A STUDY OF SHYNESS AS A DIMENSION OF PERSONALITY WITH EMPHASIS ON THERAPEUTIC INTERVENTION FOR THE CLASSROOM CHILD

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A STUDY OF SHYNESS AS A DIMENSION OF PERSONALITY WITH EMPHASIS ON THERAPEUTIC INTERVENTION FOR THE CLASSROOM CHILD

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by

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To the Graduate and Research Council:

I am submitting herewith a Research Paper written by Donna Bush Buescher entitled "A Study of Shyness as a Dimension of Personality with Emphasis on Therapeutic Intervention for the Classroom Child." I have examined the final copy of this paper for form and content, and I recommend that it be accepted in partial fulfillment of the requirements for the degree Master of Arts in Psychology.

Patricia F. Chappell
Major Professor

We have read this research paper
and recommend its acceptance:

Jean G. Lewis
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CHAPTER 1

INTRODUCTION

Widespread usage of the word shyness is indicative of its utility as a psychological construct and of its importance as a way of describing, interpreting, and explaining certain actions. We use this term to label or describe feelings and actions about ourselves and others.

Human existence is filled with interpersonal exchanges and emotional commitments to other people. Many of the things that we do, say, and think are usually focused around our social interactions and relationships. Because of its rich phenomenological value, shyness is of interest to practitioners, educators, teenagers, college students, parents, journalists, and the general public. Many researchers have stumbled upon shyness while exploring the structure of personality or psychological issues such as interpersonal problems (Briggs, Cheek, and Jones, 1986).

Most children experience shyness at some time during their growth and development. For some, it may serve as an adaptive function which enables them to acquire information about unfamiliar situations in a cautious way. Shyness may be viewed as a positive trait causing many to be considered introspective. They may be described as thoughtful, reserved, modest, or unassuming, and they may appear discreet. Shyness may be beneficial in allowing one to be selective in relating to others; many shy individuals may feel secure in the knowledge that they will never be

considered obnoxious, over aggressive, or pretentious. Shyness may increase privacy and offer pleasures that only solitude can bring, such as anonymity and protection (Zimbardo, 1978).

On the other hand, shyness may make it difficult to meet new people and make friends. It may prevent one from expressing opinions and values which might limit positive evaluations by others of an individual's personal strengths. Shyness may encourage excessive preoccupation with self, making it difficult to think clearly and communicate effectively. Negative feelings such as depression, anxiety, and loneliness typically accompany shyness (Zimbardo, 1978). It is strongly related to poor self-concept, feelings of failure, and negative self-statements.

The Problem

Shyness can be expected to affect children's behavior and performance in school in a number of ways. It may create a vicious circle in which emotional, behavioral, and cognitive handicaps sap a child's confidence. The child may fall short of his/her potential because the shyness prevents motivation. Shy students may seem indecisive and unenthusiastic in class discussions, believing that no one is interested in their opinions. A lack of confidence may affect children's relationships with classmates and teachers. Shy children may expect people not to like them as they make dull companions. Classmates may see them as self-centered and boring. The feelings that shy children have may be so

mentally handicapping that the consequences become devastating (Stewart, 1985). Such children often go unnoticed in the classroom because they do not present a problem to the teacher. Since they usually conform to the typical pattern of the classroom, they are often overlooked as needing help.

According to Zimbardo (1978), shyness is an insidious personal problem that is reaching such epidemic proportions as to be justifiably called a social disease. He predicts that shyness would become worse as social forces increase our isolation, competition, and loneliness. According to the surveys conducted by the Stanford Shyness Clinic, 80 percent of the general population consider themselves to have been shy during some time of their life. While estimates of shyness vary, Zimbardo and Radl (1981) reported that approximately 42 percent of children between the ages of 9 and 13 years, 50 percent of the junior high population, and 40 percent of high school youth experience shyness.

Importance of the Study

Because of its prevalence, shyness offers school psychologists and other concerned practitioners the responsibility of providing information, consultation, and effective interventions that will help children overcome the deleterious impact created by shyness. By training children to overcome their shyness, the practitioner may be helping them to express their own uniqueness, thereby allowing them to spend their time in enjoyable ways and to become more

appealing.

A great deal must be known about shyness before the practitioner can provide clear guidance regarding its identification and treatment. Because of a recent growth of research literature on shyness, issues regarding the origins, consequences, and treatment of shyness are gaining substantially. Perhaps it has been neglected over the years because of its lack of exotic symptomatology and gross pathology which are associated with psychological conditions such as schizophrenia. It is easy to ignore because its manifestations are quiet and unobtrusive (Briggs et al., 1986).

In most cases, dispositionally shy persons often wish that they could somehow be different or that they could at least overcome their shyness (Briggs et al., 1986). Although shyness may well have positive and functional consequences, it nevertheless is most often experienced as an unpleasant state.

In the past decade, shyness has been investigated in a systematic fashion and should remain a distinctive concept worthy of academic respectability. Shyness offers an exciting domain for the psychological investigator, including those with interests in social, cognitive, personality, and developmental research (Zimbardo, 1986).

The following research will address many issues concerning shyness. In Chapter 2, shyness will be defined and conceptualized according to empirical and theoretical

statements of scientists who have studied shyness. In Chapter 3, the etiology of shyness will be addressed from a review of existing theoretical statements on shyness, and in Chapter 4, various assessment instruments will be described. Finally, in Chapter 5, the various intervention programs for the treatment of shyness will be evaluated, and Chapter 6 will be the writer's summation of the problem.

CHAPTER 2

DEFINITION AND CONCEPTUALIZATION OF SHYNESS

Shyness means different things to different people. This lack of a specific, consensual definition has hampered the development of effective interventions. Shyness may be treated as a personality trait, a situational variable, an emotional state, a self-handicapping strategy, a style of self-presentation, or a personal problem in need of remediation. It may be examined in terms of cognitive, physiological, genetic, developmental, and experiential processes. Terms such as reticence, introversion, speech anxiety, evaluation apprehension, and low sociability are often used synonymously with shyness. However, it should only be correlated with and not subsumed under these terms. Shyness also ranges from occasional reticence in a limited number of situations to chronic and severe shyness in all situations.

The current research will only briefly present the issues that have received the greatest attention. Since the treatment strategy deemed appropriate to shyness clearly depends on how individual researchers conceptualize shyness as a personal problem, focus will be given to the clinically relevant research which has been conducted.

The Components of Shyness

Shyness is a three-dimensional fear of public events. It originates with a subjective experience of discomfort in social situations which are often managed by social

withdrawal. The three interrelated but distinguishable major components include an affective dimension of anxiety, a behavioral dimension consisting of social skills deficits, and a cognitive component of worries or negative self-evaluations (Barrow, 1983).

The physiological dimension of shyness is characterized by activation of autonomic defenses manifested in an increased pulse rate, perspiration, elevated blood pressure, and blushing. The shy person reacts subjectively to an objectively harmless social situation as though it were an actual physical threat. The results are that shy persons exhibit more hand tremors, perspire more, get drier in the mouth, and generally are more nervous in public than non-shy people. Shyness viewed as a subjective experience is characterized by apprehension and nervousness in interpersonal encounters. A dominant defensive strategy that may emerge from apprehension involves giving minimal performances that entail little initiation, volition, or spontaneity (Barrow, 1983).

Defining shyness in terms of inhibition, reticence, or social avoidance takes an exclusively behavioral perspective. A shy person may be less proficient in initiating conversations, in making small talk, and in giving and receiving compliments. They may often keep a low profile by holding back from actions that might call attention to one's self (Leary, 1986).

The cognitive component of anxiety includes personal

beliefs, construals, assumptions, and expectations about how the world works and one's role in the world. Shyness alienates the individual from an acceptance and full appreciation of self. This mental attitude predisposes people to be extremely concerned about the social evaluation of them by others. As such, it creates a keen sensitivity to cues of being rejected. There is a readiness to avoid people and situations that hold any potential for criticism of the shy person's appearance or conduct. This leads the shy person to think differently from non-shy people. They bombard themselves with a steady stream of negative self-statements. The content of the shy person's private world is predominately self-critical, leading to lowered self-esteem (Biemer, 1983).

Biemer (1983) summarized shyness by describing how the fear exhibited in shyness manifests itself through shy feelings, shy behavior, and shy thoughts. The anxiety-behavior-cognitive link is complex, mediated by a number of variables, and often involving an interplay.

Each component of the shyness syndrome can elicit or exacerbate the other, creating a spiraling anxiety-inhibition cycle. For example, shy individuals tend to avoid social encounters and participate less in them, thereby making fewer friends and having fewer social activities. Because shy people may be judged to be less friendly and likeable, others may seek out their company less often. Inhibition-induced loneliness may heighten

social anxiety and inhibition even further. When people feel lonely, they are usually sensitive to others' evaluations of them, viewing every social contact in terms of its opportunities for friendship, companionship, or romantic involvement. As a result, lonely people may become increasingly concerned with others' perceptions and evaluations of them, thereby increasing shyness further. These sorts of anxiety-inhibition cycles may be quite devastating for individuals who fall into them (Leary, 1986).

