Shyness

W. RAY CROZIER *investigates the links between shyness and behavioural inhibition.*

IT is not difficult to conjure up an image of a shy child, tongue-tied and staring at the floor when asked a question by an adult; or hovering at the periphery of a game, perhaps peering from behind mother at the other children's activities. Nor is it difficult to imagine a shy adolescent or adult, minimally involved in a social event, avoiding eye contact, not speaking unless spoken to, talking in a soft voice.

Such images are familiar because shyness is a pervasive social phenomenon. It is used by many to describe an important facet of their character, and it influences interpretations of behaviour – believing that someone is shy deflects explanations of apparently unsociable behaviour in terms of conceit, rudeness, unfriendliness or lack of interest in others. Nevertheless, it has attracted systematic investigation only in recent years. In part, this neglect reflects uncertainties about definition; shyness is an everyday expression with no precise meaning, and psychologists have not always been convinced that it is any more than this.

But everyday conceptions of shyness *have* been investigated scientifically, largely from psychological and linguistic perspectives. The Stanford Shyness Survey (Zimbardo, 1977) asked respondents whether they regarded themselves as shy, and it explored their sense of what shyness entails. The survey revealed widespread agreement on this – shyness is a matter of quietness, inhibited behaviour, self-consciousness, and apprehension about being negatively evaluated in social situations. Nearly all respondents reported feeling shy at one time or another and a sizeable proportion (40 per cent) described themselves as shy persons. There is evidence from cross-cultural studies of language that concepts of 'feeling shy' and 'being shy' are found in societies across the world and consistently refer to uncertainty about what to do or say and concerns about being evaluated by others (Harkins, 1990).

There has also been research aimed at framing and testing hypotheses about shyness. This article identifies two approaches corresponding, by and large, to whether shyness in adulthood or childhood is the focus. From this research a distinction emerges between fearful and self-conscious forms of shyness. I discuss how this distinction might relate to the reticence that seems such a feature of shyness.

Shyness as a trait

This approach defines shyness in psychometric terms. Questionnaire measures have been constructed (the most widely used is that of Cheek and Buss, 1981). These have proved to be substantially intercorrelated and seem to measure a common factor, one that is distinct from introversion or lack of sociability (Crozier, 2001a). Scores on these questionnaires predict behaviour (e.g. Cheek & Buss, 1981; Crozier, 2001a). Shy children and adults are more reticent than their peers in social situations – they are slower to produce their first utterance in conversation with an unfamiliar person, they take longer to break a silence, their utterances are shorter and less elaborate, and they speak for a smaller proportion of the time. They make less eye contact and touch the face and body more with their hands.

Of course, even those who are extremely shy are not shy all the time – shyness is experienced in social situations, particularly those involving meeting new people or having to speak up in front of an audience (Asendorpf, 1989). Furthermore, shyness has cognitive, affective and behavioural components. There is variation among individuals in the relative prominence of these components in their shyness – for some, shyness is largely concern over the appropriateness of their behaviour, for others it is affective concerns, including somatic symptoms such as blushing, sweating and trembling.

An alternative trait approach regards shyness as a form of social anxiety, a broader construct that also encompasses embarrassment, stage fright and social phobia. This approach also adopts a three-component conception of social concerns. Leary (1986) emphasises two of these components in defining shyness as 'a psychological syndrome that includes both subjective social anxiety and inhibited social behavior' (p.29). He relates shyness to self-presentation concerns. Those who are shy are motivated to create a desired impression in others but lack confidence that they will be able to do so. This is why shyness is distinct from lack of sociability (where there is less motivation to impress), and why shyness should be elicited in some situations but not others (those where impression management concerns are salient or where confidence is low, e.g. dating, attending an interview, speaking up in front of others). It captures the conflict described by shy people – they want to join in or speak up, but feel held back.

