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CAUSES AND CONSEQUENCES OF SHYNESS IN ADULTS

PHILIP, ETHER LENGKAT
Department of Special Education and Rehabilitation Sciences,
University of Jos, Nigeria

&

BODANG, ROTKANGMWA JULIANA
Department of Special Education and Rehabilitation Sciences,
University of Jos, Nigeria

Abstract

This paper examined the issues relating to shyness in adulthood. It is regarded as a contemporary psychological situation in human life. As an adult in the society, it is expected that as an adult member of society, no matter how an individual reacts to any situation, it is expected that one should be bold enough. It is a dismay to see that many adults are not bold enough to talk to the public. This paper therefore, looked at the causes, the theories that underpin the issues of shyness in adults, the Psychological effects and the genetic treatment of shyness of the adult. It is however recommended that the adult members of the society should be adequately involved in the affairs of the society. The effort will reduce shyness trauma among the adult members of the society.

Keywords: Adults, Causes, Consequences, Shyness, Society.

Introduction

Many people have shy attributes and may express these in their everyday lives which is commonly associated with some sort of negativity or unpleasantness and previous research has shown that about 40% of people report willingness to describe themselves as "shy persons." It is a phenomenon seen as a tendency to avoid social interactions and to fail to participate appropriately in social situations which means that the tendency to be shy can create barriers to love, work, play, and friendships. Shy people suffer numerous disadvantages and, compared with non-shy people, they more likely regard their networks (i.e., offline networks) as less supportive and less satisfying and are happy to be by themselves or to participate minimally in social encounters (Parrott 2000). It should be noted that shy people had less social support, smaller friendship networks, and fewer, more passive interactions in their offline lives than the non-shy people. Thus it is important to understand the nature and scope of the phenomenon of *shyness* as essential in helping people to overcome such unpleasantness.

People may experience shyness in two major ways: publicly and privately, but it has been associated with several emotional, social, and academic as well as professional problems. While there are multiple difficulties that often accompany shyness, there appear to be some factors that can moderate the negative effects. However, research has demonstrated certain understanding of the phenomenon in childhood with minimal research illuminating the causes and consequences of shyness in adulthood. Shyness has been described as one of the

most central and intriguing dimensions of the human condition (Zimbardo & Henderson, 2000). Many of the people who are willing to describe themselves as shy persons regard their shyness as a problem, and various investigators have begun to develop remedies for the social anxieties as well as social skills deficit associated with shyness in both normal and clinical populations .To achieve this kind of fit in the training of social skills is to deal with shyness, it is important to understand the nature and scope of the problem through a careful assessment of the components of such skills and of the behavioral differences between *shy* and *not shy persons*. Earlier attempts to locate such differences have surprisingly revealed few of them Borkovec, Stone, O'Brien, & Kaloupek,(2005) suggested that more evidence is needed to document their existence and expressions. For instance, there is need for research to be designed to examine the verbal, nonverbal, and affective or emotional differences between self-reported *shy* and *not shy persons.*

It is also important to understand possible gender differences in the manifestation of shyness and to learn more about the contextual factors that influence social anxiety. Pilkonis (2006) included two situational variations in a research design where shy people often report that their anxiety is evoked by ambiguous situations in which they are uncertain about how to behave; therefore, structured episodes and unstructured episodes were contrasted during an experiment. For instance, it is easy to expect that the presence of a stranger during an anxiety-arousing task will hamper the performance of a shy person; therefore, the presence or absence of a confederate during such a task period would also vary the outcomes or the behavior and choices of the shy person, just as one-to-one, opposite-sex interaction or presentations would vary in the analyses of both verbal and non-verbal behavior/action.

There are two major types of shy persons: those persons who are privately shy and focus on internal events (subjective discomfort, physiological arousal, fear of negative evaluation) in describing their shyness, and those persons who are publicly shy and regard their behavioral deficiencies (failures to respond, inappropriate or awkward responses) as more critical aspects of their shyness. One common thread in all shy people is that private anxieties are important to some degree because such anxieties are relatively inaccessible to observers, and because there is a good deal of ambiguity involved in interpreting the absence of behavior that characterizes shyness, which can be predicted that observers would be less accurate in general in identifying shy than not shy subjects under observation – just as it is easy to predict that privately shy persons would be even harder to identify than publicly shy individuals .

