Chapter II

Review of Literature
Numerous characteristics of modern society contribute to shyness, loneliness and depression. The high mobility in the society makes it difficult to develop and maintain close interpersonal relationships, even within families. Similarly, the loss of intergenerational ties and the rise of single-parent families contribute to the social isolation that underlies many of the problems in living. These characteristics of modern society and of most industrial societies, in conjunction with traditional values of individualism, have contributed to the development of an unhealthy focus on the self, the individual and the ‘me’ perspective. It is not the immediate family who suffer with the shy, lonely and depressed, friends and acquaintances of the family may also be adversely affected. Shyness, loneliness and depression may all increase a variety of aggressive Behaviours through at least three separate mechanisms (Anderson, Anderson and Deuser, 1996; Berkowitz 1993; Geen, 1990). First the lack of satisfying interpersonal ties may contribute to a lower or less effective set of inhibitions against aggression. Second, the high level of negative affect characteristic of these problems in living may increase unwarranted aggression. Finally, these problems may prime aggressive thoughts, thus producing increases in aggression.

Shyness, loneliness and depression are highly interrelated set of problems. These three are interrelated at two different levels of analysis. At one level, they share many common etiologies, 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 casually related to each other. For example, being shy has important implications for the development of loneliness and depression. 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 solid social relationships and may become lonely individuals. Finally, the lack of social support and positive social interactions may well lead to depression.
In a similar way, depression can contribute to loneliness. Some depressed people repeatedly seek assurance from their friends and family. After a while, such constant reassurance seeking may become so annoying that it harms the positive relationships that initially existed. In other words, depressed people sometimes drive away those who had been their best friends. This loss of social support can exacerbate the depression and create intense feelings of loneliness as well.

The journals that have been referred for literature review are Journal of Personality and Social Psychology, Journal of Research in Personality, Personality and Individual Differences, Journal of Adolescence, Developmental Psychology, Behaviour Research and Therapy, Journal of Affective Disorders, Social Science and Medicine, Journal of Consulting and Clinical Psychology, etc. Google, Yahoo, Psych Info, Science Direct, Pub Med were the major search engines that were surfed for literature search on the Internet besides the various Psychology books dealing with these issues in particular.

SOCIO ECONOMIC STATUS

Willems et al., (2005) showed that patients from lower social classes receive less positive socio-emotional utterances and a more directive and less participatory consulting style, characterized by significantly less information giving, less directions and less socio-emotional and partnership building utterances from their doctor. Doctors’ communicative style is influenced by the way patients communicate: patients from higher social classes communicate more actively and show more affective expressiveness, eliciting more information from their doctor. Patients from lower social classes are often disadvantaged because of the doctor’s misperception of their desire and need for information and their ability to take part in the care process.

Zhang and Postiglione (2001) found that when age was controlled, thinking styles and self-esteem overlap. Furthermore, regardless of age, those students who reported using thinking styles that are creativity-generating and more complex and those who reported higher self-esteem tend to be students from higher SES families.
Phongsavan et al., (2006) demonstrated that having trust in people, feeling safe in the community and having social reciprocity are associated with lower risk of mental health distress.

**SOCIABILITY**

The study conducted by Burnay, Kiss and Malchaire (2005) was carried out on 5790 subjects who were divided into four age groups: less than 30 years of age, 30–39 years, 40–49 years and 50–65 years. Their employment status was categorized into five groups: stable job, temporary job, insecure job, unemployed and pre-retired. The results showed that the older workers were not so comfortable in the actual situation. They experienced more mental health problems, preferred less interaction and enjoyed less pleasure in life than the persons who are pre-retired or unemployed. They also showed decrease in their subjective well-being.

Campbell (1983) conducted a study to find out the relationship between extraversion, impulsivity and sociability to study habits. The results revealed that the individuals studying in locations that provided greater external stimulation had significantly higher extraversion and impulsivity, but not sociability scores than individuals studying elsewhere in the library. Impulsivity was more strongly associated than sociability with preferred noise levels, frequency of study breaks, and importance and preferred levels of socializing opportunities, but less strongly associated with preferred levels of crowdedness.

