

RELATIONSHIP BETWEEN SHYNESS AND INSECURITY AMONG HIGH SCHOOL STUDENTS

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The present study reports relationship between shyness and insecurity among high school students of Mysore city. A total of 300 (222 male + 78 female) high school students studying in VIII, IX and X grades in English and Kannada medium were randomly selected for the study. They were administered Shyness scale and Insecurity questionnaire. The results revealed that as the shyness level increased, insecurity scores also increased linearly indicating a direct relationship between shyness and inferiority. Students studying in IX grade were found to be more insecure than other 2 grades. Gender wise no significant difference was observed between male and female students in their insecurity scores. Remedial measures for shyness also discussed.

Shyness may be defined experientially as discomfort and/or inhibition in interpersonal situations that interferes with pursuing one's interpersonal or professional goals. It 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 and Zimbardo, 1996). Most of them are authorities, one-on-one opposite sex interactions, intimacy, strangers, having to take individualizing action in a group setting, and initiating social actions in unstructured, spontaneous behavioral settings. Affective symptoms of shyness may include feelings of self-consciousness, embarrassment, insecurity, and feelings of inferiority. Behavioral symptoms may consist of: difficulty making eye contact with others, reluctance to speak, speaking in a low volume that at times may be inaudible, attempts to be inauspicious, avoiding social interactions, and difficulty in initiating conversations. Physiological manifestations of shyness may include: excessive perspiration, blushing, increased heart and pulse rate,

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dry mouth, trembling, and "butterflies" in the stomach. Many pre-school, school going children and adolescents, 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).

Rubin, LeMare, and Lollis (1990) theorized that certain children, from infancy, are predisposed toward behavioral inhibition. Such wariness and inhibition results in a failure to establish normative peer relations, which leads to consequent failure to develop appropriate social skills. This lack of social skills then leads to further anxiety, insecurity, and withdrawal that is likely to result in the child receiving a negative reputation among his or her peers, eventually culminating in peer rejection. As explained by Bruch and Cheek (1995), inhibition and withdrawal is often perceived as deviant by the peer group and responded to by rejection, isolation, or bullying.

Shyness in and itself is not a psychological disorder, and therefore doesn't warrant medication. But, if bashfulness prevents a person from functioning, or depression or anxiety accompanies it, then medication can be helpful. 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), increased fear (D'Souza, 2007), reduced happiness (Sreeshakumar, Nagalakshmi, & D'Souza, 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 (D'Souza, Urs & Ramaswamy, 2003), and social and emotional maladjustment (D'Souza & Urs, 2001). Some other studies revealed that (Bell et al, 1994) young adults with high shyness may be at risk for Parkinson disease later in life. Janoski, Bell and Peterson (1994) reported that there is a structural connection between childhood shyness and adult panic attacks. Three paths were confirmed, the first with hay fever, second with anxiety and third with a combination of anxiety and anxiety sensitivity.

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. The studies related to shyness and inferiority are very scanty in India. This study aims to study the relationship between shyness and inferiority among High school students. Since inferiority is closely related to anxiety, it was hypothesized that shyness does influence inferiority positively.

METHOD

Sample

High school students studying in classes VIII, IX and X were selected for the present study. Of the total 300 students included in the study 222 were

boys and remaining 78 were girls. They were studying in 3 high schools of Mysore city-Hardwicke High school, Cauvery High school and Manasagangotri High school. 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 11 to 17 years.

Hypotheses

1. Students with high levels of shyness will have high inferiority scores
2. Students studying in different grades differ significantly in their insecurity scores.
3. Male and female students differ significantly in their insecurity scores.

Instruments

Shyness Questionnaire

This questionnaire was developed by Crozier (1995). 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. 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 0.82.

Insecurity questionnaire

The insecurity questionnaire has been developed by Pati (1976) to measure presence or absence of insecurity feelings. This questionnaire consists of 20 questions, where the questions elicit either 'yes' or 'no' answers. Some of the questions indicate the presence of insecurity feeling when these are answered negatively, and are scores are given accordingly. The negative answers imply social or interpersonal deprivations which are liable to give rise to insecurity feelings. The reliability of the scale was calculated by test retest methods. Applying Spear Brown prophecy formula, the reliability coefficient was found to be .936, which indicated high stability of scores. The validity of the inventory was determined through Pearsonian correlation coefficient procedure and was found to be 0.71.

The tests were administered to the subjects in groups of 6-10 subjects per group. Data collection was done in 2 sessions and each session lasted for about 25-30 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 questions 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 Insecurity questionnaire and they were asked to indicate their responses in the scoring sheet given to them. Whenever the meaning of certain words were not clear to the students, they were made clear to them by one of the test administrators.

Scoring and analysis

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. High scores indicate high level of shyness and low scores indicate low level of shyness. Depending on the scores the subjects were classified into three levels of shyness-high, medium and low Shyness levels, Grades and . The scoring for Insecurity questionnaire was done through the scoring schedules given in the manual. The presence of few major indicative signs and factors may be more important than a number of minor ones in indicating the existence of insecurity feelings. Hence, the questions with major indicative signs and factors were given more weightages (for example question number no. 11 the weightage score was 10.2) than the questions with minor ones (for questions 3, 5, 10 and 13 the weightage scores were 1.4 each). High scores in the check list indicate higher levels of insecurity and low scores indicate less insecurity on common objects, situations, and activities.