This impression management account also suggests why shyness so often takes the form of reticence – the shy person is preoccupied with the impression that will be created by what he or she might say. Better to say nothing than to risk the disapproval of others or rejection by them.

WEBLINKS

Craig's Shyness Resource Page:
www.csbruce.com/~csbruce/shyness

Helping young children to overcome shyness:
www.personal.une.edu.au/~jmalouff/shyness.html

Social Anxiety: *www.messages.social-anxiety-uk.com*

The Shyness Institute, Palo Alto, California:
www.shyness.com

Shyness site for children and their parents:
www.shykids.com

Shyness and Society: Susie Scott, Cardiff Uni:
www.cf.ac.uk/socsi/shyness/index.html

These concerns can be illustrated by a participant in one of my own studies:

> *I felt inadequate. I believed I was too young to say anything that would have been of the slightest interest to these people. I felt awkward as if out of place… When anybody did ask me something I would be so concerned about how to reply that I could feel myself heating up and turning red.* (Crozier, 2001b, p.1)

The construct of social anxiety has figured more frequently than shyness in clinical research into social phobia. This is a common clinical condition in adulthood – some 13 per cent of the adult population will meet diagnostic criteria at some time in their life (Kessler *et al*., 1994). The condition can be also identified among children (Rapee & Sweeney, 2001). The concerns of social phobics are similar to those expressed by shy individuals – fear of novel and evaluative social situations and fear of behaving in ways that will lead to embarrassment. The difference is perhaps one of degree. Social phobia is associated with considerable distress and disruption of everyday life, whereas shy people report difficulties rather than impairment of social functioning (Zimbardo, 1977). Social phobia can impinge on mundane activities like eating and drinking in public, occasions rarely mentioned by the shy as causing distress.

Whereas clinical researchers have been comfortable with the concept of social anxiety they have regarded 'shyness' with some wariness, suspecting it refers in a loose way to social fears of various kinds and degrees. This is in contrast with social phobia, which is defined in terms of a set of explicit diagnostic criteria. Nevertheless, clinical researchers have begun to take shyness seriously and to consider its links with social phobia (e.g. McNeil, 2001). One reason is recognition of the prevalence of shyness in everyday explanations of social difficulties. More significant, perhaps, is the influence of research into behavioural inhibition, to which I now turn.

Behavioural inhibition and shyness

A substantial programme of research initiated by Jerome Kagan at Harvard has investigated individual differences in temperament that appear at an early age. Studies show variation in emotional reactivity during the first months of life that predicts subsequent differences in a temperament Kagan has labelled 'behavioural inhibition to the unfamiliar'.

Inhibition is not equivalent to shyness – Kagan regards it as a reaction to novel events of all kinds, not just unfamiliar social encounters – but shyness-eliciting situations increasingly become the stage for inhibited responses. A child's encounters with unfamiliar adults or children play a large part in the assessment of behavioural inhibition. Furthermore, outcome measures in this research include reticence, hesitation in making spontaneous contributions to conversation and tendencies to hover at the edge of social situations, as well as ratings of shyness made by parents or observers of the child's behaviour.

Kagan argues that inhibition originates in the child's greater reactivity to threat. He assigns a central role in this heightened reactivity to limbic structures, particularly the amygdala and its projections (Kagan, 1994). The model has generated predictions about individual variation in peripheral physiological response systems. These have largely been tested with measures of heart rate and heart rate variability, although other measures have been used such as cortisol levels and, more recently, frontal brain EEG activity (Davidson & Rickman, 1999).