**SHYNESS**

Heiser, Turner and Beidel (2003) examined the relationship between shyness, social phobia and other psychiatric disorders and found that the prevalence of social phobia was significantly higher among shy persons as compared with non-shy persons. Also a significant and positive correlation was found between the severity of shyness and the presence of social phobia. The shy persons with social phobia were shyer, more
introverted, and more neurotic than other shy people. Turner, Beidel and Townsley (1990) revealed that shyness and social phobia have a number of similar features.

Coplan et al., (2004) attempted to distinguish two types of social withdrawal in early childhood: (a) one based on social fear and anxiety despite a desire to interact socially (conflicted shyness) and (b) one based on the lack of a strong motivation to engage in social interaction (social disinterest). Distinct patterns of associations were found between conflicted shyness and social disinterest and outcome variables.

Findings of Chavira, Stein and Malcarne (2002) suggest that shyness and social phobia (especially the generalized type) are related constructs but not completely synonymous, an individual can be extremely shy yet not have a social phobia diagnosis.

A study was designed by Phillips and Bruch (1998) to test the relation between shyness and dysfunction in Behaviours that are essential to career development in young adulthood. The results indicated that shy undergraduates of both genders were less likely to express interest in interpersonally oriented career fields and to engage in fewer information-seeking activities and were more undecided. With regard to expectations about job interview Behaviour, a shyness × gender interaction was observed that indicated that shy men were significantly less likely than all other groups to expect that various assertive interview Behaviours would lead to favorable evaluations from employers and that both shy men and shy women, compared with nonshy men, were less likely to expect that they would actually engage in such assertive Behaviours when interviewing.

Bruch (2002) observed that shyness and toughness had an additive role in predicting men's general difficulties in emotional expression and in expression of affection to other men. He also showed that toughness moderated the relationship between shyness and some aspects of emotional inexpression. Shy men who adhered to a gender role norm of toughness reported less tendency to facilitate self-disclosure from others and general difficulty in emotional expression.

Beer (2002) examined implicit self-theories in relation to shy people's goals, responses and consequences within social situations and suggested that implicit self-
theories of shyness are important for understanding individual differences among shy people.

The relations of shyness and low sociability to measures of regulation and emotionality were examined by Eisenberg, Fabes and Murphy (1995) among college students. It was found that shyness was associated with low regulation, high negative emotionality (including intensity, negative affectivity and personal distress), low positive affect and low constructive coping. In contrast, low sociability was unrelated to negative emotionality, associated with low positive emotional intensity, low physiological reactivity and high inhibition control but correlated with low seeking of social support as a means of coping. Asendorpf (1989) suggested that the presence of strangers and the anticipation of social evaluation induce state shyness independently of each other and do not interact with trait shyness.

Mark et al., (1994) proposed that shy students were more depressed and had a more negative attributional style than non-shy students. Also there was no difference between the shy and non-shy groups in depression when the effect of attributional style was removed.

Cheek and Stahl (1986) carried out a study on forty-two college women. They found that the negative relationship between shyness and creative performance was substantial when the trait of shyness was salient, due either to the private self-consciousness of the subject or to anticipation of evaluation.

Briggs (1988) carried a study to find out whether shyness and introversion are often used interchangeably in everyday language. He found that (a) shyness items correlate about equally with measures of introversion and neuroticism, suggesting that the construct of shyness should be located somewhere between these orthogonal dimensions and (b) that only two items on the Eysencks' scales seem to measure shyness directly—their scales apparently correlate with shyness primarily because they assess constructs related to shyness such as sociability and self esteem.

Hamer and Bruch (1994) suggested that shyness inhibits identity development, whereas private self-consciousness facilitates identity development. The results of their study indicated that shyness was positively associated with identity diffusion and
negatively associated with identity achievement, whereas private self-consciousness was negatively associated with identity foreclosure. Their findings also suggested that shyness might be associated with impaired psychosocial development in late adolescence, an outcome that may in turn have developmental consequences over the course of a lifetime.

