

## **EFFECT OF SHYNESS ON THE ADJUSTMENT AMONG HIGH SCHOOL STUDENTS<sup>#</sup>**

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*The present study reports effects of shyness on various areas of adjustment of high school students. 240 subjects were selected through Stratified Random sampling from the 8th, 9th, and 10th standards, from two High schools of Mysore city, India. Out of the 240 subjects, 145 were boys and 98 were girls. They were assessed using Shyness Questionnaire (Crozier, 1995 and Bells Adjustment Inventory (Bell, 1970). Results revealed that shyness has no differential effect on home and health adjustment, however, there is a significant linear increase in the social, emotional and total maladjustment with the increase in the level of shyness i.e., higher the shyness higher the maladjustment in social and emotional adjustment of the students.*

Many pre-school and school going children and students show initial wariness on meeting a stranger, have doubts about one's ability to contribute effectively to social encounters and the belief that others will negatively evaluate one's action/behavior may contribute to the withdrawal behavior and social anxieties that characterize shyness or social phobia (Crozier, 1995). About 13% of the general population actually withdraw from daily life experiences in order to avoid the

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social interactions they dread (Anonymous, 2000). Extreme shyness may be indicative of concurrent problems and in the absence of any prevention intervention, may result in subsequent disorders (Rubin, 1993).

Although worries and fears do not increase significantly with shyness in a normative sample (Stevenson-Hinde & Shouldice, 1995), clinical studies indicate that extreme shyness is associated with negative mood (Anderson, 1994). Clinical and applied developmental psychologists have long suggested that extremely shy and withdrawn children are may be at a 'risk' for later difficulties (Caspi, Elder, & Bem, 1988). It is, therefore, possible that extremely shy children would have problems in school.

From a behavioral perspective, shyness may be viewed as one aspect of behavioral inhibition - a child's initial withdrawal because of unfamiliar or challenging events (Kagan, 1980; Stevenson-Hinde, 1989). Such withdrawal is viewed as a temperamental construct reflecting biologically based, relatively stable individual differences in behavioral style (Goldsmith et al, 1987). High levels of cortisone in shy children may induce changes in the amygdala, exacerbating their fearfulness (Schmidt, Fox, Rubin, & Sternberg, 1997).

Among students who are (compared to their peers) inactive in the classroom, many may be well adjusted academically and socially, but relatively quiet and content to work independently. Whereas, research on "shy children" suggests that such children participate in verbal interaction infrequently and exhibit poor communicative competence; and that quiet less talkative children are viewed as less approachable, less socially competent and less desirable social partners by peers (Evans, 1993). In a study conducted on the students of physical education, it was found that "Shyness", though not completely, had a significant negative effect on their performance (D'Souza, Singh, & Basavarajappa, 1999). Further research has shown that among the 'shy children' some are problematically shy or withdrawn in varying degrees, and a few may be heading towards schizophrenia (Brophy, 1996).

Shyness in and of itself is not a psychological disorder, and therefore doesn't warrant medication. But, if 'shyness' prevents a person from functioning, or depression or anxiety accompanies it, then medication can be helpful. For some people, shyness goes beyond merely feeling awkward. Shyness/ Social Phobia is usually associated with low self-esteem and fear of criticism. And some complaints of blushing, hand tremor, nausea, or urgency of

micturition, with the individual sometimes convinced that one of these secondary manifestations of anxiety is the primary problem. Unlike in shyness/phobia, social phobias are equally common in men and women. They may be discrete (i.e., restricted to eating in public, to public speaking or to encounters with the opposite sex) or diffuse, involving almost all-social situation outside the family circle. A fear of vomiting in public may be important. Avoidance is often marked, and in extreme cases may result in almost complete social isolation (ICD-10, 1995).

In the present study, an attempt is made to assess the shyness level among high school students, which would be the first phase of investigation. Also, this study aims to investigate the influence of shyness on various areas of adjustment among high school students.

## METHOD

### Sample

A sample of 240 (145 Boys and 95 Girls) students was selected from the 8th, 9th, and 10th standards of the Cauvery High School, and Vidyavardhaka High School, Mysore, India. The students were selected both from English and Kannada medium classes. Stratified Random sampling technique was used to select the sample. Their age varied from 12 to 15 years.

### Instrument

**Shyness Questionnaire:** This questionnaire was developed by Crozier (1995), 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, 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. Item analysis of the scale using SPSS program resulted in Cronbach's alpha coefficient of 0.82.

