The Effect of Shyness on Self Esteem and Sociability Among Adolescents in a Secondary School Environment.

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Submitted in partial fulfilment of the requirements of the BA Hons in Psychology at Dublin Business School, School of Arts, Dublin.

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March 2014
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# Table of Contents

Acknowledgments.................................................................................................................. 2
Introduction .......................................................................................................................... 3
Method ............................................................................................................................... 15
Discussion ......................................................................................................................... 20
References ......................................................................................................................... 25
Appendix ........................................................................................................................... 30
Acknowledgments

I would like to thank my supervisor Margaret Quinn Walsh for her unlimited patience and constructive advice, and Pauline Hyland for making sense of SPSS. I would also like to thank my parents, my son Simon and Amanda Doyle for all their moral support and assistance during my four year degree, in particular during the writing of this Thesis. I would like to give special thanks to Mr. Pat Eagan and Ms. Denise Pierce for their assistance collecting data.
Introduction

Initiating, developing, and maintaining caring and committed relationships are the most important activities in our lives. Relationships are the core of our existence (Hart & Smith, 2002; Heidegger, 2002). We are dependent on other people for healthy development; for guidance in learning the essential competencies required to survive in our world. We are also dependant on other people for fun, comfort, love, and fulfilment. Most of us experience various degrees of shyness in certain situations without defining it as a problem. As Zimbardo and Radl (1981) stated, normal shyness functions as a protective device, a sensible reserve that allows people to size up new experiences before rushing in to meet them. Shyness can also be seen as a protection from unwanted social attention (Scott, 2005 p 97). On the other hand, some people identify so strongly with the shy label that they feel constantly anxious, lonely, and frustrated, experiencing shyness as a severe and challenging condition that interferes with their everyday lives (Scott, 2007).

At a physiological level, shy people report the following symptoms: their pulses race, their hearts pound, they perspire noticeably. All people experience these physical reactions with any strong emotion, regardless of whether frightened, euphoric, or angry. (Zimbardo, 1977, p. 26) However, one physical symptom is not part of general arousal. It's the one that shy people can't hide which is blushing. Most of us have occasion to blush, feel our hearts pounding, or find "butterflies" in our stomachs. People who are not shy accept these reactions as mild discomfort and look to the positive aspects of what might happen. Shy people; however, tend to concentrate on these physical symptoms. In fact, sometimes they don't even wait to get into a situation that might make them feel shy. They experience the symptoms in advance and, thinking only of disaster, decide to avoid the situation completely. (Zimbardo, 1977, p. 27) Shyness is often conceptualised as social anxiety accompanied by behavioural responses such as inhibition and withdrawal in response to social and novel situations
(Henderson & Zimbardo, 2001 p 59). Shyness may include unpleasant physiological arousal, fear of psychological harm, and motivation to avoid or escape the threatening situation (Leary & Kowalski, 1995). Here, the affective relevance of anxiety is joined by the behavioural dimension of inhibition and withdrawal. An additional hypothesised component to shyness is found in a description provided by Van der Molen (1990 p 289-301). In his conception, shyness is distinguished by three important components: fear component similar to anxiety or arousal, social skills deficit, and irrational thoughts. The third component consists of unrealistically maladaptive attributions of past interpersonal failures and negative anticipations of future interpersonal performance. In general, these three components act together to form a modal interpersonal tendency toward anxiety, negative thinking, and behavioural awkwardness, which serves as a motivator to avoid the presence of others. These three components may be relevant and useful for understanding shyness as an emotional and behavioural problem. They influence shy adolescents’ relationship to others and influence their emotions, thoughts, and behaviour in their everyday life at school.

Shyness is an enduring trait characterised by awkwardness, apprehension and tension when approaching or being approached by other people. Shyness is a state that can be painful to watch and worse to experience and in terms of survival hard to explain. Humans are a species who thrive on social interaction and that causes some individuals to shrink from the group should have been eliminated early on yet shyness is common place. Researchers have been looking at what determines who is going to be shy and whose not going to be shy. Shyness is not simple introversion, shyness is a normal tension or uncertainty when we are with strangers says psychologist Jerome Kagan (1988) of Harvard. “Shy people are more likely to be introverts but all shy people are not introverts”. In an Italian study, forty nine children were given questionnaires to rank them along an accepted shyness scale. Children were given a series of pictures of faces showing anger, joy, or no emotion and asked the children to
identify the expressions. The children who scored high on the shyness scale had a hard time deciphering the neutral and angry faces. Battaglia also recorded brain activity using electroencephalograms, and found that those who scored higher for shyness has lower levels of activity in the cortex where sophisticated thought takes place. This suggests higher levels of activity in the amygdala where anxiety and alarm are sounded. Battaglia concluded that shy children may be less adept at reading the facial flickers that other children use as social cues, and because they can’t rely on these helpful cues, they are inclined to go on high alert, feeling anxious about any face they cannot decipher (Battaglia 2004 p 358-365).

