SHYNESS.

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SHYNESS is so common, at least in this country, that we tend to accept it as something inborn, as a characteristic part of the charm of youth, and as evidence, when it persists into later years, of a certain fineness of character ; it seems even to be a trait, perhaps not wholly to be deplored, in the national temperament. But youth seems more than willing to forego this ornament, which is often the cause of a great deal of mental discomfort and may become a serious handicap in the business of life, and shyness has some claim, on these and other grounds, to the attention which is usually accorded to a neurosis.

The subject has recently been drawn into the compass of clinical psychology by Professor McDougall in his *Outline of Abnormal Psychology*, in which he suggests that schizophrenia is essentially a chronic and exaggerated degree of what, in normal people, we call embarrassment or ' morbid self-consciousness'. In both shyness and schizophrenia Professor McDougall sees a conflict between the instincts of submission and of self-assertion, which is intensified to a deadlock in the psychosis. Kretschmer, as Professor McDougall points out, has made a link between the two conditions in his " schizothymic type" of person, whom he describes as one " who is more prone than the average man to this paralyzing condition of embarrassment ; constantly concerned with himself ; constantly desiring to assert himself, yet constantly failing to do so by reason of some inner inhibition."

SHYNESS AND SCHIZOPHRENIA.

The likeness between schizophrenia and shyness extends to one or two external characters. Shy persons sometimes develop a habitual smile, which, if not quite so meaningless as the characteristic smile of dementia præcox, certainly does not express any really cheerful feeling, but seems to serve as a cloak to the personality and perhaps, as it does in schizophrenia, to ward off any attempt at intimacy. So much has been read into the smile of the Mona Lisa that one hesitates to suggest that it belongs to one or other of these categories.

In the reserved type of shyness we sometimes find a mask-like countenance that recalls the immobile, but not quite lifeless facies of the schizophrenic ; and the habitual movements sometimes developed by shy people are occasionally sufficiently stereotyped to recall those of schizophrenia.

The following case* shows that the likeness between the two conditions may be sufficiently close to cause difficulty in diagnosis.

Miss M., age 26, was admitted to hospital suffering from pains in the lumbar region for which no organic cause could be found. She stated that for some months her memory for recent events had been failing and that she had become nervous and restless.

For the first week after admission she lay in bed with her face to the wall and appeared to take no interest in her surroundings; she answered questions rationally and intelligently, but with reluctance and after a long delay. She was described in the case notes as "peculiar in her manner" and was referred for psychological treatment.

When seen by the writer she presented a picture of extreme embarrassment; she either returned no answer at all to questions or replied vaguely in a few monosyllables. She sat looking down, twisting a fold of her skirt or rubbing her finger along the edge of the table in feigned abstraction. She often wore a fixed and meaningless smile and occasionally blushed deeply for no apparent reason.

Direct investigation of the case was impossible, but questions given to the patient were fully and freely answered in writing when she was alone. From her written account it appeared that she was suffering from intense shyness, that she had lost her interest in the material world which had become so unreal to her that she was often held up in her work by the difficulty of deciding whether the objects with which she had to deal "were what they appeared to be, or something else." She sometimes lost her way and was often carried beyond her destination. Her loss of interest in life had recently deepened to dislike and she had been obsessed with the idea of suicide. She lived a great part of her life in the day-dream of an ideal country, uninhabited except by birds and flowers, which she endowed with semi-human personalities and with which she held long conversations. In these fantasies she herself played a subordinate and inconspicuous part.

The patient found herself unable, against her will, to take much active interest in her friends and relations, but there seemed to be no fundamental diminution in her feeling for them.

Later in the investigation of her case the patient confessed to the secret obsession that she was repulsively ugly, "probably the ugliest person in London." In actual fact she was a wholesome-looking young woman, rather weather-beaten by an open air life and neither plain nor handsome. Her obsession had grown from the days of childhood, when she had been led to look upon herself as the ugly duckling of her family and it was now, apparently, unshakeable by argument.

The patient recovered sufficiently to return to work, and treatment, unavoidably broken off, remained incomplete. She has remained at work for some two years, still suffering slightly from her old symptoms, and her case, in spite of a certain likeness to schizophrenia, may reasonably be diagnosed as a severe neurosis.

