

# Social Anxiety, Shyness-Inhibition and Conceptualized Self: A Qualitative Investigation in Collectivistic Cultures

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## ABSTRACT

**Aim of the study:** Social anxiety is characterized by marked intense fear and significant impairment that interferes with day-to-day functioning and calls for medical attention. On the other hand, shyness is a milder version of nervousness around others that usually doesn't negatively impact a person's life to the same degree. The study aimed to dissect the concept of social anxiety, shyness, anxiety sensitivity and self-conceptualization in terms of pathology with reference to culture.

**Method:** In this study a deductive thematic approach was used with pre-determined theory-based major themes including: social anxiety, anxiety sensitivity, shyness inhibition and conceptualized self in reference to modify therapeutic intervention to enhance effectiveness, with cultural perspective.

**Results:** Both shyness and SAD can lead to functional impairment in social domains, individuals with SAD tend to experience a more severe and pervasive impairment. Shy individuals typically exhibit a self-perception bias characterized by negative self-evaluations in social situations, but they do not exhibit the pervasive and exaggerated cognitive distortions observed in those with SAD. While social discomfort is something that both shyness and social anxiety have in common, these two feelings differ from one another in terms of the severity and dysfunctionality caused in the life of the individual.

**Conclusion:** By recognizing these variations, social anxiety can be less stigmatized and people can get the support and proper care they require to live contented and meaningful lives. The quality of life for people with social anxiety disorder can be enhanced by raising public awareness and advocating for suitable treatment approaches.

**Keywords:** Shyness, Social Anxiety, Social Phobia, Conceptualized Self, Mental Health.

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## **Introduction**

Social anxiety, once known as nervousness, is often confused with shyness. Although, the social discomfort is a common experience in both social anxiety and shyness but the level of severity and the impact of these emotions distinguish them from each other. They are two different phenomena with different effects on individuals' lives.

### ***Social anxiety and Shyness***

Most people in the world suffer from anxiety at some point in their lives, making it one of the most common mental illnesses. Recent studies have shown the significant rise in social anxiety among the general population. Current statistics indicates that the lifetime prevalence of social anxiety disorder has risen to 12% in the United States, whereas the average prevalence rate in Europe is 0.8% and in China is 0.2%. These figures demonstrate a sharp rise in social anxiety disorder prevalence that occurs with every year that passes (Jefferies & Ungar, 2020). Up to 22.5% of adolescents in Pakistan found to suffer from social anxiety disorder (Bano et al., 2019). The term shyness is common in everyday language either as a feeling or a personality attribute. Individuals who suffer shyness are believed to be in a state of elevated self-awareness, marked by an intensified preoccupation with themselves and a fear of being negatively evaluated by others. As a result, they tend to restrain themselves, withdraw, avoid, and evade social encounters (Zimbardo, 1982). James (1890) agreed with Darwin that shyness is an innate human trait. Izard (1986) argues that shyness is a unique core emotion. Among the feelings that make to a person's "shy" emotional profile are curiosity and apprehension. According to Barzeva et al. (2019) fear manifest itself in withdrawing from social situation and interaction that results in unfavourable disengagement as increasing future expectancy of incomplete personal and professional goals.

### ***Taxonomy of Shyness***

Coplin and Coplin (2021) presented a taxonomy of shyness as an effort to systematize and operationalize the many different notions of shyness that are now in use. According to this taxonomy, the overarching, visible characteristic of shyness is behavioural isolation. This is because shy people tend to isolate themselves. This solitary state may be brought on by one's own actions, which are referred to as social withdrawal, or by the actions of others, which are known as active isolation. If the reason can be traced back to inside oneself, the motivation for withdrawing from social interaction may stem from social apathy, anxiety, or fear. The following subtypes of fear may therefore be distinguished: 1) behaviour inhibition, also known as the fear of novelty; 2) anxious solitude, also known as the state of being wary in familiar social contexts; 3) shyness, also known as the state of being wary of social novelty and/or perceive assessment; and 4) social reticence, also known as the observed exhibit of onlooker behaviour. According to this categorization, these worries and behaviours might, over time, become clinically significant to the point where they manifest as a social anxiety disorder.

