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**Kasper, Alex G. *Shyness in the Classroom and its Impacts on Learning and Academic Functions***

Abstract

Shyness is a difficulty experienced by many students. Students who are shy will experience anxiety and want to avoid many educational situations. Teachers and peers may falsely believe these students are less capable and less intelligent. As a result, these students are unable to reach their full potential in the academic setting. These students face many difficulties in the classroom that go unnoticed. Shy students are less likely to demonstrate their knowledge, and teachers may develop poor perceptions of these students. They form weaker relationships with peers. Shy students also are likely to face more difficulties in their careers than their outgoing peers. Cognitive-behavioral therapy and medications have been used to help shy students; however, these are treatments available outside of the school. Teachers and other staff must be aware of the needs of shy students as well as know how to address them. The present research provides insight to the difficulties experienced by shy students; however, research indicates schools provide very little if any support to these students.

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## **Chapter I: Introduction**

Shyness is the “tendency to feel awkward, worried or tense during social encounters, especially with unfamiliar people” (APA, 2012). Not only are these psychological symptoms present, shyness may also produce physical symptoms, such as sweating or stomach complications (APA, 2012). Shy children will be weary in new social situations, will perceive such instances as threatening, and may experience high levels of anxiety (Coplan & Arbeau, 2008). Children face anxiety through perceived social evaluation when they are in a novel social situation. When children become older, they may not only experience anxiety, but also embarrassment in new social situations.

School for shy children is particularly more stressful than for non-shy children (Hughes & Coplan, 2010). Schools make use of large peer groups, such as group work and large group instruction, and these situations require verbal participation. Shy children will very likely withdrawal from these activities and will not participate in many academic and social growth opportunities. Many of these children will become dominated by the anxiety, making concentration on other academic activities very difficult. Although many teachers may prefer to have shy behaviors in their classroom because the classroom can be more orderly (Coplan, Hughes, Bosacki, & Rose-Krasnor, 2011), they view shy children as less capable of performing at a high level compared to their less shy peers (Hughes & Coplan, 2010).

Shyness has a major effect on internalizing behaviors for children. For instance, they are much more likely to experience anxiety disorders (Anderson & Harvey, 1988). School is also a place of much distress for shy children. They will be unwilling to interact with peers. They will also feel anxiety when interacting with their peers (Hughes & Coplan, 2010). There are many expectations for students to actively participate in classes; shy children will feel anxious when

such expectations are placed on them. Teachers hold lower expectations for shy students. Not only do they believe that shy students cannot obtain high grades, many teachers hold stereotypes that shy children have inferior cognitive abilities. They expect shy students to lack the skills necessary for performing well in the classroom (Hughes & Coplan, 2010).

It is currently believed that there are many factors that contribute to shyness. Shyness may be caused by linguistic delays; however, it is possible that personality will play a large role in children developing shyness (Hughes & Coplan, 2010; Coplan et al., 2011). According to Volbrecht & Goldsmith (2010), there is a strong family component. If parents are highly anxious, especially the mother, children are more likely not only to suffer from high levels of anxiety, but are also liable to develop other internalizing behavior problems, such as shyness. Children may exhibit the poor coping skills and aversion behaviors modeled by their parents.

Another family component related to shyness is the home environment. Children from chaotic homes are more likely to be shy. They will experience rejection within their family structure, and they may experience unrealistic rejection in other aspects of their lives as well (Volbrecht & Goldsmith, 2010). Shyness was shown to be elevated in children whose mothers have high levels of neuroticism and overprotectiveness (Coplan & Arbeau, 2008). There also have been links between mental health problems, including shyness, and low socioeconomic status. If shyness is not properly addressed during childhood, it may last through adolescence and persist into adulthood. Indeed, childhood shyness also may predict later anxiety disorders. Most adults who have social anxiety disorders reported being shy throughout their childhood (Volbrecht & Goldsmith, 2010).

Currently there are few options available to help those with shyness. One of the most prominent methods for treatment is the use of medication. Many of the prescribed medications

used to treat depression have also been used as a treatment strategy for those with shyness (Scott, 2006). This includes use of selective serotonin reuptake inhibitors (SSRIs). While this treatment option is relatively easy to engage in, it does require constant appointments with medical personnel, which may be costly. In addition, these medications can yield many side effects such as insomnia or suicidal idealization (Gibbons et al., 2007).