Shy people make less eye contact and touch the face and body more with their hands

Differences between shy or inhibited and less shy or uninhibited individuals are also found on variables that seem remote from wariness in novel situations. More children with blue eyes are found in samples of inhibited children than are expected on the basis of the distribution of blue eyes in the population. Reactive infants have narrower faces than less reactive infants. Those who are shy and inhibited (and their close relatives) are more susceptible to allergies like eczema and hay fever and to certain medical conditions, for example Parkinson's disease (Bell *et al*., 1995). Evans (2001) reports a significant trend for shy children to be absent more frequently from school through illness, particularly gastrointestinal conditions. The meanings of these correlations warrant further study; Kagan (1994) has speculated on the role of genetic factors that influence variation in the levels of norepinephrine and dopamine, neurotransmitters that play a key role in the regulation of sympathetic nervous system activity.

This research programme has made effective use of longitudinal studies. These show that inhibition assessed at one age predicts inhibition and shyness at another (e.g. Kerr, 2000). There is evidence that behavioural inhibition in early childhood is a risk factor for the development of social phobia in adolescence (Schwartz *et al*., 1999). Nevertheless, inhibition in the early years does not lead remorselessly to later shyness. Some children become less shy and others more so. Clearly, children encounter different kinds of social situations as they grow older, and shyness will take a different form for the toddler than for the schoolchild or the young person seeking friendships or romantic attachments. This has implications for the measurement of shyness and for estimates of its stability. It also raises questions about changes in the nature of shyness as children grow older; and we now consider this issue.

Two kinds of shyness?

We have noted that shyness in adulthood involves concerns with the impression made on others, with being negatively evaluated by others, and with being embarrassed. Although young children can undoubtedly be shy, no researcher imagines that this is due to self-presentation anxieties, believing that such anxieties require cognitive, emotional and social attainments that are not reached by that age. How could young children be shy if they lack the maturity necessary to have self-presentation concerns?

One answer is that there are two forms of shyness, one that appears early in life (and is represented in the studies of early inhibition) and that continues to exert an influence on behaviour, and another that emerges somewhat later in development. Buss (1986) has labelled these forms fearful and self-conscious shyness. The latter appears when children acquire a 'theory of mind' and they are able to reflect on their own behaviour from different perspectives and become

conscious of themselves as social actors. There is evidence of relevant changes in children's understanding of shyness, where self-conscious concerns are apparent by about five years. Yuill and Banerjee (2001) invited children to say which was more likely to make a child shy – meeting a stranger or singing alone in front of the class. A majority of five- and six-year-olds selected the latter option.

However, fearful shyness is not superseded by the self-conscious form. References to both forms are found in content analysis of interviews with older children and adults (Crozier, 1999). There is also evidence from studies that involve a peer-nomination technique where children 'cast' other children for parts in a school play, drawing on descriptions of behaviours characteristic of shyness (generated by a different sample of children). In a factor analysis of the nominations, the descriptive item 'someone who doesn't talk much to other kids' loaded on an 'inhibited/wary' factor, whereas the item 'someone who doesn't answer questions in class' had high loadings on a separate 'self-conscious/ anxious' factor (Younger *et al*., 2000).

Claims for two kinds of shyness are not new – Baldwin (1894) distinguished 'primary' or 'organic' bashfulness from 'true' bashfulness, the latter appearing at around three years of age. Lewis (2001) has proposed a similar classification of types of embarrassment. 'Exposure-embarrassment' is evident at an early age, for example in a child's coyness at seeing herself in a mirror. It emerges prior to 'evaluation-embarrassment', which can be seen around the third year if a child fails to meet standards of evaluation, for example, making a faux pas. 'True' bashfulness and evaluation-embarrassment both involve self-consciousness; how this develops is as yet little understood. Presumably, it requires the capacity to view the self as if through the eyes of others. This might be contingent on developments in perspective taking that occur around the age that new forms of shyness and embarrassment can be identified.

It is not yet known whether the distinction between fearful and self-conscious shyness means that there are two types of situations (novel or evaluative) that elicit a common state of shyness, or whether there are distinct states. Nor is it clear whether the emergence of the self-conscious form implies that there are children who had not hitherto been shy and who become shy at this stage, yielding different types of shy child. Asendorpf (1989) has argued for a common state, while Younger *et al*. (2000) claim that their peer-nomination measure differentiates two types of children.