**Bell's Adjustment Inventory:** Developed by Bell (1970), this inventory evaluates the subject's home, health, social, and emotional adjustment. There are 140 statements in this scale to be marked on Yes/No/Query. For each positive response a score is given. More the score, more would be the maladjustment in that particular area. The scale has satisfactory reliability coefficients of .80 to .89. It was found to have a test-retest reliability of .75 to .97. Empirical validity was achieved by comparing

scores with ratings of counselors, judges, and social workers.

## **Procedure**

The tests were administered to the subjects in groups of 5-10 subjects per group. Data collection was done in two sessions and each session lasted for 60 minutes. In the first session, rapport was established with the subjects and they were asked to introduce themselves. The purpose of the study was made clear to them. Then they were administered the Shyness Questionnaire. They were given appropriate instructions and the questionnaires were read out to them. They were asked to indicate their responses in the respective sheets given to them. Whenever they had doubt in understanding questions, the test administrator made those questions very clear to them in their local language. In the second session, the subjects were administered the Bell's Adjustment Inventory and they were asked to indicate their responses on the scoring sheet given to them.

## ***Scoring***

For the Shyness Questionnaire, items worded in the direction of shyness, responses were scored 2 for 'Yes, 1 for 'Don't Know', and 0 for 'No'. Scores were reversed for the items worded in the opposite direction. Depending on the scores the subjects were classified into three levels of shyness- high, medium, and low.

For Bell's Adjustment Inventory, using the manual the responses were scored and classified into four areas of adjustment: home, health, social, and emotional.

## ***Statistical Analysis***

Using SPSS (Windows Version 10.0) Statistical Package, One-way Analysis of Variance was employed to find out the difference in various areas of adjustment including total adjustment among different shyness groups (Low, Medium, High) of students. Also Duncan's Multiple Range test was applied as a post hoc test whenever 'F' value was found to be significant.

## **RESULTS**

Table 1 presents results of one-way ANOVA for mean adjustment scores in different areas of students having high, medium, and low level of shyness.

Table 1

*Mean adjustment scores of students in various areas with different levels of shyness and their significance levels*

Area	Shyness Level	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Home	Low	11.35	4.72	1.605	0.203
	Medium	12.31	5.23		
	High	12.71	4.96		
Health	Low	10.44	4.91	0.526	0.592
	Medium	11.19	5.20		
	High	10.99	4.28		
Social	Low	13.05	4.12	23.943	0.000
	Medium	15.00	4.01		
	High	17.48	4.17		
Emotional	Low	12.29	4.82	14.745	0.000
	Medium	13.83	4.51		
	High	16.40	5.27		
Total	Low	47.12	13.86	11.945	0.000
	Medium	52.34	14.25		
	High	57.58	12.86		

*df* = 2, 237

*Home Adjustment:* In this area students with different levels of shyness did not differ in their mean scores ( $F=1.605$ ;  $p<0.203$ ). The mean values being almost same for the levels (Mean scores 11.35, 12.31, and 12.71 for low, medium, and high levels, respectively) contributed for the non-significant difference. In other words, shyness has no differential effect on home adjustment.

*Health Adjustment:* In this area also students with different levels of shyness did not differ in their mean scores ( $F=0.526$ ;  $p<0.592$ ). The mean values being almost same for the levels (Mean scores 10.44, 11.99, and 10.99 for low, medium, and high levels of stress, respectively) contributed for the non-significant difference. From the analysis it is clear that the shyness level does not affect health adjustment of an individual.

*Social Adjustment:* Students with different levels of shyness differed significantly in their mean scores ( $F = 23.943$ ;  $p < .000$ ). The respective mean values for low, medium, and high levels of stress are 13.05, 15.00, and 17.48. Therefore, a linear increase in the maladjustment in this area as the level of shyness increased, has been found. Further, Duncan's Multiple Range Test (DMRT) revealed that each shyness group differed significantly from other group.

*Emotional Adjustment:* In this area students with different levels

of shyness differed significantly in their mean scores ( $F = 14.745$ ;  $p < .000$ ). The respective mean values for low, medium, and high levels of stress are 12.29, 13.83, and 16.40. So a linear increase in the maladjustment in this area as the level of shyness increased, can be seen. Further Duncan's Multiple Range Test (DMRT) revealed that each shyness group differed significantly from other groups.

*Total Adjustment:* Students with different levels of shyness differed significantly in their mean scores ( $F = 11.945$ ;  $p < .000$ ) in their total adjustment. The respective mean values for low, medium and high levels of stress are 47.13, 52.34, and 57.58. It can be seen that there is a linear increase in the maladjustment in this area as the level of shyness increased. Further Duncan's Multiple Range Test (DMRT) revealed that each shyness group differed significantly from other group.

## DISCUSSION

The main findings of the study are: Shyness has no differential effect on home and health adjustment. There is a significant linear increase in the social, emotional, and total maladjustment as the level of shyness increased.

