
A Study of Social Anxiety Disorder and Simple Shyness

The Fine Line Between Social Anxiety Disorder & Shyness

Have you ever been nervous about meeting new people or giving a presentation in front of others? Most likely. But have you ever been so stressed about it that you avoid meeting people or never show up to give the presentation? If so, you may have social anxiety disorder, also known as SAD. Oftentimes, people suffering from SAD are misdiagnosed with shyness. However, the distinction between the two is clear; shyness can complicate your life, while social anxiety can stop it in its tracks (Shaw).

Social anxiety disorder is a condition that affects an estimated 19.2 million Americans. SAD is defined as “an anxiety disorder in which a person has an excessive and unreasonable fear of social situations. Anxiety (intense nervousness) and self-consciousness arise from a fear of being closely watched, judged, and criticized by others” (Social Anxiety Disorder). Those with SAD “often suffer [from] ‘anticipatory’ anxiety -- the fear of a situation before it even happens -- for days or weeks before the event” (Social Anxiety Disorder). SAD is more common in women than men and “most often surfaces in adolescence or early adulthood, but can occur at any time, including early childhood” (Social Anxiety Disorder). Unfortunately, many people are unaware the disorder even exists and oftentimes confuse SAD with shyness. Different from SAD, shyness is “a feeling of fear or discomfort caused by other people, especially in new situations or among strangers” (Heitz). An estimated ten percent of the U.S. population is shy (Shelly-Jensen). As previously stated, shyness is provoked during new social situations rather than during daily interactions with others, such as coworkers, friends, or partners. Simple conversations with familiar faces can be awfully nerve wracking for those with SAD. Although SAD is less prevalent than shyness in the U.S., it deserves much more recognition due to its severity.

SAD is regularly mistaken for shyness, but both their symptoms and triggers are notably distinct. The struggle for people with SAD goes beyond simply being uncomfortable in only typical social circumstances, like speaking in front of a group or being the center of attention. Those with the condition also agonize over the following daily activities: eating, drinking, writing or working in front of others; asking questions or giving reports in groups; using public toilets; talking on the telephone (Social Anxiety Disorder). While it is true that a person’s anxiety decreases once they are removed from those situations, when left to their own thoughts, they over analyze their supposed “faults” and “mistakes.” People with SAD are plagued with the constant dread of being “closely watched, judged, and criticized” as well as “making a mistake, looking bad, or

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being embarrassed or humiliated in front of others” (Social Anxiety Disorder). In many cases, people with SAD are aware that their apprehensions are irrational, yet they are still unable to overcome it (Social Anxiety Disorder). Behavioral and mental signs of SAD are accompanied by physical symptoms, such as “confusion, pounding heart, sweating, shaking, blushing, muscle tension, upset stomach, and diarrhea” (Social Anxiety Disorder). Intense anxiety can escalate to a panic attack, which involves “sudden feelings of terror that strike without warning...People experiencing a panic attack may believe they are having a heart attack or they are dying or going crazy” (Panic Attack Symptoms). In social settings, like parties and school, “shy people may feel uneasy around others, but they generally don’t experience the same extreme anxiety someone with social anxiety disorder does” (Social Anxiety Phobia Symptoms). Unlike SAD, the fearfulness a shy person feels does not constantly haunt them. Shy people may have trouble “speaking to people or speaking up when [they] have an opinion about something...[and joining] in conversations at important social functions” (Everett) because worry they will be judged or rejected. They may also “[hesitate] to approach people even to ask for little things (such as directions) [because they] might stutter, feel uncomfortable making eye contact or speak in such a low voice that people have to ask [them] to repeat [themselves]” (Everett). Those who are shy may “blush, tense up, feel [their] heart race or even feel shaky or nauseous” (Everett). Despite sharing similar feelings and symptoms, there is a fine line between temporary uneasiness from shyness and constant fear of socializing from SAD.

The development of shyness and SAD are very different. Although there is no clear cut cause of SAD, “research suggests that biological, psychological, and environmental factors may play a role in its development” (Social Anxiety). Physical abnormalities that may result in SAD are serotonin imbalances and an overactive amygdala, which can run in families. “Serotonin is a chemical in the brain that helps regulate mood” and an amygdala is “a structure in the brain that controls fear response and feelings or thoughts of anxiety” (Higuera). Psychological damage from bullying, family conflict, and sexual abuse may contribute to the development of SAD (Higuera). Regarding environmental factors, “social anxiety disorder may be a learned behavior. That is, you may develop the condition after witnessing the anxious behavior of others. In addition, there may be an association between social anxiety disorder and parents who are more controlling or protective of their children” (Mayo Clinic). The biological and environmental elements that may cause shyness differ from those of SAD. Statistically, “about 15 percent of infants are born with a tendency toward shyness” and “research has shown biological differences in the brains of shy people” (Heitz). Concerning social experiences, interactions with strict or controlling parents may cause children to become shy. Children whose parents do not allow them to experience things may have difficulty developing the necessary skills for handling social situations. It should also be noted that children with shy parents may simulate their behavior (Heitz). People are not restricted to developing shyness during childhood or adolescence; public humiliation and highly critical work environments may bring about shyness in adults (Heitz). Even though the conditions for developing SAD and shyness are both

