Chapter - I

Introduction
INTRODUCTION

Over the last two decades, there has been a growing research interest directed towards varied dimensions of personality, such as sociability, shyness, loneliness, depression and many other aspects in all age groups of society. Many research efforts have focused on inter-relationships, correlations or effects of one personality factor over the other. Still new research efforts are on all over the world to establish various conclusive findings with varying population parameters- age, sex, culture, region, situation, environment, unique social patterns, etc. Such efforts are endless with the growing impact of environment and media on society.

We are living in the world of 21st century, where media is playing a dominant role affecting our lives, society, culture and behaviour. We are ready to accept the challenges in our style of living, mode of thinking and method of functioning, but we hardly accept to bring any changes in our tradition, ethics, culture, heritage or value system. Our society has been traditional since ancient times, where sociability and shyness were not being perceived as major problems as much as it is the problem of western culture. But in today’s society, they have emerged as severe challenges in India, particularly among educated youths.

TEMPERAMENT

The history of temperament begins over two thousand years ago with the Greek physician Galen. He assumed four types of personality, each determined by an internal substance:

- The *sanguine* person, having an excess of blood, tends to be lively and upbeat
- The *phlegmatic* person, having an excess of phlegm, tends to be slow moving and controlled
- The *melancholic* person, having an excess of black bile, tends to worry and be sad
- The *choleric* person, having an excess of bile, tends to be excitable and prone to anger
Eysenck (1947) arranged these four types of personality with two axes: extraverted-introverted and emotionally stable-unstable. Thus the sanguine person is extraverted and emotionally stable, the melancholic person is introverted and emotionally unstable, and so on. Thomas et al., (1968) established nine categories or dimensions of temperament: activity level, rhythmicity, approach or withdrawal, adaptability, intensity of reaction, threshold of responsiveness, quality of mood, distractibility, attention span and persistence.

Temperament is a set of behavioural characteristics that seem to be inborn and generally persist throughout life. It refers to basic dimensions of personality that are grounded in biology and explain individual differences in the developmental process rather than universal dynamics. While these dimensions show continuity over time, they are subject to change with maturation and experience. According to Allport (1961) temperament refers to ‘the characteristic phenomena of an individual’s emotional nature—these phenomena being regarded as dependent on constitutional makeup and therefore largely hereditary in origin’. Temperament is generally identified with:

- the components of personality that are biological in origin (Buss and Plomin, 1984)
- traits that are relatively stable, cross situationally consistent and evident throughout the age span and diverse cultures
- the style (how) rather than the content (what) or purpose (why) of Behaviour

Temperament is a constitutionally based individual difference in reactivity and self-regulation (influenced over time by heredity, maturation and experience). It is regarded as a subclass of personality traits, defined by- appearance during the first year of life, persistence later in life and the contribution of heredity. The three personality traits that meet these criteria are emotionality, activity and sociability, from which are derived the acronym EAS (Buss and Plomin, 1984).

The EAS Theory is a modification of the original EASI Theory of temperament (Buss and Plomin, 1975). The missing letter ‘I’ represents impulsivity, which now is not included as a temperament. Impulsivity is not a unitary trait. Some components of impulsivity do not appear until after infancy and some components correlate strongly
with sensation seeking. Also impulsivity appears to consist of several sub-traits. These various problems with the trait of impulsivity led to its being dropped as a temperament.

### Three Ayurvedic Doshas of India

The three doshas (Vata, Pitta and Kapha) or ‘tri-dosha’ of Indian Ayurvedic medicine prescribes approaches to nutrition and health by identifying characteristic elements of the physical body, mind and emotions. Ayurvedic traditions recognize and honour the uniqueness of each individual, but the highest virtue is balance. It is believed that every person requires different ingredients for optimal health to balance their doshas and their particular constitution type. While Ayurvedic means ‘the knowledge of life’, dosha means ‘dysfunction or abnormal’- a divergence from the perfect balance for which Ayurvedic medicine strives. Every person possesses some of the qualities of all three doshas. The unique balance of Vata, Pitta and Kapha determines a person’s constitution, body type, mental and emotional strengths and weaknesses (Reiner, 2007).

**Vata**: Vata dosha is composed of the elements of air and space (or ether). Vata is dry, cool, light, clear and active. It governs breathing, elimination, motor skills and the senses. People who have a vata constitution are tall or short, with a light frame, small musculature and low body fat. They usually have dry hair and skin, low body temperature and blood pressure, grey, brown or blue eyes. Vata temperament is quick and clever, but impatient and lacking in stamina. Vata people are commonly active and creative, but they tend to sleep lightly and may be shy, anxious and insecure. Vata imbalance can cause worries, insomnia, fluctuating appetite, cramps and constipation. Vata governs the other two doshas and is usually the first cause of illness or disease.

**Pitta**: Pitta is predominately fire with some water. It is hot, light, liquid, sour, sharp and oily. Pitta governs metabolism and digestive processes of the mind, body and spirit; intelligence and understanding hunger and thirst; and the fiery emotions of anger, hate and jealousy. Pitta people are of medium build, with fair skin that may show freckles or blemishes, blue or hazel eyes. Those with pitta temperament are organized, ambitious and driven but easily irritated. They love knowledge and possess leadership abilities. Although they are competitive, controlling and judgmental, they usually accomplish a great deal. They have strong digestive systems, moderate stamina and enjoy physical
activity. Pitta governs the small intestine, stomach, skin, eyes, fat, sweat and blood. Imbalance often shows as impatience, hostility and emotional outbursts but can affect these physical areas.

**Kapha:** Kapha combines the elements of water and earth and has the most physicality of the three doshas. Kapha is cool, heavy, dense, slow, liquid and governs the joints, strength, the heart and lungs. Kapha people are usually heavier than the other dosha types due to slower metabolism. Kapha individuals have cool or oily skin, dark eyes, large lips and thick wavy hair. Kapha people are relaxed, patient, compassionate and steady. They neither learn nor accept change easily, but they have steady energy and stamina. They may seem withdrawn or impassionate. Excess kapha results in emotional attachment and clinginess, greed and envy. It can also contribute to weight gain, lethargy, congestion and allergies.

