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Individual and universal shyness characteristics in elementary students: Implications for counseling

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Individual and universal shyness characteristics in elementary students: Implications for counseling

Abstract

The basic feeling of shyness is universal (Hyson, 1987). Researchers have found that over 40% of North Americans are presently shy and over 80% of the population reported that they have been shy at some point in their lives (Ishiyama, 1984). Zimbardo's survey (cited in Christian, 1982) of 5,000 people from the United States and other countries found shyness to be common and universal. In every culture that he studied, at least 25% of the members considered themselves to be presently shy (Christian, 1982). These and other statistics gathered from self-reports indicate that shyness affects a majority of people at some time in their lives and/or in some situations (Honig, 1987; Ishiyama, 1984).

INDIVIDUAL AND UNIVERSAL SHYNESS CHARACTERISTICS
IN ELEMENTARY STUDENTS: IMPLICATIONS FOR COUNSELING

A Research Paper
Presented to
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Karen K. Lindberg

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The basic feeling of shyness is universal (Hyson, 1987). Researchers have found that over 40% of North Americans are presently shy and over 80% of the population reported that they have been shy at some point in their lives (Ishiyama, 1984). Zimbardo's survey (cited in Christian, 1982) of 5,000 people from the United States and other countries found shyness to be common and universal. In every culture that he studied, at least 25% of the members considered themselves to be presently shy (Christian, 1982). These and other statistics gathered from self-reports indicate that shyness effects a majority of people at some time in their lives and/or in some situations (Honig, 1987; Ishiyama, 1984).

This paper is a review of the current literature on the behavioral characteristic labeled as shyness and presents strategies that the counselor can use to help children overcome shy tendencies. Specifically, this paper will deal with the shy characteristics of elementary school children. The choice of elementary children as the age group of focus does not reflect an opinion that this age group demonstrates the most obvious problematic shyness. Instead, it is this period

in children's development, middle and late childhood, that will set the stage for a chronic pattern of shyness across their life span (Capsi, 1988). School is the environment in which children's perceptions of their capabilities and competencies take hold (Honig, 1987). Children with a healthy self-image will feel more confident than those who feel unsure and inadequate (Zimbardo & Rall, 1981). The elementary school teacher can greatly impact the direction of the student's emerging self-image (Honig, 1987), which is directly related to the level and consistency of the shy behavior (Buss, 1984).

Shyness appears to be a characteristic of some children most of the time and others sometimes (Honig, 1987). Though no one would advise labeling individual children as shy (Capsi, 1988), the observable characteristics of shyness cannot be ignored. Exhibited shyness could be a symptom of other problems such as a low self-esteem (Johnson, 1987) or the absence of appropriate social skills (Hyson, 1987). Chronic or extreme shyness is increasingly recognized as a serious obstacle to success in school for many children. Shy students tend to have negative attitudes toward school,

lower creativity and are less involved in school. They do not ask for help from teachers and do poorly on oral activities (Johnson, 1987).

The interpersonal consequences of shyness include a tendency to avoid social interactions or participate inappropriately in social situations (Turner, 1983). As a result, shy children are often judged by their peers to be less friendly and less likable than those who are not shy (Hyson, 1987). Reports of one study indicated that 19% of the children in a classroom were social isolates. This means that no one in the class chose these children as one of their friends (Johnson, 1987; Matter & Matter, 1985). Children who are shy also tend to like themselves less and consider themselves less friendly than their peers who are not shy (Hyson, 1987). For these reasons, children who are shy may be neglected by their peers and have few chances to develop appropriate social skills (Hyson, 1987). In this way, shyness robs children of their opportunity to grow socially (Honig, 1987).