A study was carried out using a sample of over 200 infants between the ages of 12 and 24 months, from both adoptive and nonadoptive families. Infant shyness was assessed by a 5-item sociability scale on the Colorado Childhood Temperament Inventory. In addition, each parent completed a scale including a shyness factor and a second-order extraversion factor, as well as the sociability scale on both themselves and their spouse. The Infants home environment was also assessed. Results from this project indicated that both genetic and socialisation variables played a role in the origin of infant shyness. Perhaps the most exciting result found was a significant correlation between biological mothers’ shyness and sociability and their infants' shyness at 24 months, a correlation found for both adoptive and nonadoptive families. The inability to discover a relationship between infant shyness at 12 months and maternal personality may be due to behavioural and emotional developmental changes that occur in the child between the first and second year of life. This finding suggests the presence of a genetic component for shyness in young children, and it also indicates the genetic comparability between infant shyness and low sociability in the adults' self-report (Daniels & Plomin, 1985; Plomin & DeFries, 1985)).

Cheek and Buss (1981) examined the relationship between shyness and sociability, and argued that people avoid social situations for different reasons. Some because they feel
fear and anxiety: they are shy and others because they prefer to be alone: they are introverts. They noted that is shyness is nothing more than low sociability, the two traits should be highly related. They found that the two traits were modestly related and were distinguishable on a behavioural level. Research into trait shyness has consistently reported its moderately high correlation with measures of low self-esteem. Doubts about an individual’s ability to contribute effectively to social encounters and the belief that they will be negatively evaluated by individuals may contribute to the Inhibited behaviour and social anxieties that characterise shyness, social withdrawal and defensive behaviours that are associated with negative self-evaluations may reduce self-esteem or shape a social environment that provides few opportunities for rewarding experiences or boosts in self-confidence (Check & Buss 1981 p 330-339)

There are two types of shyness according to Buss (1986) a fearfulness that is present from infancy and an independent type of self conscious shyness that emerges in early childhood. Buss’s two forms of shyness develop as different in nature, the age of onset and eliciting conditions. Fearful shyness plays an important role in the developmental process of attachment to caregivers. Self conscious shyness has the distinguishing feature of involving the self as a social object. (Buss 1986, p338) This shyness is elicited by feeling conspicuous and exposed to the scrutiny of other people. Self conscious shyness involves a concern with a social motivation such as the opinions of others of the self. (Crozier & Alden 2009 p124) At about the age of seven children begin to understand feeling of self conscious, and that there is a surge of self consciousness during adolescence which marks a further development, which may be prompted by increased body consciousness as a result of the physical changes of puberty and the changes in the nature of social motivation. (Bennett, Yuille, Bangee & Thomson 1998 p125) Socially, adolescents begin to compare their own views with those of society at large, and they realize that the social system in which they operate is a product of
the shared views of the members of society. Friendships are seen as open relationship systems subject to change, flexibility, and growth. (Owens, 1995, p. 145) During adolescence there is a change from defining friendship as a concrete, behavioural, surface relationship of playing together and sharing items to a more abstract, internal dispositional relationship of caring for one another, sharing one's thoughts and feelings, and comforting each other at a deeper level than during middle childhood. (Owens, 1995, p. 146) For children and adolescents, some of the most important social interactions are with peers. By middle childhood, more than a third of their social interactions involve peers (Gifford-Smith & Brownell, 2003), and most adolescents spend more time with peers than they do with their families (Bukowski, Gauze, Hoza, & Newcomb, 1991; Fuligni, Eccles, Barber, & Clements, 2001 p 256-259). Learning to be successful in social interactions is one of the hallmarks of late childhood and early adolescence. Children who lack social initiative may not become socially skilled and find it difficult to become integrated into social networks. Poor social integration may be manifested as poor social acceptance for adolescence who tend towards shy behaviour. Poor social acceptance may lead to a decrease in self esteem. Abilities that emerge in middle childhood allow the child to construct a concept of their worth as a person. (Harter 1999) A longitudinal study of shyness from infancy to adolescents investigated the stability of age related changes and socio-emotional outcomes of shyness. A sample of 921 children was followed from the age of 1.5 years to 12.5 years. Data was collected at five points with parent reported shyness up to 12 years and children’s self-report questionnaires at 12.5 years. The study found that moderate stability and increased shyness over time. Stable and increased shyness in mid to late childhood predicted poorer social skills and higher levels of anxiety in adolescents. (Journal of Psychology 2012) Harter (1999) regards self concept as multi dimensional. Besides their global self evaluation adults consider themselves from different perspectives. When children are asked to evaluate themselves they pay attention to
their cognitive abilities, their physical skills and their relationships with their parents and peers. They are able to judge their specific characteristics and competences. As they grow older their self concept changes as new dimensions are considered. Shyness has also been frequently linked to a variety of unpleasant and disruptive affective and cognitive dimensions. For example, shyness in adolescence appears to be related to social anxiety (Henderson & Zimbardo, 2001, p 54), loneliness (Rubin, Wojslawowicz, Rose- Krasnor, Booth-LaForce, & Burgess, 2006, p 146), and lack of self-confidence (Manning & Ray, 1993, p 187). Prior research underlines the connection between shy adolescents and depression, in which especially girls are more likely to be diagnosed with depression than boys (Bruch & Belkin, 2001; Dill & Anderson, 1999, p 250). Research has also shown that shy individuals are quite aware of their lack of social ability. This awareness may in turn inhibit these individuals even more, creating an even higher level of arousal in social interactions (Alm, 2007, p 221) and make them more vulnerable in relation to others. Moreover, shy individuals attribute various situations described as attributing a negative outcome to internal causes rather than to external ones, whereas non-shy persons reverse this attributional pattern (Anderson, 1991, p 297). Therefore, although previous findings are not entirely consistent concerning the relationship between shyness and causal attribution of negative and positive outcomes in social situations, there seems to be a tendency for shy individuals to attribute reactions to stable internal causes rather than to external causes (Alm, 2007, p 526).