Fearful Shyness vs. Self-Conscious Shyness

Buss's (1980) proposed theory of shyness specifies two types of shyness: fearful and self-conscious. He describes stranger anxiety as fearful shyness. He claims that it begins during the first year of life. The typical response is wariness, retreat, and the seeking of comfort in the security of mother's arms. Fearful shyness is different from other fear reactions because it is a social anxiety. Thus, fearful shyness involves being upset about social interactions or being frightened when interacting with others. It is different from such nonsocial fears as the fear of flying, of snakes, or of heights. It is characterized by attempts to avoid the situation and cognitive concern over past fearful events and apprehension about future social occasions. Fearful shyness tends to wane as children mature and develop instrumental means for coping with potential threats. For some, however, the

fearful shyness persists.

Eventually, fearful shyness may evolve into self-conscious shyness. This kind of shyness, which develops after the age of six, involves the self as a social object. When such self-awareness is acute (often in adolescence) most people feel excessively exposed to the scrutiny of others. In contrast to fearful shyness, self-conscious shyness does not involve fearfulness but an excessive concern with how people will evaluate the public self (Buss, 1986).

Though fearful shyness may start during the first year of life, it may not begin until later. Two of its immediate causes, novelty and intrusion, may occur any time in life. Social evaluation, however, does not commence until the child is several years old. Whereas fearful shyness requires no special, advanced sense of self, self-conscious shyness involves public self-awareness, which requires an advanced, cognitive self; therefore, it is present only in older children and adults.

Some aspects of Buss's theory (1980) may be difficult to test because they involved statements about the development of shyness, which often requires longitudinal studies. Although there is empirical support for most of his assumptions, Buss's speculations should be stated as hypotheses.

Publicly Shy vs. Privately Shy

Pilkonis (1977) explored differences among shy subjects

and identified two major types of shy people: those who are publicly shy and those who are privately shy. One is more concerned about behaving badly; the other, about feeling badly. Publicly shy people are more distressed by their awkward behavior and their failure to respond appropriately in social situations. For the privately shy individual, what one does takes a back seat to one's subjective feelings of discomfort and fear of being found wanting. Therefore, privately shy persons are harder to identify than publicly shy individuals. They are people who appear outgoing, but their public demeanor does not express something they feel privately.

Some shy persons may be seen exhibiting behavioral excesses, such as rowdiness and other forms of disruptive behaviors that serve to compensate for the shy person's lack of more appropriate social competencies. These people may be called extroverted shy. Some shy people even become performers. Zimbardo (1977) counts among shy extroverts such celebrities as Johnny Carson, Carol Burnett, Barbara Walters, and Michael Jackson. This is evidence that shy people can become winners. Knowing what must be done to please others, to be accepted, to get ahead, the privately shy person who is competent can be successful.

Shy vs. Non-Shy

Ishiyama (1984) studied commonalities and differences between shy and non-shy groups. His study indicated a relationship between the shy and the non-shy in shyness

inducing situations and in initial affective and behavioral reactions to shyness. For example, it is not only the self-labeled shy but also the non-shy who would feel shy with strangers, when talking about personal matters or being in an evaluative position. When experiencing shyness, both become fidgety and show signs of social avoidance. In spite of such commonalities, the shy tend to have more negative and distracting cognitive experiences, and they suffer from socio-emotional consequences of shyness.

This study (Ishiyama, 1984) uncovered various features of shyness. It seems reasonable to assume that the shy suffer longer and with greater intensity than do the non-shy. Although they both seem to feel shy under similar circumstances, they seem to process shyness differently. The shy try hard to combat, suppress, or eliminate unwanted shyness; but failing to do so, they feel inadequate, frustrated, ashamed, and isolated. Lowered self-confidence and negative self expectancy may lead to passive or avoidant social behaviors which further reinforce the negative experience and expectations. The shy person has a desperate need for acceptance, approval, and affiliation. Construing the world as a stage on which one's behavior and appearance are subject to critical evaluation sets the shy person apart from those designated as critics.

Factor Analysis Studies

In establishing the coherence of the construct, shyness has been considered in the context of major factor

analysis studies. A shyness factor has regularly emerged that shares common features with anxiety, low sociability, embarrassment, shame, and introversion (Crozier, 1986). These studies help us to distinguish shyness from other forms of anxiety and inhibition in social settings. For example, embarrassment is the extreme endpoint of shyness. A shy person may learn to avoid any situation that may be potentially embarrassing. Shyness refers to that discomfort that comes with a person's expectation that he will not be able to satisfactorily manage his face, whereas embarrassment refers to the discomfort that occurs after something has already happened to discredit his face. Embarrassment blends into shyness when subjects are faced with the certain expectation of a predicament that has not yet occurred (Miller, 1986).

Self-conscious shyness is distinct from shame. Shame involves the more serious, moral derivative of public awareness. Whereas shame is elicited by uncovering or disclosure, shyness is elicited by experiences of novelty or conspicuousness. Shyness is more future-oriented than shame, focusing on what might happen than on what is past (Izard & Hyson, 1986).

Eysenck and Eysenck (1969) have made a distinction between introversion and shyness. Introversion is the preference for one's own company but retaining the capacity to function effectively in social situations where necessary. They define shyness as being troubled with being

self-conscious, experiencing feelings of loneliness, troubled with feelings of inferiority, self-conscious with superiors, and worrying over humiliating experiences.

A review of studies using factor analysis supports the contention that shyness is a meaningful and coherent construct that can be marked off from other constructs. There is a shyness factor which has behavioral correlates with terms such as introversion but is distinct in its meaning.

Synthesis

The practitioner must be careful not to confuse certain behaviors of shyness with a quiet or introverted child who prefers listening more than participating. When called upon, the quiet child can easily respond, whereas the shy child may exhibit withdrawal tendencies such as becoming red in the face or stuttering. The practitioner may also consider the excessive rowdy child as extroverted shy, if the child is compensating for fear of being in the classroom. The definition that shyness is a tendency to be fearful or excessively concerned about social interactions focuses on the nature of the syndrome but allows for differences in behavioral outcomes.

Shyness is a complex condition that has a whole range of effects - from mild discomfort to unreasonable fear of people. Severe shyness most closely relates to DSM III-R (1987) Avoidant Disorder of Childhood or Adolescence. The predominant disturbance is a persistent and excessive

shrinking from contact with strangers of sufficient severity so as to interfere with social functioning in peer relationships, coupled with a clear desire for affection and acceptance. Children with this disorder may cling and whisper to their caretakers, and they may become tearful and anxious when confronted with even trivial demands for contact with strangers. Although there may be no impairment in communicative skills, such children may seem inarticulate or even mute. Embarrassment and timidity are conveyed by these children although they seem interested and eager for social relationships. For this reason, shyness can be viewed as an oscillation between interest and fear.

Instances of anxiety and inhibition that occur for nonsocial reasons should be excluded from the conceptualization of shyness. The threat that produces shyness is inherently interpersonal, involving people's concerns with how they are being perceived and evaluated.

Conceptualizing shyness as separate, yet interrelated components raises a number of questions. For example, Mark R. Leary (1983) identified fourteen different definitions of shyness. He concluded that a single term - shyness - is used to refer to what he believes are distinctly different constructs. For this reason, the practitioner must enlist others to define their use of the term. Whether referring to shy anxiety or shy behavior the use of more precise terms serves to reduce ambiguity.

Considering the multiple viewpoints regarding shyness,

definition is not an easy task. Writers have used the term shy to refer to both a state of social anxiety and to the trait associated with the predisposition to become anxious across social situations. These uses of the term are equally acceptable and compatible; therefore, shyness may be conceptualized as either an emotional response to certain social situations or as a relatively enduring personality disposition. In this sense, shyness may be regarded as an affective state or an affective trait. Situational shyness is conceived to be a transient, situation bound affective state. Dispositional shyness is conceived of as a stable tendency of a person to react with shyness in a broad class of social situations. The differences in the nature of each type of shyness will be dealt with further in the following chapter where the contributing forces which create shyness are evaluated.

CHAPTER 3

RESEARCH CONCERNING THE ETIOLOGY OF SHYNESS

What switches on the shyness circuit? Just as there is no single definition of shyness, there is no single answer as to the causes. Experts do not agree on what causes shyness. There is a wide range of possibilities. Professionals with a strong psychoanalytic orientation feel that shyness is a reaction to the unfulfilled primal wishes of the id. Developmental psychologists take the view that intense and frequent social anxiety among young children has its roots in early parent-child relationships. Other specialists feel that certain people are born with a predisposition for social anxiety (Biemer, 1983).

Shyness must be studied in terms of wide individual variations that are influenced by genetic, environmental, self-processing, and situational factors. No doubt, it is useful to know each theory, along with the implications of each for understanding and teaching the shy child. It is the viewpoint of this paper that each theory has its limitation and that the building of new theories depends on the foundation and experience of earlier theories. Synergy occurs when the new entity created is something that none of the contributing parts could achieve alone.

Most discussions on the etiology of shyness, since the First World War, have emphasized environmental forces and ignored those biologically based qualities of the child that some investigators classify as temperamental. However,

recent research (Kagan, Reznick, and Snidman, 1987) implies that shyness in young children can be influenced by the temperamental quality of inhibition to the unfamiliar.

