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**FIVE COLLEGE
DEPOSITORY**

THE INNER WORLD OF SHYNESS: AN EXPLORATION OF
OBJECT RELATIONS IN SHY COLLEGE STUDENTS

A Dissertation Presented

by

JAN E. LERBINGER

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

September 1992

Department of Psychology

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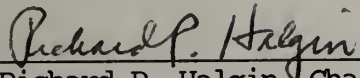
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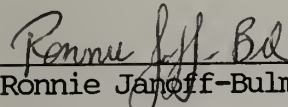
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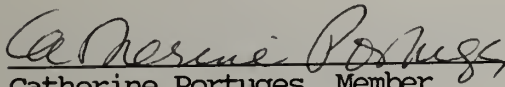
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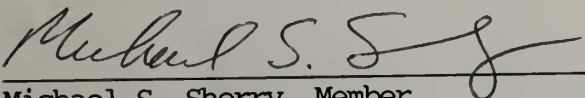
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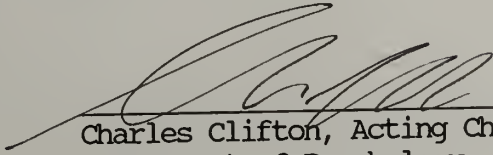
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Dedicated to my grandmother, Johanna Kuffner Lerbinger,
whose quiet spirit and belief in me has served as a
source of ongoing inspiration.

ACKNOWLEDGEMENTS

I would like to express my deep gratitude to Richard Halgin for his invaluable ideas, enthusiasm for this research, and continuous support and encouragement throughout the course of my graduate training. I would also like to thank the members of my committee for their spirited discussion of this study and their helpful criticisms and comments.

Many colleagues, friends, and family members have made the completion of this study possible. I would like to thank my parents for their enormous support during the last several years and their generosity and helpfulness during the writing of this dissertation. Tracey Rogers has been a true friend and colleague whose warmth and humor have sustained me throughout my graduate training, and whose insightful comments have added much to this study. Sally Weylman has shared her sharp clinical thinking and astute observations about this research. Her ongoing support, friendship and understanding have meant much to me during the last several years. I would like to thank my dear friend Barbara Wright for her many years of friendship, her ability to put things in perspective, and her patience, understanding, and acceptance throughout many long years of graduate school.

Lastly, I would like to express my gratitude to the participants in this study, especially the shy students, without whose courage and openness this study would not have been possible.

ABSTRACT

THE INNER WORLD OF SHYNESS: AN EXPLORATION OF
OBJECT RELATIONS IN SHY COLLEGE STUDENTS

SEPTEMBER 1992

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The relationship between object relations (the internal basis for the capacity to relate) and shyness in college students was studied. In part one, 150 male and female subjects were administered the Social Reticence Scale (SRS), the Revised Cheek and Buss Shyness Scale (RCBS) and the Bell Object Relations Reality Testing Inventory (BORRTI). The association between scores on the shyness measures and scores on the subscales of the BORRTI were examined. The mean scores of 32 "shy" subjects and 55 "not-shy" subjects were compared on these same BORRTI subscales.

Scores on the two shyness measures were significantly and positively correlated with the BORRTI dimensions Alienation, Insecure Attachment, and Social Incompetence, but were unrelated to Egocentricity. Significant differences on these same three dimensions were also found between shy and not-shy subjects. Although not predicted, scores on the shyness measures were found to be significantly and positively associated with the reality testing dimension Uncertainty of Perception. The mean scores of "shy" and "not-shy" subjects were significantly different on this dimension.

In part two, 20 shy subjects were administered the Thematic Apperception Test (TAT) and interviewed using the Object Relations Interview from an Interview Guide for the Clinical Assessment of Ego Functions. These subjects were asked about early relationships and about the experience of shyness. Interview and TAT themes were presented in terms of their relationship to the quantitative findings.

Overall, the quantitative and qualitative findings suggest that shy individuals have significantly greater difficulty with object relations functioning than not-shy individuals and that shy people experience a great deal of anxiety and pain in relationships. These findings were discussed in relation to object relations theories of narcissism, object constancy, and schizoid and borderline dynamics. These data point to the need for consideration of unconscious dynamics in shyness and the usefulness of further research on object relations in shy people.

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It is the soul shuddering to feel itself naked that is the essential factor in the condition we call shyness (Campbell, 1896, p. 806).

His soul is full of love and longing, but the world knows it not; the iron mask of shyness is riveted before his face, and the man beneath is never seen. Genial words and greetings are ever rising to his lips, but they die away in unseen whispers before the steel clamps (Campbell, 1896, p. 807).

A shy man means a lonely man- a man cut off from all companionship, all sociability. He moves about the world, but does not mix with it. Between him and his fellow-men there runs an impassable barrier- a strong, invincible wall, that, trying in vain to scale, he but bruises himself against (Campbell, 1896, p. 807).

I don't think that people should get over being shy. It is a blessing in disguise. The shy person is the opposite of the aggressive person. Shy people are seldom the great sinners. They allow society to remain in peace (Isaac Bashevis Singer as quoted in Zimbardo, 1977, p. 35).

CHAPTER 1

INTRODUCTION

Shyness is a complex phenomenon with numerous and varied definitions and conceptualizations. Underlying these disparate views of shyness, however, is a common conceptual thread, that of the interpersonal nature of shyness. Researchers from diverse theoretical orientations concur that shyness is a social phenomenon, occurring only in relation to other people (Briggs, 1988; Jones & Briggs, 1986; Kaplan, 1972; Leary, 1986, Lewinsky, 1941). This emphasis on the interpersonal nature of shyness derives from observations that the affective, cognitive, physiological, and behavioral reactions in shyness occur exclusively in social contexts (Buss, 1984; Crozier, 1979b; Briggs, Cheek, & Jones, 1986), and frequently result in difficult and painful interpersonal relations.

Relatively little research has been conducted on shyness, particularly considering the widespread usage of the term by lay people (Harris, 1984a), and the apparent universality of the phenomenon (Zimbardo, 1977). Early research on shyness was primarily descriptive in nature, and it has only been in the last decade, following the "popularization" of the term, that more empirical research on shyness has been conducted (Briggs, Cheek, & Jones, 1986). This more recent research has in large part been from social psychological, cognitive, personality, and behavioral perspectives. Efforts to understand the interpersonal difficulties inherent in shyness have focused on external, observable behaviors, such as

amount of talking and eye contact (Cheek & Buss, 1981), or internal processes, as measured by self-reports of altered affects or cognitions experienced during shyness-inducing situations (Briggs & Smith, 1986; Leary, 1986; Pilkonis, 1977a). Surprisingly, given the interest shown in interpersonal relations and internal processes by psychoanalytic writers, very little attention has been paid to shyness by psychologists with this theoretical orientation.

Several of the early contributions to the shyness literature are from a classical psychoanalytic perspective and focus on the underlying conflicts (Hampton, 1927-28; Schilder, 1938) and inhibition of instincts (Lewinsky, 1941) in shy persons. Only one writer (Kaplan, 1972) has recently addressed shyness from a psychoanalytic perspective, and this work is again predominately classical in approach, relying on drive theory and emphasizing intrapsychic dynamics.

In recent years, considerable developments have occurred in psychoanalytic thinking, particularly in the advancement of object relations theories. Object relations, as defined by Greenberg and Mitchell (1983), "refers to individuals' interactions with external and internal (real and imagined) other people, and to the relationship between their internal and external object worlds" (p. 13-14). Given the emphasis on the interpersonal nature of shyness, it would appear that object relations theories would be particularly well suited to increasing the understanding of the interpersonal processes involved in shyness. It is with this goal in mind that the current research project was designed.

This study explored the relationship between shyness and object relations in college students. The primary focus of the study was to explore whether the present relationships of shy people can be understood in the context of past relationships. In the first part of the study, the association between measures of shyness and object relations was explored. A quantitative analysis comparing shy and not-shy persons was also conducted. This comparison examined the extent to which these groups differed in the capacity for object relations as assessed by self-reports of interpersonal difficulties. Possible differences in object relations were also examined between shy persons who desire to interact with others, and those who prefer relative social isolation, and between people who have been shy since infancy, and individuals who developed shyness later in life. The second part of the study involved a more in-depth exploration of object relations in a subset of shy subjects. This analysis included a projective measure of object relations as well as a semi-structured interview designed to generate more qualitative data.

CHAPTER 2

REVIEW OF THE LITERATURE ON THE CONSTRUCT OF SHYNESS

Because of the relative recency of the empirical study of shyness by psychologists, a large proportion of the recent literature on shyness has been devoted to a discussion of the conceptual and methodological issues involved in shyness research. For this reason, the major conceptual and measurement issues involved in the study of shyness will be reviewed first, followed by a discussion of the literature relating more specifically to the present investigation. It is hoped that this initial review will provide strong evidence in support of a conceptualization of shyness as a construct warranting further study.