Hamer and Bruch (1997) tried to evaluate whether shyness is uniquely associated with delayed development of personal resources for dealing with career tasks during the college years. They found that shyness was uniquely related with vocational self-concept crystallization and aspects of vocational maturity (e.g., attitudes toward planning), but unrelated with indexes of self and environmental exploration. Academic self-esteem was only related to vocational self-concept, while dysphoria evidenced no unique association with any career variables.

Aim and Lindberg (1999) revealed that shy participants attributed their own shyness-resembling Behaviours to internal causes to a higher degree than did non-shy participants. Furthermore, non-shy participants attributed their own Behaviours to external rather than internal causes, whereas shy participants judged internal and external causes to be about equally good explanations of their own Behaviours. Both shy and non-shy participants attributed other people's Behaviours to internal rather than external causes.

Schmidt and Fox (1995) carried out a study on 40 young women and found that high shy/low sociable subjects rated themselves significantly low on amount of talking during the dyadic interaction and lower on extraversion. Extreme shyness was also a consistent predictor of both emotional and psychosomatic problems. High shy subjects reported significantly more neuroticism, loneliness, depression, social anxiety, fearfulness, retrospective inhibition, problems with allergies and gastrointestinal functioning and had lower self-esteem than their low shy counterparts.

Amico et al., (2004) evaluated the relationships of trait shyness and actual-own/ought-other (A0O) self-discrepancy with multiple aspects of discomfort. The results revealed that subjective anxiety and negative self-statements made the strongest contribution to trait shyness, while positive self-statements made no contribution. In
contrast, both positive and negative self-statements made moderately strong contributions to AOO discrepancy.

Goldberg and Schmidt (2001) indicated that individuals with schizophrenia showed significantly more shyness, lower sociability and more recollections of childhood social troubles compared with the control group. Within the schizophrenia group, both shyness traits and limited sociability were clearly associated with interpersonal dysfunction, while significant correlations were also found between troubled sociability and negative symptoms. The findings of shyness traits, impaired sociability and more recollections of childhood social difficulties among stable outpatients diagnosed with schizophrenia are consistent with predictions based on a bio-developmental shyness vulnerability model.

Bruch and Belkin (2001) designed to evaluate whether shyness and depression involve maladaptive attributional style (AS) patterns that are shared or specific, and whether AS mediates the shyness–depression relationship. Results showed that after controlling for overlap between general anxiety and depression, shyness was associated with a maladaptive AS for negative interpersonal events, but not for noninterpersonal events. Regression analyses of individual causal dimensions showed that globality and controllability were uniquely related to shyness (but only for interpersonal events) and depression, while stability and locus were not.

LONELINESS

According to Ernst and Cacioppo (1999), chronic feelings of loneliness appear to have roots in childhood and early attachment processes. Chronically lonely individuals are more likely to be high in negative affectivity, act in a socially withdrawn fashion, lack trust in self and others, feel little control over success or failure and generally be dissatisfied with their relationships compared to nonlonely individuals. Loneliness has also been associated with a variety of individual differences including depression, hostility, pessimism, social withdrawal, alienation, shyness, and low positive affect. Correlational studies also suggest that one close friend or romantic partner may be sufficient to buffer those at risk for loneliness.
Martin and Schumacher (2003) found that lonely individuals used the Internet and e-mail more and were more likely to use the Internet for emotional support than others. Social behaviour of lonely individuals consistently was enhanced online, and lonely individuals were more likely to report making online friends and heightened satisfaction with their online friends. The lonely were more likely to use the Internet to modulate negative moods and to report that their Internet use was causing disturbances in their daily functioning.

Rokach, Bacanli and Ramberan (2000) examined the influence of cultural background on coping with loneliness. Their results indicated that cultural background affects the strategies one uses to cope with loneliness.

Seginer and Lilach (2004) examined the effect of loneliness, gender, and two dimensions of prospective life domains on adolescent future orientation. Future orientation was studied in four prospective domains: social relations, marriage and family, higher education and work and career. These domains are described in terms of two dimensions: theme (relational vs. instrumental) and distance (near vs. distant future). Lonely adolescents scored lower than socially embedded adolescents on future orientation variables applied to the relational and near future domains and lonely boys scored lower than lonely girls. However, effects were found only on the three future orientation motivational variables and not on the cognitive representation and Behavioural variables.