Biological Sources

Personality-trait researchers, such as Harvard University psychologist Jerome Kagan, advocate that shyness may be an inherited trait. His theories are supported by his long-term study of human infant development. He conducted a longitudinal study in which children were selected in the second or third year of life. From his research, Kagan reported on two types of children: one, by the middle of the second year, is timid, shy, fearful, and wary; the other is outgoing, sociable, and courageous. Interview data provided by the mothers of children in both cohorts revealed that the incidence of symptoms suggestive of higher physiological arousal was more frequent for the inhibited than the uninhibited children. These include symptoms of chronic constipation and allergy during the first two years of life and many fears and frequent nightmares during the second and third years. He found that extremely inhibited children actually experience an increased heartbeat, a dilation of the pupils, and a tensing of muscles when confronted by strangers or other social stresses. From 25 percent to 50 percent of the inhibited children showed one or more of the above symptoms, compared with less than 10 percent of the uninhibited children (Kagan & Reznick, 1986). The study presented by Kagan et al.

(1987) indicates a correlation in young children between selected peripheral physiological characteristics and behavioral reactions to unfamiliar and cognitively challenging events. According to the Kagan et al. (1987) model, the individual differences in behavioral reactions to unfamiliarity may be due to the threshold of reactivity in parts of the limbic system, especially the amygdala and the hypothalamus, which result in enhanced activity of the pituitary-adrenal axis, reticular activating system, and sympathetic nervous system -- three circuits that are influenced directly by hypothalamic activity.

The data from twin studies converge on the conclusions that heredity is involved in the etiology of individual differences in shyness. The twin study of middle-aged twins (Horn, Plomin, & Rosenman, 1976) is particularly interesting because it suggests that shyness may be more heritable than other personality traits.

Although different classification systems have been developed for these twin studies, most of them have employed 16 PF Factor H (Cattell, Eber, & Satsuoka, 1970) as its characteristic description. In the 16PF manual, the shy, timid, restrained, threat-sensitive child is measured versus the adventurous, thick-skinned, socially bold child. The problem occurs with item overlap and assessing shyness as distinct from other traits, such as sociability (Crozier, 1986). Many of these studies have led to a myth concerning the extreme heritability and non-modifiability of the trait

of shyness.

Contained in the proposition that there is a genetic component to shyness is the assumption that at least one of the parents of a shy child is also likely to be shy. However, in those families there is a chance that other children will not be shy. The problem lies in the difficulty of separating the contribution of inherited predispositions toward shyness in a particular child from the learned consequences of family, school, and cultural experiences that are shyness producing, regardless of the child's heredity (Zimbardo & Radl, 1981).

The supporting evidence for inherited origin of shyness is indirect and not very conclusive. Babies do differ in how emotional and socially responsive they are, but it has not been shown that those who are more sensitive become shy while their smiling siblings become assertive. It is possible that learned social experiences can shape most genetically determined patterns of behavior.

The current view is that a small group of children, perhaps 15 percent of the normal population, are born with either a very high or low threshold for physiological arousal and an accompanying state of uncertainty following encounters with the unfamiliar (Kagan & Reznick, 1986). But environmental conditions, especially chronic ones, determine the degree to which this biological tendency is actualized. An unusually benevolent environment that gently promotes an uninhibited coping style could create a socially outgoing

manner in a child who was born with an inhibited temperament. A chronically stressful environment might create behavior inhibition in a child who was born with a temperamental disposition that favored lack of inhibition (Zimbardo & Radl, 1981). It is possible that learned social experiences can shape most genetically determined patterns of behavior.

Environmental Sources

The view of personality trait researchers that shyness is genetic runs contrary to the tenets of behavior theorists. Behaviorists believe that we are what we have learned. We learn to act in ways that are positively rewarded, and we stop or suppress actions that have negative consequences. Situational forces beyond the individual's control may help to shape a shy person's pattern of relating to others. Three studies (Coppersmith, 1968; Baumrind, 1968; Zimbardo & Radl, 1981) give exemplary examples of how environmental forces in the lives of children may possibly create shyness.

At Wesleyan University and then at the University of California at Davis, a series of studies has been done on self-esteem. Subjects were a representative sample of normal boys who were followed from early childhood to adolescence. Starting with thorough examinations of their self-esteem and their abilities, personality traits, attitudes, behavior and family background, they were later observed as to how they fared in dealing with school, job, and social demand (Coppersmith, 1968).

The studies found that youngsters with a high degree of

self-esteem are active, expressive individuals who tend to be successful both academically and socially. They lead rather than merely listen in discussions, are eager to express opinions, do not sidestep disagreement, are not particularly sensitive to criticism, are highly interested in public affairs, show little destructiveness in early childhood, and are troubled minimally by feelings of anxiety. They appear to trust their own perceptions and reactions and have confidence that their efforts will meet with success. They approach other persons with the expectation that they will be well received. Their general optimism stems not from fantasies but rather from a well-founded assessment of their abilities, social skills, and personal qualities. They are not self-conscious or preoccupied with personal difficulties (Coppersmith, 1968).

In contrast, the boys with low self-esteem presented a picture of discouragement and depression. They felt isolated, unlovable, incapable of expressing or defending themselves, and too weak to confront or overcome their deficiencies. In the presence of a social group, at school or elsewhere, they remained in the shadows, listening rather than participating, sensitive to criticism, and preoccupied with inner problems (Coppersmith, 1968). This study illustrates how a low self-esteem may be a contributing factor to shyness.

Another study by Diana Baumrind (1968) traced the relationship between several patterns of parental behavior

and children's success in adapting to their everyday activities and building a good self-esteem. She put together three main patterns of parental child rearing style: authoritarian, authoritative, and permissive. She believes that both authoritarian and permissive parents shield their children from stress, the former through restricting the child's opportunities for initiatives, the latter through not forcing the child to confront the consequences of his own actions. Since both parents are overprotective, each in their own way, their children fail to develop assertiveness, self-reliance, or tolerance. In contrast, authoritative parents value self assertion, willfulness, and independence; and they attempt to facilitate children's attainment of these goals by assuming active and rational parental roles.

Another important study (Zimbardo & Radl, 1981) compared cultural values and the children's views of themselves. In the Japanese culture, where shyness is most prevalent, shame is used as a tool for getting people to perform or behave the way society says they should. Typically, the Japanese grow up with the concept deeply impressed upon them that they are not to bring disgrace to the family. Disgrace may be seen as not performing well in school, making an error in a little league game, or any failure at all.

Israeli children typically experience exactly the opposite child rearing practices than the Japanese. Any

success is attributed personally to the individual. There are rewards for trying to achieve something with few sources of punishment for failure. The Israeli child has nothing to lose by trying and everything to gain. The Japanese child who has little to gain from trying and much to lose holds back, defers, and passes up the chance (Zimbardo & Radl, 1981).

When the results of these studies are combined, the conclusion may be made that a child reared by authoritative parents (who value assertion, willfulness, and independence) will know that it is permissible to make mistakes; therefore, the likelihood that this child will develop high self-esteem is probable. Those children with a high degree of self-esteem will be more likely to be active, expressive individuals.

Although very little research regarding situational factors in shyness is available, the literature does contain some clues as to the kinds of situations that might be involved. For example, Buss (1980) theorized that the immediate experience of shyness - as opposed to dispositional shyness - is elicited by three factors: novelty, the presence of others, and the actions of others.

Buss (1980) proposed that the most frequent and important situational cause of shyness appears to be novelty. Most people need to feel secure before they explore and initiate social contracts. Novel environments create caution and inhibition. The novelty may be physical or

geographical. Venturing into a new neighborhood may induce wariness, as does starting a new school or moving to a new house. Perhaps the most important kind of novelty is role novelty. As children mature, they are required to adopt new roles. Each time a new role is assumed, the novelty usually causes shyness. For example, the adolescent on the first date is typically unsure, cautious, and inhibited. Whenever there is a novelty--a geography, social context, or role--there is an initial conflict between the motives of security and exploration. As the new surroundings, people, and roles become familiar, the person attains a measure of security (Buss, 1980).

The primary stimuli that elicit fearful shyness include novel social situations and the intrusiveness of other people. Greater emotional reactivity may predispose the child to acquire fear responses to novel social situations, thereby associating certain types of people and situations with the threat of negative social consequences. In turn, the socialization experiences may maintain fearful shyness (Bruch, Giordano, & Pearl, 1986).

Two kinds of social contexts tend to induce intense shyness: formal situations, or meeting strangers with high status. Being conspicuously different, such as the only boy in a room full of girls, can also inhibit social behavior. Singularity of a person's gender, ethnic group, or appearance tends to make individuals acutely aware of themselves as social objects (Buss, 1980).

The actions of others may create shyness. For example, another person's staring or making personal comments may cause acute self-consciousness. The primary stimuli that elicit self-conscious shyness are situations in which the person becomes the focus of public scrutiny. Consequently, the socialization experiences that may lead to self-conscious shyness involve excessive training in the importance of what others think about the individual's appearance and behavior (Bruch et al., 1986).