Definitions and Conceptualizations

The term shyness was first recorded in an Anglo Saxon poem written around 1000 A.D., in which it meant "easily frightened" (Zimbardo, 1977). In the subsequent development of the word, shyness has come to connote various and often dissimilar meanings in different languages. In French, Spanish, Italian, and Latin there is no single word which is the equivalent of the English word shyness. Instead, in these languages shyness denotes "three main factors: fear, shame, and hostility" (Lewinsky, 1941, p. 109). In other languages the connotations of the term shyness range from "stupidity" (from "blöde," one of the German words for shyness) to "hell, a place

"of torture" from the French "gêné," a derivative of Hebrew and the only French word to "correspond closely to the English expression 'to be shy'" (Lewinsky, 1941, p. 109). Other languages contain words similar to shyness with meanings such as "fear and mistrust," or to a lesser extent "shame and embarrassment" (p. 110). The English language has the greatest number of expressions for shyness (Lewinsky, 1941), and, according to Lewinsky (1941), "the English seem to be relatively most sympathetic to it" (p. 110).

As currently used by both psychologists and lay persons, the English word 'shyness' is "fuzzy" in definition (Zimbardo, 1977, p. 23). Despite the lack of consensus regarding the definition of shyness, there is a dearth of research explicitly addressing this issue (Harris, 1984a). While many researchers include definitions of shyness in their work, rarely is the empirical basis for these definitions provided (Harris, 1984a).

One of the complications involved in defining shyness is the fact that it is a term which psychologists have "borrowed" from "ordinary language" (Harris, 1984a, p. 170), to serve as the basis for their own conceptualizations. According to Harris, this has resulted in the use of one definition by lay persons, and another by psychologists (Harris, 1984a, p. 175). In Harris's discussion of "the dangers of ignoring the ordinary language roots of the terms we deal with" (p. 169), he criticizes psychologists for their failure either to base their definitions of shyness on the lay person's use of the term, or to at least "maintain a rigorous distinction between the

two" (p. 169). In Harris's view, definitions which ignore the "social origins of the term" (p. 179) are "in danger of being worthless" (p. 170).

Despite Harris's pessimism regarding the usefulness of existing definitions of shyness, he does acknowledge that psychologists, whose primary interest it is to explore the psychological processes that underlie shyness, may feel free to conduct research on psychological constructs of their own making, so long as they do not confuse these constructs with the "real" (p. 175) occurrences of the phenomenon. We will therefore proceed to examine existing psychological definitions of shyness, while bearing in mind Harris's cautions.

Early definitions of shyness were based on descriptions of the underlying psychological processes (Harris, 1984a) presumed to occur in the psyches of shy persons (Campbell, 1896; Hampton, 1927-28; Lewinsky, 1941). Later definitions, generated primarily in the last decade, have used more operationally precise terms, concentrating on the affective, cognitive, physiological, and/or behavioral aspects of shyness. As noted earlier, one area of agreement regarding definition has been the interpersonal nature of shyness. Regardless of theoretical orientation, existing definitions include specific mention of the influence of people on the phenomenon of shyness. Examples of these socially based definitions are those offered by Briggs (1988), "social shyness involves discomfort and inhibition in the presence of others" (p. 290), Cheek & Buss (1981), "we define shyness in terms of one's reaction to being with strangers or casual acquaintances" (p. 330), and Kaplan (1972), "the most defining

"characteristic (of shyness) consists of the fact that the symptom is activated only in social situations" (p. 439).

Aside from this common area of definitional agreement, researchers have generally constructed distinct and occasionally contradictory definitions of shyness. Buss (1980), for example, states that "shyness...(is) the relative absence of expected social behaviors" (p. 184), while Lewinsky (1941) states that "shyness is...always expressed by behavior" (p. 105), and Solomon and Solomon (1971) refer to shyness as "the motivation to shrink from notice" (p. 15). Related to these discrepancies are differences in the underlying conceptualizations of shyness. In particular, researchers are in disagreement about whether the affective and behavioral components should be examined separately or considered together as a syndrome (Leary, 1986), whether to consider shyness a personality trait or a state, and whether shyness can be subsumed under existing psychological constructs.

Affective, Cognitive, Physiological, and Behavioral Components of Shyness

The majority of definitions of shyness include either specific or indirect reference to the affective, cognitive, physiological, and behavioral components of the phenomenon. Most researchers agree that these reactions are unpleasant, and cause the shy person considerable discomfort. The affective reactions have been described as "feeling anxious and uncomfortable in particular social situations" (Crozier,

1979b, p. 121), being "occupied by feelings of self-consciousness, ...unhappiness, preoccupation with self" (Crozier, 1979b, p. 121), and "fear, self-consciousness, or both" (Buss, 1984, p. 39).

Cognitive reactions involve preoccupation with "specific thoughts and sensations that focus on the unpleasantness of the situation" (Fatis, 1983, p. 351), as well as loss of concentration and self-punitive talk (Ishiyama, 1984). The physiological arousal experienced by shy persons is characterized by heart pounding, increased pulse, perspiration, blushing, and "butterflies in the stomach" (Fatis, 1983; Zimbardo, 1977; Briggs, Cheek, & Jones, 1986). The cognitive and physiological reactions are treated by some researchers as aspects of the affective component of shyness, and are therefore frequently subsumed under this category.

The most observable component of shyness is the behavioral (Buss, 1984). Shy persons have been characterized as "silent", prone to "withdrawal from interaction," and having "difficulty in expression and communication of thought" (Crozier, 1979b, p.121). Behavioral reactions have been described as "timid and often inappropriate" (Briggs, Cheek, & Jones, 1986, p. 4). According to Buss (1984) the "relative absence of instrumental activity defines shyness: withdrawal, reticence, and inhibition" (p. 39). Pilkonis's (1977a) definition of shyness is exclusively behavioral. He views shyness as the "tendency to avoid social interactions and to fail to participate appropriately in social situations" (p. 585).

The conceptualization and definition of the behavioral component of shyness has generated the most controversy in the psychological

literature on shyness. Harris (1984a) has argued that the emphasis on behavioral inhibition in definitions of shyness is unfounded empirically and is actually contradicted by some research. Litwinski (1950), for example, described an "active form" of shyness, in which shy persons were observed to display assertive "intimidating" behavior, and Campbell (1896) observed "garrulousness" in shy persons. Harris (1984a) has also voiced objections regarding the narrowness of existing behavioral definitions. He cites eight behaviors associated with shyness (such as physical awkwardness or difficulty with posture) that are not included in the majority of behavioral definitions and concludes that existing definitions are based on only a small range of possible behaviors. Finally, Harris argues, shyness may be for some an exclusively internal experience, not manifested in behavior at all.

Leary (1983a; 1986) has also objected to behavioral definitions of shyness but from a different vantage point. According to Leary, a conceptual confusion arises when one definition of shyness is based on affective or cognitive reactions, and another on behavioral reactions, yet both are referred to as shyness. Leary (1983a) has proposed that the term "social anxiety" be used to refer exclusively to the subjective affective and cognitive reactions, while the term shyness be reserved to describe a "psychological syndrome that includes both subjective social anxiety and inhibited social behavior" (1986, p. 29). According to Leary, this may be the "optimal conceptualization" (p. 29).

Despite the fact that most researchers agree that shyness is manifested in affective, cognitive, physiological, and behavioral reactions, it remains unclear how or whether these components of shyness are related to one another. Leary (1986) states that there is "no necessary relationship between them (social anxiety and behavioral inhibition) and that they can occur and vary independently" (p. 33). Pilkonis (1977a) has also provided evidence for conceptualizing the affective and behavioral components of shyness as independent. He identified two separate subtypes of shyness, one in which shy subjects attend primarily to their behavioral reactions, and another in which shy persons focus on their subjective affective reactions (this study will be discussed further in the section "Subtypes of Shyness"). Jones, Briggs and Smith (1986), on the other hand, found that there was a "substantial" correlation between items measuring social anxiety and items "assessing the behavioral concomitants of shyness" (p. 638). These authors, using factor analysis, found no evidence to support the differentiation of the affective/cognitive and behavioral components into distinct groups.

In a more recent formulation, Cheek and his colleagues (Cheek & Melchior, 1990; Cheek & Watson, 1989) have suggested a three-component definition of shyness based on the "standard tripartite division of experience into the three components of affect, cognition, and observable behavior" (Cheek & Melchior, 1990, p. 48). They argue that a distinction should be drawn between the somatic (feelings of emotional arousal and physiological complaints) and

cognitive symptoms of shyness (self-consciousness, self-defeating thoughts, and worries about being negatively evaluated), based on the general distinction between somatic anxiety and psychic anxiety (Cheek & Melchior, 1990). Their three-component definition thus includes somatic anxiety, cognitive symptoms, and awkward social behavior.

Several studies have provided support for the three-component definition. In a survey in which 180 shy women were asked, "How do you know you are shy?," 84% of the responses could be categorized in terms of the somatic anxiety, cognitive, or behavioral components of shyness, while the remaining 16% of the responses defined shyness by its consequences (i.e., loneliness) (Cheek & Watson, 1989). Other research has found that "the association between blue eye color and behavioral inhibition...extends to college students for the somatic component of shyness, but not for the behavioral or cognitive components" (Cheek & Watson, 1989, p. 93).