**SOCIABILITY**

Sociability is the only temperament that has a directional component: seeking other person, preferring their presence and responding to them. It is defined as a preference for being with others rather than remaining alone. Those who are high in this trait are strongly motivated to seek out others and tend to become frustrated and upset during enforced privacy. Those who are low in this trait also like to be with others, but their motivation is weaker and they easily tolerate being alone. The highly sociable person tends to work and play in groups. He enjoys crowds and is more willing to tolerate the discomforts correlated with the presence of large number of people. The sociable person welcomes the give and take that marks competition with others. They prefer team sports to individual sports because team sports are doubly social, through the give- and-take of competition. They tend to have a wide circle of friends and acquaintances. They give more parties and attend more.

**Sociability and Warmth**

The temperament of sociability includes both the directional component (sociability) and the responsivity component (warmth). The sociable person not only seeks out others but is also warmly responsive to their presence. Warmth, involves social
responsivity, responding to others with precisely the attributes that meet their social needs, such as attention and affection. A warm, responsive person smiles more than others and is more lavish in giving praise. They share feelings and sentiments and tend to be sympathetic, empathic and even altruistic. A highly social being responds to others with those attributes that mark specifically human reinforcements—attention, affection, esteem, sympathy, understanding, encouragement and help.

**Development of Sociability**

The development of social interaction is organized into three segments. The first, consisting of *soothing and arousal*, appears in early infancy and wanes thereafter. The second, consisting of the varieties of *affectionate relationships*, starts in infancy and continues in various forms through adulthood. The third, consisting of *affiliating* with groups of persons, starts as early as late childhood but typically in adolescence.

a) Soothing and Arousal:

A disturbed or fearful infant can usually be calmed by being cradled by the mother, but soothing need not be accomplished socially, for some infants a cradle will suffice.

➢ Cuddlers and Noncuddlers: The need to be soothed is probably strongest during the first few weeks of life. Thereafter it slowly wanes, dropping lower and lower during childhood and virtually disappearing in adulthood. Mature adults need to be cradled and calmed only after such rare calamities as accidents, severe illness or the death of a loved person.

➢ Arousal: The opposing tendency—increasing arousal through exploration and manipulation—increases steadily from birth onward. Whether the need is soothing or arousal, the sociable child wants it satisfied through other persons—the unsociable child either has no preference or prefers nonsocial means of being soothed or aroused. The sociable child also seeks others for affection.
b) Affectionate Relationships:

Affectionate relationships may be divided into three developmental categories. These are nurturance received, peer interaction and nurturance given.

- **Nurturance Received:** Children want and seek three kinds of nurturance: attention, affection and instrumental help. The highly sociable child craves the presence of others and is more likely to cry when forced to be alone. He has a strong need for attention and learns early to obtain it from the adults around him. The unsociable child seeks little nurturance. He generally smiles less and prefers not to be hugged and kissed. As he matures, he strongly prefers to do things for himself.

- **Peer Interaction:** The highly sociable child needs more attention, affection and help. He continues to seek these from peers. The sociable child is more affectionate toward peers, his friendship tend to be warmer and closer. He becomes more involved in group tasks and shows a greater willingness to share goods and credit for success. The unsociable child tends to reject help and wishes to pursue his goals independently. He prefers solitary activities.

- **Nurturance Giving:** Giving nurturance may be regarded as the last step in socialization. Sociable adults tend naturally to give nurturance in the appropriate context. They enjoy the reciprocity of the two person interaction and are strongly rewarded by the affection that rebounds to them. Unsociable persons are less sympathetic and they find the interaction more aversive.

c) Affiliating:

Affiliation involves sense of belongingness to a group. The groups can be categorized as:

- **Primary and secondary groups:** Primary groups consist of a few persons who regularly see one another. Since the group is small, the participation is direct and the contact is face-to-face. Also in such a group, members often become involved in affectionate, nurturant and attentional activities.
with each other. Secondary group interaction is more distant and vicarious. Such groups include large number of persons, who are so spread out geographically as to preclude face-to-face contact. (e.g., nationality, religion, gender and profession).

➢ Sociable and unsociable: Sociable persons have more frequent and more intense two-person interactions than do unsociable persons. The sociable persons belong to more primary groups and participate in them more actively. Moreover, the highly sociable person’s warm response to others in the group helps to yield reciprocal reinforcement from other members, thereby strengthening his bonds to the group. The unsociable person has none of these reasons for affiliating. Because social needs are low, there is little motivation to be around groups of people. He prefers to meet his nonsocial needs asocially and thus he seeks status through individual accomplishment, tries to get the job done alone and engages in relatively solitary recreations. Thus, sociability may play a large role in whether and how persons affiliate with primary groups but sociability is of little or no consequence in relation to secondary groups. Such groups do not meet most of the social needs of the sociable person.

Presence of Sociability in Adulthood

Highly sociable child emits positive social cues (warmth) and these in turn elicit positive social interactions. This positive feedback cycle enhances social interactions and tends to strengthen the child’s social responses. A child low in sociability neither emits nor elicits the positive aspects of social interaction and the relative absence of reinforcement further diminishes his initially weak social responses. Longitudinal studies of sociability suggest that sociability is at least moderately stable in adulthood, even for 20 years. Sociability continues to be a major source of individual differences in adulthood as well as childhood (Buss, 1980).
Components of Sociability

The major component of sociability is instrumental: seeking out with others and remaining in their company. The intrinsic social rewards that motivate this behaviour are sharing of activities. Sociable people prefer to eat, watch television, go to the movies or just stroll down the street with others.

A second intrinsic reward is attention from others. Sociable people strongly want to be listened to or at least have their presence noted by others by looking at or talking to them.

Finally, there is responsivity from others. Sociable people are enthusiastic when interacting with others. They are pleasantly aroused by conversation and nonverbal exchanges, like, tone of voice, facial expressions, etc. Their Behaviour is a mirror image of the strong social reward they seek, i.e., responsivity.

