

The First Time is Always No

Why "Newness" Challenges Many Gifted Learners

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We all have some inhibitions. We all have encountered objects, people, or situations which generate anxiety or fear, and result in reluctance or avoidance. We may be particularly sensitive to certain objects, people or types of experiences and yet have absolutely no qualms about others.

There are some people, however, who are driven toward particular objects, people, or experiences, and repulsed by other specific objects, people, or experiences which generate fear of embarrassment or fear of failure. It is crucial to them that they protect themselves from experiences of "not doing well enough." They may appear to be generally shy, quiet, slow to warm up. They tend to avoid being the center of attention.

A very different group of people are attracted to new stimuli. They appear to thrive on novelty and seem able to jump right in and try out new things with little or no discomfort or concern about feeling embarrassed. They are stimulated by the unknown or unfamiliar, love to explore new places, to meet new people, and to experience new sensations.

These patterns of behavior are identifiable to a greater or lesser degree in all of us, often consistent from childhood to adulthood. They are called temperaments. These patterns are often subtle, but when they occur at the extremes, they can have profound impact on the life of an individual. The existence of fundamental individual differences in personality was recognized as far back in human civilization as the Greeks.

Psychiatrists Stella Chess, Alexander Thomas, Herbert Birch, and other colleagues, triggered a resurgence of interest in the concept of temperament during the 1960's, with an organized investigation of the temperaments of infants and young children known as the New York Longitudinal Study. Their goal was to determine if there were stable and predictable patterns of behavior which were identifiable early in a child's life. They identified nine temperament styles, or behavioral patterns that could clearly be identified in young children, and that many of these temperament styles were both consistent [predictable across

different types of situations] and persistent [remaining visible and measurable over time] well into adulthood. They identified nine basic temperament styles in this original set of studies. These were sometimes describable from as early as two weeks of age, via interviews of mothers.

The original temperament styles remain useful and widely accepted to the present. As defined by Kagan and other researchers in a recent article [See Carl E. Schwartz, et. al.], “two of the most extensively studied temperamental constructs are related to the behavioral dimensions of approach and withdrawal, which refers to the child’s typical response to unfamiliar people, objects, and situations. The extremes of this dimension define two categories of children called behaviorally inhibited and uninhibited.”

Temperament styles of children remain useful constructs to help parents and other interested adults to best understand them. Chess & Thomas continued to write about temperament styles for decades, followed by many researchers and writers who utilized some or all of their temperament constructs to explain a wide range of difficulties of children or teens and of problematic interactions between mothers and their children or teens.

Invisible patterns of behavior

We all assume, out of necessity, that most of life is predictable and reasonably controllable. We assume as well, consciously or unconsciously, that as parents we will understand and influence the behavior of our children. Too often, however, their behavior is mysterious. It is neither logical nor predictable. It appears to come from nowhere. Even more distressing is the behavior of children who seem to be unresponsive to feedback or the consequences we give them. They ignore, evade, or defy us.

Inhibited and uninhibited personalities, are specific recent extensions of one of the original nine temperament styles. They describe extremes of the temperament style, “approach / withdrawal.” They are opposite extreme poles: ‘inhibited’ is an extension of ‘withdrawal’ [from new stimuli]; ‘uninhibited’ is an extension of ‘approach’ [toward new stimuli]. The research indicates that at the extremes, these response styles represent something new in the field of child development. These response styles are not simply fundamental to understanding children’s development, but appear to be fundamental

behavioral responses with measurable physiological differences between the two groups.

In addition, each of these different temperament types are at risk for developing specific symptoms in adolescence: the uninhibited, assuming particular parenting styles, with externalizing behaviors: easy to show anger, stubbornness, impulsivity, aggressiveness, and a tendency to be antisocial.

The inhibited temperament children are at risk for developing one of the anxiety disorders in childhood and/or adolescence, particularly social anxiety (also called generalized social phobia).

