



Social Inhibition in Preschool Children: Causes and Coping Strategies

Shanti Balda and Krishna Duhan

*Human Development and Family Studies, College of Home Science, CCSHAU,
Hisar 125004, Haryana, India*

KEYWORDS Assessment. Withdrawn Behavior. Shyness. Temperament. Gender Differences

ABSTRACT In the present study, preschool children were assessed for socially inhibited behaviour. Causes of social inhibition and maternal coping strategies were also explored. Forty-five preschool children, their mothers, and class teachers participated in the present study. An inventory was prepared for the assessment of social inhibition in children. Mothers and class teachers were requested to rate the frequency of social inhibition in children on a 5-point scale ranging from 1 (*never*) to 5 (*always*). Mothers were also requested to provide information on the causes and coping strategies for inhibited behavior. On the basis of obtained mean score, children were divided into three categories: below average, average and above average for social inhibition. Results revealed that 13.3 per cent children were identified as extremely socially inhibited. Majority of mothers believed that social inhibition or shyness was a basic human nature. To cope with inhibited behavior of children, most of the mothers encouraged children to make friends and to interact with others. Mothers also reported using verbal reprimand to direct appropriate behavior as one of the strategy. Girls were more inhibited/shy than boys. Findings of the present study have important implications for parents and care givers at home and educational context.

INTRODUCTION

During early childhood years of children, parents often experience the problem of social inhibition or shyness in their children. Shy behavior begins during second year of life and approximately 15 per cent of children react with above-normal fear to most social situations. This reaction is called “temperamental inhibition”—an inborn tendency to experience more fear than the average person. In simple terms temperamental inhibition or withdrawn behavior is called shyness. Although all children may experience shyness/social inhibition sometimes, some children experience shyness to a greater degree. It occurs most frequently in situations that are novel or suggest evaluation of the person or situations where the person is eye-catching or others are pushing.

Shy and fearful children have been described as “slow to warm up”. They tend to be cautious, and prefer to wait and see. They adapt more slowly to novel situations than normal children, but once they feel comfortable they can be sociable, friendly, and adventurous (Thomas and Chess 1977). It has been observed that shy children get fewer chances to practice social skills and develop fewer friends. They tend to avoid activities, such as sports, drama, and debate that would put them in the limelight. Shy children tend to be perceived as shy, unfriendly, and untalented. Shy children tend to become anxious teens (Prior et al. 2000). Coplan et al. (2009)

reported that inhibited children display more reticent (on looking, unoccupied) and anxious behaviors during free play in preschool than uninhibited children. Also, inhibited children participate less in structured social activities outside school as compared to their uninhibited counterparts.

Although there is nothing wrong with social inhibition or shyness in itself, as it is an aspect of personality, the fact remains that school, along with many other social situations, can be torturous for inhibited/shy children. Furthermore, since talk is central to learning in classrooms, shy children can be disadvantaged from an educational perspective (Oakley 2007). Hence, social inhibition or shyness can be painful for both parents and children. Parents however need to realize that some children are just born to be quiet and less outgoing than other children are. Therefore, it is important for parents to see whether a child’s social inhibition is becoming a problem and interfering with his/her daily life situations such as problems with school and social interactions.

Recently, Findlay et al. (2009) have reported that despite knowing that shyness is a risk factor for psychosocial maladjustment in childhood and that shyness is associated with greater internalizing difficulties and lower well-being, less is known about the conceptual mechanisms that may underlie these associations.

Keeping in view the damaging impact of social inhibition, the present study was undertaken to

identify social inhibition in preschool children and to delineate the factors causing social inhibition. Strategies to cope with social inhibition were also explored.

METHODOLOGY

Sample

Participants in the present study were 45 children (26 boys and 19 girls) enrolled in preschool laboratory, Department of Human Development and Family Studies, College of Home Science, CCS HAU, Hisar. Mothers and class teachers of these children also participated in the present study.

Measures

An inventory of 15 items was prepared for the assessment of social inhibition in children. Mothers and class teachers were requested to rate the frequency of social inhibition in children on a 5-point scale ranging from 1 (*never*) to 5 (*always*). The range of score for social inhibition could be 15 to 75. Total score was calculated and the higher score indicated socially inhibited behavior. For inter-rater reliability of the measure, class teachers were requested to assess the social inhibition in children.