There is a number of different origins of shyness rooted in early childhood experiences. Some shy children report specific failures in social settings: difficulties in school and unfavorable comparisons with older siblings, relatives, or peers. Others, of all ages, suffer from the loss of usual social supports that result from frequent family moves or from sudden changes in social bonding due to divorce, death, going off to a new school, and so forth (Zimbardo & Radl, 1981).

According to behavioral theory, shyness is conceptualized as a learned reaction to social events. This learning may be the result of a prior history of negative experience with people in certain situations, either by direct contact, or by watching others getting "burned"; not learning the right social skills; expecting to perform inadequately and therefore becoming constantly anxious about one's performance; and learning to put oneself down for personal inadequacies (Polifka & Polifka, 1985).

The Baumrind (1968) studies may indicate that a restrictive hostile or a less nurturant and less involved style may be associated with shyness and social withdrawal. However, later studies have not corroborated these results. Not only do parents influence their children's personality, but children's early temperament may also influences their parents' behavior toward them. This finding weakens the case for an absolute causal role of parenting styles on childhood behavioral styles. The environment provides a variety of opportunities, constraints, and demands for some action. The joint contributions of personal resources and personal interpretations and the situational requirements may determine overt behavior.

An Interactionist View

Shy behavior should not be viewed as having one, and only one, cause. It can more realistically be viewed as the result of several causal factors. "Interaction" refers to the truism that both an organism and an environment are prerequisite for behavior. The important question is the extent to which individual differences in the trait can be explained by differences in environments, by differences in genotype, and by genotype-environment interactions.

The inheritance-trait, biological, and psychoanalytic theories seem to attribute the cause of shyness to factors within the individual while the behavioral and environmental theories focus on the factors outside the individual. It is important that extremities of theories be avoided. The

temperament theories alert the practitioner to individual differences so that ways may be devised to provide more ideal environments. By studying environmental sources, parental, social, and cultural values that have made shyness so prevalent may be challenged. How information is acted upon is the result of the interaction between the individual's personal characteristics and environmental events. Trait and situational factors appear to be equally important in producing shyness, when both factors are assessed in a systematic and comparable fashion. For example, the results from studies which analyzed the Colorado Adoption Project (Plomin & DeFries, 1983) supports the entanglement between genetic and environmental possibilities. Data from the CAP are interesting for the reason of inclusion of adoptive and nonadoptive families. Comparisons of environmental-development relationships provided an estimate of the extent to which purported environmental relationships are mediated genetically. In addition to leading to greater recognition of and respect for individuality in shyness, the data of this research suggest that it is profitable to consider individual history in addition to family history when assessing shyness.

The findings of genetic effects imply hereditary-behavioral propensities, not behavioral predestination. There is no evidence for a shyness gene, but rather a host of genetically induced differences among individuals that, given the social interactions, lead to

enhanced uneasiness in interactions with strangers and other novel encounters. Since the practitioner must consider the etiology of the shyness before determining treatment, the importance of a comprehensive assessment which takes into account these individual differences will be emphasized in the next chapter.

CHAPTER 4

THE MEASUREMENT OF SHYNESS

There is substantial overlap in the measures used in shyness research. Due to the breadth of the construct, there appears to be a lack of equivalence among groups concerning assessment procedures. Some investigators use peer sociometrics, others use frequency-of-interaction measures, and still others use a combination of these devices. The author feels that with a rich construct such as shyness, no one mode of measurement can serve as the sole standard. A comprehensive understanding of shyness requires a comprehensive set of methods and measures.

In order to design and implement appropriate intervention strategies, there must be careful selection of appropriate assessment procedures. It is important to draw a distinction between the mode of measurement and the content area it is designed to assess. Although different classification systems have been developed, the author feels that the six categories which Fiske (1971) developed is the most comprehensive. These categories include current experiencing, capabilities, prior behavior, self-report, and psychophysiology. Each mode provides a distinct type of information. The author's view of the most appropriate instrument for each mode of measurement will be given, along with the advantages and disadvantages of each.

Current Experiencing

This initial assessment of shyness provides a baseline

against which to evaluate later changes in shyness. Measures that ask participants to make judgments, indicate preferences, and report current feelings are included in the category of current experiencing. These measures focus on an immediate situation or state rather than an enduring trait and ask about one's present condition and experience. The most popular and widely used survey which assesses the symptoms individuals experience when they feel shy is Zimbardo's (1987) Stanford Shyness Survey (Items 37-40).

In this survey, the issue of providing a specific definition of shyness was sidestepped. The person is allowed to adopt his or her own definition. They are first asked to accept or reject the shy label. To find out what went into the decision, they are asked what kinds of people and situations make them feel shy and what thoughts, feelings, actions, and physical symptoms are associated with their shyness (Zimbardo, 1987).

The structure of the Stanford Shyness Survey is consistent with Zimbardo's emphasis on societal causes of shyness and shyness as a label rather than a trait. Because the survey has not been used as a scale, its psychometric properties have been ignored.

Capabilities

The capabilities category includes measures that span a wide range of skills and activities, from intelligence and achievement tests to perceptual-motor and athletic tasks. The reason for this type measurement is that competency in

social interactions require much in the way of knowledge and skill.

Social skills and social knowledge can be assessed in two basic ways. First, the actual behavior of individuals can be compared to some standard. This may be done by observing the child on the playground. Skilled individuals should approximate the standard more closely than their unskilled counterparts. Second, individuals can be tested for their knowledge of appropriate acts and responses. For example, success on the WISC-R (1974) Comprehension subtest measures whether the child has social judgment, or common sense, and a grasp of social conventionality. These characteristics imply an ability to use facts in a pertinent, meaningful, and emotionally appropriate manner. Neither method has been used much in research on shyness because it is difficult to specify and quantify excellence in the realm of social skills and social knowledge (Briggs & Smith, 1986). However, the author believes that having an understanding of the child's capabilities will aid in intervention.

Prior Behavior

Studies that examine an individual's prior behavior generally rely on the personal recollections and experiences of someone who has known the target well for an extended period of time. That person will typically be a relative, friend, colleague, teacher, or supervisor. Such individuals are privy to information that might otherwise be

unobtainable. A variety of formats has been developed, ranging from unstructured methods such as letters of reference to psychometrically sophisticated methods (Briggs & Smith, 1986).

Checklists

The main advantage of teacher or parent checklists is that they can be reasonably accurate and time efficient. They have proven to be a reliable technique which can significantly reduce interviewing time. By answering a series of structured questions, parents and teachers briefly describe what they see as the child's behavior. There are many instruments which are used as tools for elementary teachers to identify children with behavior problems who should be referred for further psychological evaluation, referral, and treatment. These instruments are not limited to a single dimension and give a comprehensive picture of the child. For example, the Walker Problem Behavior Identification Checklist (Walker, 1967) has the following measures: Acting Out, Withdrawal, Distractibility, Disturbed Peer Relations, and Immaturity. The trained practitioner must evaluate the items in each category to understand their validity with shyness as the criterion.

Polifka & Polifka (1985) recommended the following as behavior checklists: Behavior Problem Checklist (Quay & Peterson, 1967), Behavior Evaluation Scale (McCarney, Leigh, & Cornbleet, 1983), Burks' Behavior Rating Scales (1977), Walker Problem Behavior Identification Checklist (Walker,

1967), and Child Behavior Checklist (Achenbach, 1979).

The Behavior Problem Checklist (Quay & Peterson, 1967) has a category which is comprised of anxiety/withdrawal. Validity and the provision of norms for both sexes appear to be the strengths of the instrument; however, the items were taken from the most frequently reported behavior of children receiving psychiatric treatment at a clinic and may not correspond to behaviors which are prevalent in a school setting.

The Behavior Evaluation Scale (McCarney, Leigh, & Cornbleet, 1983) rates the student in terms of the frequency of behaviors tapped by fifty-two items. It was designed for use with students from kindergarten to twelfth grade and appears to be a good behavior checklist with respect to content validity, criterion validity, construct validity, and reliability.

Burks Behavior Rating Scale (1977) is routinely used for students referred for psychological testing. Burks indicated that the shy-withdrawn child will usually attain high scores in the following categories of the BBRS: Excessive Withdrawal, Excessive Dependency, Poor Ego Strength, Poor Coordination, Poor Academics (sometimes), and excessive anxiety (sometimes). Burks indicated that the average item/item retest correlation coefficient for the BBRS was .705. The BBRS manual stated that the validity of the BBRS depends on five different sources: content validity, criterion-related validity, contrasted groups

validity, factorial validity, and construct validity.

The Walker Problem Behavior Identification Checklist (Walker, 1967) consists of fifty items and is intended for fourth, fifth, and sixth grades. The reliability of the WPBIC has been estimated by the Kuder-Richardson split-half method and by the test-retest method. The split-half reliability coefficient on the checklist was .98, indicating that the checklist is capable of making individual separations among subjects with a considerable degree of reliability. The test-retest coefficient was .80 for a three week interval. Scale 2 of the Walker is named Withdrawal and is comprised of five behavioral statements.

While many checklists have been developed, none have been done in as careful and well-constructed a manner as the Child Behavior Checklist (Achenbach & Edelbrock, 1983). This checklist is easy to administer, has outstanding psychometric properties, and is appropriate in providing a broad overview of a child's behavior problems. Clinical research with the checklist is rapidly expanding, suggesting a promising future for the instrument in child assessment and program evaluation. Although the author is unaware of others having used this scale for identifying shyness, the CBCL may be an ideal social assessment instrument for both screening/identification and treatment evaluation.