Cheng and Furnham (2002) found that personality traits, self-confidence, friendship and school grades were all significantly oppositely correlated with happiness and loneliness. They revealed that extraversion and neuroticism were direct predictors of happiness and self-confidence, while psychoticism and extraversion were direct predictors of loneliness. The effect of sex on happiness and loneliness was moderated by friendship and neuroticism and by neuroticism and psychoticism respectively. Extraversion was also a significant predictor of general confidence and social interactions, which directly influenced loneliness while psychoticism was a direct predictor of loneliness. Self-rated school performance was the only direct predictor of
happiness whereas general confidence and social interactions were related to adolescents' self-reported loneliness.

Storch and Warner (2004) examined the relationship of overt and relational victimization to social anxiety, loneliness and prosocial Behaviours in a sample of 561 female adolescents. It was found that consistent with prior work, overt and relational victimization was positively associated with fear of negative evaluation, social avoidance of general and new situations, and loneliness. In addition, prosocial Behaviours from peers moderated the effects of relational victimization on loneliness.

Walton et al., (1991) studied that age-related losses and hopelessness were associated with higher loneliness scores. Higher scores for self-transcendence and existential spiritual well-being were associated with lower loneliness scores.

Larson (1990) examined that adolescents who spend at least some portion of their time alone appear to be better adjusted, perhaps because solitude facilitates the adolescent developmental tasks of individuation and identity formation, while in adulthood and old age, spending large amounts of time alone is more likely to be correlated with poor adjustment.

The findings of Mikulincer and Segal (1991) indicated that loneliness was related to lower desire for intimacy among persons who hold external expectancies of control. In addition, loneliness was related to higher desire for passion in love relationships and to higher desire for intimacy with strangers and acquaintances during a loneliness episode among persons who hold internal expectancies of control.

Saklofske, Yackulic and Kelly (1986) found that extraversion was related to loneliness for both males and females. Females also showed a moderately high correlation between neuroticism and loneliness. The results also indicated a substantially stronger relationship between the Eysenck factors and loneliness for females than males.

Saklofske and Yackulic (1989) suggested that general and social loneliness were inversely related to Extraversion (E), but positively to Neuroticism (N) along with emotional loneliness. Problem solving was more often employed by high E and low N subjects.
According to Akerlind and Hornquist (1992) alcoholics do feel more lonely than members of most other groups do. In advanced abusers, loneliness is obviously connected with a number of negative characteristics and, together with several of those, directly linked to a poor prognosis. There are, however, no obvious relations to the external social situation (i.e. network) or amount of drinking. Instead, the feeling of loneliness appears to be more connected with a general negative perception about oneself and one's relations to other people and also with a general dissatisfaction with most things in life. The lonely abuser seems likewise resigned and unable to bring him to change his/her situation. In comparison to people with other health problems, the supportive value of the social network of alcoholics appears to be more wavering.

Mothers reported larger social networks and perceived greater support, whose children had a chronic life-threatening disease. In this group, no significant relationship was found between the variables of loneliness and social support; whereas, in the group with chronically ill children, and in the controls, a significant inverse relationship between the two variables was noted (Florian and Krulik, 1991).

DEPRESSION

Ruo et al., (2006) found that women with persistent depression are more likely to report fair/poor self-rated health. The magnitude of the impact of persistent or new depression is comparable to that of major cardiac events.

To prevent depression and anxiety, Seligman, Schulman and Tryon (2007) delivered a brief, classroom-based cognitive-Behavioural workshop along with ongoing Web-based materials and e-mail coaching to college students at risk for depression (i.e., having mild to moderate depressive symptoms) The workshop group had significantly fewer depressive symptoms and anxiety symptoms than the control group, but there was no significant difference between the conditions on depression or anxiety episodes at 6 month follow up. The workshop group had significantly better well being than the control group and the workshop group had significantly greater improvement in optimistic explanatory style than the control group. Improved explanatory style was a
significant mediator of the prevention effects from pre- to post-workshop for depressive and anxiety symptoms, as well as for improved well being.