Measures of Sociability

One measure of sociability is the number of acquaintances, whether in work or play situations. Another measure is the number of attempts to come into contact with others. They can be physical, bringing the person closer to others, or they can be verbal, as in entering a conversation. Especially relevant to sociability are attempts to establish contact with those in the community who might become acquaintances. Presumably, people who are highly sociable are sufficiently motivated to seek interaction.

Another measure of the trait of sociability is the overcoming of barriers to social contact. When individuals have many friends despite being geographically or communally isolated, they are regarded as highly sociable.

Still another measure of sociability is duration of social contact. The person who escapes quickly may be low in the motivation to remain, whereas the person who stays may be high in social motivation.

Sex Differences

Buss and Plomin(1975), reviewed the research findings and nothing has since occurred that would substantially alter the conclusions drawn then. There are no consistent gender differences in mean level of sociability during the preschool period.
Starting in late childhood, girls are slightly (but significantly) more sociable than boys, a difference that becomes more stable during adolescence and remains during adulthood.

Of greater significance is the way sociability becomes channeled in each sex. Women tend to be more sympathetic, understanding and nurturant and they disclose more and touch each other more than men do. Thus, women’s interactions are usually interpersonal and there is an exchange of the affective rewards of praise, soothing and affection. Men, in contrast, tend to channel their sociability into groups or teams. They engage in collective instrumental action more often than women. Relations between men are governed by two apparently contradictory orientations: solidarity and peership, on one hand, and competition for jobs, prestige and competence on the other. These tendencies are regulated by norms governing their appropriateness. Women tend to be less competitive and so can more easily express sociability interpersonally.

It has been suggested that the pattern for each sex derives from our evolutionary history. Tiger and Fox (1971) assume that these male and female roles may be seen in primates. In general, females occupy themselves with interpersonal matters involving face-to-face encounters and focusing that have to do with the bearing, nurturing and training the child. By contrast, males involve themselves with groups and activities that extend directly to the whole community. According to this approach the gender differences in social Behaviour are rooted in primary ancestry. The sex difference in the qualitative nature of social interaction is assumed to be innate and perhaps linked to hormones. The opposing position assumes that the sex difference in sociability originates in socialization practices. Boys are taught to compete and to bond together in groups or teams that have an instrumental goal. It follows from this approach that there should be differences from one culture to the next in how boys and girls are socialized. The socialization approach implies that a gender difference in the way sociability is channeled should appear only after a period of gender role of socialization, though no one has specified precise timetable. The evolutionary approach assumes that the gender difference is innate and that socialization is of little consequence except to reinforce or disrupt an adaptive division of labour.

In the dispute between the two approaches, one approach assumes that it is the nature of men to interact with each another differently from the way women interact with
each other, which means that the patterns are fixed and inflexible. The other approach suggests that each sex is taught a different gender role that involves social interaction, the implication being that these patterns are flexible because socialization practices can change. There is no evidence that decisively favors one perspective over the other, but the evolutionary approach is more speculative.

**Person and Environment**

The trait of sociability is also influential in altering the environment. Sociable people tend not to accept isolation and find some way of interacting. If they are stuck in the house, they telephone friends. Writing is usually a solitary activity, but sociable writers often collaborate, they can also talk with others about their work and seek frequent feedback. Sociable children tend to be lively and talkative. Each sociable person tends to be responsive to others, thereby reinforcing their expressiveness. An unsociable person tends to be quieter and their conversations are more subdued and interspersed with periods of silence. Being less responsive, they do not reinforce other’s expressiveness and their interactions lag and soon end.

The trait of sociability influences how people choose environments. Sociable children seek out the playground rather than remaining alone in front of a television set or reading a book. Sociable adults are likely to become teachers, coaches, social workers, scientists, interviewers or filmmakers. They thrive where teamwork is essential. Also sociable people tend to be joiners, active in clubs, organizations, political parties and committees. Those who are low in sociability may become forest rangers, mathematicians, writers, composers, artists or astronomers. They do not mind being alone in these pursuits and enjoy the privacy of such a job. Those who have little need of people gravitate to outdoor activities that can be practiced or accomplished alone: long-distance running, archery, fishing, hunting and horse riding. Their indoor avocations are likely to be crossword or solving puzzles, solitaire, knitting, reading, collecting stamps or coins and listening to music.
SHYNESS

Shyness is a universal experience affecting everybody to a greater or lesser extent (Zimbardo, 1977). It is a pervasive challenge for some people in society. Some shyness in childhood is considered a normal part of development, but it becomes a problem in a child when it interferes with relationships with other people, with social situations, school, college and other important aspect of child’s life. Shyness can be very painful as it generates a series of negative effects like, low self-confidence, low tendency of making friendship, low anxiety of receiving help from teachers and consequently low performance at school, college and at work in life, particularly when these negative effects follow a child into adulthood.

According to the Encyclopedia of Mental Health, Shyness may be defined experientially as, “discomfort and/or inhibition in interpersonal situations that interferes with pursuing one’s interpersonal or professional goals”. Buss (1980) referred to shyness as a form of social anxiety or discomfort in the presence of others, akin to what most people feel when in the presence of an audience. It is an aspect of the underlying fundamental emotion of shame (Tomkins, 1963). It is the tendency to feel tense, worried or awkward during social interactions, especially with unfamiliar people (Cheek, Melchior and Catpentieti, 1986). It is an affective- Behavioural syndrome characterized by social anxiety and interpersonal inhibition that result from the prospect or presence of interpersonal evaluation (Leary, 1986).

Shyness is a form of excessive self-focus, a preoccupation with one’s thoughts, feelings and physical reactions. Three characteristics that involve a sense of self are: excessive self-consciousness, excessive negative self-evaluation and excessive negative self-preoccupation. Shyness is a tendency to avoid social interactions and to fail to participate appropriately in social situations. Shyness interferes with one’s ability to relax and enjoy. It prevents from performing to the level one is capable of and many times prompts the avoidance of social situations altogether. The more unfamiliar a situation, the higher the degree of shyness. Shyness can range from experiencing mild to moderate discomfort (e.g., meeting new people, public speaking, attending social functions, dating, etc.), to crippling levels of anxiety that could be described as social anxiety, social phobia or panic disorder.
Shy people are very quiet when meeting new people, take long while to warm up in social gatherings. In a group, a shy person may listen quietly and rarely speak, seldom start a dialogue in a conversation, much more likely to speak around people who are very familiar. They tend to have less satisfactory interpersonal involvements and fewer friends. They are described as unfriendly by others (Cheek and Buss, 1981).

