

Triumph Over Shyness

Conquering Social Anxiety Disorder *Second Edition*



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Preface

The meek shall inherit the Earth.

Psalm 37:11

Speak softly and carry a big stick.

Theodore Roosevelt

There's nothing wrong with being shy. The world needs some quiet, thoughtful, introspective people. People who don't shoot (off their mouths) first and ask questions later (or never). People who are reluctant to intrude and careful not to offend.

So if you're shy and proud of it, read something else. Buy this book if you want to—the proceeds go to a worthy cause (the Anxiety Disorders Association of America, sadly, not our retirement funds)—and give it to someone who is bothered by social anxiety.

And there's the rub. Many people aren't happy about being shy. They find it prevents them from expressing themselves, from making friends, and from enjoying life to its fullest. For some people, shyness is a cocoon. It's safe and warm and quiet. But it can also be confining, dark, and lonely. If you choose to triumph over shyness, this book will help you break free.

You're Never Too Young



Severe shyness and social anxiety occur in children as well as in adults. Remember, many adults with social anxiety disorder say their problems began when they were much younger. Often though, their symptoms are not recognized as problems by teachers, counselors, coaches or, sometimes, even parents. In this chapter we'll describe the kinds of shyness problems kids can have, how to recognize them, and when to be concerned.

When children are very young, shyness is often viewed as an endearing trait, as in, "Look how shy she is, hiding her head in Mommy's shirt. Isn't that cute?" When children are of preschool age, it is common for them to exhibit shyness behaviors such as stranger anxiety (hiding, crying, or running to Mommy when a new person enters the room), remaining very quiet around people with whom they are not familiar, or clinging to Daddy when in a novel situation. These kinds of behaviors are not, within reason, abnormal in a preschooler. They are, however, very much abnormal in a fifth-grader. One of the difficulties we experience as parents is knowing when a child has moved from "that's normal" terrain to "this just ain't right" territory. What is developmentally appropriate for a three-year-old is rarely appropriate for an 11-year-old. But since we are so close to our children and see them develop over a long period of time, parents often have problems

detecting “abnormal” in their own kids. A good rule of thumb is to observe and be aware of how your child handles social situations and friendships compared to other children of the same age.

It may come as a shock to hear that parents are, in general, pretty lousy at knowing what is going on in the emotional lives of their children. Studies have shown that children and parents differ tremendously in the way they rate their own emotions, particularly when it comes to assessing anxiety. Parents typically know when their children are very anxious but tend to rate them as less anxious than the children rate themselves. When children rate themselves as moderately anxious, their parents more often than not are oblivious to the anxiety. What is the explanation for this phenomenon?

The truth is that we are too busy making lunches and driving carpool to notice much of what’s going on in the emotional lives of our kids. We’re not talking about bad parents; we’re talking about very, very good parents. Emotions are felt strongly, but they are internal states: Unless someone tells you that she or he is anxious or uncomfortable, it can be very hard to know. Children will sometimes tell us, though they don’t always have the words to say it in a way that makes sense to adults. Teenagers, of course, prefer to tell us nothing.

Physical Symptoms

Children under eight or nine are more likely to mention they are experiencing physical symptoms than say they are anxious or afraid. Some physical symptoms commonly experienced by socially anxious children experience include the following:

- ◆ Stomachaches
- ◆ Queasiness or butterflies in stomach
- ◆ Nausea
- ◆ Rapid heartbeat
- ◆ Shortness of breath
- ◆ Dizziness
- ◆ Dry mouth
- ◆ Blushing
- ◆ Headaches

If your child describes these symptoms in relation to social situations, the problem may be social anxiety. For example, if your son says he has a stomachache before he has to go to school in the morning, then social anxiety is a possible (but not the only) culprit. Or if a child says she's dizzy when she needs to present an oral report in class, social anxiety should be suspected.