Another treatment option available is cognitive-behavioral therapy (CBT). Shy people are taught methods to help identify their social inhibition; then they learn ways in which they can overcome their social averting behaviors (Hirshfeld-Becker et al., 2010). While CBT has been determined to be an effective method of treatment for shyness, there are potential drawbacks. For instance, it requires much time and the cost of treatment is high. This makes this method unattainable for many (Scott, 2006). Self-help literature has become a growing resource for shyness among many other difficulties. It is often easy to obtain and easy to implement. However, many self-help resources do not come from any evidence based research, and at times may be harmful to the user (Norcross, Santrock, Zuckerman, Sommer, & Campbell, 2003). While the research literature does provide some treatment options to help shy students, these methods are not conducted in the school, and many students may have some difficulty attaining these treatments.

### **Statement of Problem**

Shy children experience a much harder time attending school than their non-shy counterparts. Many aspects of the learning environment are dependent upon interacting socially with peers and teachers. These situations bring about high levels of stress and anxiety for shy children. Teachers perceive shy children as being less intelligent than non-shy children. Such notions can be harmful to these students, and thus cause more severe aversion symptoms. School

personnel have the responsibility to identify shy students, develop a better understanding of their individuality, and provide an effective environment in which they can grow and learn.

### **Purpose of the Study**

The focus of this literature review is to investigate the difficulties a shy student has in the classroom. In addition, an exploration of literature on interventions will be conducted to provide suggestions for creating an environment that can lead to less anxiety and a better learning experience for shy children. An investigation through a comprehensive literature review will be conducted during the fall semester of 2012.

### **Research Objectives**

The following research objectives are addressed in this literature review:

1. To explore the relationship between shyness and school performance.
2. To explore the relationship between shy students and teacher perception and reactions.
3. To identify interventions that teachers and other school personnel can use to improve relationships and learning.

### **Definition of Terms**

**Anxiety.** “An abnormal and overwhelming sense of apprehension and fear often marked by physiological signs (as sweating, tension, and increased pulse), by doubt concerning the reality and nature of the threat, and by self-doubt about one’s capacity to cope with it” (Merriam-Webster, 2012).

**Shyness.** “The tendency to feel awkward, worried or tense during social encounters, especially with unfamiliar people, negative feelings about themselves; worries about how others view them; and a tendency to withdraw from social inventions” (APA, 2012).

**Assumptions of the Study**

It is assumed that children who are shy have more troubles at school than their peers who are not shy. Shy students will have weaker peer relationships as well as teacher relationships. They will experience stress in group and presentation settings in the classroom, and they will have less cognitive resources due to the elevated levels of stress. This will lead to less ability to participate in classroom activities, and quicker mental fatigue. Shy children also are unable to form healthy peer and teacher relationships. These challenges are likely hindering the student's full potential to learn.

**Limitations of Study**

Although this study provides a review of relevant literature on shyness and school performance, it is only a literature review. With the exception of the suggestions and implications made from gathered information, there are not any new contributions to add to the field. Further, the implications and suggestions should be considered cautiously, as they have not been tested and are not conclusive.

## **Chapter II: Literature Review**

This chapter will focus on different factors related to shyness and the influence it has on academic functioning. An overview of shyness will be discussed; this includes what shyness looks like for children and adults, and the overall make up of shyness. How shyness affects students, and what is generally expected of them in the classroom will also be discussed. Finally the causes of shyness will be investigated.

### **Shyness**

Shyness is a persistent characteristic that occurs when one feels anxiety when presented in a novel social situation (APA, 2012). Children may feel they are being evaluated and have fears of being negatively reviewed and rejected, which may lead to actively avoiding social situations or withdrawal (Volbrecht & Goldsmith, 2010). There are many constructs that make up the characteristics of shyness. One of which is the preference for solitude. This is defined by an active and purposeful preference or isolation from others. As a result, they will purposefully withdraw from social situations. Shy people also have a preference to be excluded from peers, they will neglect the relationships they do have with peers, and this can lead to rejection from those peers (Rubin & Coplan, 2010).