The CBCL bears a direct relationship to shyness in that it forms two broad-band groups, which are intended to indicate the primary concentration of a child's problem.

These groupings are called Internalizing and Externalizing and reflect a distinction between fearful, inhibited, overcontrolled behavior and aggressive, antisocial, undercontrolled behavior. Shyness is listed as an Internalizing problem throughout the Varimax Rotation which is in Appendix C of the manual. Another positive attribute of the CBCL, which may help in identifying shyness, is the Social Competence Scale, which encompasses the parents' reports of their child's participation and performance in areas designated as Activities, Social, and School. A total social competence score can be obtained by summing the totals of the three scales. The intraclass correlation coefficient for social competence items is .974. The social competence portion may be administered alone.

The CBCL assesses behavior from four perspectives: the Parents Report Form (PRF), the Teacher Report Form (TRF), the Youth Self-Report (YSF), and the Direct Observation Form (DOF). Not only do the CBCL materials provide a standardized, normative framework for linking parents' observations of a particular child with other reports, but it is cost effective and covers a wide age range from 4 to 16. The normative data includes subjects from both normal and handicapped educational settings. It shows reliability over time, and when used to assess change, the instrument can be applied in both group and single subject design strategies. Many questionnaires and rating scales may actually measure more than one mode of shyness with the same

instrument. This is evidenced by the usefulness of the CBCL (Achenbach & Edelbrock, 1983).

Sociometrics

Since shyness appears to account for unique aspects of children's social development, the sociometric procedure, developed in the 1930's, may be another method of measuring prior behavior. It has been one of the most frequently used methods for measuring a child's social status or popularity with the peer group. The assumption is that shy children typically do not receive positive nominations.

Sociometrics provide information about the extent to which a child is liked or disliked by his or her peers by simply asking the peers to make written or verbal responses or nominations to questions about the child's playmates or best friends; however, sociometric data must be examined in the light of the procedural context within which they were obtained because there is not a single well-defined set of procedures (Foster & Ritchey, 1979).

According to Annie McManus (1972) the usual measures of reliability and validity do not seem particularly appropriate for sociometry. Since sociometry is concerned with discovering the preferred relationships which are present in a group at a particular time, the test is perfectly reliable and valid provided subjects disclose their preferences honestly.

Foster and Ritchey (1979) reported difficulties in relating sociometric acceptance measures to global

observational indices of social interaction in preschool and elementary students. Sociometrics do not aid in the identification or specification of component behaviors that are presumed to underlie the deficits or assets of a rejected or accepted child. Thus, according to their research, the validity of sociometrics with respect to screening socially unresponsive, withdrawn behavior was not as functional as teacher rankings.

Since sociometric choice provides a valuable method of measuring personal and group characteristics, this measurement may best be utilized for research purposes in predicting outcome. For example, sociometrics may be accompanied by direct observational data which assess those behaviors that are targeted for intervention. Oden and Asher (1977) administered pretest - posttest sociometric assessments for coaching children in social skills of friendship making. Correlational analyses were performed on the sociometric data to learn how the sociometric measure was stable from pretest to posttest. The outcome of this study indicated that sociometric measures appear to be reliable and intercorrelated rather highly.

In conclusion, the difficulty in measuring prior behavior arises in providing impartial ratings. A skilled clinician must be attuned to biases which may affect the outcome of these subjective reports.

Behavioral Observations

Observational measures are an essential ingredient in

the assessment of shyness. Direct and structured observational techniques are used in this approach to provide data for measuring behavior over a period of time, to determine a baseline of initial behavior, and to determine and measure the events that appear to modify behavior. The data obtained through these detailed quantitative observations provide the basis for planning ways to teach and meet behavioral goals (Briggs & Smith, 1986).

The observation of behavior emphasizes objectivity. Raters observe the targets in a standard setting. The ratings can be called objective for three reasons: the raters are typically trained, they are generally unacquainted with the target participants, and they usually see all of the targets in order to judge each participant relative to the rest of the sample (Briggs & Smith, 1986). Naturalistic observations of children in the classroom or playground will reveal generally those who are socially inhibited. Unlike the introverted child who prefers being by himself and is often seen absorbed in a solitary activity, the shy child seems at a loss by himself and is often found on the periphery of a group wishing to join in but not doing so (Pilkonis, 1977). A number of behavioral indexes include measures of frequency (number of gestures, head nods, smiles, utterances, and questions), measures of duration (amount of time spent talking to and looking at one's partner), and measures of latency (amount of time

needed to initiate conversation initially and after a period of silence). The observer should be aware that shyness may manifest itself in contradictory ways. For instance, smiling may indicate the shy person's anxious desire to fit in, but the absence of smiling also can signify anxiety. The proper interpretation can be determined only in light of the complete pattern of responses (Briggs & Smith, 1986).

There are many observation forms available for the trained practitioner. The Direct Observation Form (DOF) is a supplementary instrument to the CBCL. It is designed to score behavior problems and on-task behavior from 10-minute observation session in classrooms, school lunchrooms, recess, and group activities. Ratings are made on 4-point scales within structured time samples. High correlations have been found between total DOF problem scores obtained by pairs of observers after minimal training; therefore, it has high inter-observer reliability. The inter-observer reliability score for shy or timid behavior was .80. In terms of validity, DOF scores correlated significantly with teacher - reported problem behavior, school performance, and adaptive functioning. A Pearson correlation of .92 ($p<.001$) was found in a sample of 25 public school boys referred for special services concerning behavior problems (Reed & Edelbrock, 1983).

Future research should develop a small set of clearly delineated behaviors that are widely accepted as measures of shy inhibition. If, by definition, inhibition involves the

absence of certain behaviors, how are we to know whether an individual is inhibited? One approach may be to ask respondents the degree to which they refrained from doing and saying the things they wished to do and say during an interaction. Behavioral data can be regarded only as suggestive of subjectively experienced anxiety. Therefore, a pure self-report measure of the tendency to be inhibited in social encounters would make a welcome addition to the literature.

Self-Report Measures

Children's own views may provide information to which parents, teachers and observers are not privy. According to the Pilkonis (1977) study, self-reports of shyness possess a reasonable degree of behavior validity. A number of measures have been developed and used wherein participants describe the extent to which they see themselves as shy or socially anxious; however, most of these instruments have been developed for the adult population. Lazarus (1980) developed two instruments designed to assess shyness in the student.

The Shyness Self-Report is an 18-item questionnaire which is administered to the student and focuses on the student's feelings, thoughts, and behaviors related to shyness. Lazarus also developed the Teacher Shyness Report which entails the rating of the observable behavior of the student by the teacher. The two shyness reports are supplemented with a Shyness Line and a Shyness Problem Line.

The scoring system for the Shyness Self Report has ranges for "mildly shy," "moderately shy," and "severely shy." Lazarus indicated test - retest reliability to be .86.

The CBCL Youth Self Report (YSR) for ages 11-18 is designed to be filled out by youngsters with a mental age of about 10 and fifth-grade reading skills. It also can be read aloud to the respondent if necessary. Although little research has been done with the YSR, self-ratings of the CBCL behavior problem items show high enough stability and correlations with other people's views of the subjects to inspire confidence in their meaningfulness (Achenbach & Edelbrock, 1983).

Not only do self-report measures give valuable insight to cognitions, but they also serve as an effective "ice breaker" in that young people will often talk more freely about themselves and share thoughts about self-reported items. For this reason, self-report measures appear to dominate the shyness literature.

Physiological Measures

It has been established that the understanding of shyness requires an understanding of its physiology along with an understanding of its characteristic feelings and behaviors. Several measures are relevant to the study of shyness: heart rate measures, electroencephalography (EEG), and electromyography (EMG). These measures are consistent with the suggestion that shyness is characterized by activation of the sympathetic branch of the autonomic

nervous system (Briggs & Smith, 1986). Kagan & Reznick (1986) used measures of heart rate variability and pupil dilation in their studies of behavior inhibition and psychological uncertainty in young children. However, these measures are not applicable in a school setting and may only be used to predict later shyness.

Previous research (Miller & Arkowitz, 1977) has not demonstrated a direct relationship between self-report measure of shyness or social anxiety and physiological measures of arousal such as heart rate. The absence of a relationship probably reflects both complexity in the psychophysiology of the responses and inconsistencies in the way that individuals interpret such responses. Rather than detract from the importance of psychophysiological measures, these findings suggest that it is important to examine shyness from all available angles and to integrate these complementary sources in our models of shyness.

The Children's Personality Questionnaire (1975) is effective in locating individuals with unusual temperamental sensitivity. It measures a set of fourteen factorially independent dimensions of personality based on Cattell et al. (1970) source traits. This instrument is designed to be used with students aged 8-12. The three primary factors labeled Reserved-Warmhearted, Obedient-Assertive, and Shy-Venturesome appear to be the factors which correspond most with shy patterns of behavior. The Early School Personality (1972) is a downward extension of the CPQ and

was designed for children 6-8 years of age. The Junior-Senior High School Personality Questionnaire (1975) was designed for students aged 12-18.

