

Shyness May Hide More Significant Problems

By HopkinsHealth, providing consumer health information from the Johns Hopkins University and Health System

Johns Hopkins Commentary: Shyness May Hide More Significant Problems
May 15, 1998

"Oh, he's just shy." These well-meaning words dismiss the child who is afraid to go to school, or the one who dreads parties, and they might be the truth. But labeling a child as shy also can prevent parents from seeing when intervention is needed. The tearful child who has to be peeled off of her mother on the school steps and eased into school every Monday may be suffering from an anxiety disorder. The child who is withdrawn and avoids social contact may be suffering from depression. In Part One of this HopkinsHealth interview, John Walkup, M.D., associate professor of psychiatry in the Division of Adolescent and Child Psychiatry at the Johns Hopkins Medical Institutions, explores the difference between a shy child and one who is suffering from an anxiety disorder.

HopkinsHealth: The question everyone asks is, "Is shyness genetic?"

Dr. Walkup: If we think of shyness as a characteristic of temperament and personality, then it's probably correct to say that shyness may be genetic, as most of personality, about 60 percent, can be attributed to genetic factors.

HH: Should you try to change a shy child?

Dr. Walkup: Whoa. First we need to do a bit of background on what shyness is. A researcher named Jerome Kagan has done a lot of research with infants who were characterized as having behavioral inhibition, which is jargon for children who are more quiet, reticent or shy, if you will. Follow-up studies of such children found that some of them later developed anxiety disorders. Some forms of shyness, over the long haul, are risk factors for psychiatric disorders. So when parents talk to me about shyness, my first question is: What is really going on?

HH: What kind of disorders are they prone to?

Dr. Walkup: There is a severe form of shyness we call social phobia. Children with social phobia worry and are very uncomfortable in social situations where they might feel scrutinized and in situations where they have to perform. These children are uncomfortable in group situations, even parties, and are also uncomfortable in situations where they do things in front of others such as talking, writing, eating, etc. Many children are shy and anxious. When they begin to avoid doing things because of how they feel, that is when shyness becomes more of a problem. At that point you want to them to get some help. Other children who appear shy may have a slightly different problem: separation anxiety. People might say, "They're shy," but separation anxiety is characterized by significant anxiety when they are separated or when they anticipate separation from their attachment figure. They worry that something might happen to their attachment figure or to themselves. They have problems going to school in the morning, going to bed at night. Sunday night can be a particularly difficult time for children with separation anxiety. Some children are so separation anxious that they're even afraid of being separated from their parents within the house. Now if kids in kindergarten and first grade are having some problems starting school in September and after the winter holiday break, that's almost developmentally normal. But when it is developmentally normal, kids do ultimately make the transition. If the anxiety symptoms are severe, if they persist to second and third grade, or are common throughout the school year, then it would be important to consider having the child evaluated.

HH: These are the kids who follow you around the house?

Dr. Walkup: Yep. The ones who are joined to you at your hip. Then there's another group that is more generally anxious; they worry about competition at school or in sports. They worry about being good at something. Then there are the kids who are depressed and withdrawn. They pull back from any form of contact. Someone might mistakenly interpret that as shyness.

In Part Two, Dr. Walkup discusses the various ways these children can be helped, from behavioral modification to medication.