It appears that while shy people do report having symptoms belonging to all three components of shyness, some shy people "rarely or never experience problems with one or two of the components" (Cheek & Watson, 1989, p. 88). Cheek and his colleagues conclude by agreeing with Buss (1984) that "it makes little sense to suggest that any one of the components represents shyness to the exclusion of the other two" (p. 40).

While the research examining the various components of shyness is promising, it bears little direct relation to the current investigation. In the current study, shyness will be conceptualized

as a unitary construct that includes affective, cognitive, physiological, and behavioral components. This conceptualization corresponds most closely to that of Jones, Briggs, and Smith (1986). "Shyness as a trait is the propensity to respond with heightened anxiety, self-consciousness, and reticence in a variety of social contexts; a person high in the trait of shyness will experience greater arousal than a person low in shyness independent of the level of interpersonal threat in the situation" (p. 630). This definition of shyness introduces the notion of shyness as a trait, which is the next major conceptual issue to be considered.

Trait and State Conceptualizations of Shyness

There has been debate in the literature about whether to conceptualize shyness as a stable dimension of personality, or as a more temporary emotional state. Research suggests that while the two conceptualizations should be distinguished from each other, they should not be viewed as contradictory and incompatible (Leary, 1986). Instead, the two conceptualizations should be viewed as corresponding to two different ways of experiencing shyness. Survey studies of shyness have reported that about 80% of people report experiencing shyness as a temporary emotional state, while only about 25% report feeling chronically or dispositionally shy (Zimbardo, 1977). Briggs (1988) has concluded that "whereas for some people shyness is an occasionally experienced state that is dependent primarily on situational cues, for others shyness seems to function as a trait

"with both temporal stability and cross-situational continuity" (p. 291). Both conceptualizations of shyness, therefore, appear to be necessary to the understanding of the phenomenon of shyness.

The primary support for the conceptualization of shyness as a personality trait stems from factor analytic studies of personality which have found social shyness to be one of the major factors underlying personality inventory items (Crozier, 1979b; Jones & Briggs, 1984; Briggs, 1985). In one of the largest of these studies, in which 400 items obtained from 17 major personality inventories were examined, "social shyness" was identified as the most "robust" factor, accounting for the largest proportion of common variance (Browne & Howarth, 1977). Other evidence for the conceptualization of shyness as a trait has come from studies which have shown that observers concur about what constitutes shyness (Jones, Briggs, & Smith, 1986), from studies demonstrating that observers' ratings correlate with self-ratings of shyness (Briggs, 1985), and from studies which have shown that ratings of shyness are stable over time (Briggs, 1985).

While the research supports the idea that "shyness is a fundamental component of personality organization and structure" (Jones, Briggs, & Smith, 1986, p. 630), shyness still cannot be considered one of the "superfactors" of personality (such as introversion or neuroticism). Instead, shyness is best viewed as a "primary" factor of personality, a factor that is at the lower level of a hierarchy of traits, but one that is "relatively pure and difficult to divide again into subfactors" (Briggs, 1988, p. 291).

Overall, less attention has been paid to state shyness (Jones, Briggs & Smith, 1986). Proponents of the view that shyness is best conceptualized as a state contend that shyness is best understood as an "emotional response to certain social situations" (Briggs, Cheek & Jones, 1986, p. 6). Izard and Hyson (1986) suggest that shyness shares characteristics of other emotions in that it has "a strong organizational/motivational power, a coherent set of behavioral-expressive and experiential components, and a developmental history" (p. 157). According to Buss (1980), state shyness is more likely to be experienced in situations involving novelty, the presence of others or one's own conspicuousness, and certain actions of others (i.e., excessive or insufficient attention, or intrusiveness).

Recently, several researchers have concomitantly examined both trait and state conceptualizations of shyness, and have also considered possible interactions between the two. Crozier (1979b) suggests an interactional view of shyness in which the "tendency to be shy is (seen as) a function both of the situation and of the individual's position along a dimension of shyness" (p. 125). Russell, Cutrona, and Jones (1986) found that both dispositional (trait) characteristics and situational (state) characteristics contributed about equally to the experience of shyness; however, they were unable to find support for an interactional view of shyness. Working from an attributional perspective, Zimbardo (1975) found that shy persons attributed their shyness to a trait, whereas less shy persons felt that their shyness resulted from external events. Pilkonis (1977a) found that even in shy persons who applied a "trait-

"like label" to themselves, situational factors played a larger role in the actual experience of shyness.

In light of the fact that shyness can be conceptualized alternatively as a trait or a state, it is essential that researchers make clear which conceptualization they are utilizing (Leary, 1986). Since the focus of this study is on object relations which are considered to be relatively enduring and stable over time, a trait conceptualization of shyness will be used. Only those persons who define themselves as dispositionally shy will be studied.

The Relationship Between Shyness and Other Constructs

While there is much support for the conceptualization of shyness as a distinct dimension of personality, there has been debate regarding whether shyness would be better conceived of as subsumed by other personality constructs such as introversion or neuroticism or by the related constructs of social anxiety, sociability, general anxiety and fearfulness. Research examining the relationship between shyness and these constructs has generally shown that while there is an overlap between shyness and related constructs, they are not synonymous.

The trait of introversion has received considerably more research attention than shyness and the two terms have often been used interchangeably (Briggs, 1988). While both terms share such common characteristics of inhibition as "quietness" and "keeping in the background" (Crozier, 1979b, p. 123), according to Briggs (1985;

1988), they are distinct constructs. Briggs (1985) points out, for example, that shyness is less "heterogeneous" than Eysenck's dimension of introversion-extraversion, in that shyness does not include "such disparate elements as sociability, impulsivity and sensation-seeking" (p. 40), and that as contrasted with the Jungian notion of introversion, shyness "does not necessarily involve...inward focus and intellectual orientation" (p. 40).

Shyness has also been considered by Eysenck and Eysenck to be a form of neuroticism (Briggs, 1988) and shares such features with neuroticism as "emotional arousal, feelings of inadequacy, and worry" (Crozier, 1979b, p. 123). Again, shyness has been shown to be related to but distinguishable from the trait of neuroticism (Crozier, 1979b). In a recent study, Briggs (1988) examined the relationship between shyness and both introversion and neuroticism by comparing several shyness scales with Eysenck and Eysenck's (1968) measures of these constructs. Briggs's data suggest that "the construct of shyness is not equivalent to the constructs of introversion and neuroticism (p. 304), and that "shyness should be located somewhere between these orthogonal dimensions" (p. 290). Briggs's conclusions are supported by the fact that the most commonly used measures of introversion and neuroticism do not directly assess shyness. In his study, Briggs (1988) also considered what features might explain the overlap between shyness and introversion and neuroticism and concluded that shyness and introversion are related, in part, because both contain measures of sociability, while shyness and neuroticism are correlated through the related construct of low self-esteem.

Shyness has also been conceptualized by several researchers as a form of social anxiety (Buss, 1980; 1984; Leary, 1983b). According to Buss (1980), social anxiety has four subcategories, one of which is shyness, the others being audience anxiety, embarrassment, and shame. As noted earlier, Leary (1983a) uses the term social anxiety to refer to the affective and cognitive reactions of shyness, while reserving the term "shyness" to refer to both social anxiety and behavioral inhibition. Shyness has also been shown to be conceptually similar to social anxiety. In a study examining the inter-relationship between depression, loneliness, shyness and social anxiety, Anderson and Harvey (1988) found that whereas depression and loneliness were best conceptualized as distinct from each other, the shyness and social anxiety scales measured the same construct. It appears, then, that as Briggs (1985) notes, "depending on how the terms are defined, either shyness can be one type of social anxiety, or social anxiety can be an aspect of shyness" (p. 40).

Shyness has also been equated with low sociability. Cheek and Buss (1981), however, have found that shyness and sociability may be regarded as separate personality traits, and that shyness cannot be understood as simply the inverse of sociability. There are shy people who are low in sociability, as well as shy people who desire to have social contact with others. The relationship between shyness and sociability will be discussed further in the section on subtypes of shyness.

Finally, some researchers consider shyness to be synonymous with general anxiety or fearfulness. Buss (1984) believes that shyness should be subsumed under the larger category of fearfulness, and Cheek and Buss (1981) report finding a significant positive relationship between measures of shyness and fearfulness. Other researchers disagree that shyness is conceptually similar to general anxiety or fearfulness, since shyness appears to be related to certain types of fears, but not to all fears. Briggs, Cheek and Jones (1986) cite a study conducted by Jones and Russell (1982) in which "high shy" subjects reported significantly more fearfulness or anxiety in response to items measuring interpersonal threat, as compared to "low shy" subjects, but did not report more anxiety in response to non-interpersonal items such as "high places or sharp objects" (Briggs, Cheek & Jones, 1986, p. 7). In another comparison of people "high" and "low" in shyness, it was found that the high shy group spontaneously recalled more frequent fear of social evaluation than the low shy group, but did not report other kinds of fear more often (Asendorpf, 1987). It appears, therefore, that shyness may be related to social fears, but not to non-social fears.