According to Rubin & Coplan (2010), Shyness can occur at different levels and look different between people. There are several categories associated with shyness. One category is low approach, which signifies that the person will make few attempts to immerse him or herself into a social situation. Conflicted shyness is another category. An individual who falls into this category wants to engage in social situations, but feels anxiety when he or she does. Fearful shyness, a third category, is described as anxious feelings brought upon from any social situations for the individual. Someone with self-conscious shyness has anxious feelings in social

situations that are brought on by poor self-concept. Social fear is the anxious feelings of being in a social situation, as well as thinking about situations. Slow to warm up, the final category, involves anxious feelings that will subside after being immersed in the social situation.

According to Crozier & Alden (2001), shyness has been identified as being absent in certain environments. For example, it is not uncommon for parents and teachers to have different perceptions of the same child. That child could appear as outgoing and social in the home, but display social aversion at school. Despite environmental differences, shyness has been shown to be a stable trait (Crozier & Alden, 2001). The associated behaviors are manifested across long periods of time.

### **Cause of Shyness**

Family background is believed to play a major role in the development of shyness. If children experience high levels of family stress during a young age, they are more likely to experience shyness during the middle childhood years and beyond (Findlay & Coplan, 2009). Surprisingly, however, if family stress occurs at middle childhood, children are not any more likely to experience shy behaviors at any point of their life (Findlay & Coplan, 2009). Shyness can develop in children whose parents have high levels of stress and anxiety. Through their parenting, they may model poor coping techniques; rejection of the child's needs, and thus lead to fear of rejection of peers. Parents who experience high levels of conflict with their children may increase the likelihood of developing shyness in their children. Children may also develop a more dependent relationship with parents as well as a strong passive stance with other peers and new people (Feng, Shaw, & Moilanen 2011).

Children living in chaotic homes are much more likely to experience internalizing withdrawal behaviors (Volbrechet 2010). Using internalizing coping skills often will lead to a

cycle of shyness (Findlay & Coplan, 2009). Studies have indicated that families with lower socio-economic status are more likely to experience maternal stress reactions. If young children experience this constantly, they are far more likely to experience shyness when they become school aged. Additionally, these children are more likely to use behavioral inhibition as a maladaptive coping method, which as explained in detail later, can lead to shyness as well as other behavioral problems (Volbrecht & Goldsmith, 2010).

Family background is not the only factor related to the development of shyness. Indeed, gender also appears to play a role in social shyness. Research has indicated females are more likely to experience shyness, especially in adulthood, than males. Thus, it may be more socially acceptable for females than males to be shy. That means more consequences that are negative for shy males. (Coplan et al., 2011).

A major contributing behavioral theory to the function of shyness can be explained by the use of the behavioral inhibition system (BIS). This theory explains a feeling of hopelessness and submission that a shy person experiences (Van Ameringen, Mancini & Oakman, 1998). Non-shy people will find social situations desirable, and when they take an action to engage in these they find the situation satisfying. For someone who experiences anxiety in these situations, they experience a flight or fight response. When they are unable to receive satisfaction from fleeing or fighting, they will engage in the behavioral inhibition system. All action would be inhibited. That means the shy person would engage in no action. The lack of action will mean the situation will not get any worse; however, this can cause a continual cycle of anxiety, which will cause future social aversion (Rubin & Coplan, 2010).

Biology, such as genetics also can play a role in development of shyness. Studies have shown that mothers who are shy are generally more likely to give birth to shy children (Daniels

& Plomin, 1985). It is believed that inherited genes may lead to a capacity for arousal within the limbic sites in the brain. Low arousal thresholds are more common in shy children and adults (Kagan, Reznick, & Snidman, 1988). Children predisposed to shyness are more likely to engage in higher levels of motor activation when presented with novel auditory or visual stimuli. This is believed to be linked to the increased sensitivity of the more active limbic system for these children. Children predisposed to shyness genetically are also more likely to experience higher levels of fear compared to their same aged peers. The anxious feelings in social situations are reinforced by negative social experiences through early childhood; usually brought upon by shy parents (Crozier & Alden, 2005).

### **Shyness in School**

Shy children often may have desires to have social interactions; however inhibition results from the fear and anxiety of the actual social situation. The classroom is an area of much stress for shy students; the classroom not only contains large groups of peers and adults, but also there is a demand for verbal participation (Coplan et al., 2011). Shy children will participate less in the classroom and feel anxious when they do. Furthermore, when a shy student does participate they will talk less and provide less meaningful material due to the anxiety (Corzier, 2001).