Actions speak louder than words

Are there other ways to know if your child is having a problem with anxiety? Yes, you can often infer from people's *behavior* that they are anxious, uncomfortable, or upset. In the case of social anxiety, you can learn a lot by paying attention to what your child *avoids*. What kinds of situations do kids with social anxiety try to avoid?

- ◆ Joining other children in play activities
- ◆ Speaking to adults other than close family members
- ◆ Developing friendships that are normal for the child's age
- ◆ Speaking in class
- ◆ Making presentations
- ◆ Reading aloud
- ◆ Taking tests
- ◆ Writing on the board
- ◆ Eating in front of others
- ◆ Inviting kids over to play or going out to play with other kids
- ◆ Going to parties
- ◆ Playing sports

If your child is avoiding some of these activities, he or she may be experiencing social anxiety. How do you know for sure? Start by asking your child about it: "I've noticed you haven't wanted to go to some of your classmates' birthday parties. The parties sound like a lot of fun. Is there some reason you don't want to go? Is there something you're worried about?" You can follow up with, "Sometimes kids worry that they're going to look silly, or that they might say something stupid, or that the other kids

won't like them. Are you worrying about any of those things?" You can also talk with your child's teacher to learn whether she or he is interacting with other children in group situations, speaking up in class, and so on. Younger children may not be able to describe what they are worried about. They may just say or show you that they don't want to do certain activities. It is important to be aware of your child's difficulty with extreme shyness or social anxiety even if she is not able to describe the difficulty in words.

Selective Mutism

This is a form of social anxiety that affects some young children. Whereas it is not unusual for a four- or five-year-old to be reluctant to speak in the presence of strangers, particularly adults, it is not normal for a child to say *absolutely nothing* over a prolonged time. We are not referring here to children whose speech or language development is seriously delayed. Children with *selective mutism* speak (and sometimes a lot!) around their parents and siblings and maybe a close friend or two, but then are completely silent around others such as preschool teachers and familiar babysitters. Some of these children are experiencing problems in language development.

Jenna: Such a sweet (quiet) little girl!

Jenna is six years old and midway through first grade, but has not said a single word to her teacher, Ms. Tompkins, since arriving at school. For the first few weeks, Ms. Tompkins wasn't concerned: Jenna was smiling and nodding a lot, and apparently understood what was being said to her. She sat quietly in class and didn't cause problems. Ms. Tompkins tried to get Jenna to speak to her, but Jenna would just nod her head and smile or frown. Ms. Tompkins was impressed with how well Jenna communicated without words, but was concerned about her lack of speech. She observed Jenna at recess and noticed that she tended to stand apart from the clusters of kids, looking as if she wanted to participate in their games but rarely joined in. As far as Ms. Tompkins could tell, Jenna didn't speak to any of her classmates.

Ms. Tompkins arranged for the school counselor to assess Jenna. The counselor had no more success than Ms. Tompkins in getting Jenna to speak and decided to bring in Jenna's parents. They told the

counselor that Jenna was always a very shy, sensitive, but happy little girl. Because of her shyness, they had not enrolled her in kindergarten, so this was Jenna's first year in a classroom. They were surprised to learn, though, that she had been completely mute since arriving at school. They informed Ms. Tompkins that Jenna "never shut up" at home. In fact, they reported that Jenna came home from school every day and regaled her parents with a report of what she did at school, who she played with, and how much fun she was having.

Jenna's mother mentioned that she herself had been a shy child and also had been extremely quiet at school for the first few years. Even now, she thought of herself as painfully shy and had struggled with shyness throughout her life. She was eager to ensure that Jenna did not suffer the same fate.

Children often rely on others to speak for them and make their wishes known. (True, some of us do hire attorneys for that purpose, but we digress...) When they are well behaved—particularly if they are girls—we are often willing to let them remain silent and do the speaking for them. Jenna's selective mutism probably originated from a combination of genetic and learned factors. Given her family history of extreme shyness, she probably inherited a temperament that predisposed her to be socially anxious. This genetic predisposition was then coupled with parents who—with the best of intentions—tried to protect their daughter by enabling her to avoid talking and mingling with other children. Their decision to have Jenna skip kindergarten is an example of how they inadvertently deprived Jenna of an early opportunity to overcome her fears. Fortunately, the problem was detected early and the school counselor worked with Jenna and her parents to help her tackle it. (We have seen cases where children remain selectively mute for years without receiving any treatment.)