Their existence seems not at all well known or understood by the general public, nor in my experience, among fellow developmental or clinical psychologists. The research and theory are exciting and important, but predominantly non-clinical and non-prescriptive, and do not tell us what to do about children or teens who have these fundamental difficulties. My clinical work has included many children and teens who are inhibited, and who have great difficulty dealing with newness, surprise, and change.

The theory was originally proposed by Jerome Kagan, Ph.D., professor of psychology at Harvard University, in 1988. Shortly after this first publication I participated in a small group, intensive workshop conducted by Dr. Kagan in Portland, Oregon. Then, as now, I maintained an interdisciplinary private practice made up of developmental-clinical psychologists, developmental pediatricians, and educators. Dr. Kagan's research findings about inhibited children promised to add significantly to the process of explaining the difficulties of a number of children I was seeing in my practice. Over the next decade, I saw an increasing number of children and teens whose difficulties were wholly, or in part, explained by the concept of inhibited personality. During this time I developed an interview, informal questionnaire, and numerous techniques to help parents and teachers understand and most successfully educate and manage children and teens with inhibited personality.

Kagan's theory proposed that 10 to 15 percent of people in the general population have a temperament style which is *inhibited*: experiencing a fundamental, physiologically based, "flight and fight" reaction to *newness*, *surprise*, and *change*. According to Kagan, his research represents the closest link of behaviors to actual physical reactions. When confronted with too much new, an actual physiological reaction occurs: the release of great amounts of adrenalin. The most important implication of this research, and my clinical interest is to help

inhibited individuals to recognize and to then avoid or respond most effectively to these experiences throughout life. Additionally, the research described a second segment general population, also 10 to 15 percent, representing the opposite temperament. They are *uninhibited*: people whose temperament style enables them to thrive on [or be minimally emotionally affected by] spontaneity, newness, surprise, or change.

The information in this article focuses on children and teens with the specific temperament style: inhibited personality, as proposed by Jerome Kagan in 1988, and subsequently by Schwartz, et. al. in 2003. There are other uses of the term 'inhibited' which may be similar, and overlap the temperament of inhibited personality such as Carl Jung's well known use of the term to describe a personality style which is shy, withdrawn, and inner focused, as well as the general use of the word inhibited in the English language to mean repressed or restrained.

While each person varies in regard to what *new things* he/she is most sensitive to (clothing, smell, taste, foods, locations, people), virtually all people with inhibited personality share certain central characteristic behaviors in relation to those things to which they are sensitive. They avoid the types of things or situations that are difficult for them, but virtually never use the words afraid or anxious. As a clinician I have observed that they exhibit a very strong tendency to simply avoid those things [objects, people, or situations]. They may be unaware or unable to say to themselves or others what they are avoiding or why they avoid. Therefore, they are most often perceived, inaccurately and simplistically, by family members or others who are close to them, as being very stubborn.

Two potential misunderstandings often occur related to inhibited personality. One type is over-generalizing from inhibited personality to other uses of the word inhibited. A second type of misunderstanding comes from incorrectly diagnosing or labeling children as having different or more serious conditions, such as Asperger's syndrome, Autism, or other serious personality disorder.

Fundamental Characteristics of Children & Teens with Inhibited Personality

Many aspects of inhibited personality are not obvious or visible in everyday behavior, but many are relevant to and some observable in daily life with children and teens:

I. The avoidance reaction to activities, objects, or people is rooted both in sensory and cognitive experience. High sensitivity to taste, smell, touch, or sound increase the impact of stimuli.

What the individual thinks about the nature of the stimuli and history of their reactions to them also plays a powerful role in determining what must be avoided, walled off, or forgotten versus what is safe to respond to or interact with.

If a stimulus is already familiar, attractive, and/or is associated with a history of successful performance, then there is likely to be no problem at all.