Shy individuals typically exhibit a self-perception bias characterized by negative self-evaluations in social situations, but they do not exhibit the pervasive and exaggerated cognitive distortions observed in those with SAD. People with SAD have highly distorted perceptions of their own social performance, Exaggerating the likelihood of receiving unfavorable judgments and undervaluing their own social aptitude and capabilities (Blöte et al., 2019; Gregory et al., 2018). The consequences worsen among individual already skeptical about their appearance and have strong fear being negatively evaluated by others. (Ilyas & Rafique, 2023).

Individuals who are shy typically engage in group social interactions with a degree of comfort and relative ease. Shyness tends to diminish over time as people become more acclimated to social situations, despite the fact that they may initially feel cautious or hesitant. Individuals with social anxiety disorder, in contrast, encounter persistent difficulties within group contexts, characterized by elevated distress and discomfort that persist despite repeated exposure (Poole et al., 2017).

Shyness is characterized by its transient nature, with its effects typically diminishing as individuals acquire confidence and become accustomed to social situations. Individuals who are timid may develop adaptive coping strategies and enhance their social engagement over time. In contrast, social anxiety disorder has a persistent and chronic course, with symptoms persisting or intensifying over time. Individuals with SAD may continue to experience significant and persistent distress in social contexts despite desensitization or exposure efforts (Coplan et al., 2020). While both shyness and SAD can lead to functional impairment in social domains, individuals with SAD tend to experience a more severe and pervasive impairment. As opposed to social anxiety disorder (SAD), shyness typically does not cause substantial impairments across multiple life domains, including academic or occupational functioning (Brook & Willoughby, 2017).

New studies revealed that putting the blame for shyness on the individual level, by labelling shyness as a character flaw, shifts the focus away from society and onto the shy person themselves. More can be learnt about the social and historical construction of "normal" emotions and behaviour from the effort to pathologize shyness (Verstraete, 2021). This demonstrates that humans should not be seen as insulated individuals with inherent issues, but rather as dynamic individuals shaped by social and historical influences (Poole & Schmidt, 2020).

### ***Shyness in Individualistic and Collectivistic Cultures***

The cultural orientation has a great impact on shyness as the concept of shyness is more common in the collectivistic cultures as compared to individualistic ones. The shy students in eastern countries having collectivistic culture experience more stress and negative consequences of shyness as compared to western countries having individualistic culture. A cross cultural study indicated that people in an individualistic society exhibited lower negative implicit attitudes as compared to the people in a collectivistic culture (Aizawa & Whatley, 2006). In collectivistic cultures, which place more value on interdependence, social cohesion, and uniformity, forming new relations outside of the group of social network is not generally encouraged which resulted a higher prevalence of shyness and social anxiety in collectivistic cultures (Schreier et al., 2010). Social anxiety is prevalent in patriarchal, male-dominated cultures where authoritarian parenting is a norm (Ilyas & Dawood, 2023).

### ***Conditioning theories: Social Anxiety and Shyness***

As conditioning theories explain, social anxiety and shyness have a comparable behavioral basis, which highlights their similarities in terms of behavioral responses. Social anxiety and shyness, according to conditioning theories, can be developed and perpetuated by exposure to social assessment and poor social consequences (Brook & Willoughby, 2017; Poole et al., 2017). Fear and anxiety can be associated with social settings via classical conditioning processes, which can lead to avoidance actions and heightened arousal in future encounters. Because avoidance actions may be used as a way to both ease suffering and gain social approbation, operant training processes also contribute to the sustenance of social anxiety and shyness. Avoidance behaviors that are reinforced contribute to the perpetuation of the anxiety cycle and suppression of development of healthy coping mechanisms (Cheng & Yang, 2022).