According to Bogdan and Pizzagalli (2006) stress increased negative affect and anxiety. The findings also indicated that acute stress reduces reward responsiveness, particularly in individuals with anhedonic symptoms. Stress-induced hedonic deficit is a promising candidate mechanism linking stressful experiences to depression.

Martinovic, Simonovic and Djokic (2006) carried out a study on adolescents with newly diagnosed epilepsy (104 patients) who were screened for depression. The risk for depression was increased in 30 patients who were randomized into two equal treatment groups: (1) cognitive-Behavioural intervention (CBI) group and (2) treatment with counseling as usual (TAU) group. It was found that the subthreshold depressive disorder significantly improved at follow-up in the CBI group compared with the TAU group.

According to Jorm et al., (2006) both adolescents and adults, belief in dealing with depression alone was associated with male gender, less favourable views about mental health professionals, more favourable views about using substances to deal with depression and a more positive expectation about the outcome if treatment is not sought. Adolescents believing in dealing with depression alone had more favourable views about some potential helpers, such as church workers and pharmacists. In adults, but not adolescents, there was an association with the belief that depression is caused by personal weakness.

Airaksinen et al., (2006) examined seventy-six depressed persons fulfilling \( n = 41 \) and not fulfilling \( n = 35 \) the criteria for DSM-IV depression. The results indicated that the groups did not differ in episodic memory performance either at baseline, follow-up or in residual change. However, the groups differed in social functioning at follow up and in residual change indicating improved social functioning in the recovered group.

Dundon (2006) carried out a metasynthesis on adolescent depression and observed that the knowledge of the experience of adolescent depression will aid practitioners in recognition and early intervention for the increasing number of
adolescents suffering with depression, as well as guide educational initiatives to provide needed information on the symptoms of depression and available resources for getting help.

SOCIABILITY AND RELATED VARIABLES

Schmidt and Fox (1994) examined differences in brain electrical activity (EEG), heart rate (EKG), heart rate variability, and Behaviour among 40 young women who were selected for high (HI) and low (LO) self-ratings of shyness and sociability. Analyses indicated that the pattern of frontal EEG asymmetry was related to sociability, but not to shyness. LOSOCIABLE subjects displayed greater relative right mid-frontal activation while HISOCIABLE subjects displayed greater relative left mid-frontal activation. A significant shy × sociable interaction was found for parietal asymmetry and for measures of heart rate and heart rate variability. LOSHY/HISOCIABLE subjects displayed greater relative right parietal activation while LOSHY/LOSOCIABLE subjects displayed greater relative left parietal activation. And HISHY/HISOCIABLE subjects displayed a significantly higher and more stable (less variable) heart rate than HISHY/LOSOCIABLE and LOSHY/HISOCIABLE subjects. Analyses also indicated that LOSOCIABLE subjects displayed significantly more signs of nonverbal social avoidance as compared with HISOCIABLE subjects.

Bruch et al., (1989) showed that shyness was the most consistent predictor of behavioural, physiological, and cognitive indexes of anxiety and shy men were more dysfunctional on some criteria.

Cacioppo et al., (2006) indicated that loneliness and depressed affect are related but separable constructs. They also suggested that lonely, relative to nonlonely, young adults are higher in anxiety, anger, negative mood and fear of negative evaluation, and lower in optimism, social skills, social support, positive mood, surgency, emotional stability, conscientiousness, agreeableness, shyness and sociability. Results also confirmed that loneliness could influence the participants’ personality ratings and socioemotional states.
Santesso, Schmidt and Fox (2004) examined whether self-reported shyness, sociability and sensation seeking measures predicted substance use and substance use related behaviours in separate samples of undergraduates in the US and Canada. It was found that a combination of shyness and sociability predicted substance use related Behaviours in the US sample. However, this pattern was not found for the Canadian sample. Individuals in the Canadian sample who were low in shyness and low in sociability were likely to report high substance use. Also the individuals who scored high on measures of sensation seeking were likely to score high on substance use and related behaviours across both samples. Findings further suggested that, while shyness alone may be a protective factor for substance use, a combination of shyness and sociability might be a possible risk factor for substance use and abuse in some cultural contexts.