The findings of the present study are in agreement with studies conducted earlier. Social withdrawal is increasingly associated with negative peer and teacher perceptions and peer relation difficulties, resulting in unfavorable perceptions of self-worth and feelings of loneliness, thus increasing the level of emotional maladjustment among children (Hymel, Rubin, Rowden, & LeMare, 1990). Recent study by D'Souza, Urs, and James (2000) revealed that students with more shyness are prone to neurotic tendency and it will have negative effects such as having low academic performance, which in turn further complicates the personality of the student. Although there is some evidence that shyness manifests itself in withdrawn behavior (Asendorpf, 1986, 1991), such behavior does not necessarily reflect shyness. Rather, there are many reasons for social withdrawal, including unsociability, introversion, unpopularity, and depression. Rubin and Asendorpf (1993) acknowledge that 'there remains a critical need to examine whether different forms of solitude are equally benign or malignant vis-a-vis their association with or prediction of adaptive or maladaptive behavior'.

According to Rogers (1951), a lack of positive regard from significant others results in a sense of worthlessness and Weiss (1974)

argued that not having anyone with whom to disclose intimate aspects of oneself evokes a sense of isolation and loneliness thus increasing the maladjustment in the social aspect also. In particular, special significance has been ascribed to preadolescent friendships as a means of validating self-worth and providing a solid base for the development of interpersonal confidence (Fine, 1981; Sullivan, 1953). In addition, significant links have been revealed between the quality of preadolescent friendships and indices of socio-emotional adjustment such as self-esteem (Berndt, 1996), depression and school adjustment (Hartup, 1995), and feelings of loneliness and social dissatisfaction (Parker & Asher, 1993).

According to Hays (1988), one explanation may be that characteristics such as shyness may influence an individual's ability to initiate friendships successfully, this could be due to social reticence and wariness (a direct effect) or a consequence of missed opportunities to develop an effective repertoire of social skills. It is also possible that shy children may form close friendships that are qualitatively different from those of less shy children. This is continually reflected in the child's adult life where studies examine links between college students' relationships and self-reported shyness indicate that although shyness does not preclude the formation of enduring friendships, shy adults experience a comparative lack of intimacy and esteem in their friendships and are more lonely (Jones & Carpenter, 1986).

Bennet and Gillingham (1991) report that the middle childhood is also a time when self-awareness and self-consciousness increase, as does the significance of peer support. Moreover, it has been argued that as shyness and social withdrawal increase in importance in children's perceptions during this period, they may also increase as indicators and predictors of maladjustment (Younger, Gentile, & Burgess, 1993). Further more the preadolescent years are viewed as time of 'rapid changes in the physical characteristics, cognitive development and social demands that have an impact on shyness and on the relationship between shyness and self-esteem (Crozier, 1995). Here, lack of social skills and also all prevailing influence of adults and other children along with changes in psycho-physiological structure may induce the growing child to withdraw into itself, thus leading to increased total maladjustment, along with linear increase in the child's self-esteem. So also, the middle childhood years may be a time when both the salience and negative evaluations of shy behavior by children's peers increase, in parallel with children's awareness of their behavior and of the way others construct them. It, therefore,

seems likely that the negative consequences of shy behavior will be augmented during this period.

## REFERENCES

- Anderson, J. C. (1994). Epidemiological issues. In T. H. Ollendick, N. J. King & W. Yule (Eds.), *International handbook of phobic and anxiety disorders in children and adolescents* (pp.43-65). New York : Plenum Press.
- Anonymous (2000). Shy no more: New treatments for social phobia. *Health and Nutrition*, 12(4), 92-95.
- Asendorpf, J. B. (1986). Shyness in middle and late childhood. In W. H. Jones, J. M. Cheek, & S. R. Briggs (Eds.), *Shyness: Perspectives on research and treatment* (pp. 91-103). New York: Plenum Press.
- Asendorpf J. B. (1991). Development of inhibited children's coping with unfamiliarity. *Child Development*, 65, 1786-1798.
- Bell, H. M. (1970). *The Adjustment Inventory*. Stanford. Stanford University.
- Bennet, M. & Gillingham, K. (1991). The role of self-focussed attention in children's attributions of social emotions to the self. *Journal of Genetic Psychology*, 152, 303-309.
- Berndt, T. J. (1996). Exploring the effects of friendship quality on social development. In W. M. Bubowski, A. F. Newcomb, & W. W. Hartrup (Eds.), *The company they keep: Friendships and their developmental significance* (pp. 346-365). New York: Cambridge University Press.
- Brophy, J. (1996). *Teaching problem students*. New York: Guilford.
- Caspi, A., Elder, G. H. J., & Bem, D. J. (1988). Moving away from the world: Life-course patterns of shy children. *Developmental Psychology*, 29, 255-263.
- Crozier, W. R. (1995). Shyness and self-esteem. *British Journal of Educational Psychology*, 65, 85-95.
- D'Souza, L., Singh, M., & Basavarajappa. (1999). Influence of shyness on performance, personality, and intelligence of students studying physical education. *Psychological Studies*, 44, 92-94.
- D'Souza, L., Urs, G. B., & James, M. S. (2000). Assessment of shyness: Its influence on the personality and academic achievement of high