School Phobia or School Refusal

When children start school, they are often anxious when they must separate from their parents. But when a child continues to have trouble separating after several days of trying, further attention may be warranted. Many children experience *separation anxiety*; almost all of them get over it. But two or three in every 100 kids remain so afraid of separating that they cry continuously when away from their parents or refuse to go to school

altogether. This is often referred to as *school phobia* or *school refusal*.

School phobia is a misnomer. Children aren't afraid of the school building. In contrast, they may be afraid being separated from their parents (in which case we speak of them as suffering from *separation anxiety disorder*) or they may be afraid of being around and interacting with other people (in which case we speak of them as suffering from, yes, *social anxiety disorder*). Either fear can result in the child wanting to avoid school. We have also seen children who developed *school phobia* after many years of enjoying school. This may develop suddenly after an especially upsetting incident at the school (such as throwing up in class, being seriously embarrassed or teased, having an unexpected panic attack, having additional life stress at school or at home, or being ill at school or at home). Older children may stop attending school because they prefer to spend time with other young people who are avoiding school to engage in other activities. The focus of treatment differs depending on the nature of the problem. It is therefore important to sort out the reason the child is refusing to go to school.

We want to make one additional point here: No child should be allowed to choose not to go to school because of anxiety. If your child wants to stay home from school because he or she is too afraid to go, you should do two things. First, try and determine the cause of the fear. If it's an external factor, such as violence at school, bullying, or an abusive teacher, meet with the principal immediately. If the problem is related to excessive anxiety (your child has a problem with social anxiety or a related anxiety problem or phobia), arrange to meet with the school counselor to get immediate help for you and your child.

Second, once you are certain your child is not in any real physical danger, send him or her back to school. Not a week later, not three days later, but the next day! We'll talk more about this in later chapters. But it's such an important principle that we wanted to bring it up here.

Implications of Social Anxiety for Children and Adolescents

Recent national surveys find that approximately five percent of children and adolescents in the United States have social anxiety disorder. Because of their symptoms, most experience some type of impairment in school, at home, and in their relationships.

Young people with social anxiety may, over time, develop related problems. These include the following:

- ◆ *Loneliness.* Socially anxious children tend to become isolated as they are unable to develop a normal network of friends. Often a socially anxious child will have one or two close friends and rely on them for all social interactions. But families relocate, kids change schools, and interests diverge, and it may become necessary to establish new friendships. This is very difficult for socially anxious children, and it tends to become more difficult as they get older. Whereas parents can (and should) arrange play dates for their young children, this isn't appropriate for the middle school era and beyond. This is when socially anxious children often get left behind. Parents may have to use other approaches to help with the development and maintenance of friendships at older ages.
- ◆ *Low self-esteem.* When we play and work with others and things go well, we feel good about ourselves, but these opportunities are limited for socially anxious children. Often, these children blame themselves for the things they can't do. They see other kids making friends and having fun and become angry at themselves for their inability to do so. When this goes on for a long time, low self-esteem can result.
- ◆ *Reduced success in school and career.* Socially anxious children may have lower academic performance, even in the early grades. This suggests that help with anxiety problems during the early years of schooling may help with school performance. Later in life young people may limit their educational and career opportunities because of social anxiety. This also suggests the advantage of helping a child with anxiety problems at an early age.
- ◆ *Depression.* Socially anxious adolescents risk developing major depression in later adolescence or early adulthood. Depression in children and adolescents is now recognized as a serious public health concern and can increase the risk of suicide, which is one of the leading causes of death among adolescents in developed countries. Loneliness and low self-esteem—both of which may be outcomes of untreated social anxiety—are risk factors for major depression and hence for suicide.
- ◆ *Substance misuse.* Young people with extreme shyness and social anxiety disorder are also at increased risk of smoking, excessive alcohol use, and use of recreational drugs such as marijuana.