Theoretically, there are reasons to expect social factors to affect self-esteem. Particularly, an individual’s self-esteem may be in part derived from their interpretation of others’ reactions toward them. Cooley (1902) used the term looking-glass self to describe how individuals’ perception of the self is based on how they imagine others think of them. (Cooley 1902, p 300) The self-concept, and therefore self-esteem, may be shaped by social interactions (and by extension, difficulties in social interaction may negatively affect self-
esteem. (Wylie, 1961), There is empirical evidence that social difficulties are associated with low self-esteem in childhood. Sociability is a preference for being with others rather than being alone (Check & Buss, 1981) and is often studied alongside shyness. Individuals with low sociability need others less, and they initiate and respond to fewer interactions than people with high sociability (Buss, 1980, p 43). Shyness and sociability are conceptualised as largely independent personality dispositions (Cheek & Buss, 1981); shyness is not simply low sociability. This conclusion is supported by the modest correlation (r=-.30) between shyness and sociability (Cheek & Buss, 1981, p 330-339) and by the fact that the two constructs show distinct patterns of correlation with other behavioural and personality variables. For example, fearfulness and negative emotionality in adults are significantly correlated with shyness but not with sociability (Cheek & Buss, 1981; Eisenberg, Fabes, & Murphy, 1995, p 505-517).

Level of sociability may affect self-esteem. However, unlike shyness, sociability was found to have only a modest positive correlation with global self-esteem of .18 (Cheek & Buss, 1981). Rosenberg (1965) found that adolescents with low self-esteem were less likely to be described as active class participants and were notable for their social invisibility. Alternatively, as low sociable people are not necessarily motivated to interact with others, a lack of social interaction may not adversely affect their self-esteem. Global self-esteem is continuous over time and that it becomes more stable throughout adolescence (Trzesniewski, Donnellan, & Robins, 2003, 219). Given the increased stability of self-esteem in adolescence, the establishment of low self-esteem at this time may have long-term implications. Self-esteem is regarded as essential for general well-being, and positive self-evaluation has been described as a basic human need (James, 1890). Rosenberg (1965) researched the construct of global self-esteem and its associates in depth, in a large-scale study with U.S. adolescents (N> 5,000). In his development of the Rosenberg Self-Esteem Scale, he noted that individuals with high global self-esteem respect themselves and consider themselves worthy, where as
people with low global self-esteem are characterized by dissatisfaction and contempt for the self. Piaget (1970) believed that the acquisition of knowledge stemmed from the product of an interaction between the child and the object of his or her attention. That the major vehicle for the developmental decline of cognitive egocentrism is social interaction, especially with peers. Conflicts and interpersonal experiences gradually compel the child to pay attention to perspective differences and generate some conceptions and information gathering skills regarding human psychological processes. (Santrock, 2006)