What causes one to feel anxious in social situations? Why are some people shackled in the prison of their own shyness? Research answers these questions by applying Self-Presentation Theory. According to them, Self-Presentation Theory assumes that people are eager to present themselves in ways that make a good impression. People feel anxious when they are motivated to impress others but doubt their ability to do so.

According to Van der Molen (1990), shyness is distinguished by three important components:

- **Fear (anxiety or arousal)** - Shy people are strongly motivated to avoid social interactions because of the anxiety and negative arousal experiences in such situations. Cheek and Melchior (1990) reported that 40% to 60% of shy high school and college students have trouble with multiple symptoms of anxiety.

- **Social Skills deficit (Behavioural inhibition)** - The associated Behavioural inhibition is an extremely common symptom of shyness. Pilkonis (1977) described shy participants as speaking less frequently, allowing more silences to occur in the conversation and breaking silences less often than non-shy participants. Awkward bodily movements, gaze aversion and general social unresponsiveness are typical Behaviour patterns of shy individuals (Buss, 1984).

- **Irrational thoughts (unrealistically maladaptive attributions of past interpersonal failures and negative anticipations of future interpersonal performance)** - Shy individuals, compared with non-shy individuals, exhibit a self-defeating attributional style in which positive self-relevant events are considered due to luck and other unstable characteristics and negative self-relevant events are considered due to ability and other stable characteristics (Anderson and Arnoult, 1985).
In general, three components (Van der Molen, 1990) act together to form a modal interpersonal tendency toward anxiety, negative thinking and Behavioural awkwardness, which serves as a great motivator to avoid the presence of others. Shyness can produce both physical and emotional consequences. Typically shy person experiences elevated heart rate, perspiration and feelings of nausea (Zimbardo, 1977). Shyness affects the memory as well as the intellectual performance of the individuals.

Shyness is not independent of other behaviours. For extremely shy individuals shyness can be part of a troubling pattern of social characteristics. Shy people often gave bad first impressions. Strangers rated them as weak, worrying and in many cases, intellectually incompetent. Shy people are as intellectually competent as anyone else. Perhaps people incorrectly interpret a shy person’s reluctance to speak out as evidence that he or she has nothing intelligent to say. Not surprisingly, shy people say that they are fearful of social interactions, more self-conscious and more lonely than nonshy people (Jones, Cheek and Briggs, 1986). In addition, they report more suspicions and resentments of other people and they indicate more depression and anxiety.

Shyness represents one pole of a dimension of how people behave when with others. People at this end of the dimension tend not to initiate conversation and are often minimally responsive to other’s social gestures. At the other end of the dimension are those called extraverts. They talk to strangers and enthusiastically respond to other’s social gestures. Though extraverts occupy the other end of the dimension, there are people even more extreme: exhibitionists. Exhibitionists thrive on attention and are delighted to feel conspicuous. They are delighted to be in the spotlight and may go to great lengths to remain there.

According to Cheek and Melchior (1990), shy people:-

- Perceive a social interaction to be explicitly evaluative
- Expect their Behaviour to be inadequate and to be evaluated negatively
- Hold "irrational beliefs" about how good their social performance should be and how much social approval they should get from others
- Adopt a strategy of trying to get along rather than trying to get ahead
- Become anxiously self-preoccupied and do not pay enough attention to others
- Judge themselves more negatively than others judge them
- Blame themselves for social failures and attribute successes to other factors
- Accept negative feedback and resist or reject positive feedback
- Remember negative self-relevant information and experiences

Components of Shyness

Shyness is conceptualized as a syndrome of affective, cognitive and Behavioural components characterized by social anxiety and Behavioural inhibition resulting from the feeling that others are evaluating. The affective component of shyness reflects the anxiety, muscle tension, increased heart rate, upset stomach and an assortment of other psychophysiological reactions experienced by shy people. The cognitive component of shyness reflects the excessive sense of self-consciousness, negative self-appraisal and irrational belief system. The Behavioural component of shyness is expressed by Behavioural inhibition and social avoidance.

Types of Shyness

Buss (1995) suggested two categories of problematic shyness: Fearful shyness and Self-conscious Shyness. Anxious shyness develops in the first year of life and may involve a genetic component in the form of emotional reactivity. Emotional reactivity may lead the shy children to be more susceptible to negative social conditioning and to display fear and inhibition around others. Self-conscious shyness, on the other hand, is a later developing form of shyness, which emerges around five to six years of age and coincides with the child's development of self and the ability to take on the perspective of others. These shy people are primarily aware of themselves as social objects and are comfortable in interpersonal situations where public aspects of the self are evaluated. He further hypothesized that self-conscious shyness develops from an excess of parental evaluation and negative comments about publicly observable aspects of the child.
On the other hand, Zimbardo (1977) suggested that two types of shy people exist: public and private. Publicly shy people don’t make eye contact or smile, they blush a lot, they stutter, their posture is poor. They fit the stereotype of shyness. The privately shy person hides it. They are usually bored or snobbish, poised or extroverted. These people cover up their internal anxieties very well.

Antecedents of shyness

- High Arousal and Anxiety (especially social) – Eisenberg, Fabes and Murphy (1995) showed shyness to be associated with high emotionality and empathic overarousal (or personal distress) and inversely related to attentional shifting. Shy individuals do, indeed, tend to be prone to physiological arousal, especially when anticipating social interaction.

- Genetic Component _ Shyness has been considered one of the most heritable dimensions of temperament throughout the life span (Plomin and Daniels, 1986). Much of the research on the genetic basis for shyness involves the study of monozygotic and dizygotic twins (Kagan, Reznick and Snidman, 1988, Plomin and Daniels, 1986). These investigators have found, in general, that genetically identical (monozygotic) twins are more similar to one another with regard to shyness than are genetically nonidentical (dizygotic) twins.