Discriminant analysis to determine the most salient differences between shy and not shy persons have also been performed.

The prevalence of shyness appears to be increasing in society since toward the end of the 20th century and the beginning of the 21st century, with over 50% of individuals endorsing shyness in the research literature (Zimbardo & Henderson, 2000) and such increase has been attributed to the rising occurrence of poor socialization within the family structure and increased social isolation due to reliance on technology.

Causes and consequences of shyness

In exposing the causes and consequences of shyness, especially as it affects adults, this paper examines the definitions of shyness and the theoretical foundations upon which the concept

is situated. The paper reviews the empirical literature on shyness and identifies major strides in research as well as suggests direction for further studies. The empirical study of shyness has gained momentum over the last 50 years along with significant advancement in its theoretical understanding and methodological approaches to its study. This Has Been made possible by the paradigm shift within the field of psychology from the behavioral emphasis to include the cognitive processes, which broadened conceptualization of social deficits in terms of social skills to include self-concept and self-evaluation. A growing body of empirical work has contributed to efforts to clearly define shyness as well as to understand the affective, behavioral, and cognitive aspects of shyness. Other endeavors also have been undertaken to shed light on developmental issues and biological foundations of shyness as well as to develop appropriate measurement tools and treatment techniques, irrespective of the fact that the overall understanding of shyness in both childhood and adulthood remain meager.

Concept of Shyness

Shyness seems to have always been present in the history of human social relationships though it has only recently become the subject of scientific inquiry, from around the second half of the 20th century to this day. The simplest and most basic understanding of shyness assumes fear of other people (Chec, 2019). Hippocrates described the phenomenon of excessive fear of people, presenting a man who *"loved darkness as life"*, *"dared not come in company, for fear he should be misused, disgraced, overshoot himself in gesture of speeches, or be sick"*, and *"thought every man observed him"* (Lydiard, 2019).

The concept of timidity also appears in the works of Aristotle of Stagira, who presents a type of shy person who experiences a fear of acting and speaking. He calls such an individual "*idle*," thus juxtaposing them with a *"shameless"* one. Chec, 2019).In times, the term 'shyness' has been used to represent diverse psychological experiences in empirical literature and is not a precise term (Chec, 2019; Crozier, 2000.

Leary, (2016) reviewed the various definitional classes of shyness and proposed that it is problematic to conceptualize shyness as simply a behavioral display (i.e., inhibition) or as an emotional, subjective experience (i.e., social anxiety). Thus to provide a more comprehensive and accurate picture of shyness to guide research, Leary (2016) proposed that it is optimal to include both subjective social anxiety and inhibited social behavior in its definition. Another way to define shyness was provided by Pilkonis (2006) as a tendency to avoid social interactions and to fail to participate appropriately in social situations.

Shyness is therefore, defined as *"a heightened state of individuation characterized by excessive egocentric preoccupation and over-concern with social evaluation… with the consequence that the shy person inhibits, withdraws, avoids, and escapes social interactions"* (Zimbardo, 1992). Shyness is a basic human instinct, following in the philosophy of Darwin while Izard (2007) described shyness as a discrete, fundamental emotion (an emotion profile in a "shy" situation includes interest and fear, which interacts with shyness). It implies that shyness can be defined as the experience of anxiety in social situations coupled with the avoidance of interpersonal interaction due to fear of interpersonal evaluation. Common synonyms include bashfulness, timidity, self-consciousness, and reticence (Cheek & Tyson, 2009).

Shyness is a combination of genetics, socialization, and modelling by an adult caregiver and it emphasized a particular attributional style that encompass locus of control, stability, and controllability.

Generally, shyness is a behavior the public observes but finds it difficult to define. For instance, shyness may be viewed as a tendency to be self-conscious, uncomfortable, and anxious while socially engaged, especially upon initial interaction. It has also been viewed as a cognitive dysfunction, in that a person feels responsible for social failures.The use of different terms to define the problem, such as "temperamentally or behaviorally inhibited" and "communication apprehension" (Rickman & Davidson, 1994; Manning & Ray, 1993).

