, Rose. Williams' clearly did not believe the lobotomy was warranted (Williams 1976). In a bizarre coincidence, that demonstrates just how wrong the methods of treating mental disorders can be, Janet Frame, the other author discussed in this paper, was scheduled to undergo the same procedure. During her extended stays in these hospitals, she received all kinds of heinous treatments including over 100 electro-shock treatments. During this time she was still writing short stories and poems. Frame was scheduled to receive a lobotomy until an employee at the institution discovered that she had won a literary prize for a compilation of short stories that she wrote. The lobotomy was canceled. The indication for her planned lobotomy was schizophrenia. Which it turns out was misdiagnosed. She only suffered from anxiety (most likely social) and panic attacks. The one goal of performing a lobotomy is to eliminate symptoms deemed as abnormal behavior by eliminating a portion of the frontal lobes of the brain.

In essence, the current goal of treating social anxiety with such medications as Paxil is, much the same, to eliminate the symptoms deemed undesirable. The sacrifice is not as great as losing a portion of your brain. But as I mentioned earlier the cost of just taking these medications alone (not mentioning the side effects) is self-awareness and truly curing your anxiety. I realize that sometimes the symptoms are so severe that eliminating them with medication is absolutely necessary. But it must be recognized that medication only eliminates symptoms and not the underlying cause of them.



Relativity, Smellitivity, this Paxil makes me want to go out and party!



Don't worry once my Prozac kicks in, I won't be so sweet and innocent any more.

The second most common method to treat social anxiety disorder is cognitive behavioral therapy. This psychotherapy is relatively a new one (founded in 1985). Today, it is considered a successful method to treat many psychological conditions, including depression and anxiety. Recent and long-range studies have consistently demonstrated cognitive behavioral therapy to be the only therapy to alleviate anxiety disorders in patients (Hope, Burns, Hayes, ect. 2010). Since this therapy is still an emergent one, there is no set standard or parameters as to how it is carried out. The methods used can vary country to country, state to state, and clinic to clinic. The fact is that cognitive behavioral therapy has to be diverse for the particular disorder that is being treated. If the wrong method is used for a patient with social anxiety than that person will not get much help from the treatment (Richards 2010 web).

There are essentially two components of Cognitive behavioral therapy. The first is the restructuring of the cognitive thought process. This aspect is the one that I feel is key to the effectiveness of the therapy. Thomas A Richards MD, the founder of the Social Anxiety Institute describes this cognitive restructuring when he writes: “The traditional answer to

"what is cognitive-behavioral therapy" has been "restructuring" the mind (i.e., thought processes) by means of disputing irrational thoughts and beliefs and substituting rational thoughts and beliefs in their place."(Richards 2010 web). The goal is to recognize automatic negative thoughts and neutralize them. This sounds easier than it actually is, especially since people are not normally aware of these irrational negative thoughts. Once they are made aware of them, there is a tendency to try and prove that they are justified and real (James, Jongeward 1971. p 86). Once the negative thoughts are recognized they ideally can be replaced by more rational and, at least, neutral ones. This process is one that must continuously expand and new changed attitudes have to be reiterated daily. But the drawback in this area of cognitive behavioral therapy (as is with nearly all mental disorder treatments) is that it pays no attention to the source and why these negative thinking patterns are happening in the first place.

The second aspect of cognitive behavioral therapy is focused on exposing the shy person to situations that they fear. The belief is that by exposing people to an anxiety producing situation it will desensitize them. Those who have latched on to this belief need to do some cognitive restructuring of their own. Richards generally agrees, he writes: "Most therapists think of "behavioral therapy" as "exposure" to real-life anxiety-producing situations. Anyone familiar with social anxiety disorder knows that exposures do not work, they only cause damage, and they keep the person locked in the vicious cycle of anxiety, irritation, frustration, anger, and depression." (Richards 2010 web). During the therapy the exposure situations are formatted on to a list that is based on a hierarchy as to which experiences produce the most anxiety. Then the patient and therapist must figure out how to expose the patient to a situation. The problem is that the exposure is contrived. And the mind knows this and, in all reality, does not take the situation nearly as seriously. Yes they are anxiety provoking, but what is to be learned from them?