Although the likeness between shyness and schizophrenia is striking and suggestive, we can hardly say, nor does Professor McDougall claim, that they differ only in degree; for a man may be intensely shy and yet as capable as anyone of deep feeling for his friends and family, whereas the schizophrenic has little affection for anyone but himself and is usually "his own lover and without a rival in the world."

It is here suggested that in shyness a normal instinct of self-assertion is inhibited by an abnormally active instinct of submission, while in schizophrenia an abnormally active instinct of self-assertion is inhibited (except in the later

* For permission to make use of the notes of this case the writer is indebted to the courtesy of Dr. W. G. Wyllie.

stages) by a normal instinct of submission. In the schizophrenic the morbidly active instinct is hardly ever in abeyance and dominates the personality, but in shyness it is only intermittently evoked and the balance of the personality is, therefore, not greatly disturbed.

THE CONFLICT IN SHYNESS.

The attractively neat and symmetrical concept of an instinct of self-assertion and self-abasement does not fit very easily the complex of factors that we meet in individual cases. It is especially difficult to find clear evidence for an instinct of submission (except as a component of the sexual instinct) and it is tempting to think that an instinct of self-assertion would be hardly discoverable in an ideally balanced personality, except as a self-protective reaction or as a component of the mating instinct. It seems necessary, therefore, to broaden our concept, and it is suggested that we may regard the shy person in general as suffering from *a conflict between an 'urge' to reach upwards to the normal level from a position of imagined inferiority and a deterrent fear of failure*. The fear of failure is enhanced by an irrational self-distrust due to the feeling of inferiority.

This view appears to diminish the likeness between schizophrenia and shyness; but the two conditions still appear similar in many ways. The schizophrenic seems to have no doubt of his superiority, but, usually after a few abortive attempts to impose it upon the world, he withdraws into himself and lives in a realm of fantasy where his superiority is unchallenged and untested, and where his belief in himself continues to grow, secure from the danger of being shaken by external criticism. The shy person also shrinks from the world, but because he feels unable to sustain there the normal position to which he knows that he is entitled; and he too, like the schizophrenic, usually enjoys a rich inner life of fantasy.

The unconscious protest of the shy person against his irrational feeling of inferiority leads him sometimes into direct or indirect self-assertion, or we may say that his natural tendency to self-assertion, repressed by a feeling of inferiority, tends to become manifest through indirect channels. The existence in shyness of this repressed self-assertion increases the likeness to schizophrenia, and the efflorescence which sometimes occurs in shy persons when their inhibitions are relieved by alcohol may be sufficiently opulent to recall the self-display of certain phases of the psychosis.

The feeling of inferiority, to which we have attributed the conflict in shyness, is of that kind which Adler has described and emphasised, and the neurosis to which it gives rise seems adequately explicable along the lines which he has formulated.

THE FEELING OF INFERIORITY IN SHYNESS.

The actual inferiority in shyness is never one that the shy person admits freely to himself or of which he is fully aware, and it may be noted that an inferiority that cannot be concealed, such as a hunch-back, dwarfness or a club

foot seldom causes shyness, whatever other effect it may have upon the personality. A feeling of inferiority is so uncomfortable that the subject usually tries to forget it rather than deal with it, with the result that it becomes repressed into the background of consciousness; a man may out-grow his inferiority without being aware that he has done so. This may happen when a boy at school acquires, perhaps only in his own eyes, the stigma of cowardice which may leave him with an awkward shyness in later life, for, though he may know that he is no more cowardly than his fellow men, he has either 'forgotten' the old inferiority or never cared to examine it in the light of subsequent experience. Such persons often found relief in the war if they were alert enough to realise that everyone felt fear in the line, but those of them who were too preoccupied with themselves to take note of the general reaction usually succumbed rapidly to a war neurosis from the strain of trying to conceal their normal feeling of fear and of keeping up their self-esteem.

An inability to play games well often causes a feeling of inferiority which persists long after the schoolboy standard of the importance of games has been revised.

A real or fancied absence of physical attractiveness is a commoner cause of shyness in men than might be expected, and the feeling of inferiority from this source is very liable to be repressed, since it is incompatible with the acknowledged standard of values.

Social position and good birth seem to retain their value in the background of the mind long after the intellect has discounted them. The true peasant is seldom shy in the presence of his social superiors, whose position he admits; but shyness often cruelly victimises those who claim a social equality that they do not whole-heartedly feel. The impression that shyness was less common among our ancestors than it is today may be no more than a part of our wistful gilding of the past, but the editor of *The Diary of a Country Parson* seems to support it, when, commenting upon the Rev. Woodforde's habit of dining with his tradesmen, he suggests that social intercourse was freer in the eighteenth century than to-day because social differences were then more clearly marked and were unhesitatingly accepted on both sides.