The CPQ manual appears to have good normative validity and reliability data. A number of physiological measures has been shown to correlate with Factor H which measures threat reactivity to the autonomic nervous system. The term "threctia" for H- is intended to summarize this essential threat responsiveness. The CPQ can measure anxiety in the young child by calculating the second-order anxiety factor. A score higher than 7 indicates a high level of anxiety which must be carefully interpreted. It may indicate a neurotic-hysteria or purely situational and realistic anxiety. The administration of the CPQ typically requires an hour or so which means that it is suited more for use as an in-depth assessment tool rather than as a brief screening and monitoring instrument (Coan & Cattell, 1966).

In order to develop a shorter measure of anxiety for young children, the ESPQ second-order anxiety factor was used as a primary criterion against which the validity of items could be determined. Examination of a total of 320 items with regard to factor loading on the second-order ESPQ anxiety factor resulted in selection of the 20 best items for inclusion in the Child Anxiety Scale (CAS). The CAS (Gillis, 1980) was developed to be a brief measure of the anxiety level of young children. It may be administered easily and is simple to score.

Summary

An important aspect of shy assessment is to measure the difference between the child's subjective report and what outsiders report. For example, some children may describe themselves as successful but are reported by adults as lacking self-confidence. By comparing self-reports and questionnaires completed by parents and teachers, a clinician may make these differentiations. The CBCL contains companion instruments which provide comparisons perceived by parents, teachers, clinicians, and the child. This can guide decisions about the type and target of interventions.

Comparisons in reports can also pinpoint discrepancies that need exploration to determine whether they reflect differences in the child's behavior in different situations or idiosyncracies of the informants' judgment. The CBCL has often been administered to both mother and father of the child. If one parent reports many more problems than the other, the reasons should be explored. According to the manual, interparent agreement was computed from CBCL's independently filled out by mothers and fathers of 168 children being evaluated in mental health settings. The overall interclass correlation coefficient was .978 for the 20 social competence items ($p<.001$). It thus seems clear that the overall scores yielded by CBCL's filled out by mothers and fathers do not differ much on the average.

Assessment methods used to gather data concerning

shyness may be ordered along a continuum of directness representing the extent to which they measure a target response. For example, interviews, self-report questionnaires, checklists, and rating scales are regarded as indirect measures because they are a verbal representation of activities that occur some other time and place. However, observation measures and psychophysiological recordings represent direct measures of behavior and the physiological substrata of behavior because the assessment occurs concomitant to the occurrence of behavior. The disadvantage of direct observation by others is that it cannot measure cognitive activities except by inference. This is why self-report is so valuable in shyness assessment.

Intervention decisions should never be based on a single type or source of data. Shyness is complicated by the individual's life history; therefore, the essence of clinical creativity should be to synthesize diverse and imperfect tools and data into practical solutions suited for each individual case. Each mode of measurement which was presented in this chapter provided a distinct type of information. After shyness has been examined from all available angles, the complementary sources of data may be integrated in order to develop an effective intervention program.

CHAPTER 5

APPROACHES TO THE TREATMENT OF SHYNESS

It has been stated that it is appropriate to borrow freely from all theories when designing a program for treating shyness. Research is beginning to show that shyness can be overcome. Recognizing the basis of the shyness and then tailoring an appropriate program to alter its foundation is proving effective (Zimbardo, 1978).

At present, no one intervention technique has emerged as the treatment of choice. Combined treatments have proven to significantly enhance the effectiveness and generalization. The data proposed by Barrow and Hayashi (1980) support the relative benefits of cognitive, behavioral, and psychophysiological based treatments. They developed one of the few programs which have addressed shyness in its entirety. Using their experience and Zimbardo's conceptualization, they identified the three interrelated components which has been outlined in this paper: debilitating anxiety experienced in social situations; negative self-evaluations regarding one's social competence; and an incompletely developed repertoire of social behaviors, including assertive and conversational skills. Similarly, Friedman (1980) identified four different types of treatment for shyness and reticence in students. The types of treatment were listed in terms of the goals to which they address themselves: 1) to decrease anxiety; 2) to improve insight or understanding; 3) to teach

social skills; and 4) to alter self-perceptions related to self-confidence. His intervention techniques included teacher-directed activities, cognitive behavior modification, assertiveness training, humanistic techniques, modeling, and operant techniques.

The three components of shyness and the approaches used to treat each will be emphasized in the following descriptions. The degree of attention to each approach depends upon program development and the needs of the clients. This chapter is a summary of techniques which may be used in a classroom or clinical setting. A review of the empirical support for the effectiveness of each approach will be given.

Affective Intervention

Debilitating anxiety is often experienced while anticipating or confronting social situations, sometimes to the degree that social avoidance is stimulated. Thus, social behaviors may be within a person's repertoire, yet their frequency and/or quality can be impeded by anxiety. In order to alleviate anxiety, the emphasis of treatment must be the autonomic arousal component which consist of such responses as increased heart rate or blood pressure, perspiration, and muscle tension.

Treatment approaches for the effective component of shyness have involved approaches such as flooding, systematic desensitization, modeling, and operant procedures. The most generally and commonly employed anxiety-inhibiting

response or state is deep muscle relaxation.

Flooding or exposure is probably the oldest of these techniques. Its roots lie in the acquisition and extinction of avoidance responses in animals. Procedurally, the technique involves forced exposure of a fearful individual to realistic, anxiety-provoking stimuli while not permitting the client to avoid these stimuli. Perhaps the most salient feature concerning flooding is the exposure aspect. The flooding technique has been demonstrated to be effective in treating a number of human emotional and behavioral problems, including social withdrawal in children. Self-perception theory (Hammerlie & Montgomery, 1986) suggests that, to the extent an individual emits successful behavior during the exposure procedure, an improvement achieved may also be due to the fact that a client's self-perceptions were also concomitantly altered. Although there is no doubt that flooding works, other factors may be involved in its success other than extinction.

Flooding differs from desensitization, a more commonly used conditioned anxiety technique, by not including a systematic, graded hierarchy of stimuli, and by not having the client engage in an explicit competing activity such as relaxation. Systematic desensitization proves to be more effective because it involves conditioning relaxation responses to stimuli which reduces arousal.

Modeling, like desensitization, is another popular approach to alleviate fear of a stimulus. The typical

procedure for modeling involves having the fearful child watch a non-shy playmate cope and interact with a group of children. The child is then encouraged to imitate the model's behavior. The model may be presented either in person or on film. The advantage of using filmed modeling is that it is simple, easy to administer by teachers, and economical. A study conducted by Connor (1969) indicated that a single viewing of a film demonstrating socially appropriate behavior by peers can produce a marked increase in social interaction by isolated children.

The operant procedures for fear reduction focus on rewarding the child's approach behavior to the fear stimulus and ignoring expressions of fear. This may be achieved through reinforcing the child with praise whenever they initiate or prolong social contacts (Kendall & Williams, 1981).

Self-control strategies are used to help children manage their own anxiety responses by undertaking incompatible behaviors such as relaxation or self-talk. Techniques such as self-instruction, self monitoring, relaxation training, and self-reinforcement may be helpful in reducing anxiety. The application and subsequent success of these techniques depends upon a child's willingness and ability to assume a large part of the responsibility for treatment. Relaxation and coping self-talk strategies are reported in manuals prepared by Meichenbaum (1975), Wine (1974), and Jacobsen (1975).

Behavioral Intervention

Behavioral approaches argue that attitudes, feelings, and cognitions follow the lead of behavior and that rewarding interactions generate positive affect and self-confidence. This is probably the most widely used approach in the school setting and may include social skills training, assertiveness training, and/or human relations training.

Social skills is a rather inexplicit term used to describe a rather wide range of microbehaviors, varying in kind and complexity from eye contact to duration of speech (Conger & Keane, 1981). Social skills approaches assume that shy individuals lack appropriate social skills, and it includes a variety of specific techniques such as modeling, behavior rehearsal, and shaping to change this state of affairs. The primary change strategy shared by all such techniques is behavior rehearsal, a procedure in which a client practices new skills and receives feedback in simulated situations.

The role of the mini-meal in therapeutic play groups (Troester & Darby, 1976) is just one example of providing members with an opportunity to learn concrete and appropriate social skills. Not only does providing refreshments have psychological significance (familial atmosphere), but it teaches appropriate use of utensils and napkins, good manners, and clean-up skills. It has generalized potential, both to eating situations in the real

world and to other behavioral functions. This procedure may easily be implemented by preschool teachers or day-care workers.

Studies by Oden and Asher (1977) indicated that coaching children on social skills significantly increases play sociometric ratings. The children also receive a greater gain in friendship nominations. Their follow-up assessment one year later indicated continued progress which implies generalizability. Coaching conditions included instructions in social skills relevant to making friendship and playing games with peers.

