

## Relationship between Shyness and Adolescent Problems

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The present study aims to identify the relationship between shyness and problems among adolescents. A total of 600 adolescent boys and girls were randomly selected from in and around Mysore city. They were administered D'Souza's Shyness Assessment test and a problem checklist. Shyness of adolescents was measured in Cognitive/Affective, Physiological and Action oriented domains. Problem check list measured adolescent problems in 11 different areas. The results revealed that as the shyness levels in cognitive, physiological and action oriented domains increased, adolescent problems also increased linearly and significantly. As the total shyness levels increased, again it was found that adolescent problems also increased linearly and significantly. Lastly, regression analysis revealed that health and physical development, adjustment to school work, home and family, moral and religion problems were the major predictors of shyness.

**Keywords:** Shyness, Adolescent Problems, School work, Moral, Religion Issues.

Shyness is a common emotion of expression a human mind portrays. It is displayed by every human being, but may be restricted in some socially well-nourished beings. Shyness is a behavioral issue characterized by inhibition in some situations. The agony of shyness transcends expatriate boundaries, or divisions of age, sex, race, and nationality and may interfere with pursuing one's interpersonal or professional goals, it is vital to add an appreciation of the extent to which, human actions may come under situational influences that can be quite powerful. Using the same background this study is conducted. Christian, Steffen, and Langmeyer (1982), are of the opinion that excessive self-focus, preoccupation with one's thoughts and feelings and physical reactions contribute to shyness.

Shyness reactions can occur at many levels of understanding: cognitive, affective, physiological and behavioral, and may even be elicited by a wide diversity of provocative cues (Watson, 1987). The cues include authorities, one to one opposite sex interactions, intimacy, strangers, taking initiative individually in a group, instigating vague societal actions etc. The basic paradigm to be present here illustrates the relative ease with which "ordinary," good men and women are induced into behaving "indifferently" by turning on or off one or another social situational variable, Schroeder (1995).

D'Souza and Urs (2007) in their study found that shyness is more common early adolescence than late adolescence. By the age of twenty years many have either overcome or reduced the shyness. Shy students have feelings of loneliness, depression (Somesha & D'Souza, 2009, 2010), anxiety (D'Souza, 2003, 2005), fear (D'Souza, Gowda, & Gowda, 2006) and are less happy (Natesha & D'Souza, 2011), and they have more limited interpersonal contact with others. In a recent study by Chandrashekar and D'Souza (2013), it was found that shy adolescents experienced higher levels of emotional and social maladjustment. The effect of physical transformation between adolescent ages, which further continue till early twenties, where a series of physical and emotional changes occur, which may lead to higher levels of shyness. Kagan, Reznik and Snidman (1999) found that girls extremely inhibited at age two continued to act inhibited, as well as subdued and fearful, at 13 too. In contrast, by age 13, inhibited boys did not act inhibited, but were emotionally unresponsive, non-spontaneous, and had more reservations. Social pressures make boys hide their shyness, Kagan, Reznik and Snidman suspect. Among Chinese children Chen, Wang and Wang (2009) found that shyness lead to social and school problems among rural children and among urban children shyness was associated with depression.

In the present study, an attempt is made to find out the relationship between shyness and adolescent problems in at least 11 areas, since previous studies have shown the effect of shyness on limited variables. It is hypothesized that shyness and adolescent problems are significantly related to each other.

### Method

#### Participants:

A total of 600 adolescent boys and girls were randomly selected from in and around Mysore city. They were studying in high schools or pre university schools studying both in Kannada and English mediums. They were selected through stratified random sampling.

#### Tools:

*Shyness assessment test:* It was developed by D'Souza (2006) of Maharaja's College, University of Mysore. It consists of 54 items and requires the subject to indicate his/her response by marking Yes or No. The items in the test pertain to three domains of shyness- Cognitive/Affective, Physiological and Action oriented. Item analysis of the scale using SPSS program resulted in Cronbach's alpha coefficient of 0.817 for the Indian population. Further, the scale had sufficiently high validity.

*Problem Check-list (PCL):* Joshi and Pandey in 1964 developed the Indian adaptation of High School Form (H) for adolescents, which is a self-administering checklist. It includes adolescent problems in 11 different areas, and each area consists 30 items. The eleven areas covered in the checklist are: Health and Physical Development (HPD), Finance, Living Conditions and Employment (FLE), Social and Recreational Activities (SRA), Courtship Sex and Marriage (CSM), Social Psychological Relations (SPR), Personal Psychological Relations (PPR), Moral and Religion (MR), Home and Family (HF), The Future Vocational and Educational (FVE), Adjustment to School Work (ASW) and Curriculum and Teaching Procedures (CTP). The first page of the checklist provides all the directions required and the respondent has to read through the checklist and cross out the serial number of problems, which are affecting them on the answer sheet provided. The total number of problems in different areas yields the

total problems of the subject. High scores on PCL indicate poor adjustment of the respondent. The reliability of the total checklist was found to be .95 and individual reliabilities for various areas of PCL varied from 0.85 to 0.94, which were highly significant. An external validation was done for the checklist through Saxena's Vyakitwa Parakh Prashnawali and Asthana Adjustment Inventory by the authors of Indian adaptation of PCL.