While shy students do not participate regularly, which may lead to teachers to have lowered expectations, it is because of anxiety about interacting in the classroom, not due to lack of knowledge and/or skill (Hughes & Coplan, 2010). Past research has indicated that academic engagement is positively correlated with academic achievement. Therefore, one could conclude that because shy students do not engage in the classroom they function at lower levels (Evans & Evans, 1987).

Children who have been identified as being shy have many problems both inside and outside of the classroom. Shy children reportedly have more internalizing problems than their non-shy counterparts and may have stronger negative emotional responses. Children who are considered shy also have reported feeling angrier more often than their counterparts have and at many times the anger may escalate out of the child's control (Eggum et al., 2012). This inappropriate display of anger leads to relationship troubles for children who already find starting and maintaining relationships difficult. It is also believed that this leads to even more anxiety when socializing with peers. This may lead to a poorer self-concept.

As shy children are at an increased risk of higher levels of anxiety, they are also at a higher risk for depression; they report feeling sad more frequently than non-shy children (Eggum et al., 2012). Higher levels of anxiety lead to poor school performance. Shy students as well as other high anxious students generally have lower grades than other students. Social functioning is also decreased, which leads to the poorer relationships, and more stressful school experience (Wood, 2006).

According to Arbeau & Coplan (2010), children who are shy can experience a variety of problems in the classroom setting. For instance, they have difficulty interacting with peers. Shy children struggle establishing and maintaining friendships, which is part of the social learning experience for students. Student teacher-relationships of shy students also suffer. These relationships at many times can be chaotic and cause more social aversion for the student (Arbeau & Coplan, 2010). Teachers have less developed relationships with shy students since shy students tend to avoid such social situations. Therefore, teachers may not engage with shy

children as readily as their non-shy counterparts. Such a cycle cannot only cause disconnect for the student, but lack of understanding for these students (Coplan et al., 2011).

Shy children may have academic struggles as well. They experience higher levels of stress from being with peers and teachers, their cognitive abilities are taxed (Hughes & Coplan, 2010). This leads to a reduction in their cognitive resources that can be used for learning and paying attention. As a result, these students may have lower grades, lower standardized test results, and higher levels of incomplete work.

As shy students graduate, they will continue to experience hardships developing relationships and maintaining good job performance. Shy adults will often marry at older ages and experience more marital problems than their non-shy counterparts. Shyness often lasts throughout adulthood and interferes not only with academic performance, but also with job performance. Additionally, they will often experience fewer promotions in career, and they will be let go more frequently and experience more switching of jobs than others (Jones, Briggs, & Smith 1986).

Additional classroom related problems for shy children include others' perceptions of them. Peers of shy students believe that these students have lower cognitive abilities than their more socially active counterparts. Students will often label their shy peers as having lower intelligence quotients than others (Paulhus & Morgan, 1997). Generally, teachers hold a negative perception of shy students (Coplan, 2011). Teachers often believe these students do not know the answers because they do not readily participate as readily as their non-shy counterparts. Furthermore, they sometimes believe the reason they cannot provide input to classroom instructions is due to deficiencies in academic skills. However, the reason these students do not participate is often the result of their shyness not a lack of knowledge and/or ability.

As a result of their perceptions, many teachers have lower expectations for shy students. Additionally, teachers sometimes believe that shy students have lower cognitive abilities and score lower on tests that measure intelligence compare to same-aged peers (Coplan et al., 2011). It has been shown that teachers regularly predict lower performance for shy students on standardized measures of math and reading, but in reality, shy students perform comparable to their same aged, non-shy peers on these measures. Teachers and peers are not the only ones who hold negative perceptions of shy students. Indeed, shy children often report that they themselves have less intellectual ability. This also coincides with research that suggests that shy students have lower self-esteem (Paulhus & Morgan, 1997).

There are those do not hold the previously mentioned negative perceptions of shy children. Despite the fact shy students typically struggle to find and maintain close friendships, they are capable of having friends. These friends often report average levels of intelligence for their shy friends. This trend is also generally found among family members of shy students as well (Jones et al., 1986). While there is a general perception that shy people are less intelligent because they show a lack of social skills, shy students perform just as well as their more vocal peers on measures of intelligence and academic skills. In addition there is no difference between these two groups in school grade point average (Paulhus & Morgan, 1997). However, there is a relationship between higher levels of social aversion and lower college admissions test scores as well as college grade point average (Crozier, 2001).