The inferiority in shyness may be not actual but relative. A brilliant elder brother, or the ambitions of the parents, may set the boy a very high standard, and measuring himself by it he may, ever afterwards, feel inferior, although his intellect tells him that he is in no way below the ordinary level of achievement.

These are some of the commoner forms of inferiority which come to light when cases of shyness are investigated; others may be peculiar to the individual, but all have this in common, that the subject is unaware, or at most but dimly and fitfully aware of their connection with his disability.

THE PHENOMENA OF SHYNESS.

Most of the reactions of shyness are due to fear, which seems on investigation to be always the fear of being looked down upon, a result which is specially dreaded by the shy person since it would confirm the suspicion of inferiority which he dimly feels but hopes to be unfounded. In acute cases the fear may cause a physical and mental paralysis (though here Professor McDougall sees the victim locked in a conflict between the equipotent instincts of self-assertion and self-abasement) and occasionally we may meet with its most primitive effect in a slight tendency to diarrhoea and urgency of micturition. More commonly the fear produces an anxious self-distrust which seeks to guard against betraying an inferiority by a meticulous attention to behaviour, a reaction which only aggravates the situation, since habitual movements are not improved in execution when they are carried out with conscious attention (cf. the two uses of the word *gauche*) and the necessary diversion of attention from the external situation is a further handicap. The precautions against self-betrayal are the more ineffective since the shy person is usually unaware of the inferiority that he wishes to conceal. The self-consciousness of this reaction is so large a part of shyness that it is sometimes used as a synonym for it, in spite of the fact that a person can be exquisitely self-conscious, as a well-dressed woman who is aware of deserved admiration may be, without feeling shy or uncomfortable.

The shy person may go beyond anxious attention to himself in the effort to hide his inferiority and be led to create an artificial personality as a façade to his real self, so that shyness may lead to posing. Less elaborately he may throw out a screen of uneasy loquacity or yet more uneasy facetiousness, such as Du Maurier used to caricature rather cruelly in *Punch*. He may take refuge behind a forbidding hauteur or a gruff surliness; he may become unwillingly self-assertive and argumentative, or truculent and aggressive—reactions that serve not only as a screen and defence to the personality, but provide an outlet for the repressed tendency to self-assertion. They are particularly unfortunate because the shyness that lies behind them is liable to escape detection and the man is apt to be misjudged; he belongs to that type which seems so different and usually so much more likeable when, in spite of his evasions, we come at last to know the man intimately.

Some of the devices of concealment are used by the shy person to conceal from himself and others the fact that he is feeling shy. To this end he may adopt gestures of assumed nonchalance, which are sometimes found to develop into a tic, or he may allow himself to appear off-hand and inattentive, and it is worth noting that the sufferer from shyness may obtain some relief by frankly admitting to himself that he feels shy.

It seems likely that much of the painful feeling of shyness may be due to the inhibition of the conative side of the fear. A shy child can run and hide in its mother's skirts, but the grown man must stand his ground, and his desire to escape is expressed only in the hopeless wish that the ground might open

and swallow him. He may become, in a general way, a 'retiring' character and, if he has the opportunity, slip away from the main thoroughfare of life into some byway of scholarship or natural science, to build up there a reputation of unchallenged erudition, very much in the same way as Cædmon, ashamed because he had no voice and could not sing to the harp which was passed round after supper in the monastery, fled from the community and made his own songs in a hermitage.

The idea of fear colours strongly the popular conception of shyness; some uses of the word *shy*, such as *work-shy*, *gun-shy*, etc., still express the original root meaning to *take fright*; while the equivalent words in other languages (none seem to be quite so comprehensive as the English word) usually denote some aspect of fear, though occasionally they imply shame or disgrace, which is really an after-effect of an attack of shyness. The Italians in *schivo* have borrowed from a Teutonic source the word for a quality which is perhaps unfamiliar to them, and the Spaniards in *huroño* have a word which expresses both shyness and disdain and describes, with some perspicacity, a certain form of shyness.

BLUSHING.

