The purpose of this study was to investigate the conceptual nature of shyness by examining its relationship with social phobia and social anxiety in a non-clinical sample. The participants in the present study were 132 introductory psychology students who completed the Cheek-Buss Shyness Scale (CBSS), Social Phobia Inventory (SPIN), and Liebowitz Social Anxiety Scale (LSAS). Internal correlational analyses (all p's < .05) indicated that the SPIN total scores correlated with 18 of 20 items of the CBSS. Of the 20 items of the CBSS, 17 correlated significantly with the fear-anxiety subscales of the LSAS while 13 correlated significantly with the LSAS avoidance subscale. A discussion of the treatment implications of the present results and suggestions for future research to examine the cognitive dimension of shyness, social phobia, and social anxiety is also presented. (Contains 1 table and 16 references.) (Author/JDM)
Running head: COMPONENTS OF SHYNESS

Poster presentation at the Annual Conference of the
American Psychological Association, San Francisco, August 2001

Social Phobia and Social Anxiety as Components of Shyness
Bernardo J. Carducci          Karen Hutzel
Erin Morrison                Christina Y. Weyer

Shyness Research Institute
Indiana University Southeast

Address all correspondence to: Bernardo J. Carducci, Shyness Research Institute, Indiana University Southeast, New Albany, IN 47150 or E-mail: bcarducc@ius.edu
Abstract

The purpose of the present study was to investigate the conceptual nature of shyness by examining its relationship with social phobia and social anxiety in a non-clinical sample. Participants in the present study completed the Cheek-Buss Shyness Scale (CBSS), Social Phobia Inventory (SPIN) and Liebowitz Social Anxiety Scale (LSAS). Internal correlational analyses (all p's < .05) indicated that the SPIN total score correlated with 18 of the 20 items of the CBSS. Of the 20 items of the CBSS, 17 correlated significantly with the fear/anxiety subscales of the LSAS while 13 correlated significantly with the LSAS avoidance subscale. A discussion of the treatment implications of the present results and suggestions for future research to examine the cognitive dimension of shyness, social phobia, and social anxiety is also presented.
Social Phobia and Social Anxiety as Components of Shyness

Recently, there has been an increase in research investigating the theoretical models of social phobia and social anxiety (Lampe, 2000). As a psychiatric disorder, social phobia is defined as "a persistent fear of social or performance situations in which embarrassment may occur" (American Psychiatric Association, 2000, p. 450). While not considered a psychiatric disorder, shyness has also been associated with social phobia due to its conceptual similarity (e.g., increased arousal and discomfort in social situations). With respect to theoretical similarity, both shyness and social phobia are theorized as containing three dimensions: a physiological/affect (i.e., feelings of anxiety), behavioral (e.g., difficulty in or avoidance of social situations), and cognitive (e.g., excessive self-conscious and negative self-evaluation) dimension (Cheek & Krasnoperova, 1999; Stemberger, Turner, Biedel, & Calhoun, 1995).

This heightened interest in both shyness and social anxiety is due, in part, to recent estimates of their increased pervasiveness in the general population. More specifically, recent research indicates a 59% rate of prevalence of social phobia in non-clinical samples (Chartier, Hazen, & Stein, 1998) while estimates of the pervasiveness of shyness in the general population has increased from 37-40% to 45-48% in the past twenty years (Carducci & Zimbardo, 1995). While the increased pervasiveness of both shyness and social phobia in the general population should be a source of concern, another concern is the possibility of those in the medical community and general public assuming that shyness and social phobia are the same and should be treated as a medical condition with medication such as Paxil (Carducci, 2000; Schrof & Schultz, 1999). Thus, although shyness and social phobia may share a similar three-component structure, this should not be taken to mean shyness and social phobia are the same condition but differ from each other only in degree. In response to this concern, the purpose of the present study was to conduct an initial comparative investigation of the conceptual nature of shyness, social phobia, and social anxiety in a non-clinical sample.

Method

Participants: The participants were 132 introductory psychology students (55 males and 71 females, with 6 participants not specifying their gender, ranging in age from 17 to 53, with a mean age of 22 years) who volunteered as part of an in-class activity.

Materials: Shyness was assessed using the Cheek-Buss Shyness Scale (Cheek & Buss, 1981), which is presented in the left portion of Table 1. Social phobia was assessed using the Social Phobia Inventory (SPIN;
Components of Shyness 4

Connor et al., 2000). The SPIN assesses fear, avoidance, and physiological symptoms associated with social phobia. Social anxiety was assessed using the Liebowitz Social Anxiety Scale (LSAS; Heimberg et al., 1999). The fear/anxiety subscale of the LSAS assesses the degree of fear or anxiety elicited by each the specific social situations depicted in the items of the LSAS while the avoidance subscale assess the desire to avoid each of the social situations in the items.

Procedures: As part of an in-class activity, each participant received a file folder containing an informed consent statement, an answer sheet, and a copy of the CBSS, SPIN, and LSAS. Upon completion of the three instruments, the participants returned all of the materials to the folder and gave the folder to the research associate.

Results

The SPIN total score was positively correlated with the LSAS total score ($r = + .79, p < .001$) and the fear/anxiety ($r = + .81, p < .001$) and avoidance ($r = + .68, p < .001$) subscales of the LSAS. As presented in Table 1, correlational analyses (all p’s < .05) indicated that the SPIN total score correlated with 18 of the 20 items of the CBSS. Of the 20 items of the CBSS, 17 correlated significantly with the fear/anxiety subscales of the LSAS while 13 correlated significantly with the LSAS avoidance subscale.

