

To Help a Shy Child, Listen

By Dr. PERRI KLASS, M.D.



Toward the end of the summer, I was seeing a middle-school girl for a physical. The notes from a clinic visit last spring said she was a good student but didn't talk enough in class. So I asked her: Is this still a problem for you? I'm shy, she said. I'm just shy.

Should I have turned to her mother and suggested — a counselor? An academic evaluation? Should I have probed further? How do you feel in school, do you have some friends, is anybody bullying you?

Or should I have said: Lots of people are shy. It's one of the healthy, normal styles of being human.

All of these responses, together, would have been correct. A child who is being bullied or bothered may be anxious about drawing attention to herself; a child who doesn't ever talk in class may be holding back because some learning problem is getting in the way, making her self-conscious. So you do need to listen — especially to a child who talks less rather than more — and find ways to ask questions. Are you happy, anxious, afraid?

But shyness is also part of the great and glorious range of the human normal. Two years ago, Kathleen Merikangas, a senior investigator at the National Institute of Mental Health, and her colleagues published a study of 10,000 older children, ranging from 13 to 18 years old. "We found that about half of kids in America describe

themselves as shy," she told me.

Common though it may be, our schools — and our broader culture — do not always celebrate the reserved and retiring. "Children who are shy, who don't raise their hand, who don't talk in class, are really penalized in this society," Dr. Merikangas said.

I have heard it said that temperament was invented by the first parent to have a second child — that's when parents realize that children come wired with many of the determinants of disposition and personality. What worked with Baby 1 doesn't necessarily work with Baby 2. The analysis of temperament has been a topic of discussion in pediatrics and psychology for decades.

"Temperament is the largely inborn set of behaviors that are the style with which a person functions, not to be confused with their motivation or their developmental status and abilities," said Dr. William B. Carey, a clinical professor of pediatrics at the Children's Hospital of Philadelphia and the author of "Understanding Your Child's Temperament."

Shyness reflects a child's place on the temperamental continuum, the part of it that involves dealing with new and unfamiliar circumstances. And starting a new school year may be hard on those who find new situations more difficult and more full of anxiety. What most children need is time to settle in, support from parents and teachers, and sometimes help making connections and participating in class.

If a child is not more comfortable after a month or so, parents should look at whether more help is needed, said Anne Marie Albano, director of the Columbia University Clinic for Anxiety and Related Disorders. Treatment usually involves cognitive behavioral strategies to help the child cope with anxiety.

All ranges of temperament have their uncomfortable, or even pathological, outer zones. Just as there are children whose rambunctious eagerness to participate makes trouble for them in school or signals the presence of other problems, there are children whose silence is a shout for help. I'm struck by the parallels between the ways we discuss shyness and the ways we discuss impulsivity and hyperactivity. In both cases, there is concern about the risk of "pathologizing" children who are well within the range of normal and worry that we are too likely to medicate outliers. By this thinking, children who would once have been considered shy and quiet too often get antidepressants, just as children who would once have been considered lively and rambunctious too often get A.D.H.D. medications.

But the most important question is whether children are in distress. Dr. Merikangas's study distinguished between the common trait of shyness and the psychiatric diagnosis of social phobia. Over all, about 5 percent of the adolescents in the study were severely restricted by social anxiety; they included some who described themselves as shy and some who did not. The authors questioned whether the debate about the "medicalization" of shyness might be obscuring the detection of the distinct signs of social phobia.

For parents who simply want to help a shy child cope with, for example, a brand new classroom full of brand new people, consider rehearsing, scripting encounters and interactions. "The best thing they can do is do a role play and behavioral rehearsal ahead of time," said Steven Kurtz, a senior clinician at the Child Mind Institute in Manhattan. Parents should "plan on rewarding the bravery."

But don't take over. "The danger point is rescuing too soon, too often, too much, so the kids don't develop coping mechanisms," said Dr. Kurtz.

Cognitive behavioral therapy relies on "successive approximations," in which children slowly close in on the behaviors they are hoping to achieve. In that spirit, a parent might arrange to meet another parent on the way to school, so a shy child can walk with another and bond. A teacher might look for the right partner to pair up with a shy child for cooperative activities in the classroom.

"Probably the worst thing to do is to say, 'Don't be shy. Don't be quiet,'" Dr. Merikangas told me. This is not about trying to change the child's temperament. It's about respecting and honoring temperament and variation, and helping children navigate the world with their own instruments.