It is generally accepted that good interpersonal relationships, including feelings of connectedness and belonging, are essential to a child's good mental health

(Matter & Matter, 1985). It may also be true that positive peer interactions may well be essential to the normal development of a child (Honig, 1987). Recent research suggests that persistent loneliness or social isolation makes an individual vulnerable to various mental and physical disorders. Loneliness has been linked to depression, alcoholism, juvenile delinquency, physical illness and suicide (Matter & Matter, 1985). Turner, cited in Matter and Matter (1985), suggested that loneliness and/or social isolation play a causative role in mental health problems.

Because of these negative consequences of shyness, the purpose of this paper is to provide information that will assist elementary counselors to effectively work with the variety of children who demonstrate the characteristics of shyness. This includes knowing what clues to look for and determining when a behavior requires intervention, as well as ways to minimize the children's shy behavior. Another purpose is to identify tools to assist parents and teachers in developing children's healthy view of themselves and other people, as well as combat their fears and irrational thoughts about social interactions.

When is Shyness in Children a Problem?

It is important to distinguish between what this paper describes as shy behavior and other related characteristics. Shyness is characterized as withdrawn behavior during social situations. This behavior is most apparent when the situation is unstructured and requires give and take in a conversation (Buss, 1984; Turner, 1983). There is a weak negative correlation between shyness and sociability which indicates that sociable people tend not to be shy and unsociable people tend to be shy. However, sizable numbers of people have also been found to be sociable and shy or unsociable and not shy (Buss, 1984). Thus, shyness and sociability will be considered as separate personality traits in this paper. They are different enough for shyness to be dealt with as something more than unsociability.

Unsociable people may be mistaken for being shy because they are reticent, are less involved in relationships and find social interaction less rewarding than do social people (Buss, 1984). This is the rationale used to distinguish shy children from those children who merely lack the motivation, interest or

desire to take part in verbal exchanges (Polifka & Polifka, 1985).

A Definition of Shyness

Shyness will be defined in this paper as anxiety in the face of social situations. Shyness is a manifestation of a mental attitude in which the children become extremely concerned about the social evaluation of themselves by others (Zimbardo & Rall, 1981). The anxiety is often displayed as discomfort, inhibition and awkwardness during social interactions (Buss, 1984; Melchior & Cheek, 1991; Honig, 1987). Thus, shy children have the desire to be sociable, but fear what others will think of them as a result of their social attempts and so they withdraw. Dr. James McCroskey described shyness as a form of communication apprehension (cited in Johnson, 1987). Communication apprehension is the fear of situations that require interpersonal communication (Johnson, 1987).

Characteristics of Shyness

The characteristics of shyness can be classified in a variety of ways. The following two categories were identified according to self-reports from people who are shy. The two most common classifications of shyness are

chronic and situational shyness (Zimbardo & Rall, 1981). Those who consider themselves to be chronically shy believe that shyness is a part of them. They are more likely than other children to react to new social situations with shy behavior (Hyson, 1987).

On the other hand, people who consider themselves to be situationally shy believe that certain social situations cause them to respond in an unnaturally shy manner (Zimbardo & Rall, 1981). Capsi (1988) identified the most frequent cause of situational shyness as novelty. He included physical novelty (moving), social novelty (meeting new people) and role novelty (starting a new job). It is generally unfamiliar situations and people who are perceived as different, powerful or evaluative that elicit shyness (Honig, 1987). In reports from people who are shy, they make a distinction between the kinds of people who tend to trigger shyness and those who do not (Zimbardo & Rall, 1981). At the top of the list are strangers, authority figures and members of the opposite sex. Those that are least likely to trigger shyness are friends, children/parents and siblings (Zimbardo & Rall, 1981).

The inconsistencies between behavioral observations

and self-reports on shyness have led to a distinction between private and public types of shyness. Public shyness describes the overt behaviors observable to others and private shyness is the covert, personal experiences of the individual (Ishiyama, 1984).

An example of private shyness is when children experience a mixture of feelings such as fear and interest or tension and pleasantness. These feelings of shyness may cause increases in children's heart rate and blood pressure (Hyson, 1987). Children who rate themselves as shy also perceives themselves negatively in comparison to other children. In one study children experiencing shyness reported themselves as more fearful, passive, introverted and less friendly, sociable and tolerant of others and they liked themselves less (Honig, 1987; Zimbardo & Rall, 1981).

