

RELATIONSHIP BETWEEN SHYNESS AND ADJUSTMENT AMONG COLLEGE STUDENTS

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The present study reports relationship between shyness and various areas of adjustment of college students. A total of 160 subjects were selected through stratified random sampling from the various degree classes of different faculties of Maharaja's College of Mysore city. Out of 160 subjects 126 were men and 34 were women. They were assessed using Shyness Questionnaire (Crozier, 1995) and Adjustment Inventory for College Students (Sinha & Singh, 1995). One-way ANOVA was employed to find out the significance of difference between students belonging to low, medium and high levels of shyness in different areas of adjustment and total adjustment. Results revealed that shyness has got no differential effect on educational adjustment of the students. There is a significant linear increase in the home, health, social, emotional and total maladjustment as the level of shyness increased. Higher the shyness more was the maladjustment in home, health, social and emotional adjustments in the college students. In addition, treatment aspects of shyness are discussed.

Shyness may be defined experientially as excessive self-focus marked by negative self-evaluation which creates discomfort and/or inhibition in social situations and interferes with pursuing one's interpersonal or professional goals. 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). About 13% of the general population actually withdraws from daily life experiences in order to avoid the social interactions they dread. The steadily increasing percentage of children and young adults, who report being shy is at alarming rate i.e., 53.5% from moderate to severe levels of shyness (Natesha & D'Souza, 2007), in South India, may be analyzed as negative acculturation to a confluence of social forces operating. The rise in shyness is accompanied by spreading social isolation within a cultural context of indifference to others and a lowered priority given to being sociable, or in learning the complex network of skills necessary to be

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The authors wish to thank the Final B.A. students (Psychology) of Maharaja's College, Mysore, for their help in data collection and also respondents of the study. The authors are grateful to Prof. Stevenson-Hinde, University of Cambridge, UK, for providing exhaustive literature on shyness and related aspects.

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socially competent.

A common observation in most of the shyness research on adolescents and college students 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 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). 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 / adolescent is labeled as shy.

From the preceding review it is evident that shyness affects the individual in various domains. Studies related to shyness and adjustment among college students is insufficient in India, even a thorough search did not yield fruitful results. The college students in India are undergoing a rapid transformation (culture shock) due to globalization. They are not in a position to adapt to the changes happening due to various phenomenon which leads to inferior and insecure feelings, which further leads to shyness. In the present study, an attempt is made to find out the influence of shyness on various areas of adjustment: home, health, social, emotional, educational and total adjustment.

Hypothesis

It was hypothesized that shyness will affect adjustment negatively.

Method

Sample

A total of 160 (126 boys & 34 girls) students served as subjects for the present study. The sample was selected from various degree classes of different faculties (B.A./B.Com./BM) of Maharaja's College of Mysore city, Mysore. 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 17 to 22 years.

Instruments

1. Shyness Questionnaire

This questionnaire 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, 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 analysis of the scale using SPSS program resulted in Cronbach's alpha coefficient of .82. Shyness question-

naire developed by Crozier (1995) is widely accepted internationally and the author has used it widely in various situations to assess shyness in India.

2. Adjustment Inventory for College Students (AICS)

AICS developed by Sinha and Singh (1995), consists of 102 items. These 102 items measure adjustment of the college student in five areas - Home (16 items), Health (15 items), Social (19 items), Emotional (31 items), Educational (21 items) and Total adjustment (102 items). The subject has to answer each question by ticking either YES or NO in the appropriate box. Co-efficient of reliability for the inventory was determined by split-half (.83-.97 for various areas), and test-retest (.82-.96 for various areas), Hoyt's method (.85-.95 for various areas) and lastly K-R formula 20 (.82-.93 for various areas). In item analysis validity coefficients were determined for each item by bi-serial correlation method and only such items were retained which yielded bi-serial correlation with both the criteria (a) Total score and (b) Area score, significant at .001.

Procedure

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 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 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 Adjustment Inventory for College Students (AICS) and were asked to indicate their responses in 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 "DONT 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.

For Adjustment Inventory for College Students, using the transparent scoring keys, responses were scored (responses marked under circle were considered and each was assigned a weightage of one score) and classified into five areas of adjustment: Home, Health, Social, Emotional, Educational and total Adjustment. As per manual, high scores on home and health adjustment indicated unsatisfactory adjustment; in social adjustment high score indicated aggressive behavior and low

scores indicated submissive and retiring; in emotional adjustment high scores indicated unstable emotion and low scores emotionally stable and, lastly, in educational adjustment high score indicated poor adjustment towards their curricular and co-curricular programs and persons with low scores tended to have interest in educational activities.

Statistical Analysis

Using SPSS (Windows Version 10.0) Statistical Package, One-way Analysis of Variance (ANOVA) was employed to find out the difference in various areas of adjustment including total adjustment among different shyness groups (Low, Medium, and High) of students. Also Duncan's Multiple Range Test (DMRT) 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 low, medium and high levels of shyness.

Home Adjustment: In this area, students with different levels of shyness differed significantly in their mean scores, $F(2, 157) = 6.50, p < .01$. The mean values for students with low, medium and high levels of shyness were 5.76, 6.43 and 7.23, respectively. We find a linear increase in the home adjustment scores of students as the shyness level increased, indicating that higher the shyness, the more is the maladjust-

ment. Further, DMRT revealed that only students with low levels of shyness differed significantly from students with high level of shyness ($p < .05$).