### Results

Cognitive/affective domain of shyness was found to be significantly and positively related to most of the areas of problem checklist including total problems, except for Social and Recreational activities (SRA), The future vocational and educational (FVE), and Curriculum and teaching procedures (CTP). The obtained correlation coefficients between cognitive domain of shyness and Health and physical development (HPD) ( $r=.169$ ;  $p=.000$ ), Finance, living conditions and employment (FLE) ( $r=.104$ ;  $p=.011$ ), Courtship, sex and marriage (CSM) ( $r=.116$ ;  $p=.004$ ), Social psychological relations (SPR) ( $r=.105$ ;  $p=.010$ ), Personal psychological relations (PPR) ( $r=.118$ ;  $p=.004$ ), Moral and religion (MR) ( $r=.107$ ;  $p=.009$ ), Home and family (HF) ( $r=.091$ ;  $p=.025$ ), Adjustment to school work (ASW) ( $r=.123$ ;  $p=.003$ ), and with total problems ( $r=.125$ ;  $p=.002$ ) were all found to be significant and positive indicating a linear relationship between them (higher the shyness, more were the problems in these areas).

In the case of physiological domain of shyness, again we find that shyness scores were significantly and positively related to most of the areas of problem checklist including total problems, except for Social and Recreational activities (SRA), Home and family (HF), and The future vocational and educational (FVE) problems. The obtained correlation coefficients between physiological domain of shyness and Health and physical development (HPD) ( $r=.277$ ;  $p=.000$ ), Finance, living conditions and employment (FLE) ( $r=.084$ ;  $p=.039$ ), Courtship, sex and marriage (CSM) ( $r=.157$ ;  $p=.000$ ), Social psychological relations (SPR) ( $r=.178$ ;  $p=.000$ ), Personal psychological relations (PPR) ( $r=.123$ ;  $p=.003$ ), Moral and religion (MR) ( $r=.155$ ;  $p=.000$ ), Adjustment to school work (ASW)

**Table 1. Results of Pearson's product moment correlations between areas of problem checklist and domains of shyness**

Areas of problem check list		Domains of shyness			Total
		Cognitive/ affective	Physiological	Action oriented	
Health and physical development (HPD)	Correlation	.169	.277	.205	.254
	p value	.000	.000	.000	.000
Finance, living conditions and employment (FLE)	Correlation	.104	.084	.118	.127
	p value	.011	.039	.004	.002
Social and Recreational activities (SRA)	Correlation	.024	.049	.055	.048
	p value	.565	.226	.181	.244
Courtship, sex and marriage (CSM)	Correlation	.116	.157	.176	.170
	p value	.004	.000	.000	.000
Social psychological relations (SPR)	Correlation	.105	.178	.161	.165
	p value	.010	.000	.000	.000
Personal psychological relations (PPR)	Correlation	.118	.123	.167	.157
	p value	.004	.003	.000	.000
Moral and religion (MR)	Correlation	.107	.155	.190	.174
	p value	.009	.000	.000	.000
Home and family (HF)	Correlation	.091	.063	.036	.080
	p value	.025	.122	.372	.051
The future vocational and educational (FVE)	Correlation	.003	.061	.099	.054
	p value	.947	.138	.015	.188
Adjustment to school work (ASW)	Correlation	.123	.169	.216	.191
	p value	.003	.000	.000	.000
Curriculum and teaching procedures (CTP)	Correlation	.008	.108	.089	.069
	p value	.847	.008	.029	.093
Total problems	Correlation	.125	.185	.196	.193
	p value	.002	.000	.000	.000

Note: N=600; df=598

( $r=.169$ ;  $p=.003$ ), Curriculum and teaching procedures (CTP) ( $r=.108$ ;  $p=.008$ ), and with total problems ( $r=.185$ ;  $p=.000$ ) were all found to be significant and positive indicating a linear relationship between them (higher the shyness, more were the problems in these areas).