Overall, these findings support the conceptualization of shyness as related to, yet essentially distinct from, other constructs. This view of shyness as unique and complex further suggests the potential utility of studying the underlying psychological dynamics which may prove to be specific to the phenomenon.

Measurement of Shyness

The wide range of approaches to the measurement of shyness reflects the diverse conceptualizations of the phenomenon. Existing modes of measurement include behavioral observation, physiological measurements, and shyness measures that are part of larger personality inventories (Briggs & Smith, 1986). By far the most common method of measuring shyness, however, is the self-report inventory. Given the predominance of self-report measures in the literature on shyness, and the inclusion of two self-report measures of shyness in the present study, this discussion will focus exclusively on self-report measures of shyness.

There are several measures currently used by researchers in the assessment of shyness which were not originally intended to measure shyness. Among the most commonly cited are Watson and Friend's (1969) Social Avoidance and Distress Scale, and Leary's (1983a) Interaction Anxiousness Scale. Other self-report measures were developed specifically to assess shyness; however, these measures have methodological limitations. Zimbardo's (1977) Stanford Shyness Survey, while used widely by shyness researchers, is not in fact a scale at all (Briggs & Smith, 1986). The Morris Shyness Inventory confounds the measurement of shyness with the measurement of loneliness, self-esteem, and audience anxiety (Briggs & Smith, 1986).

Two measures of shyness, the Social Reticence Scale, and the Revised Cheek and Buss Shyness Scale, appear to have advantages over the other shyness measures. The Social Reticence Scale (SRS), which

has the word shyness purposely omitted from its title in order to prevent sensitization to the construct of shyness (Jones & Briggs, 1986), is one of the few measures of shyness with an explicit conceptualization of shyness as a trait. For this reason it has been chosen as the primary measure of shyness in the current study, and will consequently be discussed in greater depth than the other measures. The SRS was designed to measure seven components of dispositional shyness:

- 1) problems in meeting strangers and making friends
- 2) negative emotions including depression and loneliness
- 3) difficulty in expressing one's own opinions and being assertive
- 4) the difficulty that others have perceiving the shy person's true assets and qualities
- 5) stereotyping by others of the shy person's behavior as, for example, snobbish
- 6) difficulty in thinking clearly in the presence of others
- 7) excessive self-consciousness in the presence of others (Jones & Briggs, 1986, p. 7)

The original 21-item version of the scale (Jones & Russell, 1982) was revised; several items were replaced, and reverse scoring was introduced for half the items. Conceptually, however, the two versions of the scale are identical. The revised 20-item scale has been shown to be a reliable and valid measure of shyness (Jones, Briggs & Smith, 1986).

The Cheek and Buss Shyness Scale (Cheek & Buss, 1981) was designed to separate the measurement of shyness from the measurement of sociability, and thus has the advantage of being the only measure of shyness to be unconfounded by sociability. The original nine-item scale was revised to include four additional items. The Revised Cheek and Buss Shyness Scale (Cheek, 1983) has been used frequently by researchers in conjunction with other measures in the determination of subtypes of shyness. In the current study, this scale was also used for the purpose of classifying subjects into subcategories of shyness. More detailed descriptions of these subtypes will be included in the section to follow (see Subtypes of Shyness).

There has been recent inquiry into the question of how self-report measures of shyness compare to one another, and whether results from studies using one shyness measure can be considered comparable to results of studies using other measures. To explore these issues, Jones, Briggs, and Smith (1986) administered five shyness scales (the Social Reticence Scale, the Social Avoidance and Distress Scale, the Cheek and Buss Shyness Scale, the Morris Shyness Inventory, and the Interaction Anxiousness Scale) to 1,213 high school and college students. Results from this study showed that all of the five shyness scales appeared to measure essentially the same construct, and that consequently "there is little evidence to recommend one scale over the next despite differences in scaling methods and underlying assumptions regarding the nature of shyness or anxiety" (Jones, Briggs, & Smith, 1986, p. 637). These authors concluded that studies using different measures of shyness are indeed

comparable. Of note is the fact that the Social Reticence Scale tended to "outperform" the other measures in terms of internal consistency, and convergent, discriminant, and behavioral validity. Jones, Briggs and Smith caution, however, that this advantage of the SRS is "likely to be trivial psychologically" (p. 637).

Subtypes of Shyness

There is considerable support in the literature for the notion that the complex affective, cognitive, and behavioral reactions of shyness might be better understood by differentiating between various forms or subtypes of shyness. In some cases a distinction is made between shy persons who desire to be with people but are afraid, and shy people who lack the desire to be sociable but are not fearful (Eysenck & Eysenck, 1969; Cheek & Buss, 1981). In other research, distinctions between subtypes are based more on developmental factors (Buss, 1980; 1984; 1986a; 1986b; Bruch, Giordano, & Pearl, 1986). Still other distinctions are drawn between shy persons who focus on "public" behavioral deficits, and those who focus more on "private" internal arousal and anxiety (Pilkonis, 1977a).

Eysenck and Eysenck (1969) were among the first to differentiate between two forms of shyness which they termed "neurotic social shyness" and "introverted social shyness". According to Eysenck and Eysenck, in neurotic social shyness there is a "wish to indulge in social activity but an active fear which prevents the person from

doing so" (p. 27). In contrast is the shy introverted person who "doesn't want to be with other people but doesn't mind if the need arises" (p. 27).

More recent research has supported the distinction posited by Eysenck and Eysenck. Cheek and Buss (1981), having previously shown that shyness and sociability can be regarded as separate personality traits, conducted a second study in which they compared four subgroups (shy-sociable, shy-unsociable, unshy-sociable, unshy-unsociable) on verbal and nonverbal measures obtained during a five-minute dyadic interaction. While the study examined differences between shy and unshy persons, of interest here are their findings regarding the shy-sociable and shy-unsociable subtypes.

Like Eysenck and Eysenck (1969), Cheek and Buss found that a subgroup of shy-sociable subjects, who were strongly motivated to be with others but were too fearful and inhibited to do so, could be distinguished from shy-unsociable subjects who "would just as soon be alone as with others" (p. 336). Shy-sociable subjects displayed significantly more overt anxiety (self-manipulation, gaze aversion) than shy-unsociable subjects, leading Cheek and Buss to hypothesize that in shy-sociable persons the "conflict between the need for affiliation and inability to make adequate social responses...(might) make them...more tense and disorganized" (p. 336) than shy-unsociable persons. A recent study failed to confirm that shy-sociable subjects were more behaviorally dysfunctional than shy-unsociable subjects (Bruch, Gorsky, Collins, & Berger, 1989).

While not explicitly addressed by either Eysenck and Eysenck or Cheek and Buss, it appears that the shy-unsociable and introverted socially shy people may have a more schizoid-like personality, with distinctly different underlying personality dynamics than shy persons who long for more contact with people. Given the focus of the current study on internal object relations, and the suggestion by Cheek and Buss (1981) that future research examine shy-sociable and shy-unsociable subtypes separately, in this study comparisons of object relations in shy and not-shy persons also include an examination of differences between shy-sociable and shy-unsociable subtypes.

Other researchers have considered developmental factors in distinguishing between subtypes of shyness. Buss (1980; 1984; 1986a; 1986b) has differentiated between an early-developing or fearful kind of shyness which begins during the first year of life, and a late-developing or self-conscious form of shyness which can only begin in the fourth or fifth year of life, following the development of a sense of self as a social object. For both of these subtypes, Buss presents different "immediate causes" and suggests that the conceptual distinction between the two has implications for determining who is at risk for shyness, as well as for treatment.

According to Buss, early-developing or fearful shyness is very similar to what others have termed "stranger anxiety" or "wariness", which are common reactions to novel situations in infancy. In this type of shyness, however, these fearful reactions persist well beyond infancy. Since fear has been shown to have a genetic component (Buss, 1986b), Buss proposes that early-developing or fearful shyness

"originates in inherited traits (1986b, p. 74), and that it is fearfulness which causes this kind of shyness, rather than vice versa.

In contrast, late-developing or self-conscious shyness is dependent on an awareness that one may be observed by others, an awareness which can lead to public self-consciousness and/or embarrassment in social situations. This type of shyness may be distinguished from early-developing or fearful shyness not only by its age of onset, but by the absence of fear and the presence of "feelings of being awkward, foolish, and vulnerable" (1980, p. 43). Rather than being associated with inherited traits, Buss suggests that late-developing or self-conscious shyness originates in environmental traits.

Buss's proposed model of two differing subtypes of shyness has received support from a study which found that fearful shy subjects reported a significantly earlier age of onset than self-conscious shy subjects. Findings regarding feelings of self-consciousness and anxiety components of shyness in these two subtypes also provided support for Buss's theory (Bruch, Giordano, & Pearl, 1986).

Since the development of object relations is considered to begin at birth, the conceptual distinctions proposed by Buss have great bearing on the current study. Shy persons who developed shyness during the first year of life may be expected to differ in their object relations development from shy persons who became shy later in life. For this reason, in the current study, analysis of the data

includes an examination of possible differences between subjects with early- and late-developing shyness.