Or, if a stimulus is new, or a surprise, or if the rate of change is too great (being challenge by many small-medium unfamiliar stimuli in succession), or is a stimulus is irritating to the person's senses, than they will be unable to respond.

To understand inhibited personality it is useful to consider the strong interaction between sensory sensitivity and cognitive meanings:

1. A seven-year-old boy is verbally precocious and very social, a "never met a stranger" child. How can he possibly be inhibited personality? Because he has been successful in his interpersonal conversations, especially with adults, including strange adults. Engaging in conversations with older children, teens, and adults has always gone so well, that there is nothing to worry about. An individual adult, yet to be introduced, is nevertheless familiar; one more of the many conversations that have occurred throughout his life and therefore are more familiar than not. The fact that the person is new is subsumed by the nature of the familiar, predictable interaction.

2. A teen who otherwise seems to require routine and avoid the unfamiliar, has signed up for week long, daytime basketball camps for the past three years, and attended by himself, with no friends. How can he have a fundamental difficulty with newness? Because what takes priority is

performance risk, a hallmark of inhibited personality. He can learn new techniques. He can put himself at risk, in the position of ‘not knowing how to do it,’ if he is among strangers. Later, he can apply his newly acquired skills among his friends.

People with inhibited personality seem to be visual thinkers, or they must be able to see what is coming, visualize for themselves what they are doing, or where they are going in the near future or they resist, dig in their heels and refuse or avoid. In my experience, though, many children are not often confronted with “have to” situations because they appear to be adept at evading situations in which they are forced, and/or because parents, siblings, teachers, or friends have learned that nothing productive results from trying to force inhibited children to do anything against their will. They have learned not to try to force them because they have come to view them as very stubborn.

Although it rarely occurs because they are very consistent about what they avoid, they may sometimes be *cornered or forced* to do something. In these circumstances, they may respond completely out of character, with anger, even rage (like a “caged animal response”) to escape the unfamiliar, threatening situation.

One interesting example of their need to see what or whom they are interacting with is the tendency for the majority of teens with inhibited personality to avoid using the telephone except to talk with close friends or relatives. They need to *see* what is ahead, what is coming next, or behind the door, or at the other end of the telephone. Since they cannot see who they are talking, it is uncomfortable.

II. They virtually never use the words *fear or anxiety*. They simply *avoid*. This, of course, severely limits development of self-understanding, as it also limits the opportunities for understanding of parents, teachers, and friends. They tend to be thought of, simply, as *stubborn*. I have tested this. I have had clients reject, forcefully, the characterization of their behavior as representing fear or anxiety.

Additionally, inhibited individuals do not report any, nor from my observations do they seem to experience, any residual fear or anxiety—or any sense of discomfort—with an activity which, while first introduced as new and avoided, ultimately has become familiar. It can be disconcerting

for parents or other close relations, to hear the matter-of-fact description of an activity which was once a source of great difficulty and fierce avoidance.

***Key Diagnostic Feature # 1

III. There is a night and day, black and white, hot and cold, hard to believe difference between the intense resistant-avoidant behavior which occurs in the face of a new-surprise challenge, and the easy, masterful, completely devoid of worry manner in which a child or teen with inhibited personality proceeds with a task or interaction after being able to accommodate to it comfortably, in their own way. This difference is striking, and can hardly be over-emphasized. The sequence from initial presentation to final acceptance of inhibited personality looks nothing at all like anxiety, which includes gradations, set-backs, memories of previous problems or failures. Once a child or teen with inhibited personality is comfortable with a stimulus that was previously avoided and perhaps was a source of some stress, they do not proceed tentatively. This is aided by the high likelihood that they no longer remember any or all of the stress previously involved surrounding the stimulus. As you can imagine, or have experienced yourself, this drives parents crazy.

The research indicates that when very stressful, or traumatic experiences occur (as perceived by the person with inhibited personality) they are mostly or completely forgotten. Sometimes, they are even denied altogether, after the fact. This is a second key feature strongly indicative of an inhibited personality temperament.