- Poor Social Skills _ Lacking adequate social skills (or even believing that one lacks social skills) may lead to heightened arousal when a social situation is encountered. Expectations of failure and perceptions of difficulty frequently lead to anxiety and arousal. Poor social skills can be a cause and a consequence of maladaptive levels of arousal in social situations.

Shyness and Loneliness

Shyness may lead to loneliness. Shy people avoid social interactions, mainly because they feel anxious in them. They typically display poor social skills when they are in social situations. As a result, they may have few warm social relationships and may become lonely individuals. Many researchers have reported a positive correlation
between shyness and loneliness (Anderson and Harvey, 1988; Kalliopuska and Laitinen, 1991; Stephan, Fath and Lamm, 1988; Zimbardo, 1977).

Though research shows significant correlation between shyness and loneliness; however no differences between males and females responses were found. Accommodating homesickness, making new friends, interacting between males and females and dating were among social conditions which were difficult for shy and lonely students. The findings of Cheek and Buss (1981) indicate that social situations, particularly novel ones and personality characteristics, particularly shyness, contribute to the amount of loneliness an individual may experience. The consequences of shyness are numerous. Some are relatively minor, such as feeling a bit awkward in novel social situations. Other consequences are so severe that they can cause major disruptions in all areas of one's life. Many psychologists believe that specialized training in social skills may be useful. Such training often encourages the individual to try various techniques for getting along more effectively with others. Self-help technique also have been proposed for the chronically shy (Zimbardo, 1977).

**LONELINESS**

According to Peplau and Perlman (1982), loneliness is defined as the unpleasant experience that occurs when an individual's social network is deficient either qualitatively or quantitatively. Loneliness is an enduring condition of emotional distress that arises when a person feels estranged from misunderstood or rejected by others and lacks appropriate social partners for desired activities, particularly activities that provide a sense of social integration and opportunities for emotional intimacy (Rook, 1984). Lonely people feel bad because of insufficient interpersonal relationships. The insufficiency may be quantitative (e.g., too few friends), qualitative (e.g., no deeply intimate relationships), or both. Most people have experienced loneliness at one time or another and some people suffer much more from it than others.

Loneliness is distinct from aloneness, solitude and grief (Ryan and Patterson, 1987). Like shyness, loneliness has a cognitive component (thinking one is separate and isolated from others), an affective component (negative feelings of sadness, anger and
depression) and a *behavioural component* (actions such as avoiding social contacts (Blai, 1989).

Loneliness represents an unhappy feeling of emptiness. These unhappy feelings of emptiness can be in the form of: *emotional loneliness* and *social loneliness*. In *emotional loneliness*, one feels that there is a lack of close, caring relationships. If one is emotionally lonely, even if he/she interacts with others with whom he/she has much in common, he/she will still be lonely. In short, a sense of utter aloneness permeates one’s being, either making the world seem empty and cold or causing him to view his own self as having these characteristics. *Social loneliness* is caused by the absence of an ‘engaging social network’, and can be alleviated only by reengaging the person in such a network.

While emotional and social isolation differ in their causes, they do share one common theme, i.e., pre-occupation with filling the missing social relationships. The kind and amount of social interaction each person needs to overcome loneliness will vary from person to person. Nevertheless, it is generally true that the intensity of one’s loneliness will reflect the discrepancy between an individual’s actual level of social contact and the kinds of relationships that individual would ideally like to have. Thus, no matter how high or low one’s level of need for others may be, being with other people gives him a chance to form the kinds of relationships he wants and needs. Conversely, when the opportunity for meaningful social contact becomes limited, he can expect to experience an increase in loneliness.

Social contact comes from two main sources: (i) within the family and (ii) from work or an involvement with the community. While an opportunity for social contact doesn’t guarantee the formation of the types of relationships needed to stave off loneliness, it does provide an opportunity. Thus, when either family or work related social interactions are minimized, one feels lonely. Having satisfactory family relationships is more effective in reducing loneliness than having satisfactory work relationships or status in the community. This finding is consistent with the theory that emotional loneliness may hurt more than social loneliness. Achieving a satisfactory position in an occupation or status in the community would give individual a greater chance of forming successful interrelationships with others, thus fending off social
loneliness. But having a satisfactory family life would seem to be necessary to meet the deep emotional attachment necessary to ward off emotional loneliness.

Loneliness, whether chronic or temporary, is a painful awareness that our social relationships are less numerous or less meaningful than we desire. And one can be utterly alone. To feel lonely is to feel excluded from a group, unloved by people around us, unable to share our private concerns and alienated from those in your surroundings (Beck and Young, 1978; Davis and Franzoi, 1986). Adolescents experience such feelings more commonly than do adults. Males and females feel lonely under somewhat different circumstances—males when isolated from group interaction and females when deprived of close one-to-one relationships (Stokes and Lewin, 1986).

Like depressed people, chronically lonely people seem caught in a vicious cycle of self-defeating social cognitions and social behaviours. They have some of the negative attributional style of the depressed; they blame themselves for their poor social relationships and see most things as beyond their control (Snodgrass, 1987). Moreover, they perceive others in negative ways. These negative views may both reflect and colour the lonely person’s experience. Lonely people often do find it hard to introduce themselves make phone calls and participate in groups (Rook, 1984; Spitzberg and Hurt, 1987). They tend to be self-conscious and low in self-esteem (Cheek and Melchior, 1990; Vaux, 1988). When talking with a stranger, they spend more time talking about themselves and take less interest in their conventional partners than do nonlonely people (Jones et al., 1982).

**Forms of Loneliness**

According to Shaver, Furman and Buhrmester (1985) loneliness can be of two types: State and Trait Loneliness.

- **State Loneliness** is viewed as limited by time and attributable to social transitions, such as changing residence or terminating a close relationship.
- **Trait Loneliness** is seen as more enduring and cross situational and closely linked to personality function and mental health, which is the referent of most loneliness theorizing.
Moustakas (1961) has identified two different forms of loneliness:

- **Loneliness Anxiety** is a totally negative feeling, which results from alienation between people.
- **Existential Loneliness** is a universal aspect of the human condition. It stems from one’s awareness as separate individuals and inevitability of death.