Case Illustration

From 2004 to 2005 I was fortunate enough to participate in a clinical trial/research project for social anxiety. For six months I was prescribed medication Paxil, (whose manufacturer probably funded the study) and for six months I received cognitive behavioral therapy. I had to create my list of the things that caused me the most anxiety, with the most provoking at the top.

Within one week of making that list, I felt completely detached from it. It was no longer a part of me. It was a piece of paper that I had to bring with me to therapy each week with assignments for me to do. The exposures felt contrived because they were. I, basically, had to set up the situations and make them happen. There was none of the spontaneity or the feeling of being caught off guard that is a fundamental trigger of my anxiety. At one point in my therapy, my therapist arranged for me to tell a deeply personal detail about myself to an attractive (he obviously choose her for this quality) girl during one of our sessions. One of the higher items on my list was having conversations attractive women. Although the situation was very anxiety provoking in the end I realized that she was a member of their staff that my therapist asked a favor of. What mind restructuring therapeutic effect is to be ascertained from that knowledge?

It is clear that these treatment methods have shown some effectiveness in helping those who experience anxiety associated with shyness. However, in my experience and in the opinion of Bernardo Carducci Ph.D. the director of The Shyness Research Institute at Indiana University, the treating of shyness as a disease is not always appropriate. He states, "We'd rather understand shy people than change them. There is nothing wrong with being a shy individual. The problem with shyness is not understanding it and letting it control you, instead of you controlling your shyness. I want to help shy people to understand and control their shyness instead of their shyness controlling them." (Carducci. 2010.Web). By the same token, the purpose of this paper is to reveal the origins and the sequences that outline social anxiety in general and to give the enduring a better understanding of it. By attaining this awareness, a socially anxious person can better understand and recognize what is actually happening to them and why.

Accordingly, it must be realized that whatever we experienced socially as young children no longer pertains to what is actually happening in the here and the now. It must also be understood that at the time our ability to perceive and draw logical conclusions about our early childhood experiences was inadequate. And it is through present day knowledge that we can change any misconceived notions that we have been holding on to and possibly somehow embracing as truths. It should be recognized that shy people are less

likely to see themselves as competent or successful in life. This person must learn to recognize their achievements and praise themselves for them (even if the praise seems forced at first). (Zimbardo, Henderson. 2010) And finally, when all else seems to fail, the assumption that the shyness and uneasiness around people might have a more deep-rooted origin, such as is the case with introversion.

It is quite possible that introversion is the actual basis of shyness and social anxiety and that all other events are just sequential to it. But it would be nearly impossible to establish this as fact. An introverted person tends to be inclined to disengage from object oriented activities in favor of subjective ones (Jung 1921, 1991. p416), which in turn would render the introvert a very inward and sensitive person. Such a sensitive person would be easily overwhelmed in active social situations. It is clear that the introvert is inclined towards self-preservation foregoing communal activities in order to steer clear of possible danger (avoidance). But when avoidance is not possible a stress reaction occurs, which is the source of anxiety. This process is reversed from what is considered to be the one associated with social anxiety (anxiety causes avoidance). But the reversed formula makes just as much sense. And as the world leans more and more towards extraversion there is an increased pressure on the introvert to change his ways. According to Philip Zimbardo Ph.D. on his web site Shyness.com, there has been a ten percent increase in reported shyness over the last ten years (shyness.com 2010). And this could be caused by ever increasing efforts on the part of educational facilities and the work place to force introverts into extraversion.

Although, in today's modern world introverted has become a dissolute term, there are quite a few positive associations with introversion that should be recognized. It is believed that approximately 70% of the population is considered extraverted. But 60% of all gifted people are thought to be introverts (Bainbridge. 2010 Web). The bottom line is that extraverts rely on other people for inspiration. They live by the rules of society and rarely disregard them no matter how narrow they are. While introverts are inspired by their own inner resources which is, if you believe that the mind is boundless, an unlimited resource. It should be noted that nobody is a true extravert or a true introvert. Even Jung saw these psychological types as being on a continuum where a person usually had a preference for one or the other (Jung 1921, 1991 p414). By and large, extraversion is the more beneficial personality type, but it has its limitations.

The ability to be in the present moment is a major component of mental wellness.