Health Adjustment: In this area also students with different levels of shyness differed in their mean scores, $F(2, 157) = 7.42, p < .001$. The mean values for students with low, medium and high levels of shyness are 4.24, 4.65 and 5.74, respectively. We find a linear increase in the health adjustment scores of students as the shyness level increased, indicating that higher the shyness more is the maladjustment. However, DMRT revealed that only students with high levels of shyness differed significantly from low and medium levels of shyness ($p < .05$).

Social Adjustment: Students with different levels of shyness differed significantly in their mean scores, $F(2, 157) = 15.40, p < .001$. The respective mean values for low, medium and high levels of shyness are 8.98, 8.88 and 6.58, as high score indicates aggressiveness and low scores indicate submissiveness. We could find a linear increase in the submissiveness in this area as the level of shyness increased. However, DMRT revealed that only students with low levels of shyness differed significantly from medium and high levels of shyness ($p < .05$).

Emotional Adjustment: In this area, students with different levels of shyness differed significantly in their mean scores, $F(2, 157) = 8.30, p < .001$. The respective mean values for low, medium and high levels of shyness were 12.31, 14.05 and 15.18. We could find a linear increase in the

Table 1

Results of One-Way ANOVA for Mean Scores of Various Sub-Areas of Adjustment of Students Belonging to Low, Medium and High Levels of Shyness

Variables		<i>M</i>	<i>SD</i>	<i>F</i>
Adjustment	Shyness			
Home	Low	5.76	2.25	6.50*
	Medium	6.43	2.51	
	High	7.23	2.02	
Health	Low	4.24	2.46	7.42**
	Medium	4.65	2.52	
	High	5.94	2.57	
Social	Low	8.98	2.75	15.40**
	Medium	8.88	2.27	
	High	6.58	2.56	
Emotional	Low	12.31	4.14	8.30**
	Medium	14.05	3.62	
	High	15.18	3.76	
Educational	Low	10.47	2.59	1.99
	Medium	11.10	2.92	
	High	11.40	2.28	
Total	Low	39.36	9.51	16.17**
	Medium	45.10	9.24	
	High	48.74	8.44	

df = 2, 157. **p* < .01. ***p* < .001.

mal-adjustment in this area as the level of shyness increased. However, DMRT revealed that only students with low levels of shyness differed significantly from medium and high levels of shyness (*p* < .05).

Educational Adjustment: In this area, students with different levels of shyness did not differ in their mean scores, *F* (2, 157) = 1.99, *p* = n.s. The

mean values being almost same for the levels (10.47, 11.10 and 11.40 for low, medium and high levels, respectively) contributed for the non-significant difference. In other words, shyness has got no differential effect on educational adjustment.

Total Adjustment: Students with different levels of shyness differed significantly in their mean scores, *F*

(2, 157) = 16.17, $p < .001$, in their total adjustment. The respective mean values for low, medium and high levels of shyness are 39.36, 45.10 and 48.74. We could find 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 ($p < .05$).

Discussion

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

The findings of the present study are not completely in agreement with the studies conducted earlier. Studies have shown that shy students are considered less competent. Although shyness is not related to intelligence, shyness affects students overall educational experience negatively (D'Souza, 2005). In the present study, shyness did not influence educational adjustment. Shyness becomes an important issue in the classroom when students are evaluated, in part, on their classroom participation. In fact, research indicates that shy students who attend college will have significantly lower grade-point averages than students who do not suffer from shyness.

In the present study, high shyness leads to decreased social and emotional adjustment among college students. As a practical matter, shy adolescents obtain less practice of social skills and develop fewer friends. They

tend to avoid activities, such as sports, drama, and debates that would put them in the limelight. Also, studies in general revealed that 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. Shyness seems to be a form of social anxiety where the individual may experience a range of feelings from mild anxiety in the presence of others to actual fear to a pronounced anxiety disorder. For a person experiencing shyness, it is often anxiety-producing to have to interact with others and, at the same time, the loneliness of limited relationships is profoundly painful. Sometimes not only adolescents' bodies change but their social and emotional playing fields are redefining them.

Most of the respondents studied in the present investigation were from rural area, where they are fluent with only one language i.e., Kannada. The students have to adjust with at least one more language i.e., English, where they find it difficult to communicate and write. This is a major setback for them in social interactions, including classroom environment, which obviously make them withdrawn from such situations, where they find it difficult to adapt, which, in turn, further complicates emotional complexes for the students. This could be one of the reasons where shyness negatively affected their adjustment in various areas, which is quite expected.

Since shyness is now being recognized as a major social problem in our society, social scientists are devoting considerable resources towards

identifying ways to help shy people. Treatment for shyness is multifold, ranging from psychological to biological. Psychologists may apply procedures such as videotaping the child/adult speaking at school/college (e.g., with only a parent present) and having the child/adult to view the tapes related to programs overcoming shyness daily before going to their institutes. 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 should be a last resort because of the unknowns about long-term side effects. If something is not worked out for shyness, one may want to take note of increasing levels of shyness as a warning signal of a public health danger that appears to be heading toward epidemic proportions. To conclude, therapists and mental health professionals should recognize the serious need for treatment of shy people, and should develop appropriate treatment approaches to liberate millions of people who are trapped in their silent prisons of shyness.

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Received April, 2006

Revision received August, 2007