When to Worry?

Is it safe to say that if neither parent nor teacher is aware of child's social anxiety, there probably isn't a problem? Yes, most of the time that's a reasonable conclusion. Most children with social anxiety exhibit some of the behaviors we have described. If these behaviors aren't apparent and your child seems to be developing normal friendships, it's unlikely you're overlooking serious difficulties.

Let's say, though, that you are concerned about the extent of your child's shyness. When should you worry? Answer these questions:

- ◆ Is my child avoiding social situations?
- ◆ Does my child spend too much time alone?
- ◆ Does my child express feelings of loneliness or boredom?
- ◆ Does my child have fewer friendships or less of a social life than most other children of this age?
- ◆ Is the situation worsening or not improving?
- ◆ Are there others in the family who have (or have had) problems with shyness or social anxiety?

If you answered *yes* to some of these questions, you should probably be thinking about ways to help your child overcome his or her shyness. Part Two of this book is devoted to self-help approaches for tackling social anxiety; chapter 11 tells how to adjust them for children and adolescents. However, if your child is expressing thoughts of not wanting to live or thinking about doing something to hurt or kill him- or herself or others, seek professional help immediately.

Do Children Grow Out of It?

Many children are shy; most will overcome their shyness with the normal help children get from their parents and teachers without the help of a professional. Even some severely anxious young children get better on their own. We believe that most children grow out of their shyness because they learn through repeated experiences that there is little need to be afraid to speak in front of others, that it is to their advantage to express themselves, and that it's no fun being quiet and alone. Through everyday interactions with peers, teachers, and other adults, their anxiety and fears dissipate.

But some children don't grow out of it. How do you know if your child falls into this category? If there is a family history of anxiety or depression, the risk is increased. The longer children have problems with social anxiety, the less likely it is they will outgrow it. So if your child has had a problem since age six and now at age ten isn't any better—or is worse—there's a greater chance the problem will persist. If your child is already showing signs of depression and low self-esteem, don't wait to see if she or he will outgrow it—intervene now.

As early as kindergarten or grade 1, if you feel that your child is much more shy or fearful than other children of the same age, put some extra effort into helping your child to overcome these problems. If you feel you are not making progress after focusing on the problem for a reasonable time, obtain some of the materials for parents described in the resources section of this book. If these materials do not help you to resolve the problem, consider getting professional help. Help is often provided though advice to parents who can then implement these suggestions in everyday life. Generally, the earlier the parents and child receive help, the easier it is to overcome the problem. The bottom line is that there is no surefire way of knowing whether your child will outgrow shyness. The best advice we can give is to encourage social behaviors in your child. Just as most parents want their children to learn to swim, most parents want to help their children become socially confident. The time you spend teaching your child these things is time well spent.

The Importance of Friendships

Whether or not your child has problems with shyness or social anxiety, an important role for you as a parent is to help your child develop friendships throughout his or her school years. Friendships are key to maintaining the social contact and social support we need to thrive and stay healthy. The skills required to develop friendships are learned early in life, and if a child misses these opportunities it is more difficult to learn these skills later. Success in education and work life is related to one's ability to develop and maintain friendships. There are many solitary activities that compete for children's time including television and computer games. Parents should insure that their child also spends a reasonable amount of time outside of school interacting with peers. If you do not live near other children, arrange play dates and other activities to insure that your child develops friendships and spends time with peers outside of school and organized activities.

Request PDF | On Jan 1, 2009, Murray B. Stein and others published Triumph over shyness: Conquering shyness and social anxiety (Second Edition). | Find, read and cite all the research you need on ResearchGate.Â Many children with significant shyness and behavioral inhibition do not develop social anxiety disorder, reinforcing the need for longitudinal studies exploring resiliency and risk factors that can be incorporated into diathesis stress models.