A questionnaire was also compiled to find the causes of social inhibition and the strategies used by mothers to cope with social inhibition.

RESULTS

Assessment of Social Inhibition

Children were rated on social inhibition by their mothers and class teachers. Significant correlations were observed between maternal and teachers' ratings ($r = .56, p < .05$). Means and standard deviations were calculated for social inhibition. In the present study, maternal assessment was used to classify children in different categories of social inhibition. Children were divided into three categories below average, average and above average on the basis of mean scores and standard deviations. As shown in table 1, majority of children fell in average category of behavior (73.3%). Only six children (13.3%) could be identified as extremely socially inhibited or withdrawn. Of

these six children, four were girls and two were boys.

Table 1: Socially inhibited behavior among preschool children

<i>Behavior categories</i>	<i>Boys ($n_1 = 26$)</i>	<i>Girls ($n_2 = 19$)</i>	<i>Total ($n = 45$)</i>
Below average (1 SD below mean)	04 (15.4)	01 (5.3)	05 (11.1)
Average (Mean $\pm$ 1 SD)	20 (76.9)	14 (73.6)	34 (75.6)
Above average (1 SD above mean (Socially inhibited))	02 (7.7)	04 (21.1)	06 (13.3)

Note: Figures in parentheses indicate percentages.

Gender Differences in Social Inhibition

As shown in table 1, greater percentage of girls (21.1%) was socially inhibited as compared to boys. Independent sample t-test was computed to examine gender differences in scores of social inhibition. There were significant differences in social inhibition of boys and girls, $t(df, 43) = 2.02, p < .05$. Mean score of social inhibition in girls ($M = 57.22$) was greater than boys ($M = 51.77$). These results show that girls were more inhibited/shy than boys.

Causes of Social Inhibition and Maternal Coping Strategies

As presented in table 2, majority of mothers (88.9%) believed that social inhibition/shyness was a basic human nature. A small number of mothers (11.1%) were unaware about the causes of social inhibition.

Table 2: Causes of social inhibition and maternal coping strategies (n = 45)

<i>Maternal report Causes of</i>	<i>Frequency</i>	<i>Percentage</i>
Basic human nature	40	88.9
Not known	05	11.1
<i>Coping Strategies</i>		
Encourage to make friends	40	88.9
Encourage to talk to others	36	80.0
Provide social experiences	23	51.1
Verbal reprimand to direct appropriate behavior	22	49.9
With age shyness wanes	04	08.9

Note: For maternal coping strategies multiple responses were obtained.

Mothers used different strategies to cope with social inhibition in their children. Multiple

responses were obtained and were grouped as shown in table 2. To cope with social inhibition, 88.9 per cent mothers encouraged their children to make friends and 80 per cent mothers encouraged their children to talk with others. Also, 51.1 percent mothers provided social experiences to their children to overcome their shyness. About half of the mothers (49.9%) also reported using verbal reprimand to cope with social inhibition and to direct appropriate behavior in children. A few mothers (8.9%) reported that with growing age social inhibition/shyness wane on its own.

DISCUSSION

The results of the present study clearly depict that majority of children exhibited average behavior. Some children, approximately 13 to 15 per cent (13.3 % in the present study) could be identified as extremely shy or socially inhibited. These results get support from the previous research conducted by Rubin (1993). He identified 14.4 per cent children as socially withdrawn/inhibited in kindergarten at 5 years of age. Henderson and Zimbardo (in press) also revealed a lifetime prevalence of social phobia in 13.3 per cent population, making it the third most prevalent psychiatric disorder.

Maternal and teachers' assessment were significantly correlated showing that their observation of socially inhibited or shy behavior was similar. These results suggest that social inhibition or shyness can easily be observed in home and educational contexts, thus, parents and teachers need to be cautious and observe extreme shyness or social inhibition in children so that children can be helped from early years. Similar findings have been reported by Arbelle et al. (2003).

Results of the present study have shown that girls were more socially inhibited/shy than boys. One of the reasons could be as reported by Engfer (1993) and Stevenson-Hinde (1989) that shyness in girls is more likely to be accepted and rewarded, whereas shyness in boys is more likely to be discouraged.