~Abraham Maslow

In the end, the cure for social anxiety and shyness comes from maturity. As is the case with many psychological disorders, one has to gain a more adult outlook towards themselves and the world around them. This can be achieved by the mind restructuring part of cognitive therapy, by regular psychoanalysis, or by just some serious self-evaluation. But it is important to not give in to outside pressures to force you into extraversion, because this will only create more anxiety. Stay true to your own way and gain control of overwhelming emotions that you do not have control over.

Some more lines from *The Glass Menagerie*: Jim says to Laura:

I wish you were my sister. I'd teach you to have some confidence in yourself.

The different people are not like other people, but being different is nothing to be ashamed of. Because other people are not such wonderful people. They are one hundred times one thousand. You're one times one! They walk all all over the earth. You just stay here. They're common as--weeds, but—you— well, you're—Blue Roses! (Williams 1944 p677)

From Tom's final monologue:

“I speak to the nearest stranger—anything that can blow your candles out! [Laura bends over the candles] For nowadays the world is lit by lightning! Blow out your candles, Laura—and so goodbye... [She blows the candles out.]” (p681)

As the shy and the socially anxious can certainly sometimes seem like candles in a world lit by lightning.

Bibliography

- An Angel at My Table*. Dir. Jane Campion. New Line Cinema. 1989. DVD.
- Bainbridge, Carol. "Introvert." About.com. May 2010. Web.
[\[http://giftedkids.about.com/od/glossary/g/introvert.htm\]](http://giftedkids.about.com/od/glossary/g/introvert.htm)]
- Berent, Jonathan and Lemley, Amy. *Beyond Shyness*. New York: Fireside. 1994. Print
- Berne, Eric MD. *Principles of Group Treatment*. New York: Oxford University Press. 1964 p. 310. Print
- Carducci, Bernardo. "Shyness: The New Solution." Psychology Today. Jan 2000. 6. Print
[\[http://www.psychologytoday.com/articles/200001/shynessthenewsolution\]](http://www.psychologytoday.com/articles/200001/shynessthenewsolution).
- Chen, Junwen; Furukawa, Toshi A; Nakano, Yumi; Letsugo, Tetsuji. "Video Feedback with Peer Ratings in Naturalistic Anxiety-Provoking Situations for Social Anxiety Disorder: Preliminary Report". *Journal of Behavior Therapy and Experimental Psychiatry*. Vol. 41 Issue 1, March 2010: 6-10. Print
- "Debunking the Chemical Imbalance Myth." Mar. 23, 2010. Web
<http://www.freedommag.org/english/LA/iss0812/page4.htm>
- Frame, Janet. *Towards Another Summer*. Berkeley, CA: Counterpoint. 2009. print
- Hackmann, Ann ;Clark, David M; McManus, Freda. "Recurrent images and early memories in social phobia". *Behavior Research and Therapy*. Vol 38. Pergamon 2000: 601-610. Print
- Henke, Suzette A. "Jane Campion Frames Janet Frame: A Portrait of the artist as a young New Zealand poet." *Biography*: fall 2000. 651. Print
- Hiemisch, Annette; Ehler, Anke; Westermana, Rainer. "Mindsets in social anxiety: A New Look at selective information processing". *Journal of Behavior Therapy and Experimental Psychiatry*. Vol 33. Issue 2. June 2002:103-14. Print
- "History of Mental Illness Treatment" Canadian Mental Health Association. Mar 24, 2010 web.
[\[http://www.manitoba.cmhaca/bins/content.html\]](http://www.manitoba.cmhaca/bins/content.html)]
- Hope, DA; Burns, JA; Hayes, SA; Herbert, JD; "Automatic Thoughts and Cognitive Restructuring in Cognitive Group Therapy for Social Anxiety Disorder." *Cognitive Therapy And Research*. 34(1): 1-12 Feb. 2010. Print

