Shyness is a quality which impedes the development of positive thoughts about self and others, effectively undermining one’s self-confidence. It is a phenomenon that may be experienced by most of the human beings in one or the other situations of life. Shy adolescents usually complain about their unacceptable shameful characteristics whereas adults may complain that no one understands their problems. Some of the common situations where individuals feel shy include speaking with strangers, performing on stage, when left alone with a person of opposite gender as well as talking about their personal matter to their own parents and family members. Shyness often affects an individual's feelings and behaviours. A shy person may usually feel uncomfortable, self-conscious, nervous, bashful and even may feel insecure in most of the life situations. Due to these uneasy experiences, a shy individual may find it difficult to adjust to day to day life situations.

The term shyness is a socially devised symbol for describing and explaining a salient aspect of human experience (Briggs, 1985). Bandura (1978) viewed that shyness is a reciprocal determinism and is produced by the interaction of an individual’s reflections on his or her own behaviour, observations of the apparent effects of this behaviour on others and their responses to it, together with the person’s beliefs about him or herself. Zimbardo (1977) considered shyness to be an insidious personal problem that is reaching such epidemic proportions as to be justifiably called social disease.

The defining features of shyness includes dysfunctional cognitions such as fear of negative evaluation, labile perceptions of one’s own abilities and assets which are
predominantly determined by opinions and acceptance of others. Shy individuals show poor self-esteem, maladaptive behaviours such as social withdrawal, social reticence and avoidance of threatening situations. They experience heightened physiological arousal, increased heart beats, trembling, laboured breathing and difficulties in regulating emotions which may be formed as a result of an aversive experience (Crozier, 1997; Henderson, Zimbardo, & Carducci, 1999).

Like shame and embarrassment shyness is considered to be in the group of behaviours whose basis is social fear as a basic emotion. Shyness is caused due to the blend of certain thoughts such as fear of developing social phobia, low self-evaluation, lack of self-confidence, a belief that one persist with low social skills and habits of pessimistic thinking (Miller, 1995).

**Shyness: the concept**

Based on the different definitions, Leary (1986) classified the concept of shyness into three categories namely subjective, behavioural and psychological. The researchers who view shyness as a subjective experience believe that it is categorized by trepidations and nervousness in interpersonal encounters (Zimbardo, 1977; Buss, 1980; Leary & Schlenker, 1981; Henderson & Zimbardo, 1996; Rubin, Burges, & Coplan, 2002; Asendorpf, Denissen, & Van Aken, 2008). This concept of uneasiness is reflected in day to day life when someone express that they are feeling shy (Leary, 1986). Based on this thought shyness could be considered as a form of social anxiety (Buss, 1980; Leary 1983a; Turner, Beidel, & Townsley, 1990; Rubin, & Asendorpf, 1993; Schwartz, Snidman, & Kagan 1999; Gazelle et al., 2005; Masi et al., 2003; Heiser, Turner, Beidel, & Roberson-Nay, 2009).
Some other researches hold the view that shyness is a purely behavioural phenomenon (Pilkonics, 1977; Buss, 1984; Cheek & Melchoir, 1990; Coplan, Rubin, Fox, Calkins, & Stewart, 1994; Henderson & Zimbardo, 1998). From behavioural perspective they viewed that shyness is inhibition, reticence or social avoidance (Cowden 2005; Volbrecht & Goldsmith, 2010; Coplan, Rose-Krasnor, Weeks, & Kingsbury, 2013). This perspective of shyness is highlighted in common usage when sometimes people describe themselves or others as “acting shy” for behaving in an inhibited or hesitant manner.

Thirdly, another group of researchers conceptualize shyness as a psychological syndrome which includes both subjective experiences of anxiety and fear in social situations which is accompanied with feelings of awkwardness and inhibited social behaviour (Cheek & Buss, 1981, Jones, Briggs & Smith, 1986; Miller, 1995; Fordham & Stevenson-Hinde, 1999; Prior, Smart, Sanson, & Oberklaid, 2000; Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2005; Coplan, Closson, & Arbeau, 2007).

On comparing shy individuals with non-shy individuals, dispositionally shy individuals experience social anxiety more frequently with greater intensity and in a wide range of settings. In other words, those who have high scores on shyness become more upset, feel more awkward and inhibited compared to those who score low on shyness (Pilkonics, 1977b; Cheek & Buss, 1981; Boivin, Hymel, & Bukowski, 1995; Heiser, Turner, Beidel, & Roberson-Nay, 2009).