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negative, the circumstances for SAD are evidently more severe.

SAD and shyness are both accompanied by harmful and negative effects that, without treatment, can last throughout life. For example: friendships are very important to a child's emotional development, but shy children have difficulty making and maintaining friendships because they do not have the necessary social skills. Children who are scared of social situations may avoid them all together, which leads to loneliness (Zolten & Long). Since others may misinterpret shy people as aloof, disinterested, or arrogant, peers may avoid them, thus worsening their isolation (Zolten & Long). According to Zolten & Long, "many shy children have trouble asserting themselves [and,] as a result, are often taken advantage of by peers, or talked into doing things that they don't want to do" (Zolten & Long). Shy children not only have problems expressing their assertion, but also their emotions. Seeing as how often they do not learn how to adequately express themselves, shy children frequently bottle up their emotions (Zolten & Long). In addition to social issues, shy people may also suffer academically. Since "shy children are often reluctant to ask for help from their teachers when they need it...questions shy children may have often go unanswered (Zolten & Long). Likewise, "social anxiety disorder can negatively interfere with a person's normal daily routine, including school, work, social activities, and relationships" (Social Anxiety Disorder). For instance, children with SAD may have trouble transitioning from home to school, resulting in late arrival times, long and tearful morning drop-offs, tantrums at school, or refusal to attend school (Social Phobia (Social Anxiety Disorder)). Children suffering from SAD may also have "difficulty concentrating [in school] due to persistent worry," consequently affecting "a variety of school activities, from following directions and completing assignments to paying attention, particularly before stressful events such as giving a speech in class or even sitting with unfamiliar peers in a school group or event" (Social Phobia (Social Anxiety Disorder)). Adults who have SAD usually have jobs they are unhappy with or that are below their abilities. Job interviews in particular are extremely stressful; those with SAD are afraid that during their interview they will look funny, hesitate, perhaps even blush, and they will not be able to find the right words to answer all of the interviewer's questions. Worst of all, they believe they are going to say the wrong thing (Richards). Even those who already have a job "may turn down a promotion or other opportunity because it involves travel or public speaking; make excuses to get out of office parties, staff lunches, and other events or meetings with coworkers; or be unable to meet deadlines" (Anxiety and Stress in the Workplace). Generally, people with SAD are not antisocial and, in fact, wish to interact with others. However, they are paralyzed by their illogical anxieties (Richards). In 2008, the Anxiety Disorders Association of America (ADAA) released a survey about social anxiety that revealed "90 percent of of people said their social anxiety disorder negatively affects their personal relationships" (Ross). The survey bared the following results about those with SAD: "fifty-five percent said they had no close friends, sixty-six percent reported having misunderstandings with friends, more than 60 percent didn't keep in touch with friends or answer or return their phone calls, thirty-five percent said having social anxiety

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disorder made them avoid intimacy, [and] twenty-four percent reported that the disorder resulted in their significant other not respecting them” (Ross). In the worst case scenario, “depression or suicidal thoughts [can] arise if [people] believe there are no interventions to reduce their symptoms” (Social Phobia (Social Anxiety Disorder)). It is extremely unlikely for a shy person to reach such a point in their lives unless they have a mental disorder. Even though the effects shyness can have on a person are rather negative, they are nowhere near as critical as the consequences of SAD.

While many people with social anxiety disorder are shy [in nature], shyness is not a [prerequisite] for social anxiety disorder (Shyness...Or Social Anxiety Disorder?); they are two separate conditions. While shyness is “being reserved or having or showing nervousness or timidity in the company of other people” (Google Search), social anxiety disorder is “a chronic mental health condition in which social interactions cause irrational anxiety” (Google Search). Sharing common symptoms and emotions does not mean they are interchangeable. The causes of both SAD and shyness, for instance, are very different from each other. Additionally, the effects of SAD are significantly more distressing than those of shyness. Given these points, it is crucial people understand the disparity between SAD and shyness, for it could save someone from years of anguish and uncertainty.

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