Low self-esteem has been associated with a preference for withdrawal over interaction (Coopersmith, 1967), rejection by peers, and a lack of friends or peer group perspective differences and generate some conceptions and information gathering skills regarding human psychological processes. (Brown & Lohr, 1987). In a study examining the association between adolescents’, social anxiety, peer relationships and social functioning, Researchers used the Social Anxiety Scale for Children revised for use with adolescents found fear of negative evaluation, social avoidance and distress in general and social avoidance specific to new situations or unfamiliar peers, the study found that adolescents with higher levels of social anxiety reported poorer social functioning. The findings of this study links adolescents social anxiety to how they navigate their friendships and peer relationships (Myers, Willse & Villalba 1998). Marsh (1989) found that sex differences in self-esteem are consistent with sex stereotypes Boys have higher self-esteem in achievement /leadership than girls and girls have higher self-esteem in congeniality/sociability. Boys tend to describe themselves as more self-sufficient and achievement-oriented; girls describe themselves as more sociable and help-seeking. Marsh reports that boys have higher self-esteem in mathematics and girls have higher self-esteem in verbal skills. (Marsh 1989, p. 429)
Self esteem is a reflection of an individual’s self worth. It is an individual’s beliefs about themselves as well as an emotional response to these beliefs. “Self esteem is an important determinant of adolescent mental health and development. Low self esteem has been associated with psychological, physical and social consequences that may influence successful adolescent development and the transition to adulthood. (McClure, Tanski, Kingsbury, Gerrard & Sargent 2010). Rosenberg and Owen (2001) describe people with low self esteem as people that are more troubled by failure and more likely to exaggerate events as being negative. They are more likely to experience social anxiety and low levels of interpersonal confidence. This makes social interaction more difficult as they feel awkward or shy. (Rosenberg & Owen 2001, p 402) People with low self esteem tend to be pessimistic towards people and groups in society. Social identity theorists have argued that people can enhance their personal feelings of self-esteem either by individually gaining the admiration of others or by associating themselves with groups and organizations that are held in public esteem (Hogg & Abrams, 1988) During adolescence, self-evaluations become more analytical. Moreover, social relationships such as getting along with others, being popular, having a boyfriend or girlfriend are very important to most adolescents and play a big role in contributing to their level of social self-esteem. (Owens, 1995, p. 150) Some theorists suggest that because of cognitive, physical, and social changes during adolescence, a considerable amount of reorientation of self takes place. As a result, self-esteem may be subject to a period of reorganization, characterized by a time of questioning one's values and goals and one's purpose in life, which may lead to discomfort and confusion. (Owens, 1995, p. 151) Not all studies report a decline in self-esteem during adolescence; none, however, have reported an increase. Most available evidence suggests that adolescents' self-esteem becomes less stable and more negative in early adolescence compared to earlier and later periods, with females experiencing a greater decrease in self-esteem than males. (Owens, 1995, p. 152) Recent
developmental work seems to be making considerable progress in terms of understanding the antecedents of self-esteem (Mruk, 2006, p. 7). Self esteem was understood to be a relatively stable characteristic, something like personality or intelligence, which gave it the form of a trait. As such, it was possible to think of self-esteem in terms of degrees: high, medium, and low. Historically, much self-esteem research, especially that which was based on assessing self-esteem with a unidimensional scale of worthiness, views self-esteem in this way. However, now we know that self-esteem is much more complicated than that. For example, it became apparent that self-esteem could also be thought of as involving several factors, or as being multidimensional, with each component making a specific contribution to self-esteem. (Mruk,, 2006, p. 33)

Adolescence, and the physical, emotional and mental changes that accompany this tumultuous time, can often herald a period of great uncertainty and vulnerability. Young adolescents may be mourning the passing of childhood, however much they may want to be more 'grown up'. This period is often marked by a feeling of loss of self and an epic struggle to re-invent or rediscover the 'real' self. (Plummer, 2005, p. 16) Part of this process may involve the young adolescent deliberately alienating others, particularly family; pushing them away 'to see what is left'. It is a time when peers become increasingly important and play a vital role in helping the adolescent to define themselves and to build their self-esteem as an independent person. At the same time, although they may want independence, they are also struggling with the need for nurture and friendship. And they are full of doubts about their acceptability to others, about where they fit in to the greater scheme of life, about their body and about the reality of their thoughts. Rosenberg (1979), proposed that not all significant others are equally significant, and those who are more significant have greater influence on self esteem. Rosenberg noted that through a process he labelled selective valuation the
individual is likely to attribute significance in such a way as to maximize self-esteem. The individual is not simply a passive object who accepts the reflected appraisals of others but, can be seen as playing an active role both in selecting specific significant others and in evaluating their appraisals so as to protect his or her self-esteem. W. Ray Crozier (1995) examined the relationship between shyness and self-esteem using a sample of children aged nine to twelve. Shyness was measured with a self-report questionnaire. The shyness scale was constructed on the basis of children’s responses to the task of producing examples of shyness. Shyness assessed by this scale was negatively correlated with self-esteem.

The main objective of this study is to attempt to identify an existence of various patterns and trends in relationship to shyness, self-esteem, close friendships and global well being in adolescents. This study will attempt to verify the theory that there is a relationship between shyness, self-esteem and close friendships and global well being. It is hypothesised that there is a significant relationship between shyness and self esteem in adolescents. It is hypothesised that there is a significant relationship between shyness and close friendships in adolescents. It is hypothesised that there is a significant relationship between shyness and global self worth. It is hypothesised that there will be significant gender differences in shyness. Measures used in this study are: Rosenberg Self Esteem Scale (Rosenberg 1965), The Children’s Revised Cheek and Buss Shyness Scale (Cheek & Buss 1981), and The Self Perception Profile for Adolescents (Harter 2010). The Rosenberg Self Esteem Scale is a widely used self esteem measure. The Rosenberg’s Scale was developed to adolescent’s global feelings of self worth or self acceptance. It includes ten items that are scored using a four point response ranging from strongly disagree to strongly agree. A limitation of Rosenbergs and other measures of self-esteem is their susceptibility to socially desirable responding. Most measures are self-report, and it is difficult to obtain non-self-report measures of such a personal and subjective construct. (Blascovich and Tomaka 1991, p. 123).
The Children’s Revised Cheek and Buss Shyness Scale is one of the most commonly employed measures of dispositional shyness (Cheek & Briggs, 1990). The original Cheek and Buss Shyness Scale (Cheek & Buss, 1981) contained nine items. The development of the revised form aimed at improving the psychometric properties of the original scale. The revision resulted in a thirteen item revised version of the original scale. The thirteen item scale was used for the present study. The Self Perception Profile for Adolescents (Harter 2010). For the purpose of this study two items were selected: close friendships and global self worth. Close friendships taps one’s ability to make close friends, and those with whom one can share personal thoughts and secrets. The global self worth item directly taps global self-worth or self-esteem. It is a qualitatively different evaluation of how much one likes oneself as a person, is happy with the way one is leading one’s life, and is generally happy with the way one is, as a human being. Therefore, it constitutes a general perception of the self, in contrast to the domain-specific judgments of ability or a sense of adequacy in specific arenas of one’s life. Therefore, there are no references to specific competencies or skills, or specific characteristics. Unlike other measures in the past, Global Self-Worth is not assessed as the sum of specific competencies or feelings or adequacies; it is a separate score, reflecting a different, global concept of self. This subscale is similar to Rosenberg’s (1979) notion of overall self-esteem. However, the wording is more appropriate for adolescents and the question format differs (Harter 2010 p 7)
Method