From a clinical perspective, initially it was hypothesized that shyness is caused due to excessive repression of aggressive and sexual impulses as well as by deep narcissistic disturbance (Liwinski, 1941; Kaplan, 1972). Later, Sheldon Kopp (1976) from his personal experience of being a psychotherapist reported that neurotic shyness
constitutes significant portion of the burden of needless suffering borne by the men and women. On the other hand Zimbardo (1977) reported that some people feel shy even when they are alone. They usually blush and feel embarrassed while they imagine a previous social blunder (faux pas). It is possible that they even become anxious by anticipating an upcoming social encounter. With these retrospective and prospective attacks, shyness intrudes itself even into one’s solitary moments.

A shy individual possess maladaptive styles of attribution about the interpersonal situations. They have the habit of attributing their failures to causes that are simultaneously uncontrollable, stable, and internal, such as poor social skills or personal worthlessness (Dill & Anderson, 1999). However, since shyness pertains specifically to predisposed social interactions in which the individuals must continually respond to input and feedback from other people, it cannot be predicted when one speaks or performs in front of passive audience (Schlenker & Leary, 1982; Cheek, Tsang, & Yee, 1984).

Though the studies conducted in Indian context also report that shyness is associated with fear, anxiety, depression, loneliness and low self-esteem (D’Souza, Gowda, & Gowda, 2006; D’Souza, 2007; D’Souza, Jayaraju, Rangiah, & Jagdish, 2008; D’Souza, Ramswamy, & Rangaiah, 2008; Somesha & D’Souza, 2008), these have not tried to conceptualize the concept of shyness.

**Definitions**

There are several definitions of shyness, and it varies according to the theoretical orientation. Pilkonics and Zimbardo (1977) were of the view that shyness is a fuzzy concept which could not be defined with simple definition. However as early as 1941, Lewinsky defined shyness as “…a character trait, an attitude, or a state of inhibition”
(p.8) (Lewinsky, 1941). Tomkins (1963) defined shyness as an aspect of the underlying fundamental emotion of shame. Buss (1985) defined shyness as a state of discomfort, inhibition, and awkwardness in social situations especially with unfamiliar people. Though shyness is often misunderstood by common people, there have been several researchers who have studied the concept from psychological perspective.

According to Leary (1986), shyness is an affective-behavioural syndrome characterized by social anxiety and interpersonal inhibitions which results due to the thought of being evaluated. Whereas McCroskey and Beatty (1986) defined shyness as a strictly behavioural tendency that is essentially equivalent to a quietness versus talkativeness dimension. Cheek, Melchior, and Carpentieri (1986) viewed that shyness is “…the tendency to feel tense, worried, or awkward during social interactions, especially with unfamiliar people” (p.115). Shyness is a psychological state that causes a person to feel discomfort in social situations in ways that interfere with enjoyment or that cause avoidance of social contacts altogether.

On the other hand, Henderson, Zimbardo, and Carducci (2001) defined shyness as an experientially discomfort state 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 which vary from mild to moderate feelings of discomfort in social circumstances to debilitating levels of anxiety that interfere with children affecting their process of socialization. Payne (2004) defined it as a feeling of discomfort or inhibition in social or interpersonal situations that keeps you from pursuing your goals, either academic or personal. Bradshaw (2006) stated that, shyness is a dispositional tendency to experience feelings of anxiety and to exhibit behavioural inhibition in social situations. Durmus (2007) defined shyness as a tendency to avoid social interaction and failure to participate
appropriately in them. In the present context shyness is considered to be the complex syndrome of symptoms which are connected to changes related to cognitive, emotional, motivational and behavioural spheres (Mandal, 2008).

**Theories of Shyness**

Different theories on shyness have been proposed to explain why someone feels shy and have the complex experiences of shyness. Psychoanalytic theories observed that shyness is merely a symptom, a conscious manifestation of unconscious conflicts ranging deep within the psyche (Kaplan, 1972). Personality-trait researchers opined that shyness is an inherited trait, similar to that of intelligence or height (Cattell, 1973). Behaviourists viewed that shy people have not learned the social skills which are necessary for relating effectively with others. Social psychologists and some child psychologists believed that shyness could be understood in terms of social programming as they believe that the conditions of society would induce shyness. The social psychologists are of the view that shyness starts out in life with nothing more than a humble label, ‘Shy’. Shy individuals may perceive that, I am shy because “I call myself ‘shy’, or other people label me that way” (Zimbardo, 1977).

