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Relationship between Shyness and Guidance Needs Among Adolescents

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This study is an attempt to find out the extent of shyness and related guidance needs if any among adolescent students. A total of 260 high school students (131 male and 129 female) served as the subjects for the present study. To assess shyness, Crozier's shyness inventory and to assess guidance needs, inventory developed by Grewal on guidance needs inventory were employed. Results revealed that shyness had a direct relationship with two areas of guidance needs-social and educational, and total guidance needs and as the shyness levels increased, guidance needs were also increased. Shyness did not influence the guidance needs in the areas-physical, psychological, and in vocational areas. Male and female adolescents also did not differ significantly in their guidance needs. Treatment aspects of shyness have been delineated.

Keywords: Shyness, Guidance Needs, Adolescents, Educational and Vocational Needs,

Shyness is a form of excessive self-focus, a preoccupation with one's thoughts, feelings and physical reactions. Shyness may vary from mild social awkwardness to totally inhibiting social phobia. It may be chronic and dispositional, serving as a personality trait that is central in one's self-definition. Situational shyness involves experiencing the symptoms of shyness in specific social performance situations but not incorporating it into one's self-concept. The reactions for shyness can occur at any or all of the following levels: cognitive, affective, physiological and behavioral, and may be triggered by a wide variety of arousal cues. (Henderson & Zimbardo, 1996).

The percentage of adults in the United States reporting that they are chronically shy, such that it presents a problem in their lives, had been reported at 40%$\pm$3%, since the early 1970's. Recent research indicates that the percentage of self-reported shyness has escalated gradually in the last decade to nearly 50% (48.7% $\pm$ 2%). The National Co-morbidity Survey in 1994 revealed a lifetime prevalence of social phobia of 13.3%, making it the third most prevalent psychiatric disorder. The comparison of the two disparate results suggests that the proportion of the population suffering from chronic, even debilitating, shyness is not reflected in the numbers of people who visit anxiety disorders clinics. The recent estimate in Mysore and surrounding areas of south India was that 26.2% of the children showed high levels of shyness, followed by 36.6%

moderate and remaining 37.3% of the children showed low levels of shyness (Natesha & D'Souza, 2007). Most referrals to shyness clinics meet criteria for generalized social phobia, and many meet criteria for avoidant personality disorder. Chronically shy individuals frequently have obsessive and/ or paranoid tendencies.

Research in the United States typically indicates that shyness is highest among Asian Americans and lowest among Jewish Americans. This difference prompted efforts to assess shyness across diverse cultures. Using culturally sensitive adaptations of the Stanford Shyness Inventory, colleagues in 8 countries administered the inventory to groups of 18 to 21 year olds, usually in college or work settings. The overall pattern of results indicates a universality of shyness since a large proportion of participants in all cultures reported experiencing shyness to a considerable degree- from a low of 31% in Israel to a high of 57% in Japan and 55% in Taiwan. In Mexico, Germany, India and New Foundland, shyness was more similar to the 40% U.S. statistic (Henderson & Zimbardo, 1996).

A common observation in most of the shyness research is that the consequences of shyness are deeply troubling. Shyness leads to higher levels of anxiety (D'Souza, 2003), decreased levels of happiness (Sreeshakumar, D'Souza & Nagalakshmi, 2007), neurotic tendency and lower academic performance (D'Souza, Urs & James, 2000), lowered performance in physical education students (D'Souza, Singh, Basavarajappa, 1999), lowered self-esteem and decreased self concept (D'Souza, 2005; D'Souza, Urs & Ramaswamy, 2003), increased fear reactions (D'Souza, Gowda & Gowda, 2006) and social and emotional maladjustment (D'Souza & Urs, 2001). Some other studies revealed that young adults with high shyness may be at risk for Parkinson disease later in life. A degree of shyness is normal whenever social expectations are new or ambiguous. Shyness begins to emerge as a problem if it becomes not merely situational but dispositional, so that the child is labeled as shy.

From the preceding discussion it is evident that high shyness leads to problems in various areas of life in adolescents and they definitely need guidance in various areas. In the present study an attempt is made to guidance needs of the adolescents specially those with high shyness. It is hypothesized that adolescents with high shyness require specific guidance in certain areas.