Discussion

The pattern of results indicates shyness has more conceptual similarity with social phobia and the affective (i.e., fear and anxiety) dimension of social anxiety than with the behavioral (i.e., avoidance) dimension in a non-clinical sample. Such a pattern of results suggests that the affective component of shyness is stronger than the behavioral component and can help explain the difficulty shy individuals seem to experience when interacting in social situations (Cheek & Buss, 1981), as well their tendency to maintain an increased interpersonal distance (Carducci & Webber, 1979). More specifically, it may be the presence of an anxiety, not just a desire to avoid others, that characterizes the social withdrawal exhibited by shy individuals.

The practical implications of the results suggest that the treatment of shyness should address both the affective (e.g., relaxation training) and behavioral (e.g., social skills training) dimensions of shyness (cf. Henderson, 1994; Pilkonis, 1986; Schneier & Welkowitz, 1996). Such an approach would help to provide shy individuals with the social skills necessary to interact with others and minimize the presence of anxiety, which can serve to interfere with performance (cf. Sarason & Sarason, 1990).
The present results also provide suggestions for future research to help clarify the nature of the conceptual nature of shyness, social phobia, and social anxiety. More specifically, since previous research has documented support for a three-component model of shyness consisting of a physiological (e.g., anxiety), behavioral (e.g., social avoidance), and cognitive (e.g., negative self-evaluation) dimension (Cheek & Krasnoperova, 1999), future research should attempt to examine the extent to which the three-component mode of shyness might help to distinguish the conceptual nature of shyness, social phobia, and social anxiety. Although the present study did address this issue to a limited extent by examining the physiological and behavioral dimensions of shyness, social phobia, and social anxiety, it did not address the nature of the cognitive dimension. To address this issue, future research might examine a specific cognitive characteristic (e.g., attributional patterns) in an attempt to establish more clearly the conceptual distinction among shyness, social phobia, and social anxiety.

References

Table 1

Correlations of Shyness Scale Items with the Measures of the Liebowitz Social Anxiety Scale (LSAS) and the Social Phobia Inventory (SPIN)

<table>
<thead>
<tr>
<th>Shyness Scale Items</th>
<th>SPIN</th>
<th>LSAS</th>
<th>LSAS-FAX</th>
<th>LSAS-</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel tense when I'm with people I don’t know well.</td>
<td>.549**</td>
<td>.600**</td>
<td>.629**</td>
<td></td>
</tr>
<tr>
<td>2. During conversations with new acquaintances I worry about saying something dumb.</td>
<td>.407**</td>
<td>.386**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I am socially somewhat awkward.</td>
<td>.466**</td>
<td>.236</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I do not find it difficult to ask other people for information. (R)</td>
<td>-.056</td>
<td>.122</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I am often uncomfortable at parties and other social gatherings.</td>
<td>.619**</td>
<td>.534**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. When in a group of people, I have trouble thinking of the right things to talk about.</td>
<td>.478**</td>
<td>.427**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I feel relaxed even in unfamiliar social situations. (R)</td>
<td>-.572**</td>
<td>-.547**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. It is hard for me to act natural when I am meeting new people.</td>
<td>.301*</td>
<td>.267</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I feel painfully self-conscious when I'm around strangers.</td>
<td>.564**</td>
<td>.467**</td>
<td></td>
<td>.10</td>
</tr>
<tr>
<td>10. I am confident about my social skills. (R)</td>
<td>-.115</td>
<td>-.156</td>
<td>-.122</td>
<td>-.179</td>
</tr>
<tr>
<td>11. I feel nervous when speaking to someone in authority.</td>
<td>.130</td>
<td>.110</td>
<td>.360*</td>
<td>.278</td>
</tr>
<tr>
<td>12. I have trouble looking someone right in the eye.</td>
<td>.462**</td>
<td>.331*</td>
<td>.360*</td>
<td>.278</td>
</tr>
<tr>
<td>13. I am usually a person who initiates conversations. (R)</td>
<td>-.294*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I often have doubts about whether other people like to be with me.</td>
<td>.422**</td>
<td>.394**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Sometimes being introduced to new people makes me physically upset</td>
<td>.527**</td>
<td>.466**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(for example, having an upset stomach, pounding heart, sweaty palms, or heat rash)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I do not find it hard to talk to strangers. (R)</td>
<td>-.628**</td>
<td>-.470**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. I worry about how well I will get along with new acquaintances.</td>
<td>.410**</td>
<td>.462**</td>
<td>.499**</td>
<td>.377**</td>
</tr>
<tr>
<td>18. I am shy when meeting someone of the opposite sex.</td>
<td>.463**</td>
<td>.329*</td>
<td>.342*</td>
<td>.342*</td>
</tr>
<tr>
<td>19. It does not take me long to overcome my shyness in new situations. (R)</td>
<td>-.403**</td>
<td>-.407**</td>
<td>-.374*</td>
<td>-.401**</td>
</tr>
<tr>
<td>20. I feel inhibited in social situations.</td>
<td>.300*</td>
<td>.337*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Correlations base on n = 84.

*p < .05 (2-tailed)

**p < .01 (2-tailed)
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Printed Name/Position/Title:

SANDO J. CARLUI
Professor of Psychology

Organizational Address:
SHYNESS RESEARCH INSTITUTE
INDIANA UNIVERSITY SOUTHEAST
NEW ALBANY, IN 47150

Mail Address: jcarlue@iu.edu
Phone: 812-941-2295
Fax: 812-941-2591
Date: 02/01/02