According to the implicit self-theories, shyness is considered as an attitude towards the malleability of shyness, which motivates shy individuals to either avoid or approach the social interactions. Thus, they respond in such a way that it either supports their desire for avoidance or approach (Erdley, Cain, Loomis, Dumas-Hines, & Dweck, 1997; Goetz, & Dweck, 1980). This theory is of the view that the avoidant tendency gives rise to the belief that shyness if fixed. Hence persistence in the face of challenge is futile (Erdley, Cain, Loomis, Dumas-Hines, & Dweck, 1997; Goetz& Dweck, 1980). In addition, Beer (2002) was of the opinion that shy individuals also try hard as any other
non-shy individual to be perceived positively by others. However due to the negative social evaluations they tend to focus on the inevitability of their social failure and think of changing their behaviour. This process of behaviour change could be the reason for activation of individual differences in their response pattern (Beer, 2002).

**Dimensions of Shyness**

Henderson and Zimbardo (1998; 2001) stated that, the experience of shyness can occur at any or all of the following four levels namely cognitive level, affective level, physiological level and behavioural level. At cognitive level the individual evaluates oneself negatively and also fears about being negatively evaluated by others. At this level, shyness makes a person worry about rumination and perfection in the task they perform. They usually suffer with self-blaming attributes especially after talking in a social situation and these blaming attitudes either towards self or towards others are consciously done (Melchoir & Carpenteri, 2013).

At the affective level, the shy individual suffers with heightened feelings of anxiety, embarrassment and painful self-consciousness (Coplan, Closson, & Arbeau, 2007; Volbrecht & Goldsmith, 2010). They experience feelings of shame, dejection, lonely, depressed and sadness, due to which they live with low self-esteem (Gokhan, 2010; Zhao, Kang, Wang, 2012, Tackett, Nelson, & Busby, 2013).

At the physiological level the shy individuals experience accelerated heart rate, dry mouth and trembling or shakiness. They sweat profusely and even may feel dizzy and nauseous’. When exposed to situations in which one experiences shyness, one often complains that those situations are unreal and fears of losing control over oneself make one go crazy. One even fears that one may get a heart attack (Hederson & Zimbardo, 1998).
At behavioural level, shy individuals express inhibitions and passive behaviours. They prefer avoiding situations which induces shyness in them. They suffer with problems of fluency while speaking and they usually speak with a very low tone as if they are scared to speak (Miller, 1995). The experience of shyness affecting all the four dimensions are usually triggered by a wide variety of situational cues. Among the most typical situations are interactions with authorities and strangers, interactions with people of opposite gender, and unstructured social settings (Henderson & Zimbardo, 1998; Henderson, Zimbardo, & Carducci, 2001; Tackett, Nelson, & Busby, 2013).

**Gender Role**

The concept of Masculinity-Femininity dates back to the period of Jung and Adler (Feist & Feist, 2009). A part of persona existing within each individual, has to play the role of male and female and this role is usually decided by the gender with which one is born. However, Jung and Adler viewed that when an individual begins social life as an infant there is no differentiation between a male and a female in social sense. It’s a gradual process that one is influenced by the rules and regulations of the society and hence one learns to play the gender appropriate roles slowly. Jung and Adler were of the opinion that every individual is bisexual and the male part of an individual was addressed as animus and the female part was addressed as anima. The animus was referred to all the manly characters present in a female whereas anima was referred to all those feminine characters present in a male. Jung also opined that the animus is embodied with multiple male figures but anima is a single female entity (Feist & Feist, 2009).

However, in the early 1970s, Sandra Bem reconfigured the femininity-masculinity continuum and proposed two continuums, one that measures masculinity and the other
femininity from high to low and developed Bem Sex Role Inventory (BSRI) to assess the same.

Gender role refers to a set of behaviors which is usually associated with a particular gender (Hetherington & Parke, 2003). As early as age 15 to 36 months, children develop gender-typed patterns of behaviour and preferences (Hetherington & Parke, 2003). They also observed that girls tend to conform less strictly to gender-role stereotypes than do boys. This may be due to the greater pressure from parents and teachers.

On the other hand, the same study observed that boys do adhere to the masculine role. Girls may also imitate the male role because it has greater status and privilege in the cultures wherever they are. With some exceptions most of the girls are encouraged to behave according to traditional stereotypes, but receive less support for cross gender identity (Hetherington & Parke, 2003).

Helgeson (1994) held the view that there is consistent evidence to conclude that men are primarily socialised to be independent, self-sufficient, achievement oriented, adventurous, and risk taking. Whereas, Cross and Madson (1997) observed that women are primarily socialised to be nurturing, sensitive, relationship oriented, and help-seeking. These characteristics and associated behaviours define the masculine and feminine sex role in many cultures and are traditionally assessed with measures of masculinity and femininity. The terms masculinity and femininity are used interchangeably with agentic and communion (Helgeson, 1994; Weaver & Sergent, 2007).