- James, Muriel; Jongeward, Dorothy. *Born to Win*. Reading, MA: Addison-Wesley, Perseus 1996, 1971. Print
- Jung, Carl. G. *Psychological Types, or: The psychology of Individuation*. London: Pantheon. 1962. print.
- Jung, Carl. G. *The undiscovered Self*. Princeton, NJ: Princeton University Press. 1990. Print.
- Leahy, Robert L. *Cognitive Therapy Techniques*. New York: The Guilford Press 2003. Print
- Lee; Lifeson; Peart. "Limelight" From Moving Pictures. Anthem/Mercury records. 1981 CD.
- Overholser, James C; "Cognitive Behavioral treatment of social phobia." *Journal of Contemporary Psychotherapy*. Vol.32 Sept.2002. print
- Richards, Thomas A. *The Anxiety Network International*. 2009, 1996. Feb. 2010. Web
[\[http://www.anxietynetwork.com/spleast.html#spleast1\]](http://www.anxietynetwork.com/spleast.html#spleast1).
[\[http://www.social-anxiety-network.com/third.html\]](http://www.social-anxiety-network.com/third.html).
- Richards, Thomas A. "What is Comprehensive Cognitive Behavioral Therapy?" The Anxiety Institute. Mar. 2010 Web.
[\[http://www.socialanxietyinstitute.org/ccbtherapy.html\]](http://www.socialanxietyinstitute.org/ccbtherapy.html)
- Ruy, Miranda. "Self-Actualization and Self Concept: Nucleus of Shyness and Social Anxiety." *Social Anxiety Info.com* 26, April 2010. Web
[\[http://www.social-anxiety-info.com/art/basic/self-concept.htm \]](http://www.social-anxiety-info.com/art/basic/self-concept.htm)
- Sandweiss, Lee Ann. "The Shyness Research Institute at IUS. Indiana University Homepages. May 2010. web.
[\[http://homepages.IUS.edu/special/shyness.htm \]](http://homepages.IUS.edu/special/shyness.htm)
- Simon, Paul. "A Most Peculiar Man." 1965. LyricsFreak.com. 6 Feb.2010. Web
[\[http://www.lyricsfreak.com\]](http://www.lyricsfreak.com).
- Shumaker, Erik A; Rodebaugh, Thomas L. "Perfectionism and Social Anxiety: Rethinking the Role of High Standards." *Journal of Behavior Therapy and Experimental Psychiatry*. Vol. 40, Issue 3. September 2009: 423-33. Print
- "Social Phobia." National Mental Health Association, Jan. 20, 2010. Web
[\[http://www.nmha.org/pbedu/anxiety/social.cfm\]](http://www.nmha.org/pbedu/anxiety/social.cfm).
- "Social Anxiety." Web MD Medical Reference. Feb. 2009. Web
[\[http://webmd.com/anxiety-panic/guide/mental-health-social-anxiety.html\]](http://webmd.com/anxiety-panic/guide/mental-health-social-anxiety.html).

Swarz, Ewa. "Desensitizing Your Fight or Flight Response." Sensitive Person.com. May 2010. Web.

[<http://www.sensitiveperson.com/safety.htm>]

The Janet Frame Literary Trust. May 2010. Web

[<http://www.janetframe.org.nz>.]

The Quote Garden. Quotes on anxiety. Feb. 2010. Web

[[Hhttp://www.quote garden.com/socialanxiety.html](http://www.quote garden.com/socialanxiety.html)].

Wadell, Elizabeth. "Janet Frame Reframed". The Quarterly Conversation. Issue 16 2009. 21, Feb. 2010. Web

[<http://quarterlyconversation.com/janet-frame-towards-another-summer>].

Wardy, Adrienne. "The Science of Shyness: The Biological Causes of Social Anxiety Disorder." 2009. Web.

[<http://serendip.brynmawr.edu/biology/bio3.html>]

"Williams, Tennessee 1911-1983." Proquest Information and Learning Company. 1996-2010. H.W. Wilson Company Inc. 25 Jan. 2010. Web

Williams, Tennessee. *Memoirs*. New York: Bantam. 1976. Print

William, Tennessee. "The Glass Menagerie." *Literature and the Writing Process*. Elizabeth McMahan, Susan Day, Robert Funk. 7th ed. Upper Saddle River: Pearson. 2005. Print

Zimbardo, Philip; Henderson, Lynne. "Shyness and Culture." Shyness.com. May 2010. Web.

[[Http://shyness.com/encyclopedia.html#VI](http://shyness.com/encyclopedia.html#VI)]