The observable or public shyness in children is characterized by the typical approach/avoidance behavior (Hyson, 1987). Young children may alternate between smiling and pulling away. Other observable clues to shyness include blushing, a downward gaze, thumbsucking, clinging to and hiding behind others. Children who are shy often speak with a soft, tremulous or hesitant

voice. These children demonstrate reticence to get physically involved with others through touch and play. In the school setting, children who are shy rarely volunteer and do not ask others for help (Honig, 1987; Hyson, 1987; Polifka & Polifka, 1985; Zimbardo & Rall, 1981). They tend to physically withdraw. Physically withdrawn children are often characterized as failing to mentally attend to the environment. They daydream and are not able to recall what was going on around them. (Polifka & Polifka, 1985).

Causes of Shyness

There is no consensus in the research as to a single cause or source of each person's shyness. The research discusses heredity, environment, cognitive processing and developmental stages as all playing a part in a child's shyness (Buss, 1984; Capsi, 1988; Hyson, 1987; Ishiyama, 1984; Kagan, Reznick, Snidman, Gibbons & Johnson, 1988; Zimbardo & Rall, 1981). Studies of adopted children, as well as the consistent patterns of reticent behavior and inhibition in longitudinal studies indicate that heredity does play a part in the personality trait of shyness (Hyson, 1987). Buss (1984) suggested that three inherited tendencies

(fearfulness, unsociability and unattractiveness) may predispose a child to become shy. Buss (1984) observed that fear leads to shyness, rather than the other way around. He believed that the child who is generally fearful will tend to be afraid in non-social and social situations. It has been found that fearfulness has a strong inherited component.

A child who is physically unattractive, an inherited trait, tends to be less successful in his or her social interactions. Failed attempts at social interaction may lead to social isolation.

According to Zimbardo and Rall (1981), the inherited origin of shyness is not direct or conclusive. The problem is that it is difficult to separate the inherited predisposition from the learned responses to one's family, school, work and cultural experiences. In one study, three-fourths of the children who showed extreme shy, timid and quiet behavior in unfamiliar contexts at 21 months were quiet and socially introverted in a study six years later. An equal proportion of sociable, spontaneous 21 month old children became talkative, socially interactive school age children six years later. This means that three-

fourths of the children remained the same and one-fourth of the children in each extreme changed (Kagan et al., 1988). Why did this happen? They suggested that environmental factors acted to change some of the inherited predisposition to be shy or not shy in the 25% of the children who changed.

Hyson (1987) pointed out that children may be vulnerable to shyness at particular developmental points. He observed that the motivation to act shy is different at various age levels. For example, in infancy there is a fearful shyness in response to new adults. At the age of four or five the shyness is a self-conscious embarrassment. Buss (1984) distinguished these as two different kinds of shyness. The early form of shyness is based on intense fear and the later form on an acute self-consciousness. The peak of self-consciousness appears to be during early adolescence. Studies have shown that there is an increase in shyness during adolescence, especially among girls. Zimbardo and Rall (1981), explained that this is due to a heightened social anxiety and self-consciousness around the opposite sex.

Problems Associated with Shyness

The definition of shyness as anxiety in the face of social situations or communication apprehension is very broad. Most children experience anxiety at times or in certain situations. If all shyness is a problem in need of intervention, then intervention should be implemented for most, if not all, children. However, the consensus in the literature seems to be that it is specifically when a student's shyness interferes with learning, emotional growth and/or social adjustment that it is a problem which warrants intervention (Polifka & Polifka, 1985).

When shyness is interfering with a child's learning, social adjustment or emotional growth, it is important to determine the extent and sources of the shy behavior. The assessment of a child's shy behavior will lead to one of two conclusions. Either, the student appears to be shy and withdrawn, but is mentally healthy, or the student's shy behavior is a problem in and of itself or symptomatic of problems in other areas (Polifka & Polifka, 1985).