### **Interventions**

As shyness has become identified as a condition with maladaptive effects, many treatments have become available to alleviate the symptoms of shyness (Scott, 2006). One of the identified treatment options is the use of psychotropic medications. Many medications used to

help alleviate depressive symptoms, such as monoamine oxidase inhibitors (MAO-I's), or selective serotonin uptake inhibitors (SSRIs), have been prescribed to those with shyness. It should be noted that this avenue of treatment has many potential drawbacks, including side effects. It has been determined that using anti-depressants, especially SSRIs, have led to an increase in suicide idealization in children taking the medication (Gibbons et al., 2007). SSRIs also can cause nervousness, and insomnia. In addition, SSRIs can cause muscle pain, as well as stomach pain. Digestive problems such as nausea and or diarrhea are also side effects associated with SSRIs. Older students and others taking a SSRI may also experience sexual side effects that include lower interest, desire and performance as well as lower satisfaction. Males taking SSRIs may also experience impotence (SSRI side effects, 2005). Additionally, while medication may lead to a quick alleviation of anxious feelings, it fails to gain any insight to the manifestation of the shyness. In addition, many are unable to seek general practitioners in order to access these medications, thus making this treatment option unattainable for many.

Psychotherapy, and other forms of counseling, can also be used as an intervention for shy students (Scott, 2006). Cognitive-behavioral therapy (CBT) is one of the most common approaches used when providing counseling services to people who are shy. CBT takes on the viewpoint that shyness is an anxiety disorder that is brought upon by irrational thoughts, and the negative beliefs brought upon by the social situation (Hirshfeld-Becker et al., 2010). CBT trains people to stop the autonomic negative thoughts, and to replace them with more positive thoughts. CBT generally lasts 6-12 weeks and treatment occurs one on one with a psychotherapist or counselor for one time a week. Sessions will generally include role play and social skills training. In addition, those undergoing cognitive behavioral therapy may also participate in group

therapy sessions, and will generally have activities to perform outside of the therapy sessions (Scott, 2006).

According to Hirshfeld-Becker et al. (2010) CBT can be specially tailored to the developmental level of the child. CBT relies on a teaching model for delivery. In practice the client will be taught about the cognitive behavioral model to explain their feelings and behaviors. In the case with shyness, the client would be taught about their thoughts about social interactions, and how that leads to the behavior of shyness (Scott, 2006). This would be taught in a way that is appropriate for the development of the client. The practitioner would then teach relaxation techniques that can be used to counter the anxious feelings, when the client is in a social environment. The client would rehearse these techniques, and implement them outside of the therapy session (Hirshfeld-Becker et al, 2010).

CBT has yielded many successful results. Research has indicated that CBT and other therapies are more effective in treating these troubling behaviors than use of psychopharmacological treatment alone. CBT has been shown to be one of the more effective treatments for treating not only shyness but other anxiety disorders as well. Children that were successful in therapy also reported having positive social interactions as a result of the treatment for years after termination of that therapy (Ishikawa, Okajima, Matsuoka, & Sakano 2007). While CBT remains one of the most effective ways to treat shy behaviors, it has some downfalls. CBT is an expensive treatment, and many are unable to afford such interventions, leaving it inaccessible to many. CBT is also contingent on the individual wanting to change, and this may not be the case for many students. The reported positive results of CBT are based on services to older children and adults; its effectiveness on younger students has not yet been established (Scott, 2006).

A more recent intervention technique for shyness stems from the self-help literature (Scott, 2006). Many people have written books, articles, blogs, etc. explaining shyness and ways an individual can follow steps to overcome their shyness. These pieces of literature can be written for the individual, trying to overcome his or her own shyness. They also can be written for caretakers to raise children who are not shy, or techniques to help children overcome their shyness. These methods are relatively cheap, if not free, and are very easy to come by. Many are produced through books and/or magazines, which are easily accessible through stores or public libraries. Many self-help guides are also available through the internet via various webpages and blogs (Scott, 2006). Self-help guides, however, may not be based on any scientific research, and may at many times be solely based on an individual's opinions (Norcross, Santrock, Zuckerman, Sommer, & Campbell, 2003). They may not be written by an expert on working with shy people, and the author may lack the expertise to give information that is actually helpful. Thus, some self-help guides may actually be harmful to the user(s), and using self-help guides must be done with extreme caution (Norcross et al., 2003).