Finally, Pilkonis (1977a) identified two different types of shyness based upon a distinction between the affective and behavioral components of shyness, as well as upon the conceptualization of private and public self-consciousness (Fenigstein, Scheier, & Buss, 1975). Using cluster analysis, Pilkonis found that two primary clusters of shyness could be distinguished. In private shyness, according to Pilkonis, subjective discomfort and internal arousal are more salient to shy persons. In public shyness, behavioral or performance deficits are emphasized. Surprisingly, privately shy subjects reported more feelings of public self-consciousness, while publicly shy subjects found their shyness to be more of a problem, and had greater difficulty coping with social anxiety. According to Pilkonis, behavioral deficits play a greater part than affective arousal in determining the extent to which shyness is experienced as a problem.

While these four models of subtypes of shyness differ, all raise important conceptual issues. Ultimately, research examining subtypes of shyness may lead to greater precision in the overall conceptualization of shyness, as well as help to elucidate potential etiological factors.

CHAPTER 3

THEORETICAL BACKGROUND

The review of the literature on the construct of shyness appears to support the notion that shyness is a distinct psychological phenomenon that warrants further study. In the following section the literature pertaining more directly to the present investigation will be discussed. Because of the absence of studies specifically exploring object relations in shy persons, this review must consist of separate and seemingly unrelated areas of study. It is hoped that in reviewing such diverse topics as the internal experience of shyness, interpersonal relations in shy persons, social, psychological, and cognitive theories of shyness, the origins and development of shyness, psychoanalytic theories of shyness, and object relations theories and their possible application to shyness, a foundation will be laid for the current investigation. In particular, it is hoped that this review will clearly point to the usefulness of using object relations theory to further explore and potentially explain the way shy persons relate to others.

Internal Experience of Shyness

For most shy persons shyness is a profoundly painful experience, involving feelings of guilt (Fehr & Stamps, 1979), depression (Anderson & Arnoult, 1985), low self-esteem (Cheek, Melchior, &

Carpentieri, 1986), and loneliness (Cheek & Busch, 1981), as well as unpleasant somatic and cognitive symptoms associated with anxiety which have been previously described. Several studies have found that of the 30-40% of survey respondents who labeled themselves as dispositionally shy, three-quarters said that "they did not like being so shy, and two-thirds... considered their shyness to be a personal problem" (Cheek & Melchior, 1990, p. 47).

The majority of studies exploring the internal experience of shyness are based on quantitative data and involve reported associations between shyness and low self-esteem, or shyness and loneliness. As reliance on numbers to describe internal experience often results in a sense of distance from the actual phenomenon, the quantitative literature will be reviewed only briefly and will be followed by a more in-depth discussion of the one qualitative study to explore what it feels like to be shy.

Global measures of self-esteem have been found by many researchers to be inversely correlated with shyness (Cheek, et al., 1986; Cheek & Melchior, 1990; Lazarus, 1982). Shyness has also been negatively related to "dimensions" of self-esteem, which together constitute "total" or "global" self-esteem. Cheek and Melchior (1990) found a negative correlation between shyness (considered one of the six dimensions of self-esteem based on reverse scoring of the dimension "social self-confidence") and all of the other five dimensions of self-esteem: self-regard, academic ability, physical appearance, physical ability, and vocational certainty. Thus shyness appears to be associated with negative feelings about a wide range of

experiences. More importantly, however, shy persons do not seem to experience themselves as "basically worthwhile" (Cheek & Melchior, 1990, p. 59).

Low self-esteem has been found to be associated with shyness in children as young as elementary school age (Lazarus, 1982), leading some researchers to question whether shyness might be a cause of low self-esteem. Cheek et al. (1986), in considering this question, suggest that early-developing shyness (as described by Buss in 1984), which is hypothesized to begin in infancy and to be genetic in origin, might be conceptualized as a cause of low self-esteem, whereas late-developing shyness, which involves later developing self-consciousness, might arise as a consequence of low self-esteem in early and middle childhood. Cheek et al. (1986) caution, however, that these hypotheses have yet to be tested in "an appropriate longitudinal research design" (p. 119).

Loneliness has also been found by a number of researchers to be associated with shyness (Anderson & Arnoult, 1985; Cheek & Busch, 1981; Ishiyama, 1984). This relationship is not surprising, since shy persons report having difficulty establishing relationships and are therefore more likely to spend greater amounts of time alone. Shy persons have been found to be lonelier not only in new situations (the start of a school semester), but in situations and with people with whom they are more familiar (i.e., at the end of a semester) (Cheek & Busch, 1981). Thus shyness itself, apart from situational variables, does appear to contribute to the amount of loneliness experienced.

More than any of the other studies in the shyness literature, the work of Harris (1984b) captures the flavor of what it is like to be shy. This study in large part allows shy persons to speak for themselves and to describe what is salient for them in the experience of shyness. Based on 184 letters received in response to a 30-minute English television show entitled, "Shyness: handicap or happiness?" (a total of 636 letters were received; however, most were simple requests for information), Harris summarizes the issues that appear to be of greatest concern to shy persons, their relatives and friends.

One of Harris's major findings is that while the majority of correspondents considered shyness to be a "terrible handicap" (p. 1083), they felt that their suffering "generally failed to excite the sympathy of others" (p. 1083). As stated by one retired woman, "Having suffered from this affliction all my life, I don't think unless one has, people do not realize how painful it can be [sic]" (p. 1085). Harris suggests that the belief on the part of shy persons that they will not be taken seriously limits the extent to which they are likely to "seek the advice and help of others...trapping them in a spiral of isolation and ignorance that apparently serves to exacerbate their difficulties" (p. 1079).

Harris discusses the consequences of shyness, particularly the negative global effect that shyness appears to exert on the correspondents' lives. He states that shyness has a "stultifying and inhibiting impact" which leads to a "profound dissatisfaction

with the lives it forces upon its sufferers" (p. 1086). In the words of two of the correspondents, "Shyness has been the root of all my problems" (p. 1086); "It has been a constant misery, utterly blighting my life" (53-year-old male, p. 1086).

The greatest negative impact of shyness, according to these correspondents, is on their ability to derive pleasure and meaning from interpersonal relations. These people described themselves as "profoundly lonely," "unable to establish contact with others," and particularly unable to "form or maintain relationships with the opposite sex" (p. 1088). As stated by a 30-year-old man, "I would love most of all to have friends, etc. and find it easy to go to parties, clubs, etc." (p. 1087).

In concluding, Harris stresses that while it cannot be determined whether the problems described by the correspondents can be attributed completely to shyness, the correspondents themselves are convinced that shyness is the "basis of their problems" (p. 1091). What seems most noteworthy in light of the present investigation is that the shy individuals in Harris's study feel that they suffer enormously due to shyness, and that it is their shyness which affects their ability to relate to others. Of perhaps even greater relevance to our exploration of shyness is the feeling on the part of shy people that psychologists and other researchers have not as yet taken their problems seriously.

Shyness and Interpersonal Relationships

One of the primary focuses of shyness research thus far has been the study of the interpersonal difficulties that are an inherent part of dispositional shyness. Existing research has clearly shown that shyness affects the development and continuation of interpersonal relationships (Jones & Carpenter, 1986), and is a "barrier" not only to social adjustment, but to "personal well-being" and occupational fulfillment (Cheek et al., 1986). The relationships of shy persons have been studied from a number of different viewpoints. Some studies focus on social behaviors which appear to contribute to problematic interpersonal styles and relationships in shy persons. Others emphasize the inverse relationship between shyness and frequency of interpersonal contact or number of friends. Still others explore the perceptions shy persons have of others and the way in which observers perceive those who are shy. Finally, researchers have explored how shyness affects relationships and the ability to succeed in occupational settings.

There are a number of social behaviors that appear to characterize the interactions of shy persons. Shy people have been found to be less likely to "enact" social behaviors overall (Hill, 1989, p. 871) and to have significantly more difficulty initiating and structuring conversations than non-shy people (Pilkonis, 1977b). In particular, shy persons' verbal behavior has been described as decreased in amount, less fluent, filled with more pauses, and involving less elaboration in response to questions (Johnson & Glass,

1989; Pilkonis, 1977b). Nonverbally, shy people have been found to make less eye contact, to show fewer facial expressions (Jones & Briggs, 1984), and to maintain greater interpersonal distance in one-to-one interactions than non-shy persons (Carducci & Weber, 1979). It is hypothesized that these interactional patterns contribute to "clumsy, faulty, and dissatisfying relations with others" which might in turn "restrict the social and interpersonal opportunities of shy people" (Jones & Briggs, 1984, p. 98).