With the continuous changes that had been taking place in the social and cultural set up, the factors influencing the acceptance of behaviours associated with a specific gender
role by social units have also changed. Therefore, a specific set of gender specific
behaviours can no longer be attributed to that specific gender alone. This has led to the
development of the concept of ‘androgyny’ (Bem, 1974). Most people are not strictly
feminine or masculine, but androgynous. That means, they possess both masculine and
feminine characteristics. Based on androgyny model, Bem (1974) defined androgynous
individuals as “…possessing both positive masculine traits such as assertiveness and
autonomy and positive feminine traits such as nurturance and communication skills” (p.
580) (Bem, 1974; Rose and Montemayar, 1994; Spence & Helmreich, 2014).

In the contemporary scenario, there is a push to avoid labeling process and
categorization of traits which is affecting the theories of androgyny. Rather than
accepting society as the only factor in the establishment of gender, some of the theorists
focus on individual performances of gender as well.

Spence (1993) opined that taking into account the fact that most individuals subscribe to
many different aspects of gender, the theory of gender performativity centers on the
concept that societal expectations and values feed the performances of gender.
Likewise, the performances of gender affect societal expectations and values too. Van
Goor (2010) observed that gender performances are not inherently determined by
masculinity, femininity, or neutrality. Further it was observed that gender behavior is
determined by reactions to culture, the individual's personal values, location, audiences,
and by their upbringing in the families and the styles of parenting (Van Goor, 2010).

Gender role of an individual is influenced by the family environment, parental
behaviour, modelling parents’ characteristics as well as absence of parents (Eccles,
Shyness, in adolescents is related to gender role or is it gender role which affects the level of shyness in adolescents is yet to be explored. Moreover, whether perceived parenting styles by the adolescents lead to the gender role and in turn affects the level of shyness in an adolescent is not yet explained.

**Parenting Styles**

Parenting is a process of nurturing children. Parents highly influence their child’s behavior and growth. Parenting style is defined as the emotional climate in which the parents raise their children (Baumrind, 1991). Darling & Steinberg (1993) defined parenting style as a constellation of attitudes toward the child that are communicated to the child and that, taken together, create an emotional climate in which the parents' behaviors are expressed. Parenting styles have been reported to be the predictors of child well-being in the realms of social competence, academic performance, psychological development and problem behaviors (Darling, 1999).

**Types of Parenting Styles**

Baumrind (1966) based on extensive work on parenting, categorized 3 types of parenting styles namely permissive, authoritarian and authoritative. Later, Maccoby and Martin (1983) added neglectful parenting style as a fourth style. Each of these parenting style has a bearing on the children, leading to different naturally occurring patterns of behaviour, as they grow up as adolescents (Baumrind, 1991).

A brief description of the different parenting styles are given below.

**Authoritarian Parenting Style**

Authoritarian parents are considered to be highly demanding and directive but they are not responsive (Baumrind, 1991). They provide structured environments with clearly stated rules and expect that their children must follow these rules without questioning.
Authoritarian parents tend to focus on bad behaviours, rather than positive behaviours, of their children. For not following the rules, laid by the parents they tend to scold or punish them, often harshly and even constraints are imposed on them. These parents have cold and narrow relationship with their own children. They limit their children’s independence, but demand a lot from them. Children brought up in such an environment tend to rely on their parents’ decisions for every little things rather than making their own decisions. This could be due to the harshness imposed by the parents, leading to the weakening of the decision making skills in them (Koerner & Maki, 2004).

**Permissive Parenting Style**

According to Baumrind (1991) permissive parents make few rules but may not consistently impose these rules on their child. They do not set clear boundaries or expectations for their children's behaviour. Permissive parents also known as indulgent parents, (Darling, 1999) are more responsive than being demanding. Irrespective of how their child behaves, they accept their child in a warm and loving way (Baumrind, 1991). These parents are kind and open towards the demands of their children. Though they do not have much expectation from their children, they make sure that all the demands of children are fulfilled by them (Klein & Ballantine, 2001).

**Authoritative or Democratic Parenting Style**

Authoritative parents are both demanding and responsive Baumrind (1991). Parents with this style of parenting help their children learn to be responsible for themselves. The parents also guide them to think about the consequences of their behaviour. In authoritarian parenting styles, they provide clear reasonable expectations for their children. In addition, they give explanations for why they expect their children to behave in a particular manner, as desired by them (Baumrind, 1991). Such parents maintain a close relationship with their children and at the same time impose limitations
to their children. They always appreciate and encourage the positive deeds of their children (Berklora, 2004) and do not punish their children for the mistakes done by them. Instead they explain to them why the behaviour shown by their children is considered to be a mistake (Reitman, Rhode, Hupp, & Altobello, 2002). Such kind of parenting style helps children to adapt to social norms in a more effective way (Berklora, 2004). Studies have shown that authoritative style induces self-confidence, resolution, social competence and academic success in adolescents (Kusterer, 2009).