When the assessment determines that the student appears to be shy and withdrawn, but is mentally

healthy, not all researchers agree that such shy behavior warrants intervention (Bond, 1984; Conger & Keane, 1981; Hyson, 1987; Johnson, 1987; Richmond, Beatty & Dyba, 1985). Conger and Keane (1981) questioned the rationale for intervention with a child who is shy. They pointed out problems in the research methodology, such as the small numbers of subjects, variety of assessment procedures and the lack of extended followup. They also questioned the evidence of negative consequences to shyness over the long run. Hyson (1987) emphasized that shyness can be a normal adaptive response to potentially overwhelming social experiences. The child may withdraw temporarily to gain a sense of control. This researcher pointed out that in the absence of other difficulties, a child who is shy is not significantly at risk for psychiatric or behavior problems.

Other researchers emphasized that shy behavior, in and of itself, is reason for concern and intervention. Bond (1984) referred to quiet and shy characteristics as synonymous. He viewed the shy behavior as a vicious cycle or trap into which a child falls. He pointed out that once the shy behavior takes hold of a child he or

she has no choice, but to remain silent. Unless someone helps the child break this cycle, it will follow the individual for life. He further pointed out that instead of ignoring silence or withdrawn behavior in the classroom, the teacher must realize that the child is struggling with frustration, as well as anxiety, which could prove detrimental to his or her future.

Richmond, Beatty and Dyba (1985) pointed to research that has found shy children (and adults) to be perceived more negatively than those children who are outgoing and talkative. The results of this study clearly supported the hypothesis that other students perceive talkative students more positively than quiet students. They found that the social rejection of shy students occurs as early as nine years old. Student's with good communication skills who remain quiet will be perceived negatively, just as if the skills were not there.

Children who are shy are perceived negatively and rejected or ignored by their peers and teachers (because of perceived lack of communication skills) are likely to become isolated and less confident in themselves (Bond, 1984). The emotional effects of loneliness and a low

self-esteem sometimes lead to alcoholism, drug abuse, depression and even suicide (Johnson, 1987).

The second conclusion to the assessment of the children's shy behavior is that the shyness is a problem, in and of itself, or symptomatic of problems in other areas. It is believed that children who exhibit extreme shyness, which is neither context specific nor transient, may be at risk for psychiatric or behavior problems. Both manic depressives and schizophrenics were likely to have been social isolates during childhood (Hyson, 1987; Richmond, et al, 1985). Social withdrawal alone is not an accurate predictor of schizophrenia, however. All schizophrenics may exhibit social withdrawal, however few socially withdrawn individuals become schizophrenic. In the absence of problems in other areas, the shy, withdrawn children have very good long term adjustment possibilities, as compared to the aggressive or disruptive (anti-social) children (Conger & Keane, 1981).

How Can The Elementary Counselor Help The Shy Child?

The first step in helping the child who displays chronic shyness is to try to discover why the child is withdrawn (Bond, 1984). A child's shy behavior probably

has more than one cause. It is important to consider several causes and utilize several interventions, rather than to rely on only one. The cause of shy behavior may also be different from that which is maintaining the shyness. A counselor realizes that shy behavior in each child will not be due to the same factors. Therefore, the counselor, teacher and parent must be sensitive to individual student needs and utilize interventions that focus on several different factors (Polifka & Polifka, 1985).

Model a Sensitivity to Individual Needs

Counselors who work with individual students will not necessarily label them as shy, but will pay close attention to their specific behaviors in a variety of situations and use the behaviors as descriptors in choosing appropriate interventions (Zimbardo & Rall, 1981). It is important that the counselor, teacher and parents know and accept the whole child. A caring adult will discover the child's special interests and needs, as well as build a relationship with the child. This relationship between the adult and the child must demonstrate respect for the child. A caring adult who knows a child's special interests can also direct the

child to other people who share his or her interests. A relationship can, then, be built through these mutual interests (Matter & Matter, 1985).