Action oriented domain of shyness was found to be significantly and positively related to most of the areas of problem checklist including total problems, except for Social and Recreational activities (SRA), Home and family (HF), The

future vocational and educational (FVE), areas. The obtained correlation coefficients between action oriented domain of shyness and Health and physical development (HPD) ( $r=.205$ ;  $p=.000$ ), Finance, living conditions and employment (FLE) ( $r=.118$ ;  $p=.004$ ), Courtship, sex and marriage (CSM) ( $r=.176$ ;  $p=.000$ ), Social psychological relations (SPR) ( $r=.161$ ;  $p=.000$ ), Personal psychological relations (PPR) ( $r=.167$ ;  $p=.000$ ), Moral and religion (MR) ( $r=.190$ ;  $p=.000$ ), The future vocational and educational (FVE) ( $r=.099$ ;  $p=.015$ ), Adjustment to school

**Table 2. Summary results of stepwise multiple regression**

Steps		Domains of shyness			Total shyness scores
		Cognitive/ affective	Physiological	Action oriented	
Step 1	Variables entered	Health and physical development (HPD)	Health and physical development (HPD)	Adjustment to school work (ASW)	Health and physical development (HPD)
	R2 adjusted	.027	.072	.045	.063
Step II	Variables entered	-	Home and family (HF)	Health and physical development (HPD)	-
	R2 adjusted	-	.082	.055	-
Step III	Variables entered	-	-	Home and family (HF)	-
	R2 adjusted	-	-	.067	-
Step IV	Variables entered	-	-	Moral and religion (MR)	-
	R2 adjusted	-	-	.072	-

Note: Dependent variables-domains of shyness; Individual variables-areas of PCL

work (ASW) ( $r=.216$ ;  $p=.000$ ), and with total problems ( $r=.196$ ;  $p=.000$ ) were all found to be significant and positive indicating a linear relationship between them (higher the shyness, more were the problems in these areas).

Total shyness scores were found to be significantly and positively related to most of the areas of problem checklist including total problems, except for Social and Recreational activities (SRA), The future vocational and educational (FVE), and curriculum and teaching procedures. The obtained correlation coefficients between total shyness and Health and physical development (HPD) ( $r=.254$ ;  $p=.000$ ), Finance, living conditions and employment (FLE) ( $r=.127$ ;  $p=.002$ ), Courtship, sex and marriage (CSM) ( $r=.170$ ;  $p=.000$ ), Social psychological relations (SPR) ( $r=.165$ ;  $p=.000$ ), Personal psychological relations (PPR) ( $r=.157$ ;  $p=.000$ ), Moral and religion (MR) ( $r=.174$ ;  $p=.000$ ), Home and family ( $r=.080$ ;  $p=.051$ ), Adjustment to school work (ASW) ( $r=.191$ ;  $p=.000$ ), and with total problems ( $r=.193$ ;  $p=.000$ ) were all found to be significant and positive indicating a linear relationship between them (higher the shyness, more were

the problems in these areas including total problem scores).

Stepwise multiple regressions revealed that for total shyness, only Health and physical development was the major predictor variable out of 11 problems entered into the equation with adjusted R2 value of .063. For cognitive domain again Health and physical development predicted shyness with adjusted R2 value of .027. For physiological domain, at least two areas best predicted shyness - Health and physical development (HPD) and Home and family (HF) with adjusted R2 values of .045 and .082, respectively. Lastly, for action oriented domain of shyness, four out of 11 problem areas best predicted shyness with Adjustment to school work (ASW) (Adj. R2=.045), Health and physical development (HPD) (Adj. R2=.055), Home and family (HF) (Adj. R2=.067) and Moral and religion (MR) (Adj. R2=.072).

### Discussion

Overall, it was found that as the shyness levels in cognitive, physiological and action oriented domains increased, adolescent

problems also increased linearly and significantly. As the total shyness levels increased, again we found that adolescent problems also increased linearly and significantly. Health and physical development, adjustment to school work, home and family and moral and religion were the major predictors of shyness.

Shyness experts vary in their views about whether childhood shyness leads to mental health problems later. Shyness creates many practical and emotional problems. Practically speaking, shy children develop less social skills and have inability in making friendship with many. The tendency to avoid involvement in social activity is quite high including sports, drama and debate. Jones and Carpenter (1986) indicated that Shy children and adolescents tend to be perceived as shy, unfriendly, and untalented. Further, they experience low self esteem also apart from experiencing gastrointestinal problems (Chung & Evans, 2000). Jones and Carpenter (1986) opine that these shy children may later develop anxiety in their teenage and unsatisfied than others in their social support networks.

It is evident that shyness alone has capabilities to invoke many characteristics like emotional depravity and reduced adjustment factor of body and mind in presence of people other than acquainted, and social skills, which comes gifted to so many children was not compliant with these affected adolescents of shyness. The children were not only subjected to the mental trauma, but also faced the cruel intentions of societal judgments. They were put to task even at homes and schools if they couldn't participate in any of the physical activities and/or attend any social gatherings.

Shyness per se might be seen as any other human emotion in general consensus, but it exhibits many clinical and social alienation among affected adolescents. An adolescent age is when the mind and body are looking for newer things to do. They are basically experimenting with different things, which gives them that extra edge over overcoming their inhibitions, but with the shyness affected adolescents, it becomes further challenging to face the world. It is in fact the society's responsibility to treat these adolescents with more care and affection.

Shyness, especially in adolescents can be controlled or the adolescents can themselves be made to cope with their mental conduit with societal orientation.

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