Weiss (1973) mentioned two types of loneliness:

- **Emotional Loneliness** concerns the lack of an emotionally satisfying, often romantic relationship.
- **Social Loneliness** refers to a dearth of social network ties.

**Loneliness and Unhappiness**

In a mild or moderate form, loneliness can be very unpleasant. Most people feel happier when they live with and for other people. A correlational study showed that students who felt lonely also felt unhappy, empty, awkward, restless and bored. In a number of surveys, a significantly higher percentage of unmarried men have reported unhappiness or dissatisfaction with their lives than have married men of the same age. Separated and divorced people are also less happy than married people of the same age and economic condition. Marriage is not the only source of social contact. There are many other ways to interact with people- in recreational activities, in the artistic and religious functions of a community, in civic affairs and so forth. When the frequency of such activities among happy and unhappy people has been measured, it has been found that the happy people are the more frequent joiners. Happy people have wider circle of friends.

Lonely people suffer from a variety of psychological disorders. A number of studies have shown that those who are lonely are also likely to be depressed. They tend to be anxious. Isolation from people is both a significant contributor to and a consequence of many forms of severe psychopathology. Loneliness may also lead to drug abuse. A survey on factors influencing the initial use of illicit drugs has concluded that lack of involvement in organized groups and satisfying friendships may be predisposing factors for some people.
Loneliness in its worst form can literally be deadly. One major factor leading to suicide is an extremely intense feeling of loneliness. Although the reasons for suicide are complex and vary from person to person, loneliness and social isolation are major factors.

**Unidimensional and Multidimensional View**

Anderson (1992) noted that there is disagreement on whether loneliness should be considered a unidimensional construct (e.g., a simple discrepancy between an individual’s desired and obtained social contacts) or a multi-dimensional construct (e.g., dividing loneliness on distinct and separate dimensions). The uni-dimensional approach is exemplified in the work of Peplau and Perlman (1982) who described loneliness as the unpleasant experience that occurs when an individual’s social network is deficient either qualitatively or quantitatively. The multidimensional view is espoused by Hsu, Hailey and Range (1987), who described emotional loneliness (resulting from the absence of close personal attachments) as distinct from social loneliness (resulting from the absence of a social network). Blai (1989) suggested a similar distinction. On the basis of available research, it appears that loneliness is a multi-dimensional construct that can be reliably measured with a uni-dimensional scale, presumably because there is so much overlap in the various dimensions.

**Antecedents of Loneliness**

- **Shyness**

  Shyness may lead to loneliness and therefore can be seen as a casual antecedent. It interferes with forming successful interactions. Shy people are often lonely people. Shyness is a special kind of loneliness- a perceived inability to relate effectively to other people in a social situation. It is not a feeling of rejection by other people but, a physical state of separateness caused by the absence of other people, a loss of unavailability of a special friend or loved one, or a feeling of alienation from people within one’s group. Many researchers have reported a positive correlation between shyness and loneliness (e.g., Anderson and Harvey, 1988; Kalliopuska and Laitinen, 1991; Zimbardo, 1977). Because of its close relationship with shyness, social anxiety has also been found to be related to loneliness (Bruch, Kaflowitz and Pearl, 1988; Neto, 1992). Jones, Rose and
Russell (1990) reported correlations between shyness and loneliness ranging from 0.40 to 0.51.

Cheek and Busch (1981) provided evidence that shyness causes loneliness. Their findings indicated that both social situations, particularly novel ones and personality characteristics, particularly shyness, contribute to the amount of loneliness an individual may experience. The strong relationship between shyness and loneliness reveals that the two also share some casual antecedents, namely, anxiety, poor social skills, maladaptive attributional styles and lack of social networks (e.g., loss of intimates).

- **High Anxiety (Especially Social)**

  A strong relationship has been found between loneliness and anxiety (Jones et al., 1990; Ryan and Patterson, 1987), particularly social anxiety (Neto, 1992). Moore and Schultz (1983) reported significant correlations between loneliness and both state and trait anxiety. Their study indicated that high social anxiety is one factor that interferes with the ability to initiate and maintain contacts with others, resulting in loneliness.

- **Poor Social Skills**

  Lonely people are less socially skilled (Horowitz et al., 1982; Inderbitzen-Pisuruk, Clark and Solano, 1992; Kalliopuska and Laitinen, 1991; Stephan et al., 1988), display more withdrawn and inhibited social behaviours (Rubin, LeMare and Lollis, 1990), are less willing to take social risks (Moore and Schultz, 1983) and are less willing to assert their rights to others (Bruch et al., 1988).

  According to Renshaw and Brown (1993) withdrawn social behaviour was a significant predictor of concurrent and future loneliness, since the possession of poor social skills lessens the ability to create friendship networks, a condition conducive to loneliness. Rubin et al. (1990) reported similar results. Moore and Schultz (1983) found that the low social risk-taking characteristic of lonely adolescents impedes initiation of social contacts.
• **Lack of Social Networks**

According to Blai (1989) feeling of not belonging to a community and absence of an attachment figure leads to loneliness. Specific social situations, such as the ending of a marriage, friendship breakups, unemployment, retirement, imprisonment and hospitalization can also lead to loneliness. Loneliness has been linked to many facets of community involvement and acceptance, such as deficits in quality and quantity of social networks (Levin and Stokes, 1986), dissatisfaction with social contacts and with a steady partner (Ekkehard et al., 1988) and low peer acceptance with few or no friendships in adolescence (Renshaw and Brown, 1993).

Kivett (1979) found that inadequate transportation and unavailability of organized social activity were among the best predictors of loneliness in older adults. Loneliness in old age is related more strongly to desolation (i.e., recent separation from a loved one) than to isolation (Townshend, 1955). Such a loss, whether due to death or divorce, can be devastating to one’s psychological well-being.