Emotional State and Personality Trait of Shyness in Adults

According to Cheek and Tyson (2009), the experience of shyness typically involves three components:

1. Global feelings of emotional arousal and specific physiological complaints, such as stomach upset, pounding heart, sweating, or blushing which define the somatic-anxiety component of shyness;
2. The cognitive component of shyness constituted by acute self-consciousness, self-critical thoughts, and worries about being evaluated negatively by others; and,
3. Observable behavior such as quietness, cautiousness, awkward body language, avoidance of eye contact, and social withdrawal.

From an evolutionary perspective on emotional development, a moderate amount of wariness, concern, and caution regarding strangers and unfamiliar or unpredictable situations has considerable adaptive value. In addition, according to Cheek and Tyson (2009), anticipatory social anxiety is functional when it motivates preparation and rehearsal for important interpersonal events and shyness also helps to facilitate cooperative group living by inhibiting individual behavior that is socially unacceptable.

Gayus (2003) further explain that situational shyness as a transitory emotional state appears to be a normal aspect of human development and everyday adult life. For some people, however, shyness is more than a temporary situational response; it occurs with sufficient frequency and intensity to be considered a personality trait. About 30-40% of adults (particularly in the United States) label themselves as dispositionally shy persons. For those with early-developing shyness, genetic and physiological factors play a significant role in personality development. Retrospective reports indicate that 75% of young adults who say they were shy in early childhood continue to identify themselves as shy persons

Slightly more than half of shy adults report that they first became troubled by shyness between the ages of 8 and 14, and they do not appear to have the temperamental predisposition for becoming shy and inhibited. Instead, late-developing shyness is caused by the adjustment of problems of social development normally encountered in the transition from childhood to adolescence. The bodily changes of puberty, the newly acquired cognitive ability to think abstractly about self and other people, and the new demands and opportunities resulting from changing social roles combine to make adolescents feel intensely self-conscious and socially awkward. The development peak for shyness occurs around age

14 when two-thirds of the girls and more than half of the boys identify themselves as shy. Late-developing shyness, however, seems to be less likely to endure than the early developing temperamental predisposition. Adolescent self-consciousness gradually declines after age 14, and less than 50% of survey respondents who first became shy during later childhood and early adolescence still consider themselves to be shy by age 21 – which is higher for females than males in most age groups.

Considering the theoretical links between social anxiety and shyness, Dzwonkowska (2019) states that it is impossible to distinguish between them. Social phobia differs from social anxiety in terms of symptom severity, however, but since its appearance in various classifications of diseases [such as the Diagnostic and Statistical Manual of Mental Health (DSM) and the International Classification of Diseases (ICD)], social anxiety disorder (SAD) has become difficult to be differentiated from "*pure shyness*." In the DSM-5, for instance, SAD is described as a fear of negative judgement on the part of people who observe the behavior of the individual. According to Dzwonkowska (2019), people with SAD are afraid they might act "stupid" or tactless during social interactions, i.e., they will choke, their hands will shake when writing or appearing in public or they will be unable to speak or perform, e.g., dance in front of the audience, etc.

Due to intense anxiety, SAD patients avoid most social situations. Many report physical symptoms, including blushing, trembling of the limbs or sweating, the mere anticipation of which may trigger panic attacks. SAD begins at an early stage and lasts for years. "*The fear, anxiety or avoidance is persistent, typically lasting 6 or more months*" (Swiecicki & Galecki, 2015). SAD is accompanied by distress or disability and limitation of professional, academic, or social functioning though the DSM-5 dictates that social phobia should be differentiated, among others, from shyness. However, shyness remains a normal personality trait that can be mistaken for social phobia or SAD. It is a facet of personality that people, especially those less socially open, can consider positive and attractive, as shy persons are less expansive, easier to get closer to and make friends with (Chec, 2019).

Theoretical Dimensions of the Causes and Consequences of Shyness

Shyness is subjected to different theoretical orientations and this has further complicated its definition. For example, Srivastava, John, Gosling, and Potter (2003) compared the "Big Five" factors (openness, conscientiousness, extraversion, agreeableness, and neuroticism) and the contextual theory of personality. The former (Big Five), also known as the "plaster hypothesis" stated that personality was based upon biology and remained relatively stable throughout life (a kind of trait personality) while the latter, by contrast, viewed personality as evolving through circumstance and subject to change based upon both critical life periods and the gender of the individual (a sort of state rather than trait personality) – which may be viewed as a kind of trait-versus-state debate as to which is the basis for shyness. Additional theoretical orientations include early childhood attachment between child and caregiver and genetic and neurological factors as the basis or causes of shyness. Some of these theoretical positions are described in detail as they relate to the causes of shyness. Particularly, the paper focuses on the following theoretical dimensions of the causes and consequences of shyness, namely:

Attachment theories and shyness, Attributional theories of shyness and Genetic origins of shyness and the physiological responses to shyness

Theories of Shyness

Attachment theories that explain shyness emphasize both early emotional adjustment and later social competency where it is believed that parents have influence over a child's personality development. A secure bond results in a secure child who feels comfortable to explore the environment. The secure bond further allows the child to become accustomed to, and later involved in, interpersonal relationships, which have been described in the research literature that meeting a child's early emotional needs had long-lasting, positive effects (Considine, 2018). For instance, women who showed both increased psychological well-being and social competence when securely attached to both parental figures as they transitioned from childhood to adulthood (Kenney & Donaldson, 2008)

According to the attachment dimension, it is probable that the maternal influence was traditionally stronger in the earlier days of development, as a mother is likely to spend more time with the child and that differences in the way and manner mothers and fathers respond to their children were observed when assessing the level of attachment, just as the degree of marital conflict will negatively impact on attachment, an indicator of later social competency (Young, & Mitchell, 1997). However, the degree to which a particular parent has a stronger influence remains unclear, especially when factors such as genetics and cognitive self-talk are introduced.

To further complicate the role of attachment in the later development of shyness, research has also examined the role of culture and perceived parental bond. It should be noted that parental variables and the influence of race in a sample of college students where assessments were carried out to rate people's perceived parental bond, social competencies, and overall emotional wellbeing. The results showed that the African American and white samples held similar views of parental attachment, where strong attachment bonds positively correlated with stronger social competencies, regardless of race. However, in both groups, overall perceived parental relationships were stronger for fathers (although this finding was stronger for the African American sample) as against previous research that demonstrated a greater maternal influence in attachment.

Another research finding is based on a double-mediation developmental model which was based upon original attachment theories was conducted by Simpson, (2007). This model states that the ability to successfully engage in romantic relationships is based upon a foundation of successful infant attachment and peer relationships. In other words, the authors hypothesized a positive correlation between infant attachment and peer relationship satisfaction, followed by satisfactory romantic relationships – observed through a longitudinal study beginning at infancy and continuing through 20 and 23 years of age. Participants were classified into either secure, avoidant, or anxious/resistant attachment based on his or her responses. Assessments were carried out at different socially significant stages of the participants' development and it was revealed that there was a correlation between attachment at infancy and feeling secure and competent at critical stages of social development. The results of the study indicated a domino effect, whereby less securely attached infants were less socially competent as elementary as elementary school children. Consequently, this negatively impacted how social relationships were viewed during adolescence and how later romantic relationships were handled – suggesting a continuity between early attachment relationships later in life.

Based on research, therefore, shyness appears to be at least partially caused by the quality of the early attachment between a child and caregiver, which has been a cross-cultural phenomenon, noted in both overall theory and empirically based inquiry. An indirect influence on attachment is marital discord, the degree of which negatively impacts parent and child interactions, which unfortunately results in insecurely attached children with lifelong social anxieties associated with shyness.

1. Attributional Theories of Shyness

The manner by which individuals explain life experiences is known as attributional style and this can lean toward optimism or pessimism (Bruch & Pearl, 1995). Attribution is comprised of three main factors, each falling within a continuum: locus of control, stability, and controllability (Russell, 1982). The first, locus of control, is determined by the extent to which a person assigns cause to an event to internal (positive) or external (negative) factors. In other words, cause is either attributed to the self or something in the environment. Stability is defined by whether the cause of an event is fixed (negative) or variable (positive) – i.e., a person may believe the causal factor can change over time or that it is unchanging (e.g., luck or chance). The third factor is controllability, or the extent to which a person believes that capability for change (either internally or externally) is achievable. Shyness is correlated with negative attribution styles, whereby a person perceives limited control. In shy individuals, causal attributions are perceived to be resistant to change, and as such, negative outcomes are expected (Telglasi & Hoffman, 2002).