***Key Diagnostic Feature #2

IV. Although the stimuli, or types of situations which people with inhibited personality vary from person to person—such as food, versus clothing, or new places, or strangers. However, it is universal in my experience that they are extremely sensitized to *performance risk*: engaging in an activity which is observed by others, and which can be performed in a correct or nearly perfect manner, and therefore can also be executed very badly (and humiliatingly).

V. When accused of a behavior which they would disapprove of, or find abhorrent, their reaction can be one of “righteous indignation,” even when the facts indicate their guilt. It is as if they believe: “Well, I could not have done that. The person I know myself to be would never do something like that. Why are you confronting me with such an accusation, which is so insulting?” In addition, I have worked with families in which a misbehaving teen is confronted, suddenly, with a problem as soon as they walk in the door. Since they are *surprised* and confronted, their reaction has been one of *rage*, when confronted. Their anger, and justification for it, continues long after the actual rule violation has been proven and agreed-to. Often there is confusion on the part of teen and sometimes parents as well, about the reason for the great argument.

VI. Arguments, or confrontational communications about simple events take on much greater and separate meaning from the event itself, because the teen’s reaction to being confronted and surprised is so intense that it completely displaces the initial content (the reason for the interaction).

Formal Diagnostic Considerations

Children and adolescents with inhibited personality are easily and often misunderstood. Most commonly (and least serious) they are considered by parents and other family members as stubborn, even rigid, highly opinionated, picky, and bossy. It is not unusual for school teachers and counselors, or community mental health professionals, to label them Autistic or Asperger’s syndrome (autistic children with strong verbal intelligence) because of their strong need for routine, preference for the familiar, and very slow adjustment to each new teacher and class. Equally impressive are the intensely negative reactions inhibited children can exhibit when they are surprised by the behavior of classmates and the well-meaning, but unfamiliar behavior of teachers and others adults as they attempt to problem solve and calm them down when they are upset.

Inhibited personality is a style of temperament, not a diagnostic entity with its own DSM IV number [*Diagnostic and Statistical Manual, Edition IV* of the American Psychiatric Association, 1994.

Two factors differentiate personality disorders from *inhibited personality*.

1) *Personality disorders* are “patterns or inner experience and behavior that deviates markedly from the expectations of the individual’s culture in two (or more) of the following areas: 1) cognition (thought processes); 2) affectivity (emotional make-up and responses); 3) interpersonal functioning; and 4) impulse control.”

“The personality pattern is *inflexible* and *pervasive* across many situations, and leads to *significant impairment* in a person’s ability to lead a normal social and /or occupational life.”

“The pattern can be traced back to adolescence or early adulthood, and very commonly does not manifest itself *until* adolescence or adulthood [as a failure to satisfactorily meet the developmentally appropriate increasing challenges in life.”

2) *Inhibited personality* is a temperament style. It is a description of normal variations in the way people perceive and respond to experiences in their lives. *Inhibited personality* is not a disorder, but is part of a person’s fundamental makeup – “the way they are born,” recognizable from infancy.

Just as importantly, a child or teen does not continue to have difficulty with *new experiences* once they are understood, the salient types of newness experiences are identified, and they are allowed to adjust to them at their own pace, in their own way. As indicated before, they are often disarmingly unaware of the difficulty they had and the avoidance behavior they exhibited about an activity [such as riding a two-wheel bike, for example] once they become comfortable and master the activity. We can also help them to improve their ability to adjust to and/or anticipate newness in their lives with success experiences and maturation.

Although there exists *Avoidant Personality Disorder* [DSM IV: 301.82] defined as “a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts” (DSM IV, P. 283), this is likely to occur only in extreme situations, later in life, and involve the lack of recognition of inhibited personality in childhood, maltreatment, or other unknown factors. It is not the case that children with inhibited personality are likely to develop into avoidant personalities as adults.