Build Self-Esteem

A child's awareness of himself or herself as a social being varies greatly from one person to another. Social awareness seems to originate in the way in which each child is socialized. Each family's emphasis on manners and making a good impression vary considerably in intensity, as well as in their impact on each child (Buss, 1984). Most theorists have agreed that withdrawn behavior is related to feelings of social inadequacy (Polifka & Polifka, 1985). Shyness is a joint result of the child's wanting to create a favorable impression, but doubting his or her ability to do so (Capsi, 1988; Zimbardo & Rall, 1981). The child who is shy often compares himself or herself negatively with the socially confident person (Melchior & Cheek, 1991).

The caring adult will want to build up the student's sense of self worth through frequent praise and reinforcement of the child's communication attempts and social interaction. A specific strategy would be to encourage one-on-one play with a younger child in which

he or she has the opportunity to be socially assertive. The child practices leadership skills and meets social success with non-threatening, openly approving younger children (Zimbardo & Rall, 1981). The reasoning behind these interactions is that if a child feels good about himself or herself the child is not as likely to be shy (Hyson, 1987).

Facilitate Cognitive Restructuring

Zimbardo and Rall (1981) stated that shyness is a result of the feelings of low self worth, shame and a negative label. Therefore, in addition to giving the child praise and successes, it is important to change the negative self-perceptions or the child may not internalize his or her successes. The child who is shy differs from those who are not shy in the way in which he or she cognitively processes information. The results of one study showed that a person who is shy tends to spend a considerable greater amount of time evaluating his or her social encounters than do people who were not shy (Ludwig & Lazarus, 1983). There seems to be a circular relationship between shyness and unhealthy thought patterns. These cognitions displayed by a child who is shy include self-blaming, selective

attention to the negative information, expectations of negative evaluation by others and an inner dialogue of self-criticism (Zimbardo & Rall, 1981; Ishiyama, 1984; Melchior & Cheek, 1991).

Cognitive restructuring is a strategy that the counselor can use to replace the shy student's negative self-defeating thoughts with more positive cognitions (Melchior & Cheek, 1991). Cognitive therapists recognize that self-defeating thought processes contribute to inappropriate behaviors and feelings of loneliness. Cognitive therapy teaches a student to recognize his or her automatic thoughts as "hypothesis to be tested" rather than as fact. It is believed that changing a child's inappropriate, self-defeating thoughts can help him or her to overcome these social inhibitions (Matter & Matter, 1985).

When children are able to see the positive possibilities in their communication attempts, believing that reward and approval is always possible, this enables the children to act in ways likely to create a self-fulfilling behavioral process. Another strategy is to teach children the difference between constructive feedback, uninformed approval and hostile criticism.

The counselor can use this approach to teach children that everyone makes mistakes, it is okay to make mistakes and that people can learn from their mistakes (Zimbardo & Rall, 1981).

Teach Social Skills

A new direction for therapy, which has shown promise, is a combination of interventions involving cognitive restructuring and social skills training. This approach seeks to match the intervention strategies to the specific pattern of shy behaviors (Melchior & Cheek, 1991). The counselor uses social skills training to help a child who exhibit shyness, since the child's shyness seems to be related to a lack of appropriate social skills (Zimbardo & Rall, 1981).

The training in social skills involves teaching the techniques as well as motivating the child to overcome his or her reluctance (Turner, 1983). The lack of social experience and the resultant failure to develop social skills, may occur because the child has been deprived of the interaction or because the child has chosen not to interact (Buss, 1984). The shy child must be motivated to participate in social interactions. Often he or she chooses not to enter into social

interaction in order to avoid public attention, thus protecting himself or herself from possible embarrassment or rejection (Turner, 1983; Hyson, 1987). The caring adult will want to reinforce the process of trying new involvements. It is extremely important that the adult avoid communicating to the child that shyness is the cause of his or her social withdrawal. If the child internalizes the shy label he or she may use it as an excuse or justification for not participating. It then becomes a crutch or an acceptable excuse for not participating in uncomfortable interactions (Zimbardo & Rall, 1981).