It does appear that shy persons have fewer friends, smaller support networks, and are less satisfied with the relationships they do have, than persons who are not shy. Jones and Carpenter (1986) found that in students beginning college, shyness was significantly and negatively related to number of friends, as well as to the satisfaction with those friendships, and found that this "initial shyness inversely predicted subsequent (i.e., 2 months later) percentage of new friends, number of current friends, number of campus activities, and the density of the social network" (p. 232). In another study of college students, Jones and Briggs (1984) reported a significant negative correlation between shyness and self-ratings of closeness to parents, closeness to friends, frequency of social activities, social satisfaction, number of friends, dating frequency, and dating satisfaction. Others have also found that shyness appears to "prevent" people from making new friends (Watson & Cheek, 1986), and that shyness is related to friendships being experienced as less satisfying and less supportive (DePaulo, Dull, Greenberg, & Swaim, 1989).

Shy people appear to turn to family members for support, since friendships with unfamiliar people are difficult to establish. Jones and Carpenter (1984) found that shyness was "inversely related to the proportion of the social network who are friends, but directly correlated with the proportion of significant others who are family members and whom the respondents had known for more than 5 years" (p.232). Shy people have been reported to experience more loneliness in community and friendship relationships than in family relationships (Jones & Briggs, 1986), and may find it easier to maintain relationships with familiar family members or old friends rather than seek out new friendships. Indeed, shy persons have reported having longer lasting friendships than non-shy persons (Jones & Carpenter, 1986), and have rated themselves as feeling close to their siblings (Jones & Briggs, 1986).

One of the most problematic aspects of interpersonal relationships for shy persons is interacting and relating to members of the opposite sex. Even in situations in which there is no expectation of forming intimate attachments, shy persons appear to react more strongly and with greater shyness to persons of the opposite sex. Greater interpersonal distance was found to be maintained by shy persons when interacting in an experimental situation with a member of the opposite sex (Carducci & Weber, 1979). Shy persons have also been found to be less likely to ask for help from an opposite sex confederate, and to be less likely to elicit successful compliance from an opposite sex research subject over the phone (DePaulo et al., 1989).

As discussed earlier, shy persons have been reported to date less frequently and to have fewer dating partners (Jones & Briggs, 1984). This may be attributable in part to difficulty in meeting people; however, it appears that shy people also perceive social situations as being "inherently less intimate and more evaluative" (Cheek & Melchior, 1990, p. 68), and to feel that their relationships are less intimate (Jones & Carpenter, 1986). Maroldo (1982) has reported negative correlations between shyness and several measures of love, including physical attraction, respect, congeniality, and altruism. One researcher (Weaver, 1987) has discussed the way in which shyness might inhibit the development of intimate relationships. Weaver maintains that a firm sense of self-identity is a prerequisite for intimacy, and that shyness prevents the complete development of self-identity through behavioral, cognitive, and emotional barriers (i.e., difficulty interacting with others, self-preoccupation, and anxiety). This lack of self-identity in turn makes intimacy much more frightening and difficult for shy people. While Weaver does not provide empirical evidence for her hypothesis, her ideas are intriguing and may explain some of the psychological mechanisms involved in the difficulties experienced by shy persons in their interpersonal relationships.

Although shy people are certainly aware of the fact that their relationships with others are problematic, the question arises as to whether they accurately perceive the way in which they interact socially. Several studies suggest that shy persons underestimate their social skills (Cheek et al., 1986; Cheek & Melchior, 1990;

Johnson & Glass, 1990), and believe that their social discomfort and anxiety is more noticeable to others than is actually the case (Ishiyama, 1984). Overall, shy persons seem to have difficulty accurately judging how others evaluate them and are likely to believe that observers view them more negatively than they actually do (Cheek et al., 1986). Shy individuals who have higher ratings of shyness have been found to have the most difficulty accurately predicting how others will view them (Jones & Carpenter, 1986).

Shy people do not completely misjudge how others perceive them, however. Shyness appears to some extent to be detectable by observers and to be viewed negatively (Jones & Briggs, 1984). Shy people have been described by neutral observers as less warm, less confident, less friendly, more self-conscious, and less physically attractive than non-shy persons (DePaulo et al., 1989; Johnson & Glass, 1989; Pilkonis, 1977b). Even ratings by friends and family members who have known the shy person for a long period of time contain primarily negative descriptions such as "less friendly, less warm, and more difficult to talk to" (Jones & Carpenter, 1986). Friends and family members of shy persons do appear to see some positive traits in shy people, describing them as abiding by rules, conscientious, and dependable. Overall, however, these studies suggest that observers are able to detect shyness in others, but that they may make negative attributions which "go beyond shyness itself" (Jones & Briggs, 1984, p. 98).

The difficulties shy persons have in relating to others cannot be fully separated from difficulties in other areas of functioning.

One area that has received research attention is occupational functioning. Shyness has been clearly associated with dysfunctional career development (Caspi, Elder, & Bem, 1988); (Cheek & Melchior, 1990), and with less interest in interpersonally oriented careers (Phillips & Bruch, 1988). While it is not clear how shyness contributes to problematic occupational functioning, it is possible that shy persons are inhibited not only interpersonally, but also in terms of their range of occupational interests and in their behavior relating to occupational pursuits. Phillips and Bruch (1988) found that shy undergraduates were less likely to engage in information-seeking activities regarding career opportunities, and to be more undecided about their careers than non-shy persons. Shy persons have also been found to define themselves in terms of fewer "orientations" ("points of personal reference in the environment that render the situation meaningful to the individual") (Ziller & Rorer, 1985, p. 628) and to be inhibited creatively (Cheek & Stahl, 1986). Overall, shyness appears to have a negative impact on most areas of functioning and to result in a significantly more negative self-concept. Of greatest import, however, is that shy persons appear to have most difficulty in the two areas which Freud deemed necessary for healthy psychological functioning, work, and love.

Social Psychological and Cognitive Theories of Shyness

Social and cognitive psychologists have proposed several theories of shyness in an attempt to explain why shyness is

associated with low self-esteem and problematic interpersonal relationships. These theories for the most part are efforts to delineate the maladaptive psychological processes that underlie the shy person's difficulties with social interactions and that contribute to the maintenance of the shy person's low self-esteem and negative self-image. My discussion of these theoretical models is based primarily on the reviews provided by Cheek et al. (1986) and Cheek and Melchior (1990).

Attribution theory has been widely studied by social psychologists and has been applied to the understanding of shyness. One of the central concepts in attribution theory is the self-serving bias in causal attribution, which refers to the tendency of individuals to make internal attributions for success and external attributions for failure. Several studies have explored causal attributions in shy persons and found that in shy persons the self-serving bias is reversed. Shy people, when faced with difficult social situations, blame themselves for their social failures, making internal attributions for failures and external attributions for successes, thereby confirming their negative self-image (Cheek et al., 1986). The association between low self-esteem and shyness has also been studied by social psychologists in terms of its relation to the concept of benefactance. Benefactance is defined as "a general motive to protect and enhance one's self-esteem" (Cheek et al., 1986, p. 119). Shy persons have been found to lack this motive in the way in which they process information about themselves (Cheek et al., 1986). Overall, this research suggests that maladaptive attributional

styles contribute to the difficulty shy persons have in maintaining positive self-esteem.

Other social psychologists have suggested that shyness is best viewed as a self-handicapping strategy. From this perspective, shy people are seen as using their symptoms of anxiety to "control attributions made about their performances in social-evaluative settings" (Snyder, Smith, Augelli, & Ingram, 1985, p. 970). There has been some evidence to suggest that shy males, but not shy females, may use shyness as a self-handicapping strategy (Snyder et al., 1985).

Research conducted on shyness from a self-presentational perspective has attempted to explain why shy people more often present themselves in a cautious or self-protective manner, and why they strive to get along with others rather than to get ahead (Cheek & Melchior, 1990). The central "proposition" of the self-presentational theory is that "social anxiety arises in real or imagined social settings when people are motivated to make a particular impression on others but doubt that they will do so, having expectations of unsatisfactory impression-relevant reactions from others" (Leary, 1983b, p. 99). Since shy persons have been found to have unrealistically high expectations of themselves, a heightened need to be accepted by others, and an expectation of being viewed negatively by others, they are more likely to experience social anxiety. Shy persons may cope with this anxiety by adopting a "protective style of self-presentation" (Cheek et al., 1986, p. 123).

Another theoretical model of shyness, one that aims to explain why social anxiety results in reticence and self-consciousness, conceptualizes shyness as "proneness to anxious self-preoccupation" (Crozier, 1979a, p. 961). In this model, which is based on a distribution-of-attention model, shy persons are seen as becoming self-preoccupied in response to threatening social situations. Instead of focusing on their interactions with other people, shy persons spend time "monitoring their own feelings and behavior and worrying about how they appear to others" (Cheek et al., 1986). Reticence occurs because shy persons are focusing on themselves rather than preparing for behavioral responses. Self-consciousness is seen as arising as a consequence of the increased attention paid by shy persons to their physiological and psychological states and from their concern about being negatively evaluated (Crozier, 1979a). From this theoretical perspective, shy people are thus seen as suffering from a "selective attention deficit" which greatly interferes with their ability to interact in social situations (Cheek et al., 1986, p. 122).