Why are shy children quiet?

The distinction between fearful and self-conscious shyness also leads to different answers to this question, with varying emphasis on fear and self-conscious concerns.

Kagan (2001) has likened inhibition of speech to an animal's freezing reaction in novel situations. However, if freezing is a response to novelty, children should become less quiet as they become increasingly familiar with a range of social situations. Something must override the influence of familiarity so that even routine encounters can elicit shyness.

Another answer is that inhibited children have a physiology that produces more intense emotional reactions. They become aware of these reactions, come to anticipate them and attribute them to their own shortcomings (Kagan, 2001). This predisposition results in more intense fear of criticism and rejection and a greater tendency to perceive social situations as threatening to the self. This fear produces wariness, a suspension of activity in a threatening situation accompanied by increased vigilance while the extent of the threat is assessed.

Compatible with a self-conscious conception of shyness is the finding that when older children or adolescents are asked about their quietness, they report fears about making mistakes in front of their peers, about being the centre of attention, and about being embarrassed. Potential contributions to the conversation are rehearsed but are rejected in anticipation that they will be thought banal, inadequate or inappropriate. But we do not know whether the production of utterances is inhibited (one is quiet despite oneself) or silence is strategic – a protective self-presentation ploy or a 'safety behaviour' (Clark & Wells, 1995).

Shy children are justified in being concerned about self-presentation: reticence, like any behaviour, has social meanings and consequences. A child who has acquired a habit of being quiet finds that others notice and interpret that quietness – for example, children with delayed language development tend to be rated as shy by their parents (Paul & Kellogg, 1997). Quiet children might be labelled as shy, a label that they might adopt for themselves. They become conscious of being different from others, who appear to them to be naturally talkative, and perhaps believe that they are failing to fulfil the expectations of significant others in a society that places a high value on social confidence.

Some hint of the pressures of social expectations can be gleaned from interpretations of sex differences in shyness. Stevenson-Hinde and Shouldice (1993) have reported that parents find shyness less acceptable in sons than in daughters, especially as boys grow older. Kerr *et al*. (1994) report greater temporal stability of inhibition among girls, and suggest that this reflects cultural pressures on boys to be less shy. Kerr (2000) argues that this interpretation is supported by evidence of the differential impact of shyness on significant life transitions for men and women. Shy men marry and have children somewhat later than non-shy men (but there is no equivalent trend for women), and shy American men enter stable careers later than women (a finding not mirrored in Sweden where, Kerr argues, shyness is less negatively evaluated).

Overcoming shyness

First, it must be acknowledged that many shy people see no need to overcome their shyness. They may regard it as a positive personal quality or as an aspect of their personality to which they have adjusted. It is essential to bear this in mind in the context of recent media publicity for pharmacological 'cures for shyness' (usually referring to studies claiming that selective serotonin reuptake inhibitors have been effective in the treatment of social phobia). There is a danger that such publicity promotes the view that shyness is somehow abnormal, deviant or an 'illness'. Nevertheless, there is evidence that, for large numbers of people, shyness is a persistent problem that they would overcome if they could (Zimbardo, 1977). Epidemiological research is needed to confirm whether there are substantial numbers of people who experience

significant levels of social anxiety but who do not meet criteria for social phobia (or who would meet them if they were assessed) and who would benefit from access to psychological help.

A number of effective psychological techniques for overcoming social anxiety are available: anxiety management techniques; social skills training; cognitive therapies (which challenge the negative assumptions, beliefs and interpretations that help maintain social fears); and exposure exercises (where fear of a particular class of social situations, e.g. public speaking, is extinguished by repeated exposure to such situations without the feared consequences).