Very little research exists that inform teachers and support staff how to provide a better school environment for shy students. It has been found that some teachers do provide reinforcement, in the form of praise, for shy children to encourage them to participate in the classroom (Hughes & Coplan, 2010). While providing positive reinforcement is often used to increase the likelihood for a shy student to repeat interacting in the classroom, it is more likely to bring unwanted attention to the student and cause the opposite effect. Thus, praise must be done inconspicuously as to not bring unwanted attention to the student (Crozier & Alden, 2011). This may be done by talking to the shy student when no other people are around, which will also lead to a stronger student teacher relationship. Building the stronger teacher-student relationship will

make the student more comfortable in the classroom. Shy students also will feel less anxiety answering closed ended questions, limiting their time speaking in a classroom. Shy children should also be called on first; more socially active peers will attempt to respond before shy students, eliminating chances for the shy student (Crozier & Alden, 2001).

Teachers make use of peer groups frequently in the classroom, and social interaction is more likely to occur in this type of activity. Shy students will normally regress in these groups. However, research indicates that having smaller groups, that are not lead by teachers, are more open to having shy students socially interact with the peers in the group. Shy children also have an easier time interacting with younger children; if possible, it would be beneficial to assign the shy student as an “older” helper to the younger student. (Crozier & Alden, 2001). Shy students have a tendency to be “invisible” during times such as recesses. An important method for helping shy students is never forcing a shy student into a social situation. Such an act would only increase their levels of anxiety and cause them to leave the situation. Instead of forcing these students, you should lure them into such situations (Scott, 2006).

The most serious setback experienced by shy students is their inability to ask for help (Crozier & Alden, 2001). This is especially defeating for shy students that may also have a learning disability. These children are less likely to be referred for special services. Support staff must spend time providing assertiveness training, and focusing on helping these students build strong social associations. Support staff also needs to be aware of the difficulties of shy students, and to be strong advocates for their shy students. (Crozier & Alden, 2001).

### **Chapter III: Summary, Critical Analysis, and Recommendations**

This chapter will provide a summary of the findings discussed in Chapter Two related to shyness and how that affects school performance. Following a summarization of Chapter Two, a critical analysis of the findings is provided. Chapter Three will conclude with recommendations to school professionals as well as future research.

#### **Summary**

Chapter Two began with an overview on shyness, including what shyness looks like, and the constructs that make up shyness. Students and adults who are shy often feel elevated levels of anxiety when in social situations. They have fears about being reviewed and rejected. Shy people will actively try to avoid situations in which there are opportunities for social interaction.

Shyness does not only afflict children, but can very commonly carry into adulthood. Shy people have less meaningful relationships with others, and when they do, more conflict may arise, and it is not uncommon for shy people to disconnect in relationships with others. Shy adults are more likely to marry later in life, and are less likely to receive job promotions (Jones et al., 1986).

Children in school who are shy often have many more problems than their non-shy counterparts. These children are more likely to have internalizing problems such as depression and anxiety disorders. They often may experience more negative emotional outburst than other students. Shy students often feel more levels of anger in which there is no outlet. Shy children have lower levels of self-esteem and self-concept. They have fewer friends and weaker relationships compared to their non-shy peers (Eggum et al., 2012).

While in the classroom, stress and anxiety that they feel from being in a social environment taxes their cognitive resources. This makes paying attention and comprehension of the lesson much more difficult. Shy students have weaker relationships with teachers, and

therefore can cause conflicts, and less of a desire for a teacher to help a shy student with more difficult material (Volbrechet 2010).

Teachers often believe that shy students are less intelligent and have fewer abilities to succeed in the classroom than their non-shy peers. Teachers often hold lower expectations for these students, and as reported in Coplan et al., (2011), teachers predict lower intelligence quotient scores and lower scores on academic achievement tests as well as other standardized tests. This is however not the case. Shy students perform just as well on all these measures as their non-shy peers. Shy students do participate on a much lower rate than other students, which may be a reason that teachers believe they have less ability and hold lower expectations for them.

Peers of shy students also hold the belief that shy students have lower intelligence and academic abilities than they do. Shy students also report that they believe they are less intelligent than more socially active peers. However, close friends and family members do not hold such beliefs. They report that the shy student they know does in fact have average intelligence and academic abilities (Hughes & Coplan, 2010).

