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Shyness: relationship to social phobia and other psychiatric disorders

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Abstract

The relationship between shyness, social phobia and other psychiatric disorders was examined. The prevalence of social phobia was significantly higher among shy persons (18%) compared with non-shy persons (3%). However, the majority of shy individuals (82%) were not socially phobic. A significant and positive correlation was found between the severity of shyness and the presence of social phobia, but the data suggest that social phobia is not merely severe shyness. Social phobia was also positively and moderately correlated with introversion and neuroticism. Thus, shy persons with social phobia were shyer, more introverted, and more neurotic than other shy people, but none of these factors was sufficient to distinguish shy persons with social phobia from those without social phobia. The proportion of the shy group with psychiatric diagnoses other than social phobia was significantly higher than among the non-shy group, indicating that various diagnostic categories are prominent among the shy. The results are discussed in terms of the overlap in shyness and social phobia and the relationship of shyness to other psychiatric diagnoses and personality dimensions.

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1. Introduction

Social phobia and shyness are terms used to describe those who are reticent in social situations, and there has been considerable speculation on their relationship (e.g., Beidel & Turner, 1999; Turner, Beidel, & Townsley, 1990). Although social phobia is a clinical disorder defined in the *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition* (DSM-IV) (1994) and shyness is a less well-defined lay term, descriptions of the two syndromes are remarkably similar. The DSM-IV defines social phobia as “a marked and persistent fear of one or more social situ-

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ations in which the person is exposed to unfamiliar people or to possible scrutiny by others” (p. 416). The disorder ranges from rather circumscribed performance anxiety (specific or circumscribed subtype) to the more common pattern of anxiety in most social settings (generalized subtype). Interestingly, the description of shyness is not all that different, particularly the most recent characterizations of the condition. Shyness has been described as anxiety and discomfort in social situations, particularly those involving evaluation by authority figures (Crozier, 1979); discomfort and inhibition in interpersonal situations (Henderson & Zimbardo, 1998); and fear of negative evaluation by others (Buss, 1985). Clearly, one can see from these brief descriptions that the behaviors associated with the two conditions are similar.

Indeed, examination of the extant literature reveals that social phobia and shyness share similar symptomatology. For example, Turner et al. (1990) examined studies that described the characteristics of social phobia and shyness. Based on these indirect comparisons, they found that shyness and social phobia appeared to be similar in terms of somatic (e.g., trembling, sweating, blushing), cognitive (e.g., fear of negative evaluation by others), and behavioral symptoms (e.g., distress in and avoidance of social situations).

However, shyness was noted to differ markedly from social phobia in a number of ways. The most striking difference was in prevalence rate. Based on numerous studies, the prevalence of shyness was far greater than that of social phobia. The 12-month prevalence rate for social phobia in the Epidemiologic Catchment Area study (ECA; Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992) was estimated to be about 3%, but in the more recent National Comorbidity Study (NCS; Kessler et al., 1994), the estimated 12-month prevalence rate was 8%. The variability in these prevalence estimates at least partly reflects differences in the assessment and sampling methodology used in the two studies (Beidel & Turner, 1998). Prevalence estimates of shyness are much higher than those of social phobia, ranging from 20 to 48% (Carducci & Zimbardo, 1995; Henderson & Zimbardo, 1998; Lazarus, 1982; Zimbardo, 1977; Zimbardo, Pilkonis, & Norwood, 1975). Thus, although variability in the prevalence estimates of both shyness and social phobia exist, the prevalence estimates of shyness consistently are markedly higher than those of social phobia.

There also is evidence that shyness and social phobia may differ in other important ways as well. For example, shyness is often a transitory condition (Beidel & Turner, 1999; Bruch, Giordano, & Pearl, 1986; Zimbardo et al., 1975), whereas social phobia is thought to be a chronic, unremitting condition (Turner & Beidel, 1989). In addition, although social phobia and shyness are both associated with emotional and social difficulties, preliminary evidence suggests that those who are shy, on average, do not experience the degree of daily impairment that is experienced by social phobics (Turner et al., 1990). However, because this evidence is based on indirect comparisons, the extent to which these conditions can be distinguished based on the degree of impairment will need to be determined by future direct comparison studies.

Despite some effort to delineate the boundary between the two conditions, the relationship between social phobia and shyness remains blurred. One hypothesis is that the two conditions are completely different (Carducci, 1999). Carducci (1999) concluded that “shyness is also not a social disease such as social phobia or avoidant personality disorder...Shyness is not listed in the *Diagnostic and Statistical Manual of Mental Disorders IV*...because it’s not a mental illness, merely a normal facet of personality” (p. 6). A second hypothesis is that the conditions are essentially the same. Rapee (1998) noted that “many words and terms have been used to describe

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