These methods are applied to the treatment of social phobia and may not be readily available to shy people, or their existence known to them. There are some community-based programmes specifically targeted at shyness, for example, the Palo Alto Shyness Clinic (Henderson & Zimbardo, 1998), and websites, self-help books and telephone help lines that point people in the direction of help, support groups, and so on (see Weblinks box). It would be valuable to compile, and make accessible a directory of these resources.

The research summarised in this article can contribute to methods for overcoming shyness. It advances the understanding of the nature, origins and development of shyness that provides the necessary underpinning for effective intervention. Establishing that there are different forms of shyness can result in focused techniques targeted at individuals with distinct profiles of shyness – programmes like that offered by the Shyness Clinic tend to be broad-based and draw upon a range of treatments. The distinction between fearful and self-conscious shyness offers a promising approach to developing such profiles.

Looking ahead

The construct of shyness has heuristic value. There has been a surge in research, whether influenced by Kagan's theory of behavioural inhibition or undertaken within a trait perspective. Nevertheless, there are many issues about the nature of shyness to be resolved. Longitudinal studies are needed to map in detail changes in shyness across the years of childhood. We have to understand better the psychological significance of the distinction between shyness related to timidity and wariness, and shyness related to self-consciousness and embarrassment. We do not know how the two forms of shyness relate to each other, or how inhibited children negotiate the self-presentation challenges they increasingly face as they grow older. We do not yet understand the processes that mediate between shyness and reticence. In my own work we are approaching this by manipulating the social context in which children make verbal responses to tasks (Crozier & Hostettler, 2001). We do not know whether these processes are the same at different ages or for all shy individuals. Shyness raises fundamental questions about the self, social relationships and social interaction processes, and research continues to draw productively from a range of perspectives, from personality theory, psychophysiology and social, clinical and developmental psychology.

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References

Asendorpf, J.B. (1989). Shyness as a final common pathway for two different kinds of inhibition. *Journal of Personality and Social Psychology, 57*, 542–549.

Baldwin, J.M. (1894). Bashfulness in children. *Educational Review, 8*, 434–441.

Bell, I.R., Amend, D., Kaszniak, A., Schwartz, G.E., Peterson, J.M., Stini, W.A. *et al.* (1995). Trait shyness in the elderly: Evidence for an association between Parkinsons disease in family members and biochemical correlates. *Journal of Geriatric Psychiatry and Neurology, 8*, 16–22.

Buss, A.H. (1986). A theory of shyness. In W.H. Jones, J.M. Cheek & S.R. Briggs (Eds.) *Shyness: Perspectives on research and treatment* (pp.39–46). New York: Plenum.

Cheek, J.M. & Buss, A H. (1981). Shyness and sociability. *Journal of Personality and Social Psychology, 41*, 330–339.

Clark, D.M. & Wells, A. (1995). A cognitive model of social phobia. In R. Heimberg, M. Liebowitz, D.A. Hope & F.R. Schneier (Eds.) *Social phobia: Diagnosis, assessment and treatment* (pp.69–93). New York: Guilford Press.

Crozier, W.R. (1999). Individual differences in childhood shyness. In L.A. Schmidt & J. Schulkin (Eds.) *Extreme fear, shyness, and social phobia: Origins, biological mechanisms, and clinical outcomes* (pp.14–29). New York: Oxford University Press.

Crozier, W.R. (2001a). Shyness, self-perception, and reticence. In R.J. Riding & S.G. Rayner (Eds.) *International perspectives on individual differences: Vol. 2. Self-perception* (pp.53–76). Westport, CT: Ablex.

Crozier, W.R. (2001b). *Understanding shyness.* Basingstoke: Palgrave.

Crozier, W.R. & Hostettler, K. (2001). *Shyness and children's vocabulary*. Paper presented at the Society for Research in Child Development Biennial Meeting, 19–22 April, Minneapolis, MN.