Participants:
One hundred secondary school students between the ages of thirteen to seventeen were chosen to participate (Mean 14.92, SD = 1.46). The questionnaires were administered during normal school hours. There were forty four males and fifty four females from one Inner City Secondary School. Cluster sampling was used. Permission was sought and granted by the Principal of the school. No incentives were provided for participation in this study.

Design:
This was a non experimental, quantitative survey design, correlation study, descriptive in nature. The predictor variables were: shyness, gender and age. The criterion variables were levels of self esteem, levels of global self worth and levels of close friendships. This was a within participants design. One experimental group was used and no control group.

Materials:
Three quantitative questionnaires, a demographic form and a poster with a selection of sample questions were used in this study. All instruments are self administered paper and pencil questionnaires. The demographic form had two questions: age and sex. The Rosenberg Self esteem Scale (1965) measures self esteem using ten items. The scale provides a list of positive and negative statements that deal with general feelings about yourself such as: I am able to do things as well as most other people and I feel I do not have much to be proud of. The scoring for this measure was strongly agree, agree, disagree and strongly disagree, the participants were instructed to circle the appropriate response. The Children’s Revised Cheek and Buss Shyness Scale (Cheek & Buss1981) contained thirteen questions that deal with feelings and behaviours about yourself such as: I feel nervous when I’m with people I don’t
know and it does not take me long to overcome my shyness in new situations. Scoring ranged from one: strongly disagree, to five: strongly agree. For the purpose of this study the scale was changed to ensure the student fully understood what was being asked of them. Very uncharacteristic or untrue, strongly disagree was renamed strongly disagree, uncharacteristic was renamed disagree, uncharacteristic was renamed disagree, characteristic was renamed agree and very characteristic was renamed strongly agree. The Self Perception Profile for Adolescents (Harter 2010) was titled WHAT I AM LIKE to emphasise the fact that the student are to chose the descriptions that best describe what they, themselves are like. Two subscales of The Self Perception Scale for Adolescents were used for the purpose of this study, Global self worth and close friendships which contained ten items, for example Some teenagers are able to make really close friends but Other teenagers find it hard to make really close friends (close friendships) and Some teenagers don’t like the way they are leading their life but other teenagers do like the way they are leading their life. Scoring range from one to four, one indicates the lowest perceived competence or adequacy and four reflects the highest perceived competence or adequacy.

**Procedure:**

The researcher sought and was granted permission to conduct this study from the school Principal. The researcher was escorted to each class and introduced to the students by a teacher who was familiar to them. The students were invited to take part in a study about what I am like. The students were informed that participation involves completing and returning the attached anonymous survey. Participation is completely voluntary and so you are not obliged to take part. Participation is anonymous and confidential, which means that responses cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaire has been collected. The data from the
questionnaires will be transferred from the paper record to electronic format and stored on a password protected computer, and the questionnaires will be shredded. The students were told that there was a box at the top of the classroom for them to post their questionnaires, the questionnaires were distributed among the students and the researcher with sample questions on a poster went through sample questions and explained how to complete the questionnaires. Instructions for The Self Perception Profile for Adolescents: We have some sentences here and, as you can see from the top of your sheet where it says what I am like, we are interested in what each of you is like, what kind of a person you are like. This is a survey, not a test. There are no right or wrong answers. Since teenagers are very different from one another, each of you will be putting down something different. There is a sample question at the top of the page I will read it out loud and you follow along with me. This question talks about two kinds of teenagers, and we want to know which teenagers are most like you. What I want you to decide first is whether you are more like the teenagers on the left side who would rather go to the movies, or whether you are more like the teenagers on the right side who would rather go to a sports event. Don’t mark anything yet, but first decide which kind of teenagers are most like you, and go to that side of the sentence. The second thing I want you to think about, now that you have decided which kinds of teenagers are most like you, is to decide whether that is only sort of true for you, or really true for you. If it’s only sort of true, then put an X in the box under Sort of True for me; if it’s really true for you, then put an X in that box, under Really True for me. For each sentence, you only check one box. Sometimes it will be on one side of the page, another time it will be on the other side of the page, but you can only check one box for each sentence. You don’t check both sides, just the one side most like you. That one was just for practice. I’ll read the next couple of items. Continue with these sentences on your own. For each one, just check one box: the one that goes with what is true for you, what you are most like. Instructions for Rosenberg’s Self Esteem Scale: Below
is a list of statements dealing with your general feelings about yourself. If you strongly agree with the statement circle SA, if you agree with the statement circle A, if you disagree with the statement circle D, and if you strongly disagree with the statement circle SD. Instructions for the Revised Cheek and Buss Shyness Scale: when you decide to what extent a statement describes your feelings and behaviour, choose a number from the scale. Choose one if you strongly disagree, two if you disagree, and three if you are neutral, four if you agree and five if you strongly agree. On completion of the study the students and teachers were thanked, and were briefly informed of the study’s hypothesis, and of their part in the research. The researcher distributed a hand out with contact information of Childline and their school councillor in the event that any of the questions in the survey brought up any negative feelings.