To investigate attributional styles of shyness, Telglasi and Hoffman, further compared a matched sample of shy and non-shy college students, asking each participant to complete a 10-item attributional measure that contained a situation with either a positive or negative outcome. Each item was related to one of three situations: performing a task, close interpersonal relationships, or initiating new relationships. Each item required that participants imagine that the particular situation was happening. The researchers examined the extent to which each participant internalized the outcomes of the situation, how each generalized the causes to real-life situations, the likelihood of each situation actually happening, and the potential impact of situation. They found that shy participants were more likely to attribute the results of positive scenarios to circumstances in which they lacked personal control. For instance, friendships were established at the workplace because co-workers were friendly, not because the individual was likeable or made an effort to make friends.

In negative scenarios, Telglasi and Hoffman (2002) further observed that shy participants significantly ascribed imagined outcomes to their own stable behavioral patterns. In these situations (e.g., "*You gave an important talk, and the audience reacted negatively*"), the degree to which a shy participant placed blame on him/herself for negative situations was more significant than credit for the positive. The authors reasoned that shy persons tended to expect both negative consequences and undesirable outcomes, especially in unfamiliar situations. This was primarily due to negative self-talk. Consequently, shy participants had difficulty acknowledging success. These attributions further promoted socially inhibiting behaviors and increased the likelihood of depression and/or anxiousness.

Another important aspect of shyness is its ability to resolve over time and in certain situations as reported by Asendorpf and Wilpers (2008) in a longitudinal study of personality change and social relationships. The goal of the study was to build evidence of either the relative stability or the noticeable differences in personality due to environmental changes. The "Big Five" personality factors were assessed on three occasions, and the extraversion factor included subscales for both shyness and sociability. Each person was also asked throughout the period of the study to list all important people in his or her life at that time. When the measure was repeated a second and third time, the list was revised to include new people and/or exclude people thought no longer important. In addition, each person was asked to journal all social interactions that either exceeded 10 minutes or were less than 10 minutes but emotionally charged. The authors concluded that personality adapted to a changing environment. However, the changes were slight and minimally impacted then quantity and quality of social relationships of shy individuals. In fact, new shy college students were generally unsuccessful in reinventing personality. Although shyness decreased during the period of the study, each of participants was still seen at a social disadvantage and the question of which factors may influence resolution of shyness was yet to be answered. Furthermore, two shy people may respond differently to a given social situation, and it is believed that perceived control of this personality trait may be responsible (Beer, 2002). This means that a shy person may minimize their shyness based upon cognitive mediation, motivation, and self-awareness. This juxtaposes the theories that shyness is an aspect of fixed personality as well as subject to change at the same time. For example, a shy person would likely fail socially if he or she believed that shyness was unchangeable. Conversely, a person who felt that shyness was controllable could socially succeed.

A shy person will often attribute perceived social failures to something within the self – particularly situations with positive outcomes are externally dismissed as luck or chance, while those with negative outcomes result in self-blame). The magnitude of this perspective depends on how the individual perceives shyness, considering the cognitive mediation in social situations.

2. Genetic Origins and the Physiological Responses of Shyness

Besides the attachment and attribution theorems of shyness, genetic and neurological factors also impact social shyness. This is evident by observation of the parents of shy children and by utilizing technology to measure brain reactivity (Kang, Gross, & Gabrielle, 2001). Even though much of the research on shyness focuses on environmental etiologies, there are some evidences attributing the origins of shyness to a socially fostered genetic predisposition. According to research conducted by Canli et al (2001), parents of inhibited children tended to display higher levels of anxiety. This parental anxiety was positively correlated with behavioral inhibition of children, suggesting a biological influence to shyness – which is especially triggered in unfamiliar situations. As a consequence of shyness, parents with inhibited children displayed decreased extroversion, increased social avoidance, and shyness. The authors concluded that the occurrence of shyness in children was based on a diathesis, whereby behavioral inhibition was both genetic and environmentally triggered. While parents are not to be seen as the sole cause of a child's shyness, they are believed to establish conditions in which shyness is possible (Lindhout, Markus, Hoogendijk, & Beer, 2009).