However, while most definitions of these terms include feelings of unease and the desire to avoid social circumstances, it is important to remember that shyness is not always accompanied by such negative emotions or the avoidance of activities that are nonetheless crucial to the shy person. While social anxiety is a psychological aspect of shyness, it may not always manifest as the visible behavioral characteristic of shyness. The avoidant behaviour is not prompted by anxiety but rather by the conditioning to specific environmental cues. The goal of being in a preventive mode, in which one avoids social encounters, behaves innocuously, or attempts to repress thoughts, words, or behavioural intentions, is to fulfil the objective of protecting oneself from impending rejection (Clark & Wells, 1995).

### ***Individual differences in Shyness and Social Phobia***

Long-term, persistent dread of social situations, coupled by physiological arousal, fear of unfavorable assessment, and avoidance behavior, is the psychological condition known as "social phobia." The social phobia in this regard has severe symptoms and more impaired in their social situation than a shy person. However, researcher argues that shyness is a normal facet of personality and not pathological (Bekkhush et al., 2020; Carducci, 1999), as in shyness people hesitate to open up in unfamiliar situation but within familiar situation their social interaction is adequate and they tend to form meaningful relationships easily. However, social anxiety or phobia is a pathology that hinders one's ability to form meaningful relationship and remain consistent regardless of the familiarity of the situation (Heiser et al., 2009). People who are shy tend to find the initiation of the conversation difficult and may have an introverted personality. Such people may require time to get familiarized with the situation they are in but they do not feel that they are being judged or have any irrational fear associated to situation, this inability to initiate resorts in attempting to interpret the situations and transform words that might help them get through social situations. However, people with social phobia tends to over-analyze situation and develop negative consequences of the situation based on their assumption. Their anxiety may hinder their ability to interact with people. also, there would be a significant impairment in the functioning in occupational, home or interpersonal settings whereas, it is not associated with shyness (Axmadjonovich, 2022; Karagün et al., 2020; Chavira, et al., 2002).

The spectrum from minor defensiveness to profound anxiety and social withdrawal may capture the wide range of experiences that make up the spectrum of shyness. Shyness and social phobia exist on a continuum because of their wide range of expression. While some have greater physiological symptoms that impair their cognitive functioning, other persons have less unpleasant thoughts but are more inhibited and avoidant. Some individuals exhibit a significant amount of concern, however they show few observable behaviors that may indicate their interior mood, similarly some report shame and resentment more but shows little physiological arousal (Poole & Schmidt, 2023). Thus, the individual differences among the shy and social anxious people fall on the spectrum of emotions. Different people with social phobia have widely varying degrees of social avoidance, social incompetence, social anxiety, and physiological arousal (Young et al., 2021; Hofmann & Roth, 1996).

The traits of shyness and introversion are often confused with one another. Shy persons have a natural inclination to avoid conflict and social settings in which they can be evaluated negatively. This might be a sign of social anxiety. Whereas introversion describes a preference for solitude and a need to recharge after periods of intense social interaction. A more accurate definition of introversion may be a strong predilection for quieter environments (Zelenski et al., 2021).

### ***Social Anxiety and Social Phobia***

In 1903, Janet coined the terminology "social phobia" to characterize people who felt frightened in the attention or scrutiny (Tillfors, 2001). The study of phobias gained momentum with the development of behavioral therapy in the 1950s and 1960s. Even though it was not until 1980 in the third edition of the DSM (APA, 1980) that social phobia gained its own particular diagnosis. Contrarily, numerous investigations have reported that social phobia is broader than the DSM-III suggested, impacting a wide range of interactions with other people, not just those involving public presentation (Rose & Tadi, 2022).