**Results:**

The data were analyzed using the Statistical Package for the Social Sciences (SPSS-21). Females (mean = 38.14, SD = 9.88) were found to have higher levels of shyness than males (mean = 33.75, SD = 8.48). The 95% confidence limits show that the population mean difference of the variables lies somewhere between – 8.11 and - .67. An Independent samples t-test found that there was a statistically significant difference between shyness levels of males and females (t(98) = - 2.34, p = .021). Therefore the null can be rejected.

The mean scores for shyness was 36.21 (SD = 9.50) and for self esteem was 18.49 (SD = 5.25). A Pearson’s correlation coefficient found that a moderate negative significant relationship was found between shyness and self esteem (r (98) = -.62, p = < .01). As shyness goes up, self esteem goes down. The variance (r²) was .38. Therefore the null hypothesis is rejected.
Multiple regression was used to test whether shyness, global self worth and close friendships were predictors of self esteem in adolescence. The results of the regression indicated that three predictors explained 58% of the variance ($R^2 = .58$, $F (3, 96) = 46.14$, $p < .001$). It was found that shyness significantly predicted self esteem ($\beta = -.194$, $p = < .001$, 95% CI = - .284 - -.103). It was found that global self worth also significantly predicted self esteem ($\beta = .858$, $p = < .001$, 95% CI = .577 – 1.139) as did close friendships ($\beta = -.092$, $p = < .001$, 95% CI = -.339 – .155).

Table 1 Descriptive Statistics of Psychological Measures

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
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<tbody>
<tr>
<td>Shyness</td>
<td>36.21</td>
<td>9.50</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>18.49</td>
<td>5.25</td>
</tr>
<tr>
<td>Global Self Worth</td>
<td>13.93</td>
<td>3052</td>
</tr>
<tr>
<td>Close Friendships</td>
<td>13.98</td>
<td>4014</td>
</tr>
</tbody>
</table>
Discussion

The aim of this study is to attempt to identify an existence of various patterns and trends in relationship to shyness, self-esteem and global well-being and close friendships in adolescents. The results of this study supported the hypothesis that there will be gender differences in shyness levels. No research could be found relating to gender differences in shyness. Current research focuses on the effect of shyness on self-esteem such as a study conducted by Herbert (1989) who found that sex differences in self-esteem are consistent with sex stereotypes. Boys have higher self-esteem in leadership and achievement than girls and girls have higher self-esteem in sociability. Boys tend to describe themselves as more self-sufficient and achievement-oriented; and girls describe themselves as more sociable and seeking help. Marsh reports that boys have higher self-esteem in mathematics and girls have higher self-esteem in verbal skills. (Marsh 1989, p. 429) The results of the hypothesis found that there was a relationship between shyness and self-esteem this is consistent with previous research. Research has shown that Children who lack social initiative may not become socially skilled and find it difficult to become integrated into social networks. Poor social integration may be manifested as poor social acceptance for the adolescent who tends to exhibit shy behaviour. Poor social acceptance may lead to a decrease in self-esteem. Not all studies report a decline in self-esteem during adolescence; none, however, have reported an increase. Most available evidence suggests that adolescents' self-esteem becomes less stable and more negative in early adolescence compared to earlier and later periods, with females experiencing a greater decrease in self-esteem than males. (Owens, 1995, p. 152). The results of this study also suggest that shyness, global self-worth and close friendships predict self-esteem. This is supported by previous studies. Progress is being made in terms of the antecedents of self-esteem. It was thought that self-esteem was a relatively stable characteristic. It is now known that self-esteem involves several factors, or multidimensional,
with each component making a specific contribution to self esteem. (Mruk., 2006, p. 33) All hypothesis of this study were supported by analysis. Because this study is a correlation design, a causal connection cannot be established.