Method

Sample:

High school students studying in classes VIII, IX and X were selected for the present study. Of the total 260 students included in the study 131 were boys and remaining 129 were girls. They were studying in 3 high schools of Mysore city-Hardwicke High school, Cauvery High school and Maharaja's Pre-university college... Stratified Random sampling technique was used to select the sample. The sample involved students studying in both Kannada and English medium. Their age varied from 12 to 18 years. The sample involved students studying in both Kannada and English medium.

Instruments:

Shyness Questionnaire: It was developed by Crozier (1995) of University' College of Cardiff. It consists of 26 items and requires the subject to indicate his/her response by ticking "YES" 'NO" OR 'DON'T KNOW". The items of the questionnaire are based on situations or interactions like performing in front of the class, being made fun of, being told off, having one's photograph taken, and novel situations involving teachers, school-friends interaction and so on. Of the 26 items, shyness is indicated by

a 'Yes' response for 21 items and a 'No' response for 5 items. The negative items are 9, 10, 15, 16 and 23. Item analysis of the scale using SPSS program resulted in Cronbach's alpha coefficient of 0.817.

Guidance needs Inventory (GNI): GNI is an instrument is developed by Grewal (1982), which can be used to identify the type and strength of guidance needs of an individual student in five areas, namely, physical, social, psychological, educational and vocational. This inventory consists of 65 items and requires the subject to answer, one of the options-highly true, mostly true, quite true, least true and not true. GNI requires about half an hour for answering 65 items. All the need items are in the form of positive statements. The test-retest reliability was estimated to be 0.82. Construct validity was established through method of selection and classification of items.

Results

Table 2 presents mean guidance needs scores in areas - namely, physical, social, psychological, educational and vocational of students with different levels of shyness and gender with the results of MANOVA.

Only in two areas as well as in total guidance needs, F values revealed significant differences among subjects having different shyness levels. In the case of social needs

Table 1 Mean scores of male and female students in different shyness levels for different guidance needs along with results of MANOVA

Shyness levels	Gender	Physical		Social		Psychological		Educational		Vocational		Total	
		Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
High	Male	8.09	3.88	15.09	8.70	12.00	7.38	15.06	9.56	7.73	6.14	57.97	26.07
	Female	9.91	4.68	16.78	6.84	13.34	6.79	13.47	8.34	5.81	4.28	59.31	22.69
	Total	8.98	4.35	15.92	7.83	12.66	7.07	14.28	8.95	6.78	5.35	58.63	24.29
Medium	Male	7.41	3.86	16.06	6.82	13.99	6.88	17.94	12.08	7.26	5.11	62.66	22.48
	Female	8.46	3.74	16.85	7.65	14.03	7.90	16.75	12.45	8.11	5.48	64.19	24.73
	Total	7.90	3.83	16.43	7.21	14.01	7.36	17.38	12.23	7.66	5.29	63.38	23.51
Low	Male	8.10	3.98	21.20	5.98	11.70	5.46	22.30	9.86	8.80	2.90	72.10	16.11
	Female	8.89	4.99	19.33	9.33	16.83	5.53	21.78	12.48	9.00	5.11	75.83	29.35
	Total	8.61	4.60	20.00	8.22	15.00	5.96	21.96	11.42	8.93	4.39	74.50	25.15
Overall	Male	7.63	3.86	16.21	7.38	13.31	6.93	17.55	11.41	7.50	5.25	62.20	23.14
	Female	8.88	4.18	17.18	7.70	14.25	7.38	16.64	11.76	7.67	5.24	64.60	25.23
	Total	8.25	4.06	16.69	7.54	13.78	7.16	17.10	11.57	7.58	5.23	63.39	24.19
F (Shyness Levels)		F=1.689; P=.187(NS)		F=3.336; P=.037 (S)		F=0.909; P=.404 (NS)		F=4.408; P=.013 (S)		F=1.643; P=.195 (NS)		F=3.765; P=.024 (S)	
F (Gender)		F=3.412; P=.066 (NS)		F=0.028; P=.868 (NS)		F=3.454; P=.064 (NS)		F=0.346; P=.557 (NS)		F=0.113; P=.737 (NS)		F=0.314; P=.576 (NS)	
F [Interaction (Shyness levels x Gender)]		F=0.253; P=.777 (NS)		F=0.520; P=.595 (NS)		F=1.466; P=.233 (NS)		F=0.021; P=.980 (NS)		F=1.647; P=.195 (NS)		F=0.026; P=.974 (NS)	