Motivating a child to enter into social interaction is only part of the solution. The child must also be confident that he or she knows the appropriate social skills (Turner, 1983). Therefore training a child in social skills is appropriate. The training in social skills must fit the individual child's needs. The skills lacking in a shy child are different from the skills lacking in an aggressive child (Matter & Matter, 1985). Foster and Ritchey (cited in Johnson, 1987) have formulated a working definition of social skills. They described social skills as those responses which, in a

given situation, prove effective in producing, maintaining or enhancing positive effects for the interactor. Friedman (cited in Polifka & Polifka, 1985) classified the components of social skills intervention into four categories. They are categorized according to the goal of intervention: (a) Teach the child social skills. (b) Reduce the child's anxiety. (c) Alter the child's self-perceptions. (d) Improve the child's insights into his/her interactions. There was no consensus among the researchers as to the components of a social skills intervention. Friedman's classification is an example of one way to classify the interventions (Polifka & Polifka, 1985).

The counselor's goals when working with the shy child include helping him or her develop the skills to establish relationships. The caring adult will reinforce the child's social behavior, teach him or her specific skill phrases (such as "Can I Play?") and role-play social entry techniques with the child. The counselor can also help the child to identify new opportunities to make social contacts, such as one-on-one play and/or help him or her to start fresh with a new group of peers (Matter & Matter, 1985; Hyson, 1987).

It is important to keep in mind that the specific behaviors that make up social skillfulness will vary as a function of the situation, role, sex and age of the child (Conger & Keane, 1981).

The social skills training should also include active listening, empathic responding and decentering. These skills will help children who are shy to shift their attention away from themselves toward the task at hand. Children who demonstrate shyness need to be encouraged to live in the present moment. They will, then, tend to feel and act in response to experiences in the here-and-now, instead of focusing on themselves, monitoring their feelings and behaviors. They will more readily give their attention to the other person or persons with whom they are interacting (Melchior & Cheek, 1991; Zimbardo & Rall, 1981).

Encourage an Accepting Environment in the Classroom

Teaching social skills to the shy child may not be enough for him or her to gain social acceptance. The classroom environment can reinforce shy behavior and the feelings of social isolation (Matter & Matter, 1985). Teachers are often not aware of their impact on each child, especially sensitive ones. It is believed that

the school environment can create the quiet, shy child (Bond, 1984).

Five specific strategies that teachers can use in their classroom to create an accepting environment for all students are: (a) Develop a communication-permissive classroom. (b) Encourage, rather than require, oral performances. (c) Provide alternatives to oral performance, allowing students to demonstrate achievement in a variety of ways. (d) Avoid restrictive seating assignments. (e) Avoid grading on participation (Bond, 1984).

In addition, other children's behavior toward an individual child often mirror the teacher's behavior toward that child. Teachers can model acceptance of all children. Teachers can also facilitate student interaction through cooperative activities which promote the building of friendships (Matter & Matter, 1985).

Bond (1984) pointed out that many teachers lack training in communication skills. He felt that if the teachers were better able to understand the variety of ways to communicate, they would be more tolerant in the classroom. He has proposed a four-step strategy to attack the problem of social isolation in the classroom.

His strategies focus on teaching communication skills first to all teachers and then to all students in the elementary school. The focus of the training for teachers would be to understand the variety of communication behaviors of all students. The training for students would include a supportive, interactive environment (that has clear, sequential, well structured group activities), in which the shy child is encouraged to participate, but not forced to respond. Third, Bond (1984) encouraged teachers to utilize more oral communication activities in the classroom. Last, he proposed individual treatment on a voluntary basis for children who exhibit shyness (Bond, 1984).