The American Psychological Association defines shyness as the tendency to feel awkward, worried or tense during social encounters, especially with unfamiliar people. Severely shy people may have physical symptoms like blushing, sweating, a pounding heart or upset stomach; negative feelings about themselves; worries about how others view them; and a tendency to withdraw from social interactions. Most people feel shy at least occasionally. Some people’s shyness is so intense, however, that it can keep them from interacting with others even when they want or need to—leading to problems in relationships and at work. Some studies indicate that shyness is associated with lower self-esteem, social isolation and feelings of loneliness. Data suggests the possibility of a biological predisposition toward the development of social fears. More specifically, researchers are studying a dimension of personality known as “behavioural inhibition” described in children as young as 21 months. Children with behavioural inhibition cry withdraw and cling when faced with new or unfamiliar situations. These children show physical arousal such as increased heart rate and muscle tension in unfamiliar settings. There is evidence that behavioural inhibition in childhood may be a risk factor for later development of social phobia.(McGraw & Hill 2004, p388)

In essence, people with low self-esteem usually have deep seated basic, negative beliefs about themselves and the kind of person they are. These beliefs are often taken as facts or truths about their identity. As a result, low self-esteem can have a negative impact on a person and their life. A person with low self-esteem probably says a lot of negative things about themselves. They might criticise themselves, their actions, and abilities or joke about themselves in a very negative way. They might put themselves down, doubt themselves, or
blame themselves when things go wrong. Often, they might not recognise their positive qualities. Instead, they might focus on what they didn’t do or the mistakes they made. People with low self-esteem might expect that things would not turn out well for them. They might often feel sad, depressed, anxious, guilty, ashamed, frustrated, and angry. They might have difficulty speaking up for themselves and their needs, avoid challenges and opportunities, or be overly aggressive in their interactions with others. Low self-esteem can also have an impact on many aspects of a person’s life. It can affect a person’s performance at work or at school. They might consistently achieve less than they are able to because they believe they are less capable than others. They might avoid challenges for fear of not doing well. They might work extremely hard and push themselves to do more because they believe they need to make up for, or cover up, their lack of skill. People with low self-esteem might find it hard to believe any good results they get are due to their own abilities or positive qualities. In their personal relationships, people with low self-esteem might become upset or distressed by any criticism or disapproval. They may be extremely shy or self-consciousness or even avoid or withdraw from intimacy or social contact. They might also be less likely to stand up for themselves or protect themselves from being bullied, or criticised.

Adolescents’ social lives largely revolve around their peers, but adolescents who have high levels of shyness are less able than others to enjoy social relationships. In fact, adolescent shyness carries with it such unpleasant experiences as self-consciousness, (Buss, 1986 p 40), and fear of negative evaluation and rejection (Jackson, Towson, & Narduzzi, 1997 p151). Despite the problems shyness poses for adolescents’ social relationships and the importance of relationships with friends in adolescence, little is known about the role of friendships in the development or escalation of shyness during this developmental phase.

As with all quantitative research replication with a new sample should be performed to ensure results are stable and complete. The current participants came from one Dublin
inner city public secondary school. And replication of the study with participants from both public and private schools in additional geographic areas is needed. The sample in this study (N 100) varied in age from thirteen to seventeen and replication of this study with a larger sample is required. Although the hypothesis of this study was accepted, if redoing this study it would be useful to select more items from The Self Perception Scale for Adolescents. The addition of scholastic competence, social competence and physical competence along with global self worth and close friendships would produce a broader picture of the adolescent. A further study could investigate the question of just which specific self-concept domains contribute more to one’s overall sense of global self-worth, a the effect of shyness. Overall the results from this study may contribute to literature in areas of education, in consideration of assessment styles and differentiation of pupils. The study has several implications for school teachers, counsellors, and child and school psychologists. The research findings suggest that shyness, self esteem, global well being in some ways affect an individual’s sociability. On average, individuals have the lowest self-esteem in childhood and adolescence, which in turn, affects the number of friends an individual will have. This study reinforces the importance of building up an individual’s self-esteem for greater psychological health. Greater psychological health may help produce greater social interactions, social and psychological adjustments, and overall satisfaction and well-being. In the future, this study could compare a primary aged sample of children with an adult, college-aged sample. In addition, this study could be conducted as a longitudinal study. Longitudinal studies tend to be costly, and mortality rates tend to be high, but the benefits of the findings may outweigh the costs. Perhaps the responses to the questionnaires will change over time. Maybe as people mature, their opinions, attitudes, and behaviours will vary. The findings of this study may be a useful contribution to the fields of Developmental and School Psychology. Since self-esteem and shyness had strong correlations with number of friends, it may be useful to investigate these variables further to improve the effectiveness of therapy for those who seek to improve their
social interactions. Social skills don’t always come naturally, yet we assume that children attending main stream education don’t require help in this area. Interventions are use in specialised educational establishment for children with autism. It may be usefull investigate interventions that could be used to assist students who are shy or have low self esteem and introduce these interventions in main stream classes to encourage socialisation.