Although these techniques appear to hold promise, there is a lack of basic research designed to discover critical components and processes that constitute social skills, particularly as they relate to the age and sex of the child. Recent research suggests that skills training procedures may require modification. Trower (1980) reported data suggesting that socially incompetent psychiatric patients are less responsive to changes in the other person's behavior than are socially more competent patients. The picture of the shy person that emerges is that of an individual, anxious and self-focused, who is somewhat insensitive to or unaware of the nuances of the other person's behavior. Self-focused attention and evaluation may be precisely the shy individual's problem. It may be that treatment techniques that involve self-focused attention such as social skills contribute to, or, at least,

are not the most effective means of alleviating the dysfunctional individual's disruptive self-focus. Skills training procedures may be more effective if they modified this pattern.

An approach emphasized by Trower (1980) involves issues addressed by the human relations training (HRT) literature (Carkhuff, 1969). It emphasizes that social interaction is a fluid ongoing process requiring monitoring the other person's behavior and synchronizing one's own behavior with one's partner. Active listening and empathetic responding directs the client's attentional focus away from self-evaluation toward more task-relevant matters. This humanistic philosophy emphasizes that human interactions should be characterized by sensitivity, respect, and concern for another's feelings (Alden & Cappe, 1986). Research (Kupke, Hobbs, & Cheny, 1979) indicates that engaging in other directed behavior makes an individual more attractive to others. Chandler (1973) has established some relatively simple tests with which to measure a child's awareness of others' feelings and to use in following the effects of treatment.

Training shy children in assertive behavior has become increasingly popular in recent years. Assertive training involves successful expression of personal feelings, values, and attitudes. It can be traced back a quarter of a century to Joseph Wolpe, one of the pioneers in the field of behavior therapy. Shy children are prime candidates for

such training because of the difficulty they have in approaching others, their inability to stand up for their rights or to communicate their feelings of anger, and their tendency to be acquiescent. The most common technique used in assertiveness training is role-playing. Other assertiveness techniques may include a combination of behavior rehearsal, coaching, homework assignments, instruction, bibliotherapy, therapist exhortation, reinforcement, group support, and discussions (Galassi, Galassi, & Litz, 1974). Assisting children in the development of assertiveness skills is proving to result in long-term benefits of increased self-esteem, improved interpersonal relationships, acceptance of responsibility for one's own behavior, and the ability to alter behavior when its consequences are undesirable (Boultinghouse, 1987).

Assertive training gives more attention to participants' developing a broad conceptualization of assertive rights and focuses more on the handling of classes of assertive situations than on the training of specific microelements of social skills. It is felt that the child needs specific instructions in how to stick up for their rights in a conflict situation and how to express negative feelings without becoming hostile. A major limitation to assertiveness training is that there are no data which have been collected to determine whether children act more assertive in the natural environment after training.

Cognitive Interventions

The cognitive approach teaches shy clients how to identify, test, and discard irrational beliefs in favor of more effective assessments of their social lives. Cognitive approaches offer an alternative from traditional psychoanalytic and behavioral models of emotional disorders. The view of shyness resulting from unconcious psychological factors, prior conditioning, or skills deficits has been replaced by a cognitive perspective. The new perspective recognizes that negative self-evaluations, faulty attributions, distorted thinking, unrealistic expectations, irrational beliefs, and a negative "internal dialogue" of thoughts and images play an important role.

According to Beck (1976), the crucial distorted thoughts of shy people center around the anticipation of psychological danger or harm. This involves an overestimation of the probability of harm and what might happen and an underestimation of their ability to cope. The danger could involve anticipated rejection, failure, disapproval, or embarrassment.

According to Beck's theory, negative thinking results from the activation of negative cognitive structures or schemata. Cognitive themes that would be expected to contribute to the persistence of shyness would be generalized hopelessness (negative view of the future) and global negative self-evaluation (negative view of self). The aim of cognitive behavior therapy is to alter the

self-devaluative and hopeless patterns of thinking. Works by Beck (1976), Ellis (1962), Mahoney (1974), and Meichenbaum (1977) have generated excitement over cognitive approaches.

Cognitive restructuring, which is the most frequently used cognitive intervention for social anxiety, focuses directly on modifying the clients distorted, self-defeating cognitions and replacing them with more adaptive ways of thinking. One way of helping clients to become aware of their own negative self-statements and beliefs in social situations is to have them observe their thoughts in actual situations outside of therapy, monitoring the nature of the situation and their actions, level of anxiety, and their thoughts at the time. Group leaders can get participants to discuss how these self-statements and how their internal dialogue may have contributed to their level of anxiety (Glass & Shea, 1986). Once clients become adept at using their anxiety as a cue to identify their maladaptive thoughts, they can proceed to modify these negative self-statements, beliefs, and expectations. Techniques for undermining maladaptive cognitions and substituting more positive self-statements may involve disputing thoughts by analyzing the faulty logic. A "what-if" approach helps clients to face the ultimate negative consequences and see that they are building up certain social situations to be much more significant than they actually are. For example, the client may be asked, "Even if the worst imaginable

situation developed, how bad would that really be?" (Beck & Emery, 1979).

Morita therapy is a technique that has been found effective in treating shy clients in the East, and it is beginning to be used more in the United States. The client is encouraged to recognize the self-actualizing meaning of social anxiety. They are challenged to reevaluate their maladaptive cognitive processing of shyness and their unproductive behavioral passivity. An example of the didactic, confrontational, and supported messages used in Morita based counseling is to challenge the client to recognize a useful quality of social anxiety. That is, they are asked to use their sensitivity in approaching and dealing with people to increase their personal effectiveness.

Morita therapy has been viewed as a culturally fit therapy congruent with Japanese values and social structure. The direct application of Morita therapy to Western clients, especially children, is questionable. Morita therapy has strong cultural components that express experiential learning, perseverance of subjective discomfort for the sake of work and productivity, and a teacher-student-like didactic apprenticeship. Indiscriminate adaptation of Morita therapy for treating Western clients without clear awareness of underlying cultural differences should be warned against.

All cognitive therapies share the viewpoint that

problematic cognitive processes underlie maladaptive behavior and emotional disorders. The way people evaluate and/or label situations or events can affect, if not determine, their emotional reactions. The great majority of outcome research (Glass and Shea, 1986) on cognitive therapy for social anxiety has relied on college student subjects; therefore, at present, it is uncertain about how effective cognitive therapy may be on the younger population. The generalizability of positive findings also remain in question.

Combining Approaches

Outcome studies have established that intervention should be aimed at affective, behavioral, and cognitive change. In a five year evolution of structured group interventions for shy adolescents, John Barrow (1983) of Duke University found that intervening in all three of the shyness components proves to be the most effective treatment.

He described and discussed the relative merits of five different approaches, including social skills training, social skills training with social anxiety management, a shyness clinic consisting of three modules (anxiety management, assertiveness training, and conversational skills training), social anxiety management led by professionals, and social anxiety led by paraprofessionals. Of the five approaches, he considers the shyness clinic to be the most successful due to it being the most complete.

In determining the appropriate treatment, it is necessary for the practitioner to determine some of the factors contributing to the behavior. Intervention will then focus on the different factors which have contributed to the shy behavior. For example, some children may be highly introspective, regularly examining thoughts and feelings, whereas others would find this a new experience. Additional considerations include the client's expectancies and goals for what will go on in therapy, and their own implicit theory of why they are shy. In assessing shyness, the practitioner should evaluate the environment in which shyness is exhibited, identify shyness elicitors, examine an affected child's social skills, and evaluate the cognitive attributes of the child's shyness. The intervention strategy should be dependent upon the total composite of these dimensions (Pilkonis, 1977).

The differences between publicly and privately shy people suggest that different kinds of intervention may be necessary for those two classes of individuals. Publicly shy people who are concerned primarily with behavioral difficulties would presumably benefit most directly from social skills training. Privately shy people who focus on the quality of internal events may require interventions aimed at changing their evaluation of their experience as well as their behavior. While they would benefit from skills training, additional techniques such as relaxation training might be useful for lessening both actual and

imagined arousal.

Implications for Parents and Teachers

Although a vast number of investigators have attempted to relate children's social behavior to the child rearing behavior of their parents, this cannot be absolute. It has been suggested that while biology may produce a child who tends to be vulnerable, environment can push him or her into the other column. Therefore, what can parents do to overcome biology?

Probably the most important requirement for parents to understand is that self-esteem feelings of personal worth play a crucial role in human happiness and effectiveness. It is well accepted that self-confidence and an optimistic assessment of one's abilities contribute markedly to success and the formation of friendships (Coppersmith, 1968).

There are many opinions about what children need from their parents or teachers in order to develop optimally. The "should" most often stressed is that they should communicate to children that they are loved and accepted. This gives children the foundation in life of belonging, of being wanted, and of being protected (Booraem, Flowers, & Schwartz, 1978).

Second, parents and teachers are called upon to establish a balance between freedom and constraint with regard to the child's activities. Children need the opportunity to explore, to try out, and to initiate behavior. They also need parents to monitor and limit their decision

making. Various manuals on child-rearing emphasize that parents should be good listeners and communicators, should provide a stimulating learning environment, should discourage narrow and stereotypical sex-role behavior, and should provide opportunities for frank and age-appropriate instruction. Parents and teachers are called upon to provide all of this. Yet, there is still more that children need. They need to learn assertive social skills as an alternative means of dealing and interacting with people. It is as important for children to develop competencies in these abilities as it is for them to be provided with love or any of the other needs of childhood. Without these skills, the chances of their succeeding in life are greatly reduced.