Work With the Family

The counselor must understand that cultural and family differences may account for some children's shyness. A study by Kagan, Kearsley and Zelazo (cited in Honig, 1987) found that Chinese children were more socially withdrawn than Caucasian children. Children's family and cultural background are models for social behavior (Hyson, 1987). Socially isolated parents tend to raise children who are socially isolated. It is important that the counselor is aware of the family

dynamics and creates opportunities to work directly with family members. Strategies for counseling parents can be put into three categories: (a) The counselor provides information to the parents in the form of school programs or home visits. (b) The counselor forms a parent support group for the purpose of educating several parents. (c) The counselor refers the family for individual or group therapy. The purpose of these strategies is for the counselor to work directly with parents, helping them to develop better interpersonal skills and child-rearing practices (Matter & Matter, 1985).

It is important that parents provide a growing child with opportunities to interact with the child's peers. The parents must allow the child to approach interactions at his or her own pace. The caring adult must be patient with the child and realize that shyness may be the child's way of coping with new social situations. A play group in the child's home is a good place to start working with a very shy child. It is equally important that parents avoid doing or forcing the child to do things that set him or her apart

dramatically from other children (Zimbardo & Rall, 1981; Hyson, 1987).

Conclusion

The body of this paper was formed around two questions. The first question dealt with when shyness in a child becomes a problem. The research has shown that when a child's learning, emotional growth or social adjustment are being negatively effected by his or her shyness, it is time to take a closer look at the shyness (Bond, 1984; Christian, 1982; Johnson, 1987; Polifka & Polifka, 1985; Richmond et al., 1985) A few of the researchers felt that any time a child is very quiet, it is important to intervene and let the child out of his or her silent trap (Bond, 1984; Zimbardo & Rall, 1981).

The second question dealt with how the elementary counselor can be of help to the child who displays shyness. The research stressed taking an individual approach to assessing the child's shyness (Bond, 1984; Buss, 1984), then use a multiple approach to intervention (Polifka & Polifka, 1985). The multiple approach to shyness is recommended because it is believed that many factors contribute to the shy behavior (Polifka & Polifka, 1985). The research has

found it difficult to determine exactly how much each factor effects the child (Zimbardo & Rall, 1981).

The school counselor will utilize a variety of interventions and incorporate them consistently throughout the child's environment. The counselor will work with the child to restructure his or her cognitions of self-criticism, evaluation, and negative expectations. The school counselor will work with the classroom teacher to create an accepting environment that will give the child opportunities to build his or her self-esteem, develop effective social skills and communication skills. The counselor will help the classroom teacher gain an awareness of the specific needs of the child who is shy, because the child is not apt to make his or her needs known.

The counselor will be sensitive to the culture in which the child has been raised. He or she will assess the child's home environment to determine the extent of the shyness at home, as well as the level of parental concern. The counselor may then choose appropriate intervention strategies for the family, such as individual or family therapy, beginning a parent support group or giving the parents information that will help

the child to get involved socially in settings outside of school.

The research on shyness seems to have dropped off in the last seven years. Most of the resources that the author found are from the early to middle nineteen-eighties. This may be due to the fact that the phenomena of shyness is so pervasive and the causes, as well as the factors maintaining shyness, are difficult to separate. It may also be due to the results of some research that, in the absence of other difficulties, shy children grow up to lead normal, productive lives. As a result shyness has become a symptom to other difficulties and the research has begun to focus on these underlying or related problems.

Self-reports from people who have or are suffering from shyness suggest that it is a problem in need of attention (Christian, 1982). There are ways to help the child who is shy so that he or she can become relaxed and enjoy social interactions. It is important for counselors, teachers and parents to accept and work to understand the child in all of his or her unique qualities. For the child who is shy, understanding involves the discovery, not of what is being said, but

what the child is feeling, thinking and acting out.

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