Parenting Children or Teens with Inhibited Personality

I have developed a few guidelines for dealing with for parents who have children or teens with inhibited personality:

“The second time’s the charm”. Do not base any important decisions on your child or teen’s reaction when you introduce him or her to something--almost anything--new. It is important for parents to remember that the first time you suggest something, it will be rejected. Ignore the first response (hoping to maintain neutrality) and leave opportunity for a second presentation (you try a second time) or chance encounter (you provide an opportunity by, for example, leaving a brochure out on the kitchen table). An idea, a technique, a better way, a summer camp, a brochure. It is most effective if you do not respond at all to the child’s initial rejecting response. Try again, a second time, when it is at least slightly familiar.

Respond to *stubborn resistance* with a question. “I wonder what is bothering you? Or, “I wonder what is wrong?” It is common for parents to perceive a child whose responses are often resistant as stubbornly defiant, particularly when they cannot understand these responses. The response of parents tend to become increasingly, anxiously insistent.

I hear parents describe in intense, vivid tones, their consternation and near-*rage* at the kinds of things their children say or do:

“If my seven-year-old continues to be this picky about food, he will be eating plain noodles or nothing at all within a year or two. And yet, God forbid I should suggest something new or different, and you would think that I must have committed murder.”

“We ran out of her favorite noodles, so I made her the ones we already had in the house. I could hardly tell the difference, but she certainly could tell. And you would think that I had done ‘God knows what.’ If I ever spoke to my father like that. Where does she get the nerve. No, worse, where does she get such words?”

“We said that he just had to give this martial art a try and we were planning to just leave him there, just for 90 minutes. From his reaction, you would think we were about to leave him to a fate worse than death. He came running out, literally taking part of the front door off it’s hinges. What is that about?”

When interacting with children who have inhibited personality, parental insistence most often seems to simply generate more stubborn defiance and results

in the opposite of the desired outcome. Engaging in battles of stubbornness with inhibited children seems to be a quick pathway to defeat.

Remember that new (novel) experiences which also tend to be stressful are poorly remembered. If genuinely traumatic, a complete experience may not be remembered. Details of stressful events typically are not remembered at all. One of the consequences of this is that children and teens with inhibited personality are not good at being their own advocates. They strongly dislike and avoid confrontation, and they therefore tend to remember little or nothing of what happened of events which they perceive as having involved confrontation. This may be true even if all that happened was that parents were simply asking questions in order to understand something that recently happened to their son or daughter. Simply curious questioning runs the risk of sounding to an inhibited child, like “the third degree.” “You ask so many questions. Why don’t you trust me. Why don’t you ever think I do anything right?”

Performance Risk Aversion

There is knife edge difference between experiences, challenges, which are “interesting, stimulation, challenging, but *new*,” and those which are “predictable, comfortable, familiar, safe, but *boring*.” One more powerful reason in the lives of teens with inhibited personality is this pattern, which often results in a very narrow range of activities and interests.

Inhibited Personality Temperament and The Senses

Visual Information

Inhibited children and adolescents must see what is about to happen. The ability to see, literally, what is in front of them and/or what is about to occur seems to be a crucial aspect of the inhibited child's need to know what to expect. For example, it is predictable that they will not be able to enter an unfamiliar building or room through a closed door. They need to see what is before them in order to know what to expect.

The majority of the time, inhibited children and adolescents do not use the telephone except perhaps to tersely reply to incoming calls or to speak to good friends or close relatives. They need to speak to people they can see. Telephone conversation represents interaction which involves spontaneously transmitted feelings, via the nuances of speech (rhythm, tone, command of language, conversational give-and-take), with 'disembodied voices.'

Auditory Information

"You can close your eyes, but not your ears." We can turn our close our eyes or turn our heads away from offensive [surprising] stimuli, but it can be difficult or impossible to block loud noises. Young inhibited children struggling to adjust to a new classroom may feel unable to escape from noise.

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