It was commonly understood that people who suffered from social phobia, both men and women, often experienced feelings of uneasiness whenever they interacted with strangers or casual acquaintances. Social phobia is classified as a severe psychological disorder in the DSM-IV (American Psychiatric Association, 1994). It is characterized eminently by apprehension of being embarrassed in contexts of interacting with others. This fear can be triggered by situations such as public speaking or being observed by others. People who suffer from social phobia tend to become inwardly focused and self-critical when put in settings they fear (Arora, 2021).

People with social phobia experience distress not just during the phobic scenario but otherwise. Depression, other anxiety disorders, personality disorders, substance-related issues, and social impairment have all been documented to occur often alongside this disorder in previous research (Stein et al., 2017; Lemyre et al., 2019; Koyuncu et al., 2019). Despite these clear indicators, people with social phobia rarely seek help. People with social anxiety may assume there is no treatment for them because they ascribe their fear to their personalities. They have demonstrated a low treatment utilization rate and experienced substantial delays in initiating treatment (Cia et al., 2019).

In conclusion, a precise diagnosis and effective treatment depend on being able to differentiate between shyness and social anxiety. In conclusion, a precise diagnosis and successful therapy depend on being able to differentiate between shyness and social anxiety. Both conditions entail social discomfort, but social anxiety is characterized by marked intense fear and significant impairment that interferes with day-to-day functioning and calls for medical attention. On the other hand, shyness is a milder version of nervousness around others that usually doesn't negatively impact a person's life to the same degree. By recognizing these variations, social anxiety can be less stigmatized and people can get the support and proper care they require to live contented and meaningful lives. The quality of life for people with social anxiety disorder can be enhanced by raising public awareness and advocating for suitable treatment approaches.

### ***Conceptualized Self and Social Anxiety***

Prebble and colleagues (Prebble, Addis, & Tippet, 2013) proposed a conceptualization that explains the sense of self with two peculiarities: subjective versus objective and present versus temporal. The first propositions elaborate the difference between “I” (self-as-a-subject) and “Me” (self-as-an-object). The self-as-a-subject (I-self) concerns the experiencing self, the entity that experiences itself and external objects or events. It works as “integrative glue”, in which individual part of system and not only experiences it but also psychological process all those events (Northoff, 2014). Whereas, the attributes, signatures memories, exclusive traits that are accredited to oneself are termed self-as-an-object (Me-self).

The second distinction of self involves the present-focused versus the temporally-extended self. Present-focused self refers to the self-explained and defined in present moment context and is defined in current circumstances to meet role responsibilities. The elements of the self that stems from past or present but in present moment, navigate through childhood and future apprehension are explained as temporally-extended self.

There is lot of discussion on self. Identity, transcending experience and cognition in SAD models. Not much has been highlighted about past experience and future appraisals explicitly in SAD models. According to Relational framework theory, the past holds a great significance in form of content of personal experience –autobiographical memories – especially memories of social debacles (such as rejection or defeat) may serve as trigger to SAD (Rapee & Heimberg, 1997). The language, cognitive process and arbitrary connection these experience in memories generate place significant role in future appraisal especially which does not involve mindful interpretation. (Gilboa, et al., 2020).

### **Implications**

There has been lot of theoretical model and frameworks establishing the etiological factors of Social anxiety disorder and many therapeutic interventions with empirical evidence found to be effective in treating the disorder. In context of relational framework theory, it is suggested that by addressing multiple facets of identity and conceptualized self would lead to refinement in exiting intervention approaches. In SAD, through Acceptance Commitment therapy may be integrated to redefine conceptualized self into contextualize self. Process based intervention and embodiment-based intervention helps in modifying self-experiential through sensations (Gilboa-Schechtman & Shachar-Lavie, 2017) and arbitrary frameworks (Tagliabue & Presti, 2019). Mindfulness along with attention to affiliation signals, concerns

and behaviours serve as buffer to inter- and intra personal outcomes (Alden, Buhr, Robichaud, Trew, & Plasencia, 2018; Shahar, Bar-Kalifa & Alon, 2017; Goldin et al., 2016).

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