• **Situational Factors**

Many factors in modern life contribute to the disruption of the individual’s network of relationships and hence to loneliness. Peplau and Perlman (1981) identify four kinds of events that reduce social contact and can precipitate loneliness in all of us:

- Ending a close emotional relationship, as by divorce or death of a partner
- Physical separation from family and friends as by moving to a new community
- Status changes, such as unemployment, promotion or leaving home of one’s children
- Reduced quality of an existing relationship

We live in a highly mobile society, which means that we change jobs, schools and neighborhoods frequently. Certain life stages increase the individual’s desire for social contact and thus precipitate the experience of loneliness. Rubenstein, Shaver and Peplau (1979) found that young people were particularly vulnerable to feelings of loneliness, perhaps because at that stage of life there is a greater need for personal intimacy. Elderly
people—especially those who have lost spouses and close friends—and the divorced are similarly affected.

- **Personal Characteristics**

  Certain people are characteristically more likely to experience loneliness than others and for these people the experience may be more intense and more enduring. A predisposition to loneliness will not necessarily cause the experience of loneliness at a particular time, but it will make the individual more vulnerable to situational factors. People who are shy, who think poorly of themselves or who have inadequate social skills may unwittingly, discourage others from making contact with them. Personal characteristics that are considered unattractive or undesirable within a particular social milieu—be they physical, personality or socio-cultural characteristics—hamper a person’s ability to make friends and thus lead to situations where loneliness will be experienced.

**DEPRESSION**

Depression is a dysphoric mood state accompanied by a loss of enthusiasm, a general slowing of mental and physical activity and a set of negative cognitive distortions (Beck, 1976). Depression is a pattern of sadness, anxiety, fatigue, agitated behaviour and reduced ability to function and interact with others. It ranges from mild feelings of uneasiness, sadness and apathy to intense suicidal despair. Occasional depression is a common experience. However, when depression is chronic or especially intense, it is considered a serious psychological problem. Severe depression may reflect guilt and the need for self-punishment. Depressed people draw illogical conclusions about themselves—they blame themselves for normal problems and consider every minor failure a catastrophe (Beck, 1967). Seligman (1975) believes that depression is caused by a feeling of learned helplessness. The depressed person learns to believe that he has no control over events in his life, that nothing he does makes any difference and that it is useless to even try. Depressed people are negative thinkers. They view life through dark-coloured glasses.

Although depression is related to loneliness and shyness (Anderson and Harvey, 1988), the three conditions are considered to be separate entities with somewhat different
characteristics (Weeks et al., 1980; Weiss, 1973). For instance, loneliness is characterized by the emotion of longing, shyness by anxiety and embarrassment and depression by sadness and anger. The lonely individual attempts to alleviate loneliness by forming relationships, whereas the depressed individual surrenders to the distress. The shy individual is motivated to avoid social situations. All three constructs are stable across time (Plomin and Daniels, 1986).

**Antecedents of Depression**

- **Shyness and Loneliness**

Shyness, loneliness and depression have much in common. All are associated with higher than normal levels of anxiety. Concerning shyness and loneliness, all are associated with poor social networks and a disproportionately high attendance to negative information.

Many researchers have found a link between depression and shyness (Alfano et al., 1994; Anderson and Arnoult, 1985, Anderson and Harvey, 1988; Traub, 1983) as well as between depression and loneliness (Jackson and Cochran, 1991; Mullins and Dugan, 1990; Yang and Clum, 1994). Although some consider neither loneliness nor depression to be a direct cause of the other (Weeks et al., 1980), others have found that lonely and isolated people tend to be vulnerable to depression (Brown and Harris, 1978; Krietman, 1977; Rich and Bonner, 1987; Green et al., 1992).

- **Social Support**

Depressed individuals report having fewer social contacts and a less self-affirming social environment, are likely to be less sociable, more interpersonally submissive (McCullough et al., 1994) and report a lack of confiding relationships (Eisemann, 1985). In fact, lack of close confiding relationship is well established vulnerability factor for depression (Brown and Harris, 1978). Depressive symptoms are also associated with loneliness, social isolation, retirement and loss of close partners or relatives (Muller-Spahn and Hock, 1994), all conditions in which an individual’s social
networks are compromised. Social support moderates the relationship between life stress and depression (Bonner and Rich, 1987).

➤ **Learned Helplessness**

It refers to beliefs on the part of individuals that they have no control over their own outcomes. Such views often develop after exposure to situations in which such lack of control is present, but then generalize to other situations where individual’s fate is at least partly in their hands. One result of such feelings of helplessness seems to be depression (Seligman et al., 1988).

➤ **Self-Schemas**

Individuals suffering from depression often possess negative self-schemas, negative conceptions of their own traits, abilities and behaviour. As a result, they tend to be highly sensitive to criticism from others (Joiner, Alfano and Metalsky, 1993). Because such persons are more likely to notice and remember negative information, their feelings of worthlessness strengthen, and when they are exposed to various stressors, their thinking can become distorted in important and self-defeating ways.

➤ **Primitive Thinking**

Depressed individuals usually see neutral or even pleasant events in a negative light- for instance, they may interpret a compliment from a friend as insincere, or someone’s being late for an appointment as a sign of rejection. These distortions in thinking make it difficult for depressed people to make realistic judgments about events and they begin to engage in primitive thinking- thinking characterized by global judgments that are absolute, invariant and irreversible. Ultimately, depressed persons show repetitive and negative thoughts about the self, the world and the future. Depressed persons see themselves as inadequate and worthless, feel that they can’t cope with the demands made on them and dread the future, which, they believe, will bring more of the same.
Another cognitive factor that plays a role in depression is heightened self-awareness. Persons experiencing depression often focus their attention inward, on themselves. When they do, they often notice gaps between what they would like to be / accomplish and what / where they are in life. Most people handle such gaps by adjusting their goals or standards. They realize they can’t be perfect or attain every goal, so they adjust their hopes to be more inline with reality. Persons who become depressed, however, don’t make such adjustments, they begin to torture themselves with self-criticism and feelings of worthlessness. This generates negative feelings, which lead to more self-criticism and eventually to deep depression.

Is Negative Thinking a Cause or a Result of Depression?