Cheek and Melchior (1990) elaborate further on the conceptualization of shyness as anxious self-preoccupation. Relying on the notion of metacognition, which they define as "a person's awareness, knowledge, and active monitoring of her or his cognitive processes and strategies" (p. 51), they suggest that when shy persons enter a "shyness eliciting situation" (p. 51), they become preoccupied with metacognitions related to self-consciousness. Shy

persons in these situations "thin[k] about being a shy person, focu[s] on shyness symptoms, [are aware] of being self-aware" and are anxiously self-preoccupied (p. 52). This excessive focus on metacognitions results in shy persons being unable to successfully interact with others, in their misjudging others' perceptions of them, and in their underestimating their own social skills. Cheek and Melchior (1990) believe that meta-self-consciousness (one aspect of metacognition) can be seen as the "unifying theme" (p. 52) in the experience of shyness, in that "all shy people are alike at the metacognitive level of psychological functioning" (p. 51), and state that "viewed at this higher level of metacognitive functioning, shyness may be conceptualized as the tendency to become anxiously self-preoccupied about social interactions" (p. 51).

While the metacognitive model is more comprehensive than most of the theories presented, it, like the other social psychological and cognitive theories reviewed, fails to consider unconscious psychological processes in the phenomenon of shyness. These theoretical models, while contributing much to the understanding of shyness, by themselves seem incomplete.

Having reviewed the literature on the internal experience of shyness, the interpersonal consequences of shyness, and several of the theoretical explanations of the difficulties encountered by shy persons, I will now turn to a discussion of how shyness develops and is maintained over the lifetime.

Origins and Development of Shyness

Given the developmental focus of object relations theories, the exploration of object relations in shyness must rest upon an understanding of existing developmental theories of shyness. While none of these theories explicitly addresses the development of object relations in shy persons, they serve as a basis from which to begin our investigation. Since cultural differences have been found in the prevalence of shyness, suggesting that shyness may have different developmental pathways in different cultures, the present discussion will be based on research conducted on subjects from Western cultures, primarily the United States.

Both biological and environmental factors have been shown to contribute to the development of shyness. While researchers emphasize one or the other of these influences, most concur that shyness arises from an interaction of biological and environmental contributions. As discussed previously, Buss (1980; 1984) proposes that there are two distinct types of shyness; one which is primarily genetic in origin, (early-developing shyness), and another which is more environmentally influenced (late-developing shyness). Shyness has also been shown to be relatively stable from infancy throughout the lifespan (Backteman & Magnusson, 1981; Morris, Soroker, & Burruss, 1954), with both genetic and environmental factors proposed as mediators of this continuity. Finally, some research points to gender differences in the development of shyness.

Biological Contributions

Recent research suggests that shyness has a genetic component and that heredity plays a larger part in the development of shyness than in other personality traits (Plomin & Daniels, 1986). In a review chapter on genetics and shyness, Plomin and Daniels (1986) examined 18 twin studies, one family study, and one adoption study which together covered an age range of one year to middle age. The conclusions drawn from these studies are identical; each points to a hereditary component in the etiology of shyness. One of these studies warrants further elaboration, in that it is the first and only to use a full adoption design in the study of shyness.

As part of the Colorado Adoption Project, Plomin and Daniels (1986) explored the relationship between shyness in adopted infants, studied at one and two years of age, and shyness and sociability in their biological and adoptive parents. Findings from a first report (1985), based on the study of 152 infants and their parents, and a later analysis of a 20% larger sample (1986) are similar. A significant correlation was observed between shyness and low sociability in the biological mothers and shyness in their adopted-away infants. Not only does this finding support the hypothesis of a genetic contribution to shyness, but it suggests that both infant and adult shyness have a hereditary component, and that there may be a "genetically mediated continuity" (Daniels & Plomin, 1985, p. 120) between the two.

Other support for a biological contribution to the development of shyness comes from studies showing that there is an apparent underlying physiological mechanism in shyness involving the hypothalamic-pituitary-adrenal axis, the reticular activating system, and the sympathetic arm of the autonomic nervous system (Kagan, Reznick & Snidman, 1987). In a series of reports based on the longitudinal study of three cohorts of Caucasian children followed from age two or three through the eighth year of life, Kagan and his colleagues have found differences in several physiological measures between a group of "inhibited" children (children who represent about 15% of the Caucasian population and are shy and emotionally subdued in unfamiliar social situations), and a group of "uninhibited children" (children who represent another 15% of the population and are consistently sociable and affectively spontaneous) (Kagan, Reznick, & Snidman, 1987; Kagan, Reznick, & Snidman, 1988; Kagan, Reznick, Snidman, Gibbons, & Johnson, 1988; Kagan, 1989). Inhibited children, as compared to uninhibited children, had a higher and less variable heart rate, larger pupillary diameters, higher cortisol levels, and increased muscle tension. At measurements taken at ages four and five-and-one-half only, there was a significant correlation observed between an index of norepinephrine activity and behavioral inhibition (Kagan, Reznick, & Snidman, 1987). The findings regarding an association between shyness and heart rate are supported by a study of somewhat older children (mean age = 7.6), in which heart rate was found to correlate with a continuous measure of shyness (Boomsma & Plomin, 1986).

These observations led Kagan and his colleagues to propose that there may be inherited differences in the "threshold of arousal in selected limbic sites" (Kagan et al., 1987, p. 167) which contribute to the development of shyness in childhood and perhaps even to "extreme degrees of social avoidance" (p. 167) in adulthood. Research relating blue eye color and behavioral inhibition (Herbener, Kagan, & Cohen, 1989), as well as studies which have found an association between the somatic component of shyness and blue eye color (Cheek, Melchior, & Cutler, 1987), also suggest a different threshold of limbic responsivity in shy persons.

Recently, Kagan's group has begun to explore the relationship between physiological and biological measures in even younger infants, some as young as two weeks. Thus far it appears that two distinctly different patterns of behavior with associated levels of motor arousal and heart rate have emerged. These patterns may represent early forms of inhibited and uninhibited temperamental categories (Kagan, 1989).

Animal research also lends support to the hypothesis that shyness has specific biological underpinnings. Studies of rhesus monkeys have shown that those who are more slow to explore novel situations have higher heart rates as compared to less avoidant monkeys. Cortisol levels in these inhibited monkeys have also been observed to be increased during separations from the mother (Suomi, 1987), a finding that suggests that biological factors play a part in attachment and in reactions to separation.

Overall, the research reviewed suggests a clear biological contribution to the development of shyness. While this may not appear at first to have direct bearing on the present investigation, these findings suggest that shy infants may be constitutionally different from other infants, particularly in their responses to other people. Since interactions with others form the basis from which object relations are developed, the biological predisposition of shy infants to react to others with greater inhibition and more avoidance may contribute to differing object relations in shy persons, as compared to less inhibited persons.

Environmental Contributions

Environmental factors have been presumed to play a large role in the origin and development of shyness; however, the investigation of these factors has been a neglected area of study. Two primary environmental influences have been proposed as possible contributors to the development of childhood shyness: relationships with parents, and relations with siblings and peers (Asendorpf, 1986).

Studies exploring parental influences in the development of shyness have the potential to be of greatest relevance to the current investigation. Unfortunately, there is scant research on this topic, and that which exists is inconclusive. Parental shyness and low sociability have been hypothesized to influence shyness in children, with the strongest evidence for this coming from the adoption study conducted by Plomin and Daniels (1986). A significant relationship

was found between low sociability in adoptive mothers and shyness in their non-biological infants, a finding that clearly suggests parental environmental influences rather than a genetic contribution. Other researchers have proposed that low shyness or sociability of the parents may contribute to their failure to expose their children to social situations, and that this lack of experience with social situations may be related to the development of shyness in children (Kagan, Kearsly, & Zelazo, 1978).

Parenting styles have also been related to shyness in children. Warmer, more responsive parents have been found to have infants who are less shy at 12 months (Plomin & Daniels, 1986), and it has been suggested that an "unusually benevolent environment" (Kagan & Reznick, 1986, p. 88) may help a temperamentally inhibited child to develop an uninhibited coping style. Less nurturant or restrictive-hostile parenting styles have also been reported to be related to the development of shyness (Asendorpf, 1986). In his study of "love-shy" males (men who are inhibited towards the opposite sex), Gilmartin (1985) found that in the family environments of these men, there had been consistent "disharmony and verbal abuse" (p. 429). Late-developing shyness has also been related to a childhood history of emotional or physical abuse (Alden & Cappe, 1988). Despite the reported associations between parenting styles and shyness, Asendorpf (1986) concludes that based on a review of research in this area, there is no clear relationship between shyness and the way in which parents raise their children.