Studies have indicated that family background plays a large part in the onset of shyness. Parents who often have high levels of anxiety pass on their behaviors to their children. These children model these behaviors and they themselves feel more levels of anxiety, learned fear and negative social interactions. Females are often more likely to experience shyness than males. It is believed that it is more socially acceptable for females to display shy behaviors, whereas for males there is more criticism, and it is less socially acceptable (Volbrechet 2010).

As indicated there are numerous options to alleviate shy symptoms. Many of the interventions focus on alleviating the anxiety symptoms that are part in shyness. The medical model of treatment makes use of medications, such as MAIO's and SSRI's that are commonly

used in the treatment of depression (Scott, 2006). There are many side effects with the use of these medications, and medications simply cover up some of the symptoms of shyness for the duration of the drug being active, it does not alleviate the problem. Structured counseling, especially the use of CBT can also be effectively used to alleviate shyness. CBT while being effective in many cases is expensive and time consuming. Many children would not access to such a treatment option. Another method is by the use of self-help materials. While easily obtainable, these methods many times are not researched, have no scientific background, and may actually be harmful to users (Norcross et al., 2003).

### **Critical Analysis**

The highlighted research addressed within this literature review provides evidence that children who experience shyness are at a greater disadvantage than their peers in many areas, including academic and social functioning; both key components to education. The lack of understanding by peers, parents, teachers, and other school personnel may only cause more negative experiences for shy students, and thus make it harder to overcome those behaviors. Much of this research has occurred within the last 5 years. Currently there is very little in the way of intervention or even a call for the problems of shy students to be addressed.

Many authors (Coplan & Arbeau 2008; Anderson 1988; Rubin & Coplan 2010) document the links between shyness and social skills. A major component to being shy is the lack of social experiences as well as the active practice of avoiding such situations. Social skills may be lacking at older ages due to limited practice of such skills. Shy students are less likely to know how to establish and maintain healthy relationships, and may seek dependence from the few people they are comfortable with, such as parents (Findlay & Coplan, 2009). Shy students

need to receive assistance; otherwise the lack of social skills will cause future social problems at an older age.

Shy students have more difficulties learning in the classroom. This has also been documented by many researchers, however, while limited, some research has shown that there is no difference between grade point averages between shy and non-shy students, and no difference in academic ability, and no difference in intelligence. However, shy people are reported to have more difficulties in careers. They are more likely to shift between jobs than non-shy people, and are less likely to receive promotions (Jones et al., 1986). By conducting more research a better understanding of the relationship between shyness and abilities can be made. This will lead to a need for intervention for these students. Shy students will have a better academic experience, and will be able to reach their full potentials.

While there are many treatment options available to people experiencing shyness, these methods are costly and time consuming. Low social economic status appears to be a factor that many shy children share. Being that, medication and therapy are not a viable option for many children, and therefore other methods must be used (Scott, 2006). These treatment options are also provided outside of the school. While school personal may be able to monitor medication use, and provide some therapy services, they are unable to provide primary treatment to students. In addition, no research is done or can recommend what teachers and service providers can do for shy students inside the classroom to help alleviate the symptoms enough that the students can reach their maximum potential. Providing intervention in the school will provide access for those students that cannot receive the services that they could not otherwise obtain. Interventions can provide better outcomes for shy students. Shy students can be treated in a more effective way by teachers if they had a better understanding of this particular population.

## **Recommendations**

The following recommendations are suggested for further research regarding school and social performance for shy students.

1. Due to the lack of any interventions being used or even studied, it is imperative that research is conducted on the needs of these students, and schools are able to take the necessary steps to ensure a more conducive and less stressful environments for shy students.
2. Very little research has been conducted on how students are able to perform in the classroom. More data needs to be collected on grade point averages between shy students and non-shy students. Researchers need to find how many assignments are completed, and the difference between the two groups. It would also be beneficial to investigate the participation in extracurricular activities of shy students.
3. Outcome research needs to be more complete. What is the current outcome for students with shyness? Research needs to be conducted to see the proportions that are able to go to college and finish with a degree. In addition, what kind of jobs do shy students typical get? This research can assist in creating interventions for shy students and can provide more opportunities for shy students.

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