Note: F-Fishers value: P-Probability: HS-Highly significant; S-Significant: NS-Non-significant

(F=3.336; P<.037), it was observed that as the shyness levels increased, guidance needs also increased linearly and significantly. Adolescents with high, medium and low levels of shyness had mean guidance needs scores of 15.92, 16.43 and 20.00 respectively. In educational guidance needs scores (F=4.408; P<.013), we find that as the shyness levels increased, guidance needs also increased linearly and significantly. The mean educational guidance needs scores for adolescents with high, medium and low levels of shyness are 14.28, 17.38 and 21.96 respectively. In total guidance needs also same trend was observed, where as the shyness levels increased, guidance needs also increased linearly and significantly (H=3.765; P<.024). The total guidance needs scores for adolescents with high, medium and low levels of shyness were 58.63, 63.38 and 74.50 respectively. In rest of the guidance needs like physical, psychological, and in vocational areas no significant differences were observed between adolescents with different levels of shyness.

Male and female adolescents did not differ significantly in all the areas of guidance needs as all the obtained F values were found to be non-significant. In other words male and female adolescents had equal guidance needs scores in physical, social, psychological, educational, vocational and total guidance needs.

All the interaction effects between shyness levels and gender were found to be non-significant, as all the obtained F values for interactions failed to reach significance level criterion. In other words, the pattern of guidance needs in all the areas and total guidance needs was same for male and female adolescents irrespective of the shyness level they had.

Discussion

The main findings of the present study are

1. Shyness had a direct relationship with two areas of guidance needs-social and educational and total guidance needs and as the shyness levels increased, guidance needs were also increased.

2. Shyness did not influence the guidance needs in the areas-physical, psychological, and in vocational areas.

3. Male and female adolescents also did not differ significantly in their guidance needs.

From the results it is evident that shy adolescents require guidance needs in social and educational areas and in total guidance. Shyness experts vary in their views about whether childhood shyness leads to mental health problems later. However, the practical and emotional problems caused by shyness are apparent. As a practical matter, shy children obtain less practice of 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 and adolescents tend to be perceived as shy, unfriendly, and untalented, and they tend to feel lonely and have low self-esteem (Jones & Carpenter, 1986) and a higher than average level of gastrointestinal problems (Chung & Evans, 2000). Shy children tend to become anxious teens and shy adults tend to have smaller social networks and to feel less satisfied than others with their social support networks (Jones & Carpenter, 1986).

The use of video games, CD-ROM games, Web surfing, and other computer-related marvels all interfere with the time required seeking out direct contact with others for fun and friendship. Increasingly, social time is being replaced with the anonymous exchange of information within an externally imposed medium that effectively promotes shyness in young people. While some shy children may benefit from using the anonymity and structural control features of cyberspace, the danger is that for many

others virtual on-line reality may become a substitute for the reality of close human relationships. Many parents are concerned because their young children prefer "chat time" on their computers more than actually talking face to face with other children, so these children may not socialize as much in the homes of neighbors and friends.

One powerful source is the nature of the emotional bond parents forge with their children in the earliest years of life. According to psychologists, children whose parenting was such that it gave rise to an insecure attachment are more likely to end up shy. Children form attachments to their caregivers from the routine experiences of care, feeding, and caressing. When caretaking is inconsistent and unreliable, parents fail to satisfy the child's need for security, affection, and comfort, resulting in insecure bonds. As the first relationship, attachment becomes the blueprint for all later relationships. This may affect the academic career of subjects, further; they need guidance in educational field too.

Psychologists may apply procedures such as videotaping the child speaking at school (e.g., with only a parent present) and having the child/adolescent to view the tapes related to programmes overcoming shyness daily before going to school. Cognitive therapies aimed at treating shyness were found to be very effective than traditional therapies (Shariatnia & D'Souza, 2007). Some physicians will prescribe a selective serotonin reuptake inhibitor like Prozac for cases of severe shyness characterized as selective mutism or social anxiety disorder, but medication of children should be a last resort because of the unknowns about long-term side effects.

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