Blushing is an occasional accompaniment of shyness rather than a typical part of the reaction, yet it has usually been regarded as essentially one of the phenomena of shyness and is almost the only aspect of the neurosis which has received any scientific attention. Blushing, however, is not confined to shyness but is a typical manifestation of anger, and it is here suggested that the blush which often accompanies embarrassment is always a physiological reaction of anger. The blush of embarrassment is always associated with a dull feeling of anger, and the patient will explain that he is angry with himself for blushing, but investigation usually discloses a feeling of resentment, more or less repressed, against the person who caused the embarrassment. The blush so easily excited by teasing is often the prelude to an outburst of real or assumed anger and the blush of modesty is more surely evoked by an innuendo aimed against the person whose modesty is brought into play than by an open act of indecency, which may cause disgust but rarely leads to blushing.

SHYNESS AND STAMMERING.

There appears to be some relation between shyness and the commonest form of stammer. The two disabilities tend to occur in the same kind of situation (both disappear when the patient is alone or in the uncritical company of his dog) and in both an undefined feeling of inferiority, together with a protest against it, may be discovered upon investigation. Yet the stammerer is seldom shy, but is often successfully assertive and self-possessed, so that it seems as though shyness and stammering were alternative modes of reaction to the same factors and as though the physical inhibition of stammering were equivalent to the mental inhibition of shyness. A stammer might be compared with a conversion hysteria and shyness with an anxiety neurosis, and it is

probably the extrovert (of Jung's classification) who tends to express his conflict in the physical terms of stammering or hysteria and the introvert who develops shyness or an anxiety condition.

THE ADVANTAGES OF SHYNESS.

There is probably some truth in La Rochefoucauld's observation that a sure way to predispose anyone in our favour is to appear at a disadvantage before him. Either for this reason or some other, the world is rather more than tolerant of shy people. But the shy are usually too preoccupied with themselves to appreciate the general attitude or to take much advantage of it, though we occasionally meet women who frankly confess to shyness but present no other evidence of the disability and, more rarely, we may note some half-conscious exploitation of shyness, as in the case of a commercial traveller, under treatment by the writer for an anxiety neurosis, who was shrewd enough to realise that the extreme diffidence from which he suffered sometimes enabled him to obtain an interview where the professional self-assertion of his colleagues had failed.

When we come to examine the deeper, unconscious levels we meet indications that in shyness, as in other neuroses, the symptoms may represent the deformed fulfillment of a repressed wish. It is significant that the manifestations of shyness often attract the very attention that the sufferer is, consciously, so desperately anxious to avoid. This result, which seems to the patient an unkind aggravation of his discomfort, often appears on investigation to be the involuntary expression of a repressed tendency to self-assertion. It is illustrated in the following case, where, however, something faintly histrionic in the shyness sets it perhaps a little outside the ordinary category.

Miss N., under treatment for certain phobias, was so diffident that she was never able to enter the consulting-room when she was announced, but remained hovering outside the door until the writer came forward and ushered her personally into the room and conducted her to a chair: "like a Royal Personage," as she later described herself perspicaciously in this manoeuvre.

On entering a room in which there were two or three people she appeared extremely embarrassed and was always very apologetic, deprecatingly refusing the offer of a chair until, when her protests had been finally overcome and she had taken her place, she had become the centre of attention: an attention which she came to realise, on free association, was not altogether unwelcome to her.

It is perhaps worth noting that this patient never blushed and that blushing has always been accepted as evidence of complete ingenuousness, and probably with justice; though somewhere in the mid-Victorian era a cosmetic was put on the market in the form of a white powder which slowly oxidised to a deep red on exposure to the air.

THE TREATMENT OF SHYNESS.

Shy people are usually at pains to conceal their failing, so that uncomplicated cases seldom present themselves for treatment, although the advertisement of remedies in the lay press shows that treatment is sometimes sought from a

distance and probably secretly. But in spite of assertions to the contrary, it may be fairly safely assumed that the elixir or magic formula which will impart the self-confidence that is so widely desired is yet to be discovered.

Suggestion, if carefully used, may sometimes provide the shy person with sufficient self-confidence to enable him, by the proof of solid achievement, to acquire a true estimate of his worth and capacity. But a surer and ultimately more satisfactory method of treatment is to help the patient to a knowledge of the source of his feeling of inferiority, and when this is fully disclosed it will seldom be found that he is unable to deal with it effectively.