**Neglectful or Uninvolved Parenting Style**

In neglectful parenting, the parents are not bothered about their children. These parents are low in both responsiveness and demandingness (Baumrind, 1991). They have very low expectations from their children and are least bothered about the failure of their children (Baumirind, 1991; Darling, 1999). Such parents are neither close with their children nor they behave strictly with them. The negative behaviours of the children are not punished instead they are insensitive to the positive or negative behaviours shown by their children. The parent-child interaction is very low and most of the time these parents leave their children on their own (Sigelman, 1999; Koerner & Maki, 2004). Children experiencing such kind of parenting styles usually feel rejected, lonely and are with low self-confidence (Coplan, Prakash, O’Neil, & Armer, 2004).

Each parenting style has its own positive or negative effect on the adolescents’ behaviour. Research studies showed that authoritative parenting styles leads to enhanced social competence, achievement level and self-efficacy in their children (Turner, Chandler, & Heffer, 2009). On the contrary, uninvolved parenting styles could lead to a child with poor performance level (Darling, 1999).
Parenting Styles as Reported by the Parents and Perceived by Adolescents

Cohen and Rice (1997) observed that differences existed between the perception of parenting styles by the parents themselves and by the children. While the (Sir parents reported that their parenting style was more authoritative and permissive, the children found that their parents are less authoritative, less permissive and more authoritarian in their styles. It was reported that the child’s perception of parenting styles play a major role on behavior of children than the perception by the parents themselves (Cohen & Rice, 1997). Moreover, higher the perceived dissimilarities between the maternal and paternal parenting styles, more would be the negative effects on children’s emotionality and well-being (Berkien, Louwerse, Verhulst, & Ende, 2012). However there were no published studies that had explored the relationship between shyness and parenting styles among adolescents.

Need of the study

In Indian context Natesha and D’Souza (2007) found that among 1200 children between the ages 5 to 13 years, 26.2% had high level of shyness, 36.6% had moderate level of shyness and 37.3% showed low level of shyness in Mysore, Karnataka. Level of shyness was found to be linearly related to fear among high school students (D’Souza, Gowda, & Gowda, 2006). However in another study the level of shyness and anxiety was not found to be related to academic achievement (D’Souza, 2003). Rural girls studying in Kannada medium schools in Karnataka state were found to be more shy in comparison to their urban counterparts studying in English Medium schools (D’Souza & Urs, 2007).

The presence of shyness in an individual causes one to feel inferior, less competent and lonely (Coplan & Rubin, 2010). Shyness is also associated with several socio-emotional difficulties due to which a shy individual prefers internalizing their behavior (Letcher, Smart, Sanson, & Toumbouou, 2009).
As parents are considered to be the persistent partners of individuals and have significant impact on their behavior, many studies have been conducted to explore the influence of parenting styles on shyness. However most of these studies are related to toddlers and children (Rubin, Hastings, Stewart, Henderson, & Chen, 1997; Rubin, Chea, & Fox, 2001). Studies conducted earlier exclusively explored the impact of maternal parenting styles on shyness and thus less is known about paternal parenting styles. As individual’s behavior is not only the byproduct of maternal child rearing, especially of those individuals who live with both their parents, even the paternal parenting styles would also equally influence the individual’s behavior (Hastings, Nuselovici, & Cheah, 2010). Moreover, the level of shyness is influenced by the age of the individual (Asendorpf, 1990). Hence there is a need to identify the relationship between both maternal and paternal parenting styles on shyness at adolescent stage also.

Furthermore, the adolescent period is a critical turning point in the life history of an individual in which development can only move forward by taking a new directional course (Kroger, 2003). This transitional period is marked by the relative increase in peer influence, parental/family influences, and accommodation to social role expectations (Cheek & Melchoir, 1990). The present study was aimed to explore the relationship between shyness and parenting styles, the influence of sociodemographic variables and gender role on shyness in adolescents.

**Implications of the Study**

This study may help in identifying the parenting styles that are related to the development of shyness. The results may be helpful in creating awareness among the public and teach the prospective parents the right parenting style so that the high incidence of shyness could be reduced. If a particular parenting style is likely to cause
shyness, Parent Management Training, which are culturally appropriate may be
developed, which in turn may help the adolescents to be less shy as they grow up.