Davidson, R.J. & Rickman, M. (1999). Behavioral inhibition and the emotional circuitry of the brain. In L.A. Schmidt & J. Schulkin (Eds.) *Extreme fear, shyness, and social phobia: Origins, biological mechanisms, and clinical outcomes* (pp.67–87). New York: Oxford University Press.

Evans, M.A. (2001). Shyness in the classroom and home. In W.R. Crozier & L.E. Alden (Eds.) *International handbook of social anxiety* (pp.159–183). Chichester: Wiley.

Harkins, J. (1990). Shame and shyness in the Aboriginal classroom: A case for 'practical semantics'. *Australian Journal of Linguistics, 10*, 293–306.

Henderson, L. & Zimbardo, P.G. (1998). Shyness. In H.S. Friedman (Ed.) *The encyclopedia of mental health* (Vol. 7, pp.497–509). San Diego, CA: Academic Press.

Kagan, J. (1994). *Galen's prophecy*. London: Free Association Books.

Kagan, J. (2001). Temperamental contributions to affective and behavioral profiles in childhood. In S.G. Hofmann & P.M. DiBartolo (Eds.) *From social anxiety to social phobia: Multiple perspectives* (pp.216–234). Boston, MA: Allyn and Bacon.

Kerr, M. (2000). Childhood and adolescent shyness in long-term perspective: Does it matter? In W.R. Crozier (Ed.) *Shyness: Development, consolidation and change* (pp.64–87). London: Routledge.

Kerr, M., Lambert, W.W., Stattin, H. & Klackenberg-Larsson, I. (1994). Stability of inhibition in a Swedish longitudinal sample. *Child Development, 65*, 138–146.

Kessler, R.C., McGonagle, K.A., Zhao, S., Nelson, C.B., Hughes, M., Eshleman, S. *et al.* (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. *Archives of General Psychiatry, 51*, 8–19.

Leary, M.R. (1986). Affective and behavioral components of shyness: Implications for theory, measurement, and research. In W.H. Jones, J.M. Cheek & S.R. Briggs (Eds.) *Shyness: Perspectives on research and treatment* (pp.27–38). New York: Plenum.

Lewis, M. (2001). Origins of the self-conscious child. In W.R. Crozier & L.E. Alden (Eds.) *International handbook of social anxiety* (pp.101–118). Chichester: Wiley.

McNeil, D.W. (2001). Terminology and evolution of constructs in social anxiety and social phobia. In S.G. Hofmann & P.M. DiBartolo (Eds.) *From social anxiety to social phobia* (pp.8–19). Boston, MA: Allyn and Bacon.

Paul, R. & Kellogg, L. (1997). Temperament in late talkers. *Journal of Child Psychology and Psychiatry, 38*, 803–811.

Rapee, R.M. & Sweeney, L. (2001). Social phobia in children and adolescents: Nature and assessment. In W.R. Crozier & L.E. Alden (Eds.) *International handbook of social anxiety* (pp.505–523). Chichester: Wiley.

Schwartz, C.E., Snidman, N. & Kagan, J. (1999). Adolescent social anxiety as an outcome of inhibited temperament in childhood. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*, 1008–1015.

Stevenson-Hinde, J. & Shouldice, A. (1993). Wariness to strangers: A behavior systems perspective revisited. In K.H. Rubin & J.B. Asendorpf (Eds.) *Social withdrawal, inhibition and shyness in childhood* (pp.101–116). Hillsdale, NJ: Lawrence Erlbaum.

Younger, A.J., Schneider, B.H., Wadeson, R., Guirguis, M. & Bergeron, N. (2000). A behaviour-based peer-nomination measure of social withdrawal in children. *Social Development, 9*, 544–564.

Yuill, N. & Banerjee, R. (2001). Children's conceptions of shyness. In W.R. Crozier & L.E. Alden (Eds.) *International handbook of social anxiety* (pp.119–136). Chichester: Wiley.

Zimbardo, P.G. (1977). *Shyness*. Reading, MA: Addison-Wesley.