- **Depressed Moods Cause Negative Thinking**

  Our moods Colour our thinking. In a happy mood, we find the world seems friendlier, decisions come easily , good news more readily comes to mind (Johnson and Tversky, 1983; Isen and Means, 1983; Stone and Glass, 1986). When we feel happy, we think happy and optimistic thoughts. The effects of a depressed mood are also Behavioural. The person who is withdrawn, glum and complaining does not elicit joy and warmth in others. Depressed Behaviour can trigger hostility, anxiety and even reciprocate depression in others. Depressed people are therefore at risk for being divorced, fired or shunned, thus magnifying their depression (Coyne and others, 1991; Gotlib and Lee, 1989; Sacco and Dunn, 1990). They may also seek out those whose unfavourable views of them verify and further magnify their low self-image.

- **Does Negative Thinking Cause Depression?**

  Being depressed has cognitive and Behavioural effects. Does it also have cognitive origins? It’s perfectly normal to feel depressed over a major loss, such as losing a job, suffering a death in the family, or being rejected or abused. But why are some people so readily depressed by minor stresses? The results have been mixed, because negative thinking tends to wax and wane with depression (Barnett and Gotlib, 1988;
Kuiper and Higgins, 1985). But new evidence suggests that a negative attributional style contributes to depressive reactions.

Some of the studies confirm that those with the pessimistic explanatory style are more likely to become depressed when bad things happen (Brown and Siegel, 1988; Nolen-Hoeksema et al., 1986). According to Lewinsohn et al., (1985), the negative self-image, attributions and expectations of a depressed person are an essential link in a vicious cycle that is triggered by negative experience—perhaps academic or vocational failure, or family conflict or social rejection. In those vulnerable to depression, such stresses trigger brooding, self-focused, self-blaming thoughts (Pyszczynski et al., 1991; Wood et al., 1990). Such ruminations create a depressed mood that drastically alters the way a person thinks and acts, which then fuels further negative experiences, self-blame and depressed mood. Depression is therefore both a cause and a consequence of negative cognitions.

TREATMENT OF SHYNESS, LONELINESS AND DEPRESSION

The treatment of shyness, loneliness and depression should attack the underlying causes of each condition.

Shyness

Shyness may be especially amenable to treatments that lower feelings of anxiety and increase social skills. According to Girodo, Dotzenroth and Stein (1981), social skills training may be effective for overcoming shyness. Their contention is not that shy individuals lack social skills but rather that they need to be shown that successful social outcomes are contingent on their ability. The application of these abilities can produce successful interpersonal exchanges; can increase one’s self-confidence and self-esteem while lowering social anxiety. Another suggestion for the treatment of shyness includes a combination of social skills training with cognitive restructuring and systematic desensitization (Cheek and Melchior, 1990).
Loneliness

Lonely individuals usually have poor social skills (Chelune, Sultan and Williams, 1980; Horowitz et al., 1982). Therefore, teaching them to be more assertive (Blai, 1989), encouraging them to take social risks (Moore and Schultz, 1983) and increasing their repertoire of appropriate interpersonal skills may prove useful in reducing their loneliness (Seligson, 1983; Weeks, 1994). Lonely individuals evince a negative pattern of thinking, both about themselves and about the intentions of others. For this reason, cognitive therapy may relieve the condition of loneliness. Beck et al., (1979) suggested that modification of dysfunctional beliefs and self-defending thought patterns is an effective treatment for loneliness. One of the most cited methods of reducing loneliness is establishing an environment that encourages the development of social contacts. Specifically, interventions should foster social support (Brage et al., 1993) provide enhanced opportunities for social contacts (Blai, 1989) and be directed at improving the lonely individual’s links with others by providing settings where friendships may be easily formed (Weeks, 1994).

The strong relationship between shyness and loneliness suggests that any treatment that is effective in reducing shyness should be examined for possible value as a treatment for loneliness. Finally, research from several domains has shown that the physical structure of living environments (e.g., dormitories) has a significant impact on the frequency and quality of social interactions.

Depression

Depression is considered the worst problem as compared to shyness and loneliness. Cognitive therapies, social skills training and additional social support are most often cited for the alleviation of depression. Drug therapies are also a viable option, although they are in some instances inferior to therapies that correct the distorted cognitions so prevalent in depressed patients. Although they are not widely supported with empirical data, social support (Rich and Bonner, 1987) and social skills training (Bellack, Hersen and Himmelhoch, 1980) have been proposed as treatments to depression. Rich and Bonner (1987) put forth the reasonable assertion that for those
whose depression is at least partially caused by the lack of a social support network or the lack of social skills, group therapy may be especially useful.

By far the most common problem area that is targeted in treating depressed patients is their pronounced tendency toward distorted cognitions. Many researchers have advocated the use of therapies that revise the maladaptive nature of depressed individual’s attributions (Abramson, Seligman and Teasdale, 1978; Anderson and Amoult, 1985; Beck et al., 1979; Foersterling, 1985; Helm, 1984; Miller and Norman, 1981). Both interpersonal therapy and cognitive-Behavioural therapy had a significant impact on attributions in general but that the greatest impact was on the controllability dimension. Since depression is a multidimensional problem, it should be treated with a multimodal strategy. The assessment of depression should be broad and able to individualize the root cause of an individual’s depression. Therapy should then be tailored to the particular deficiency, whether it be the cultivating of interpersonal skills or the provision of an environment conducive to social bonds.

**Interrelationships/ Theoretical Perspective**

Shyness, loneliness and depression are highly interrelated set of problems. The three are interrelated at two different levels of analysis. At one level, they share many common etiological, preventive and treatment features. For example, stressful environments and maladaptive attributional styles contribute to each problem. At the second level of analysis, these problems are causally related to each other. For example, being shy has important implications for the development of loneliness and depression. In a similar way, depression can contribute to loneliness. There has been relatively little empirical or theoretical work on the causal connections among shyness, loneliness and depression. The model described by Dill and Anderson displays the set of relations among these three problems in living, which has been taken as a perspective for the present study.
Relatively Unique Characteristics

- Social Anxiety
- Motivation to avoid Social Situation

Motivation to Approach Social Situation

Loss of Key Social Supports

Common Characteristics

- Poor Social Skills
- Maladaptive View of Interpersonal World
- Impoverished Social Environment
- Many Social Failures

Shyness

Loneliness

Depression

Fig 1.1: Relations among Shyness, Loneliness and Depression
(Dill and Anderson, 1999)