In the present research study an attempt has been made to explore the causes of social inhibition. Majority of mothers believed that shyness was a basic human nature, that is, biological or temperamental. These findings get support from the previous research. There is

growing evidence of a hereditary or temperamental basis for shyness. In fact, heredity plays a larger part in shyness than in any other personality trait (Daniels and Plomin 1985). Asendorpf (1993) and Sanson et al. (1996) have reported that possible causes of shyness could be genetic, poor attachment bond between parent and child, poor social skills, or harsh treatment by parents, siblings, or others. Frequently teasing or criticism may also lead to shyness.

To cope with socially inhibited/withdrawn or shy behavior, majority of the mothers encouraged their children to make friends and to interact with others. Previous research also indicated that socially inhibited children sometimes become more socially comfortable through their parental efforts (Reznik et al. 1986). Kagan and his colleagues have conducted longitudinal research on infants exhibiting shy and timid temperaments at birth and followed them over a period of time. Six months later, some of the infants appeared to have outgrown their shyness. Kagan and Snidman (1991) suggested that parents of infants who outgrew their shyness were more likely to help their children learn to cope with small upsets. On the other hand, parents of infants who remained shy were more likely to comfort their children through their upsets, thus, further encouraging shyness. These findings suggest that with efforts parents can help their children to overcome shyness to some extent.

Another strategy used by about half of the mothers to cope with social inhibition was verbal reprimand. In a study, Mills and Rubin (1993) also found that mothers of socially inhibited children placed greater importance on direct approach to teaching social skills and were more likely to choose controlling strategies for dealing with unskilled and socially inhibited behavior. Mothers of socially withdrawn children felt more angry and disappointed as compared to mothers of average children. It has been seen that social inhibition or withdrawal, one of the important dimensions of temperament, is evaluated as difficult behaviour by parents. Balda has conducted research on temperament of preschool children in India and Australia (Balda 2001; Balda and Irving 2000, 2002). These authors have suggested that if the child is difficult temperamentally, the process of socialization is likely to proceed with turbulence and stress. Parents of such children become hostile to the

child and face difficulties in managing the child. As explained by Thomas and Chess (1989), parental hostility with temperamentally difficult child results in 'poorness of fit', the child's temperament can not cope sufficiently with social expectations and child experiences excessive stress. This is likely to lay foundations for unhealthy personality development or even a personality disorder. McClowry (2003) suggested that it is important to understand the child's temperament style so that parents can work with, rather than against, the child and respect the child's uniqueness without trying to remake his/her basic disposition.

Further, some mothers believed that with age social inhibition/shyness wanes. One of the reasons could be that as children grow older they are able to understand the negative consequences of social inhibition. To develop social relations and become part of a peer group, these children try to shed off their shyness to some extent. In fact, research shows that some change in children's temperament style normally occurs as they grow up, acquire new skills, and expand their capacities (Sanson et al. 2007).

CONCLUSION

In conclusion, the present study has made a contribution to increased understanding of social inhibition, withdrawn, or shy behavior. The findings of the present study support the previous research conducted in different countries across the globe. Extreme shyness or social inhibition is considered as a behavioural problem and mothers use a range of strategies to cope with it. The findings of the present study have important implications for parents and teachers working with young children. If social inhibition is observed during early years, parents and teachers can work together to help children overcome it at least to some extent and protect children from psychosocial maladjustment in childhood and later life.

RECOMMENDATIONS

Parents, caretakers, and teachers should be vigilant and closely observe the behavior of children. Once identified, inhibited, withdrawn or shy children should be given opportunities to explore a range of social situations and should be encouraged in such activities. Without

support, their innate withdrawing tendencies may preclude them from having important social experiences and learning how to handle them. Care takers should motivate shy children to try novel activities and to talk how they feel about what they are doing. Motivating children to talk in situations where they feel safe will help them open up in other situations by understanding that there is nothing to be afraid of.

ACKNOWLEDGEMENT

This research was funded by State Scheme, HDFS, CCS HAU, Hisar. The authors are grateful to the children, parents and class teachers who cooperated in this research project.