Two-way ANOVA was employed to test the significance of difference in the mean insecurity scores of students with three levels of shyness, grades and medium of instruction, where insecurity scores were taken as dependent variable, and shyness level and grades and shyness and gender as independent variables. Whenever F value was found to be significant, Scheffe's post hoc test was applied to find out the difference between more than 2 groups. The statistical analyses were performed through SPSS for Windows, Version 14 (Evaluation version).

RESULTS

Table 1 : Mean Insecurity scores of male and female students studying in different Grades with different levels of Shyness

Variable	Mean Insecurity scores of students with different Shyness-levels								
		Mean				S.D.			
		Low	Medium	High	Total	Low	Medium	High	Total
Overall		32.87	41.78	45.38	40.03	16.40	15.81	15.27	16.58
Grades	VIII	30.14	35.10	39.00	34.21	13.90	14.82	8.15	13.69
	IX	32.59	50.36	43.66	45.70	9.85	10.90	12.98	12.82
	X	34.49	42.94	48.52	41.67	18.28	16.67	17.39	18.36
Gender	Male	32.48	43.46	46.40	40.56	16.85	15.98	16.28	17.32
	Female	34.41	37.42	42.97	38.53	14.81	14.72	12.55	14.28

Table 2 : Results of 2-way ANOVA for Mean Insecurity scores of male and female students studying in different Grade with different levels of Shyness

Source of variation	Df's	F value	P value
Shyness levels (A)	2291	9.209	.00 (HS)
Grades (B)	2291	6.546	.00 (HS)
Interaction (AxB)	4291	1.776	.13 (NS)
Gender (C)	1294	1.403	.24 (NS)
Interaction (AxC)	2294	1.184	.31 (NS)

Note : HS - Highly significant :: NS-significant

Table I presents mean insecurity scores of students with different levels of shyness, grades and gender. Table 2 shows results of two-way ANOVA for mean insecurity scores of students with different levels of shyness, grades and gender.

Shyness levels, Grades and Insecurity scores :

Students with high shyness levels found to have higher insecurity scores and students with lower levels of shyness had significantly lesser insecurity scores. ANOVA revealed a significant difference in the mean insecurity scores of students with different levels of shyness ($F_{(2,291)} = 9.209$; $P < .01$). The mean insecurity scores for students with low, medium and high levels of shyness were of 32.87, 41.78 and 45.38 respectively. Further, Scheffe's post hoc test revealed that students with medium and high level of shyness did not differ significantly for their insecurity scores; however, they differed significantly from students with low levels of shyness. Grade-wise also significant ($F_{(2,291)} = 8.247$; $P < .00$) difference was observed in mean insecurity scores, where students from IX grade had significantly higher insecurity scores than students from VIII and X grades, which was further confirmed by Scheffe's Post hoc test. However, the interaction between shyness levels and grades was found to be non-significant for insecurity scores.

Shyness levels, Gender and Insecurity scores :

Male and female students did not differ significantly in their mean insecurity scores as the obtained F value of 1.403 was found to be non-significant ($P < .24$). The interaction effect between shyness levels and gender was also found to be non-significant indicating that the pattern of insecurity was same for male and female students irrespective of the shyness level they have.

DISCUSSION

The main findings of the present study are

1. Shyness had a direct relationship with insecurity, as the shyness levels increased, insecurity scores also increased linearly.

2. Students studying in Grade IX had more insecurity compared to students studying in grades VIII and X.
3. Grade had no significant influence on insecurity scores.

Hypotheses 1 and 2 are accepted and Hypothesis 3 is rejected. Higher levels of shyness resulted in higher insecurity scores. The results of the present study with reference to shyness and inferiority are in agreement with studies done abroad. Research have shown that shyness is closely related to lack of confidence which often leads into an Inferiority

Complex. Shyness problems lie on a continuum from mild insecurity to disabling social phobia or avoidance behaviors. Often, attempts to deal with shyness have led to secondary problems, such as substance abuse, or depression. (Jeffrey Kaye, 2005).

Shyness evokes negative effect, which leads to sadness, unhappiness and fearfulness, and tendency to describe oneself as 'shy natured' is associated with low global self esteem and with feelings of low self worth in several domains of the self (Crozier, 1995). Shyness was associated with depression, loneliness, fearfulness, social anxiety, neuroticism, retrospective inhibition and low self-esteem (Schmidt & Nathan, 1995). Schroeder (1995) explored the cognitive aspect of shyness and social anxiety with regard to interpersonal perception skills and found that socially anxious subjects had difficulty in social information processing tasks. Shyness was related to cognitive interference as well as poorer performance on the information processing tasks. Shy adolescents tended to be lower in self-esteem, more introverted, and more anxious than their non-shy counterparts (Lawrence & Bennett 1992). In a recent study on high school students by D'Souza, Gowda and Gowda (2006) revealed that high levels of shyness resulted in higher levels of fear reactions. A study by Van-Ameringen, Mancini, Oakman (1998) after studying 225 patients concluded that both shyness and behavioral inhibition are associated with anxiety disorders in children and adults. All these factors could lead to increased insecurity in students with higher levels of shyness.

To conclude, therapists and mental health professionals should recognize the serious need for treatment of shy people, and should develop treatment approaches to liberate the millions of people who are trapped in their silent prisons of shyness.

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