In a physiological study of personality, researchers examined brain reactivity to emotional stimuli and its impact on personality Canli et al, 2001). The study was based on the "Big Five" factors of personality trait, specifically extraversion and neuroticism. The study utilized mainly women based on the assumption that women were more emotionally reactive than men. Each of the participants were asked to scan a series of positive and negative pictures and rate each in terms of arousal and emotional impact while their brain activation patterns were monitored by functional magnetic resonance imaging (FMRI). The emotional intensity of the response was a result of brain activity. The researchers concluded that specific areas of the brain were activated when participants were presented with either positive or negative stimuli. Overall, stronger brain activation to positive stimulus was positively correlated with extraversion and localized to cortical and subcortical areas of the brain and amygdala. The authors found that as neuroticism increased, extraversion decreased. In other words, two factors associated with shyness, increased neuroticism and decreased extraversion, occurred as a result of brain reactivity to emotional stimuli. This neuroticism factor is considered especially important as it is linked to feelings of anxiousness and apprehension.

As a personality trait, neuroticism has been described as feeling lonely, even while in the presence of others, and feeling worried and tense without identifiable cause. It should be noted that those high in neuroticism may be more likely to react with fear, the emotion that maintains shyness (Theall-Honey, 2006).

Cognitively, the specific fears or worries reinforce shyness are related to how a shy person believes he or she is perceived by others and, neurologically, there appears to be higher brain reactivity in the left hemisphere of the temporal lobe in those who score high in neuroticism when presented with stimuli that evoke negative emotions .

Treatment for Shyness

In some cases, the treatment of shyness focuses on the clinical manifestations, such as anxiety disorders or social phobia. However, individuals with low levels of shyness for whom the condition nonetheless is negatively affecting their lives may also benefit from intervention (Considine, 2018). The treatment for shyness is similar to the treatment of social phobia, even though social phobia may be more of an impairing psychiatric disorder beyond normal human shyness (; Burstein,, 2011). The most common approaches to treatment include cognitive-behavioral therapy (CBT), systematic desensitization, and skills training, including assertiveness training, and positive affirmations. The Stanford/Palo Alto Shyness Clinic identifies seven approaches, which may be applied to each individual in various combinations. These are:

Social skills training, Simulated exposures to feared stimuli, Flooding (exposure to the feared stimulus until elimination of reaction, In-vivo exposures, Communication training

i. Assertiveness training
ii. Thoughts/attribution/self-concept restructuring

The dominant approach to the treatment of social phobia was behavioral, particularly desensitization but the CBT is more commonly used today for both individual and group therapies with a focus on changing individuals' negative cognitions, with research supporting the efficacy of this type of treatment plan (Blanco, Heimberg, & Schneier, 2010).

Pharmacotherapy may be included in the treatment of some patients, utilizing anti-anxiety medications, especially (Considine, 2015).

According to Pilkonis (2006), the differences between publicly and privately shy people suggest that different kinds of interventions may be necessary for these two classes of individuals. Publicly shy people, who are concerned primarily with behavioral difficulties, would presumably benefit most directly from social skills training. Privately shy people, who focus primarily on the quality of internal events, may require interventions aimed at changing their experience and their evaluation of their experience, as well as their behavior. While they would also benefit from skills training, additional techniques seem relevant for them. For example, relaxation training might be useful for lessening both actual and imagined arousal, and cognitive behavior modification techniques might be helpful in lessening excessive self-consciousness and altering negative self-evaluations.

Conclusion

The causes of shyness in adults are yet to be demonstrated adequately to justify any firm statements on the issue though shyness experts identify as possible causes to include (a) genes predisposing a person to shyness, (b) a less than firm attachment bond between parent and child (c) poor acquisition of social skills, and (d) negative attributional styles. So far, no one clear cause of shyness, especially in adults, has been identified, but it is believed to be as a result of a combination of genetic and environmental factors with physiological differences identified between shy and non-shy individuals. While most explanations of shyness constructs involve discomfort and the motivation to escape situations that contribute to it, there is need to acknowledge that shyness per se does not necessarily involve problematic emotion or avoidance of goals important to the shy person. One distinction to be made is that shyness may include social anxiety as an emotional component, but social anxiety does not necessarily lead to shyness behaviorally. The avoidant behavior has already been conditioned to external stimuli and is not triggered by feelings of anxiety. As can be seen from empirical demonstrations, shyness is much more complex than the common use of the term implies. And, although shyness is part of common language and described both as an emotional trait or state, chronic shyness is a fear of negative evaluation that is sufficient to inhibit participation in desired activities and that significantly interferes with the pursuit of personal or professional goals. Treatment of shyness usually should focus on changing the negative cognitions of the shy person and/or training of skills to enhance social interactions, while the use of medications may be prescribed in some cases.It is however suggested that society should accommodate the adults in the society by involving the adults in the affairs of the society.