In conclusion this study supports current and emerging literature on the subject. This study seems to indicate that there are gender differences in levels of shyness. The results of this study also indicate that there is a relationship between shyness, self esteem, global self worth and close friendships.
References


James, W. J. (1890). The principles of psychology. New York: Dover.


Appendix

The effect of shyness on self esteem and sociability among adolescents in a secondary school setting

My name is Carol Lomax and I am conducting research in the Department of Psychology that explores the effect of shyness on self esteem and sociability among adolescents. This research is being conducted as part of my studies and will be submitted for examination.

You are invited to take part in this study and participation involves completing and returning the attached anonymous survey. While the survey asks some questions that might cause some minor negative feelings, it has been used widely in research. If any of the questions do raise difficult feelings for you, contact information for support services are included on the final page.

Participation is completely voluntary and so you are not obliged to take part.

Participation is anonymous and confidential. Thus responses cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaire has been collected.

The data from the questionnaires will be transferred from the paper record to electronic format and stored on a password protected computer. The questionnaires will be shredded.

It is important that you understand that by completing and submitting the questionnaire that you are consenting to participate in the study. The Principal has given consent for you to take part in this study so you do not need parental consent. Should you require any further information about the research, please contact

Carol Lomax, My supervisor can be contacted at [Margaret Quinn Walsh].

Thank you for taking the time to complete this survey.
INSTRUCTIONS: Please read each item carefully and decide to what extent it describes your feelings and behaviour. Fill in the blank next to each item by choosing a number from the scale printed below.

1 = Strongly disagree  2 = Disagree  3 = Neutral  4 = Agree  5 = Strongly agree

___ 1. I feel nervous when I'm with people I don't know well.

___ 2. I am socially somewhat awkward.

___ 3. I do not find it difficult to ask other people for information.

___ 4. I am often uncomfortable at parties and other social functions.

___ 5. When in a group of people, I have trouble thinking of the right things to talk about.

___ 6. It does not take me long to overcome my shyness in new situations.

___ 7. It is hard for me to act natural when I am meeting new people.

___ 8. I feel nervous when speaking to someone in authority.

___ 9. I have no doubts about my social ability.

___ 10. I have trouble looking someone right in the eye.

___ 11. I feel nervous in social situations.

___ 12. I do not find it hard to talk to strangers.

___ 13. I am more shy with members of the opposite sex.
<table>
<thead>
<tr>
<th>Really True for me</th>
<th>Sort of True for me</th>
<th>Sample Sentences</th>
<th>Sort of True for me</th>
<th>Really True for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Some teenagers like to go to movies in their spare time</td>
<td>But Other teenagers would rather go to sports events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Some teenagers are not happy with the way they look</td>
<td>But Other teenagers are happy with the way they look</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Some teenagers are pretty slow in finishing their school work</td>
<td>But Other teenagers can do their school work quickly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Some teenagers are able to make really close friends</td>
<td>But Other teenagers find it hard to make really close friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Some teenagers are often disappointed with themselves</td>
<td>But Other teenagers are pretty pleased with themselves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Some teenagers <em>don’t</em> know how to find a close friend with whom they can share secrets</td>
<td>But Other teenagers <em>do</em> know how to find a close friend with whom they can share secrets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Some teenagers don’t like the way they are leading their life</td>
<td>But Other teenagers do like the way they are leading their life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Some teenagers <em>do</em> know what it takes to develop a close friendship with a peer</td>
<td>But Other teenagers <em>don’t</em> know what to do to form a close friendship with a peer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Some teenagers are happy with themselves most of the time</td>
<td>But Other teenagers are often not happy with themselves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Some teenagers find it hard to make friends they can really trust</td>
<td>But Other teenagers <em>are</em> able to make close friends they can really trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Some teenagers like the kind of person they are</td>
<td>But Other teenagers often wish they were someone else</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Some teenagers <em>don’t</em> understand what they should do to have a friend close enough to share personal thoughts with</td>
<td>But Other teenagers <em>do</em> understand what to do to have a close friend with whom they can share personal thoughts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some teenagers are very happy being the way they are</td>
<td>But Other teenagers often wish they were different</td>
<td></td>
<td></td>
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<td>---</td>
<td>---------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Below is a list of statements dealing with your general feelings about yourself. If you **strongly agree** with the statement circle SA.

If you **agree** with the statement circle A.

If you **disagree** with the statement circle D.

If you **strongly disagree** with the statement circle SD.

<table>
<thead>
<tr>
<th></th>
<th>On the whole, I am satisfied with myself.</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>At times, I think I am no good at all.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>3.</td>
<td>I feel that I have a number of good qualities.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>4.</td>
<td>I am able to do things as well as most other people.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>5.</td>
<td>I feel I do not have much to be proud of.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>6.</td>
<td>I certainly feel useless at times.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>7.</td>
<td>I feel that I’m a person of worth, at least on an equal plane with others.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>8.</td>
<td>I wish I could have more respect for myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>9.</td>
<td>All in all, I am inclined to feel that I am a failure.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>10.</td>
<td>I take a positive attitude toward myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
</tbody>
</table>