SHYNESS AND RELATED VARIABLES

According to Arrindell et al., (1990), shyness was confirmed as a higher-order concept, broader than assertiveness, encompassing both its affective and its Behavioural components. Different types of shyness relating to the affective, behavioural or cognitive components were identified, of which Neurotic/fearful social shyness and shyness as an anxiety-Behavioural syndrome were most prominent, thus providing further support for the idea that shyness is a fundamental aspect of social/interpersonal behaviour, personality organization and structure. The different higher-order types of shyness were orthogonal to General emotionality/neuroticism/general psychological distress and also to the subcomponents of the broader neuroticism/anxiety concept (e.g., depressive mood and complaints, phobic and obsessive-compulsive symptoms).

Loneliness is a complex set of feelings encompassing reactions to the absence of intimate and social needs. Chronic feelings of loneliness appear to have roots in childhood and early attachment processes. Chronically lonely individuals are more likely to be high in negative affectivity, act in a socially withdrawn fashion, lack trust in self and others, feel little control over success or failure, and generally be dissatisfied with their relationships compared to non-lonely individuals. Loneliness has also been associated with a variety of individual differences including depression, hostility,
pessimism, social withdrawal, alienation, shyness, and low positive affect; loneliness is also a concomitant of more severe disorders, such as clinical depression, borderline personality, and schizophrenia (Ernst and Cacioppo, 1999).

Caplan (2002) designed the Generalized Problematic Internet Use Scale (GPIUS) and the results from this preliminary study indicated that the GPIUS is both reliable and valid. A factor analysis identified seven unique sub-dimensions of the GPIUS, including: mood alteration, perceived social benefits available online, negative outcomes associated with Internet use, compulsive Internet use, excessive amounts of time spent online, withdrawal symptoms when away from the Internet and perceived social control available online. All GPIUS subscales were correlated with psychosocial health variables including: depression, loneliness, shyness and self-esteem.

According to Parker et al., (2003), while early onset unipolar depression is unlikely to be a pure depressive ‘type’, it may well be that certain familial temperament characteristics lead to an early onset of depression marked by irritability, a process that invokes a spectrum disorder concept linking temperament style and the depressive manifestations Early onset depression is indicative of a poor prognosis, both in terms of response to interventions and in regard to chronicity and disability.

Smith and Betz (2002) indicated that efficacy and esteem variables were related to depressive symptoms indirectly through their relationships to the intermediate adjustment variables of career indecision and shyness. Career indecision and shyness were, in turn, directly related to depressive symptoms, although these relationships were small.

Deffenbacher et al., (1996) examined that as compared to the control, cognitive–relaxation coping skills (CRCS) and social skills training (SST) were equally effective in reducing trait, general, and personal–situational anger and outward negative anger expression, as well as increasing controlled anger expression. On other variables, however, CRCS showed some superiority. Although both interventions led to equivalent reductions on one measure of anxiety, CRCS lowered depression, shyness, general deviance and another measure of anxiety, whereas SST did not and was not significantly different from other groups. No between-group differences were found on self-esteem, alcohol consumption, or intoxication.
Lester and Miller (1990) observed that depression was found to be a much stronger correlate of suicidal preoccupation than shyness, alienation or academic performance. For males, suicidal preoccupation was also related to academic performance, while for females suicidal preoccupation was also related to alienation, but neither of these associations survived controls for depression.

Flett, Hewitt and Rosa (1996) demonstrated that high socially prescribed perfectionism was associated with a variety of psychosocial adjustment problems, including greater loneliness, shyness, fear of negative evaluation, and lower levels of social self-esteem. In addition, socially prescribed perfectionists had lower self-perceived social skills. There were few significant findings involving self-oriented or other-oriented perfectionism. Taken together, these findings suggest that socially prescribed perfectionists are prone to suffer from various psychosocial problems and perceived deficits in social skills.