References

Asendorpf, J.B. & Wilpers, S. (1998). Personality effects on social relationships. *Journal of Personality and Social Psychology, 6(4),* 1531-1544.

Beer,J.S.(2002). Implicit self theories of shyness. *Journal of Personality and Social Psychology, 83(4),* 1009-1024.

Borkovec,T.D.,Stone,N.M.,O'Brien,G.T. & Kaloupek,D.G.(2005). Identification and measurement of a clinically relevant target behavior for analogue outcome research. *Behavior Therapy, 5,503*-513.

Bruch, M.A.,& pearl ,R.G.(1995). Differences in parental and personal characteristics between generalized and non-generalized social phobics. *Journal of Anxiety Disorders, 8(2),* 155-168

.Burstein,M.,Ameli-Grillon,L.,&Merikangas,K.R.(2011). Shyness versus social phobia in US youths. *Pediatrics, 128(5),* 917-925.

Chec,M.(2019).Contemporary views on shyness: A literature review. *Archives of Psychiatry and Psychotherapy, 3, 77-*84.

Cheek A.& Tyson O.O.(2009). Attributional responses of anxious individuals to different patterns of social feedback: Nothing succeeds like improvement. *Journal of Personality and Social Psychology,52(1),*100-106

.Considine,M.E.(2015).*Shyness: Causes and impact.* An introductory course designed for psychologists who may assist persons with their shyness. https://www.netcegroups.com.

Crozier,W.R.(2000).*Shyness: Development, consolidation, and change.* Routledge.

Davison (1994). Shyness and physical attractiveness in mixed sex dyads. *Journal of Personality and Social Psychology, 61(1),* 35-49.

Dzwonkwska, I. (2019). Shyness: Causes, consolidation and management efforts. Global Journal of Psychology 2(4) 23-29.

Izard, J.O (2007). Social skills training for chronic psychiatric patients: Rationale, research findings, and future directions. *Comprehensive Psychiatry, 17,559-*580.

Kenny, M.E.,& Donaldson, G.A.(1991). Contributions of parental attachment and family structure to the social and psychological functioning of first year college students. *Journal of Counselling Psychology, 38(4),* 468-479.

Leary, M.R. (2016). Affective and behavioral components of shyness: Implications for theory, measurement, and research. In W.H. Jones, J.M. Cheek, & S.R. Briggs, *Shyness: Perspectives on research and treatment*. Plenum Press.

Lydiard, R.B.(2019).*When does shyness become disorder*. https://www.psychiatrictimes.com.

Parrot, L. (2000).*Helping the struggling adolescent: A guide to thirty-six common problems for counselors, pastors, and youth workers.* Zondervan.

Pilkonis, P.A. (2006). The behavioral consequences of shyness. *Journal of Personality,* 596-611. https://www.researchgate.net/publication/229528995.

Rickman, M.D. & Davidson, R.J. (1994). Personality and behavior in parents of temperamentally inhibited and uninhibited children. *Developmental Psychology, 30(3),* 346-354.

Simpson, J.A. (2007). Attachment and the experience and expression of emotions in romantic relationships: A developmental perspective. *Journal of Personality and Social Psychology, 92(2),* 355-367.

Swiecicki,L. & Galecki,P.(2015). Psychological perception of shyness in Ghana: Counselling implications for sustainable development. Academic research Journal of social sciences 12 (4) 67-79.

Teglasi, H. & Hoffman, M.A. (2002). Causal attributions of shy persons. *Journal of Research and Personality, 16(3),* 376-385.

Theall-Honey, L.A. (2006).Do temperamentally shy children process emotion differently than non-shy children? Behavioral, psychophysiological, and gender differences in reticent preschoolers. *Developmental Psychology, 48(3),* 187-196.

Young, Y.A. & Mitchell A.O. (2003). Development of personality in early and middle adulthood: Set like plaster or persistent change? *Journal of Personality and Social Psychology, 84(5),* 1041-1053.

Zimbardo, P.G. & Henderson, L. (2000). *Shyness: Development, consolidation, and change*. Routledge.