Teachers are prone to either ignore or lavish too much attention on a shy student. Many teachers value social skills in children that are related to being obedient and following rules and attach less value to skills that are related to taking initiative, being outgoing, and showing assertiveness. In some cases, the child may be overdependent upon adults and frequently seek teacher contact. Many teachers may give attention to the child on a one-to-one basis when the child is apart from the group. To reverse this process, attention and approval should be contingent upon play with other children. The teacher should give no attention when the child is alone, minimal attention when the child initiates contact with the teacher,

and immediate attention when any interaction occurs with another child.

A study by Goetz, Thomson, and Etzel (1975) on the combinations of direct and indirect prompting by the teacher showed that indirect reinforcement procedures seem to be the most effective in increasing a child's social behavior. The teacher may approach a withdrawn child's peers and suggest to them that they play with the withdrawn child. This message may be delivered privately or publicly so that the withdrawn child hears it.

Teachers may help children relate more comfortably with their peers by prompting the child to be more assertive, to speak in a louder or more fluid manner, and to reduce concern over minor issues. In a study by Harris & Brown (1982), the effectiveness of counseling, teacher-directed activities, and no treatment were compared. Both treatment conditions were equally effective and each was more effective than the control condition. This study is evidence of the importance of classroom activities structured to promote group interactions. The goal of the teacher should be to encourage the child's peer interaction and response patterns.

Teacher-directed techniques may be developed from several theoretical models. For example, in Help Your Child Be Self-Confident by Booraem, Flowers, and Schwartz (1978), many activities for self-confidence development are suggested for use in the classroom. One of the lessons

introduces children to three alternative behaviors from which they can choose in any given situation: passive, aggressive, or assertive. The impact and consequences of each type of behavior is discussed.

The PEERS (1978) procedures have been translated into a comprehensive package and are easily accessible to concerned practitioners. This approach is unique in its involvement of both the entire classroom peer group and significant others in the child's overall social system. Thus, the isloated child is provided entry into the peer group. (Hops, Guild, Fleischman, Paine, Street, & Greenwood, 1978).

Implications For Practitioners

When evaluating a student referred because of withdrawn behavior, it is important for the school psychologist to rule out schizophrenia, autism, depression, and other handicapping conditions. The shyness should not simply be one of a number of neurotic problems or a convenient label for the generalized anxiety that some psychotherapy patients describe. The screening interview should assess whether treatment for shyness is the most appropriate intervention. Students should have sufficient levels of personality integration to accurately process leader and group member feedback; further, they should be willing to join a group even though they might feel apprehensive (Barrow, 1983). If shy behavior is a symptom of problems in other areas, differential diagnosis is required.

Another assessment consideration for the practitioner

will be whether both the parent and child desire treatment. This is appropriate to alleviate later problems. The psychologist must be sensitive to the interaction of cultural, socioeconomic, and religious values that influence behavior. It is necessary to thoroughly explore the possibility that increased assertiveness might bring out cultural conflict and increase anxiety. Increased assertiveness may increase parent/child and home/school conflict. Certain religious groups disapprove of the direct expression of anger. Therefore, the psychologist must be sensitive to the wide variety of children's backgrounds and parental input into problematic situations in which the children become involved (Boultinghouse, 1987).

Individual vs. group treatment.

Although shyness has been treated most frequently with individual therapies, group approaches are encouraged. According to Pilkonis (1986), shy people are often benefited by the realization that others who appear to be self-sufficient or well-adjusted can be subject to interpersonal anxieties, fears of rejection, and defensiveness about relationships.

Group therapy creates a richer and more complex social environment than individual treatments by providing a variety of models and feedback to each individual. This richer social environment is more likely to promote generalization than are most short-term individual treatments. The group itself is a social situation that is

similar to many interpersonal encounters outside treatment and therefore may enhance the consolidation of new behaviors (Pilkonis, 1986). The size of the group may vary from 4 to 14, with 7 being the average. The group process should include exercises to create trust, facilitate discussion, and build a sense of shared learning (Barrow, 1983). Development of group cohesion should be a top priority for the practitioner.

Barrow (1983) recommends the use of cotherapists preferable to an individual group leader. The social interaction between two or more group leaders who work together well and like each other provides invaluable modeling for shy clients. Another benefit is that colleagues can grow professionally by learning from one another.

Barrow (1983) also recommends the use of paraprofessionals as an efficient and effective means of conducting social anxiety management training and may prove viable in attacking other social development strategies. They add the dimension of coping models whose clients can easily identify.

It has been found to be therapeutic for therapists and group members to have fun in the sessions. Many shy clients take too many things seriously and can benefit from exposure to models who are able to be serious when appropriate but also casual and good-humored. Shy clients may have well-developed senses of humor that they rarely display due

to inhibitions. They can benefit from identifying humor as a strength that can help them cope with difficult social situations (Barrow, 1983).

Evaluation

Sufficient behavior modification technology now exists to treat the problem of social withdrawal in regular classroom settings and to aid mental health workers in social development of withdrawn children. Especially popular is the cognitive-behavior modification (CBM) approach (Meichenbaum, 1975). CBM has been used to significantly reduce fear of social and public speaking situations in children. The specific components of the CBM program are systematic desensitization to decrease anxiety, cognitive restructuring to replace negative self-statements, and modeling to help the subjects develop a set of positive self-statements.

Active experience should provide a far more powerful experiential referent than does passive acceptance such as hours of talk therapy; therefore, the teacher should be encouraged to help the shy child in the classroom. The teacher may help students to initiate successful behavior in situations that they previously avoided. Peers can be coached to increase the positive social behaviors of their isolated classmates. Integrating socially outgoing children with isolated youngsters may enhance the social skills of the latter.

Shy children can best be helped in small groups where real-life opportunities exist. It may be difficult for a therapist to arrange realistic, natural interactions and to bias them unobtrusively but positively. Role play can be used to set up typical situations. Feedback from group members may be helpful in illustrating the incongruity between self-appraisals and actual performance. An important tone for the therapist to develop is one of flexibility and adaptation.

Leary (1983) has suggested that not all individuals with social anxiety or shyness possess a skills deficit. Others may lack skills but do not report feelings of apprehension or anxiety. The results of the investigations that have examined client variables and their relationship to outcome (Hammerlie & Montgomery, 1986) have been inconsistent. Perhaps further investigations of client variables and client treatment matching will show that these interventions are differentially effective for different individuals.

Several factors to consider when choosing an intervention include determining any social skills components in which the student shows a weakness, the age of the student, the degree of the expertise of the person implementing the intervention, and time considerations. Relative efficacy of intervention will be dependent upon the needs of the child; therefore, consideration of individual differences among clients may be an important focus if we

are to decide how best to combine treatment approaches. The task is one of first assessing a particular client's needs and then matching treatment procedures to meet those needs. It is recommended that before implementing a treatment program the practitioner consider Paul's (1967, p. 111) famous statement, "what treatment, by whom, is effective for this individual with that specific problem, and under what set of circumstances."

CHAPTER 6

SUMMARY AND CONCLUSIONS

Referrals may be made because of concern for extremely shy children who are afraid to speak up in class and unable to interact comfortably with peers. Practitioners can play a crucial role in helping children to learn alternate behaviors, accept responsibility for their behavior, and learn respect for themselves as well as others. Assertive behaviors can be consistently taught, practiced, and generalized to real-life situations.

These findings suggest that shyness may be associated with low levels of perceived personal competence and self-efficacy. Many children are floundering, wondering whether their shyness means something about the world or something about their own competence. They may be wondering whether they should keep trying or give up when they fail. They may be depressed at their inability to figure it all out. An important task for the therapist may be to help the shy child identify causes of success and failure in significant life domains.

Various treatment strategies have been successfully used with components of shyness. Behavioral retraining of social and assertive skills is one widely used method. Systematic desensitization has been used to reduce anxiety experienced in interpersonal situations. Several well-known systems have been developed for effecting changes of behavior and feelings by altering cognitive processes.

These and other methods were drawn upon in developing the treatment approaches discussed in this research.

High on the agenda for future researchers should be the following criteria: research should be directed toward younger students, practitioners should use a stable set of evaluation procedures that enable comparisons from group to group and year to year, and innovative ways of attracting shy clients should be explored.

The significant gaps in our knowledge of shyness will be filled only after dealing with the true complexity of the phenomenon. Further research is needed to pinpoint the precise relationship between skill components and shyness. Hopefully, the results will be a comprehensive intervention package which will include assessment and evaluation instruments for both the diagnosis of shyness and the identification of specific and relevant skill deficits. Then, practitioners will be able to select from a set of intervention procedures those tailored to meet the individual needs of each child.

There is no emphasis, in the present research, which seeks to alter personality merely for the sake of altering it. Introverted people as well as extroverted people have a place in our society. Each has certain attributes as well as deficits associated with that personality trait. It is when introversion, or extroversion, is associated with a fear or excessive concern toward social involvement that problems develop. It must not be seen as an undue

infringement on personal liberties to do all one can to help modify the behavior of extreme shyness to more closely approximate the capacity and enjoyment for living of such individuals.

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