According to Lawton, Kleban and Dean (1993), there were few age differences in levels of positive affect. Depression was most frequent among younger subjects and least frequent among older ones. Younger subjects were most often anxious and shy; whereas older ones were most often content and least often hostile.

**LONELINESS AND RELATED VARIABLES**

Wei, Russell and Zakalik (2005) indicated that social self-efficacy mediated the association between attachment anxiety and feelings of loneliness and subsequent depression, whereas self-disclosure mediated the association between attachment avoidance and feelings of loneliness and subsequent depression.

Joiner, et al., (1997) carried out a study on 172 undergraduates and observed that participants who were shy and unsupported were likely to experience increases in depressive symptoms and decreases in positive affect, whereas other students were not. This effect was partially mediated by increases in loneliness and was specific to depressive symptoms and low positive affect; it did not apply to negative affect.
According to Heikkinen and Kauppinen (2004) loneliness, large number of chronic diseases, poor self-rated health, poor functional capacity, poor vision and perceived negative changes in life predicted depressive symptomatology. Also minor depression among the elderly was most typically an episodic phenomenon.

Ponizovsky et al., (1996) found that suicide ideation was most frequent among young, socially and emotionally isolated immigrants with lower social support. Suicide ideators were much more distressed than depressed as compared with controls.

Stek et al., (2004) pointed out that perceived health, loneliness, impaired mobility, cognitive decline and functional disability were major correlates of depression. Depression is highly prevalent in the oldest old and strongly associated with functional disability and cognitive impairment.

Hoffman and Youngblade (1998) suggested that in the working class, full-time homemakers obtained higher depressive mood scores than employed mothers and depressive mood mediated their higher scores on permissive parenting and partially mediated their higher scores on authoritarian parenting. The employment/depression relationship was not moderated by marital status, fathers’ help, number of children or presence of a pre-schooler. It was mediated by locus of control but not by financial concerns or loneliness. In the middle class, employment was not related to mood, authoritative or permissive parenting, but homemakers indicated more authoritarian parenting orientations. The middle-class employment/depression relationship was moderated by number and age of children: fewer children and no preschooler were associated with higher depression for homemakers and lower depression for employed mothers. The effect of depressed mood on parenting orientations was moderated by education and parental commitment, but only in the middle class.

The planning-oriented and impulsive styles were associated with high levels of well-being, social adjustment, and popularity among peers. In turn, the avoidant style was associated with low levels of well-being and social adjustment. (Eronen, Nurmi and Aro, 1997)

Koenig, Isaacs and Schwartz (1994) suggested that there were no gender differences in loneliness among the nondepressed or the highly depressed. Mildly
depressed boys were significantly lonelier than mildly depressed girls and just as lonely as highly depressed boys. Girls were also more likely than boys to report turning to their friends when feeling depressed.

Overholser (1992) showed that subjects reporting elevated levels of dependency displayed significantly higher levels of depression, loneliness and self-criticism and significantly lower levels of self-esteem. They also suggested that interpersonal dependency has important effects on emotional and social functioning and increases a person's risk for emotional distress.

Besser, Flett and Davis (2003) indicated that self-criticism was associated with silencing the self, loneliness and depression while dependency was not associated significantly with loneliness. The results pointed to self-silencing as a tendency that links depressive orientations and loneliness.

Humor can provide a method of coping with a variety of stressful situations. According to Overholser (1992) humour was associated with lower loneliness, lower depression and higher self-esteem. However, these relationships differed according to the sex of the subject and the frequency with which subjects used humour to cope. Results support the notion that sense of humour plays an important role in the psychological adjustment of some subjects.

Sadava and Pak (1994) indicated that those who were unattached consumed more alcohol and manifested more problems than those in committed relationships. Those in "serious relationships" differed significantly from those who were unattached, suggesting that intimate involvement, rather than role prescriptions account for these differences. Unattached subjects also manifested higher levels of depression and loneliness, less secure and more ambivalent and anxious attachment styles and more dissatisfaction with social support.