- school students. *Indian Journal of Clinical Psychology*, 27, 286-289.
- Evans, M. A. (1993). Communicative competence as a dimension of shyness. In K. H. Rubin, & J. B. Asendorpf (Eds.), *Social withdrawal, inhibition, and shyness in childhood* (pp.189-213). Hillsdale, NJ: Lawrence Erlbaum.
- Fine, G. A. (1981). Friends, impression management and preadolescent behavior. In S. R. Asher & J. M. Gottman, (Eds.), *The development of child's friendships*. (pp. 29-52). New York: Cambridge University Press.
- Goldsmith, H. H., Buss, A. H., Plomin R., Rothbart, M. K., Thomas, A., Chess, S., Hinde R. A., & McCall, R. B. (1987). Roundtable: What is temperament? *Child Development*, 58, 505-529.
- Hartup, W. W. (1995). The three faces of friendship. *Journal of Social and Personal Relationships*, 12, 569-574.
- Hays, R. B. (1988). Friendships. In S.W. Duck (Ed.), *Handbook of personal relationships* (pp. 391-408). Chic Hester, UK: Wiley.
- Hymel, S., Rubin, K. H., Rowden, L., & LeMare, L. (1990). Children's peer relationships: Longitudinal prediction of internalizing and externalizing problems from middles to late childhood. *Child Development*, 61, 2004-2021.
- ICD-10. (1995). *International Classification of Diseases (10th ed.)*. Geneva: World Health Organization.
- Jones, W. H., & Carpenter, B. N. (1986). Shyness, social behavior and relationships: In W. H. Jones, J. M. Cheek, & S. R. Briggs (Eds.), *Shyness: Perspectives on research and treatment* (pp. 227-238). New York: Plenum Press.
- Kagan, J. (1980). The concept of behavioral inhibition to the unfamiliar. In J. S. Reznick (Ed.), *Perspectives on behavioral inhibition* (pp. 1-23). Chicago: University of Chicago Press.
- Parker, J, & Asher, S. R. (1993). Friendship and friendship quality in middle childhood: Links with peer group acceptance and feelings of loneliness and social dissatisfaction. *Developmental Psychology*, 29, 61-621.
- Rogers, C. R. (1951). *Client-centered therapy*. Boston, MA: Houghton Mifflin.
- Rubin, K. H. (1993) The Waterloo longitudinal project. Correlates and consequences of social withdrawal. In K. H. Rubin & J. B. Asendorpf (Eds.), *Social withdrawal, inhibition, and shyness in*

- childhood* (pp. 291-314). Hillsdale, NJ: Erlbaum.
- Rubin, K. H., & Asendorpf, J. B. (1993). Social withdrawal, inhibition, and shyness in childhood: Conceptual and definitional issues. In K. H. Rubin & J. B. Asendorpf (Eds.), *Social withdrawal, inhibition, and shyness in childhood* (pp. 3-18). Hillsdale, NJ: Lawrence Erlbaum.
- Schmidt, L. A., Fox, N. A., Rubin, K. H., & Sternberg, E. M. (1997). Behavioral and neuroendocrine responses in shy children. *Developmental Psychobiology*, 30, 127-140.
- Stevenson-Hinde, J. (1989). Behavioral inhibition: Issues of context. In J. S. Reznick (Ed.), *Perspectives on behavioral inhibition* (pp.125-138). Chicago: University of Chicago Press.
- Stevenson-Hinde, J., & Shouldice, A. (1995). Four and half to seven years: Fearful behavior, fears, and worries. *Journal of Child Psychology and Psychiatry*, 36, 1027-1038.
- Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. New York: Norton.
- Weiss, R. S. (1974). The provision of social relationships. In Z. Rubin (Ed.), *Doing unto others* (pp. 17-26). Engle Wood Cliffs, NJ: Prentice Hall.
- Younger, A., Gentile, C. & Burgess, K. (1993). Children's perceptions of social withdrawal: Changes across age. In K. H. Rubin & J. B. Asendorpf (Eds.), *Social withdrawal, inhibition, and shyness in childhood* (pp.215-236). Hillsdale, NJ: Lawrence Erlbaum.