REFERENCES

- Arbelle S, Benjamin J, Golin M, Kremer I, Belmaker RH, Ebstein RP 2003. Relation of shyness in grade school children to the genotype for the long form of the serotonin transporter promoter region polymorphisms. *American Journal of Psychiatry*, 160: 671-676.
- Asendorpf JB 1993. Beyond temperament: A two-factorial coping model of the development of inhibition during childhood. In: KH Rubin, JB Asendorpf (Eds.): *Social Withdrawal, Inhibition, and Shyness in Childhood*. New Jersey: Lawrence Erlbaum Associates, pp. 265-289.
- Balda S 2001. Temperamental characteristics and paternal discipline. *Behavioural Scientist*, 2: 29-33.
- Balda S, Irving K 2000. Temperament of children and maternal disciplinary methods. *Indian Journal of Psychometry and Education*, 31: 85-88.
- Balda S, Irving K 2002. Temperamental attributes of children and parental discipline in Australia. *Journal of Family Ecology*, 4: 49-152.
- Coplan RJ, DeBow A, Schneider BH, Graham AA 2009. The social behaviors of extremely inhibited children in and out of preschool. *British Journal of Developmental Psychology*, 27: 891-905.
- Daniels D, Plomin R 1985. Origins of individual differences in shyness. *Developmental Psychology*, 21: 118-121.
- Engfer A 1993. Antecedents and consequences of shyness in boys and girls: A 6-year longitudinal study. In: KH Rubin, JB Asendorpf (Eds.): *Social Withdrawal, Inhibition, and Shyness in Childhood*. New Jersey: Lawrence Erlbaum Associates, pp. 49-80.
- Findlay LC, Coplan RJ, Bowker A 2009. Keeping it all inside: Shyness, internalizing coping strategies and socio-emotional adjustment in middle childhood. *International Journal of Behavioral Development*, 33: 47-54.
- Henderson L, Zimbardo P (In press). *Encyclopedia of Mental Health*. San Diego, CA: Academic Press. From <<http://www.shyness.com/encyclopedia.html>> (Retrieved October 10, 2009).
- Kagan J, Snidman N 1991. Infant predictors of inhibited and uninhibited profiles. *Psychological Science*, 2: 40-44.
- McClowry S 2003. *Your Child's Unique Temperament*:

- Insights and Strategies for Responsive Parenting*. Champaign, Illinois: Research Press.
- Mills RSL, Rubin KH 1993. Socializing factors in the development of social withdrawal. In: KH Rubin, JB Asendorpf (Eds.): *Social Withdrawal, Inhibition, and Shyness in Childhood*. New Jersey: Lawrence Erlbaum Associates, pp. 117-148.
- Oakley G 2007. 'I don't feel shy when I don't feel shy!' (a research on shyness of children). From <<http://www.highbeam.com/>> (Retrieved October 10, 2009).
- Prior M, Smart D, Sanson A, Oberklaid F 2000. Does shy-inhibited temperament in childhood lead to anxiety problems in adolescence? *Journal of the American Academy of Child and Adolescent Psychiatry*, 39: 461-468.
- Reznik JS, Kagan J, Snidman N, Gersten M, Baak K, Rosenberg A 1986. Inhibited and uninhibited behavior: A follow-up study. *Child Development*, 57: 660-680.
- Rubin KH 1993. The Waterloo longitudinal project: Correlates and consequences of social withdrawal from childhood to adolescence. In: KH Rubin, JB Asendorpf (Eds.): *Social Withdrawal, Inhibition, and Shyness in Childhood*. New Jersey: Lawrence Erlbaum Associates, pp. 291-314.
- Sanson A, Pedlow R, Cann W, Prior M, Oberklaid F 1996. Shyness ratings: Stability and correlates in early childhood. *International Journal of Behavioural Development*, 18: 705-724.
- Sanson AV, Letcher P, Smart D 2007. Temperament in early adolescence. In: N Allen, L Sheeber (Eds.): *Adolescent Emotional Development and the Emergence of Depressive Disorders*. New York: Guildford Press, pp. 215-237.
- Stevenson-Hinde J 1989. Behavioral inhibition: Issues of context. In: JS Reznick (Ed.): *Perspectives on Behavioral Inhibition*. Chicago: University of Chicago Press, pp. 125-138.
- Thomas A, Chess S 1977. *Temperament and Development*. New York: Brunner/Mazel.
- Thomas A, Chess S 1989. Temperament and personality. In: GA Kohnstamm, JE Bates, MK Rothbart (Eds.): *Temperament in Childhood*. New York: John Wiley and Sons, pp. 249-261.