According to Lunsky (2004), individuals reporting suicidal ideation endorsed more loneliness, stress, anxiety and depression along with less social support than other individuals, consistent with reports of suicidal individuals in the general population.
DEPRESSION AND RELATED VARIABLES

According to Swanston et al., (2003), the sexually abused young people performed more poorly than non-abused young people on psychometric tests of depression, self-esteem, anxiety, behaviour and despair. They were also more likely to have a history of bingeing, self-inducing vomiting, smoking cigarettes, using amphetamines, ecstasy and cocaine. Potential risk factors were in two groups, family and child. Family factors include: family functioning, parental drug/alcohol problems, mother’s sexual abuse history, mother’s depression and socio economic status. Child factors include: despair and hopefulness, number of negative life events, ratings of their father’s care, previous notifications for child sexual abuse and placements in out-of-home care by the statutory child protection authority. In the presence of other risk factors, child sexual abuse was a significant predictor of self-esteem, behaviour and bingeing.

Elliott (2000) found social support to be only protective of mental and physical health among residents of higher-SES neighbourhoods.

Ramezanzadeh et al., (2004) showed that depression had a significant relation with cause of infertility, duration of infertility and educational level, but not with the job of patients. Anxiety had a significant relationship with duration of infertility and job, but not with cause of infertility or patients' educational level. Findings also showed that anxiety and depression were most common after 4–6 years of infertility and especially severe depression could be found in those who had infertility for 7–9 years.

According to Raja, Williams and McGee (1994), women with high scores on the dimensions of the multidimensional health locus of control (MHLC) were significantly more likely to be from a lower socio economic status, score lower on a general verbal intelligence test and higher on the Neuroticism and Lie Scales of the Eysenck Personality Inventory. They rated their overall health as significantly poorer, and reported more symptoms of depression compared with the other groups. A pure internal locus of control was strongly associated with the report of good health. Women with a strong belief in internal and powerful other loci of control were significantly more likely to have received treatment for their depression compared with other groups.
Phongsavan et al., (2006) found that having higher levels of trust and feeling safe were consistently associated with low levels of psychological distress, after adjusting for socio-demographic characteristics and health conditions. The results clearly demonstrate that having trust in people, feeling safe in the community and having social reciprocity are associated with lower risk of mental health distress.

PROBLEM

The review cited above suggest the domain of social interaction as potent etiological factor which represent three selected variables - depression, shyness and loneliness mediated by low sociability temperament. Rich social interactions not only mediate depression but are potent intervention to reduce it.

However, the educational environment among the youth and working environment among adult and mature people offer assured opportunities of social interaction, yet the individual markers in terms of sociability and shyness would determine the varied impact on loneliness and depression. Once the dynamics sets in at young age it may continue to be operative at adult stage. Therefore, the present problem focused on young population in educational set up. An attempt was made to vary the educational context in terms of level of education, i.e., in schools and colleges owing regulated or autonomous opportunities. An attempt was also made to see the impact of varied school environment in terms of government run and privately run schools on the selected variables. Since the young subjects come from both sexes, the sex variable was also focused upon since the review suggests differential social interactions in terms of type and quality of social interactions. The problem may be stated as under:

“The study of the effect of Sociability and Shyness on Loneliness and Depression among Educated Youth” has been conducted with the following objectives and hypotheses:

OBJECTIVES

• To verify Dill and Anderson’s model of interrelationships among shyness, loneliness and depression
• To examine the relationship between shyness and sociability
• To identify the factors responsible for shyness and sociability
• To study the impact of shyness on development of loneliness and depression
• To study the comparative relationship between these variables among males and females
• To study the effect of loneliness on depression
• To study the effect of varied educational context (level and type) on the selected measures

HYPOTHESES

To fulfill the above objectives, the following hypotheses were formulated from the literature cited and the model to verify

• There will be negative relationship between sociability and shyness
• There will be positive relationship between shyness and loneliness
• There will be positive relationship between shyness and depression
• Shyness will be more prevalent among females as compared to males
• Sociability, shyness and loneliness will be contributing to depression
• There will be significant difference between school and college students on sociability, shyness, loneliness and depression to account the impact of education