There are relatively little data regarding the effect of siblings and peers on the development of shyness. Those studies which do explore the influence of siblings on the development of shyness, focus primarily on the role of birth order, with contradictory conclusions. One investigator (Asendorpf, 1986) found that single children were perceived by their mothers to be the most shy towards other children, followed by firstborns, and children with younger and older siblings. In this study, lastborns were considered by their mothers to be the least shy. The investigator suggests that this finding points to the role of sibling interaction in the development of shyness, with those children having the most opportunity for interaction with siblings being the least shy. Gilmartin (1985) reported that love-shy males were more than three times as likely to have grown up as only children and five times as likely to have grown up without any female siblings. In contrast, Kagan et al. (1988) have found that two-thirds of the inhibited children studied were later-born, while two-thirds of the uninhibited were first-born. These authors suggest that older siblings who are often antagonistic towards their younger siblings might create enough chronic stress in those younger children who have a low threshold for limbic arousal, that these children develop behavioral inhibition. Overall, the role of birth-order and sibling relationships in the development of shyness appears to be inconclusive.

There is even less information regarding the role of peer relationships in the development of shyness. Men who are shy and inhibited in heterosexual relationships have been found to have been

socially isolated from peers as children (Gilmartin, 1985), and to have had stressful and non-supportive peer relationships (Gilmartin, 1987). Asendorpf (1986) has reviewed the literature on the role of peer relationships in shyness and has concluded that a relatively weak relationship exists between peer group neglect and shyness. Based on the available research, it is not clear whether being shy leads to peer group neglect, or whether being ignored by one's peers contributes to the development of shyness.

Course of Shyness

Theories of object relations suggest that early experiences of relationships influence interpersonal relationships throughout the course of life. Therefore, studies that show a continuity of shyness from infancy throughout the lifespan lend support to the notion that psychological processes contribute to the mediation of this continuity.

Both short-term and long-term follow-up studies of shy children point to a high level of stability of shyness over the lifespan. There appears to be a continuation of shy, inhibited, and social, uninhibited behavior from ages two to eight (Kagan, 1989), as well as a correlation between shyness in late childhood and more reserved, somber, and withdrawn behavior in preadolescence (ages 10-12) (Caspi, Elder, & Bem, 1988). Shyness thus appears to have considerable longitudinal stability from early childhood to preadolescence.

Early adolescent shyness differs from childhood shyness primarily in its increased prevalence during this period of development. In most age groups (fifth graders, college students, older adults) about 40% of people label themselves as shy; in contrast, about 54% of seventh and eighth graders say that they are shy (Zimbardo, 1977). Several possible explanations for this increase in shyness in early adolescence have been offered by Cheek, Carpentieri, Smith, Rierdan, and Koff (1986). Since early adolescence is a period of development in which there are many changes (i.e., bodily, cognitive, social relationships), and shyness has been related to novelty (Buss, 1984), the new experiences encountered in adolescence may account for the rise in shyness during this time. Adolescence is also associated with acute self-consciousness; it is speculated that those persons who are self-consciously shy experience an increase in shyness symptoms during adolescence, while those who are "fearful-shys" have a more stable and enduring experience of shyness even during adolescence (Cheek et al., 1986).

There have been two long-term follow-up studies exploring the long-term consequences of childhood shyness, which suggest that shyness continues from childhood well into adulthood. In an early study, Morris, Soroker, and Burruss (1954) evaluated 54 persons who had been seen at a child Guidance Center 16-23 years prior to the study, and who had ranged in age from 3-15 at the time of treatment. All children had been categorized as shy and withdrawn or "internal reactors." At the time of follow-up most continued to be quiet and retiring. Two-thirds were satisfactorily adjusted, while one-third

was marginally adjusted and two were "sick." Those persons who were better adjusted were found to have married more outgoing, aggressive marital partners, suggesting that rather than change their shyness, they had compensated for it in their choice of marital partner. Overall, these shy persons had chosen more sheltered, protected jobs which afforded greater security.

In a more recent follow-up study of 87 males and 95 females who had participated in the Berkeley Guidance Study and had been shy and reserved as children, different patterns emerged for men and women at the 30-year follow-up (Caspi, Elder, & Bem, 1988). Shyness, alone, appeared to affect the pace at which the males made major role transitions. They married and became parents later than their peers, and attained less occupational achievement and stability. Those men who established careers late in life were more likely to have marital instability. The authors speculate that these men carried with them into adulthood a childhood interactional style in which they were reluctant to enter new and unfamiliar social settings, and that this interactional style contributed to their delaying entry into marriage, parenthood, and stable careers.

Shy women followed an entirely different lifecourse from the men. They selected a more domestic and conventional lifestyle than their peers, involving marriage, children, and homemaking. The authors suggest that the decision to remain in the home rather than to work might have been prompted by a continuation of childhood shyness, as reflected in fear of the unfamiliar outside the home. It is of note that the men and women in this study matured in the late

1940's when more traditional sex-roles were in existence. This study raises the issue of whether gender differences exist in shyness, as well as how sex-role expectations affect shyness.

Gender Differences in Shyness

Despite isolated reports of gender differences in shyness, the majority of studies have either failed to find differences between males and females in the prevalence or degree of shyness, or have not examined this issue at all. In the largest study of shyness to date, involving a sample of 5,000 people, Zimbardo (1977) found no difference between the sexes in the prevalence of shyness. Smaller-scale studies of shyness have also reported similar patterns of results for men and women (Cheek & Buss, 1981). While overall, gender does not appear to have a significant influence on shyness, several studies with convergent findings suggest that sex differences may exist during adolescence, and that sex-role factors may contribute to shyness being experienced differently by men and women.

The finding of an increase in shyness during adolescence appears to be due primarily to more teenage girls labeling themselves as shy during this time (Zimbardo, 1977). Cheek et al. (1986) have found a significant correlation between shyness and public self-consciousness in adolescent girls, but no corresponding relationship in adolescent boys. They suggest that self-consciousness may be more salient for adolescent girls and that this accounts for the sex differences observed during this period of development.

Differing sex-role expectations for males and females has also been proposed as an explanation for observed gender differences in shyness. Several authors have suggested that shyness is a greater burden for males, since they are expected to take the initiative in social situations yet may be unable to do so due to their shyness (Bronson, 1966; Phillips & Bruch, 1988, Cheek et al., 1986). Two studies, in fact, point to a relationship between behavioral inhibition and shyness in males only (Bruch, Giordano, & Pearl, 1986; Pilkonis, 1977b). It is suggested that faced with their inability to make the first move in social situations, men may try to mask their shy reactions with avoidant or behaviorally inhibited responses. In contrast, women, in accordance with sex-role expectations, have been found to respond to shyness-inducing situations by becoming passively pleasing (Pilkonis, 1977b). The use of self-handicapping strategies has also been found to differ in men and women and to be related to sex-role differences. Snyder, Smith, Augelli, and Ingram (1987) found that males but not females used their anxiety symptoms as a strategy to control attributions made about their performances in social situations. These authors suggest that shy men use self-handicapping strategies when they are unable to use their usual strategies of avoidance or behavioral withdrawal, whereas women respond with passive accommodation and have no need for self-handicapping strategies.

Together, these studies do point to possible gender differences in shyness. However, until further research is conducted exploring these differences, we must agree with Leary (1983b) that the existing

data on gender differences across all ages are inconsistent and inconclusive.

A Psychobiological Model of Shyness

Asendorpf (1989), borrowing the concept of the final common pathway from physiology, has recently proposed a psychobiological model of shyness that integrates both biological and social approaches to understanding the development of shyness. Asendorpf outlines two distinct inhibitory processes that may contribute to the development of shyness. One, inhibition to strangers, begins early in life and may continue into adulthood. It is primarily a "biologically predisposed reaction" (p. 483). The other, social-evaluative inhibition, begins sometime after the age of four, and arises in situations in which there is an expectation of an undesired evaluation or of an insufficiently positive evaluation.

In a series of experimental studies, Asendorpf (1989) found support for an "additivity" model of shyness in which the early form of inhibition, inhibition to strangers, "simply adds up with an additional social-evaluative inhibition" (p. 483) to produce the state of shyness. Trait shyness, on the other hand, "involves a particular susceptibility to both kinds of inhibition" (p. 481). Although questions about the development of shyness are best answered by longitudinal studies, Asendorpf's approach, which combines both biological and environmental influences, appears to be a particularly useful orientation for future research on the development of shyness.

I will now turn to an entirely different approach to the study of shyness, namely psychoanalytic explanations of shyness. This will be followed by a discussion of object relations theory and its possible application to shyness.

Psychoanalytic Contributions to the Study of Shyness

Psychoanalytic explorations of shyness are scarce and have been virtually ignored by psychologists with social psychological, personality, and cognitive orientations. Some researchers have even gone so far as to discount psychoanalytic contributions (Zimbardo, 1977). This exclusion of the psychoanalytic perspective may in part be attributed to a fundamental conceptual difference between psychoanalytic and other approaches to the study of shyness.

Psychoanalysts, unlike researchers from other domains, generally have not considered shyness a distinct construct or syndrome. Instead, they have viewed shyness as a type of neurosis or phobia (Winnicott, 1964), emphasizing the pathological nature of the phenomenon. Despite this focus on the symptomalogic aspects of shyness, the psychoanalytic approach has much to offer in elucidating the psychological underpinnings of the shyness experience.

One of the most important psychoanalytic contributions to the study of shyness is Kaplan's (1972) paper "On Shyness." Not only is this the most recent addition to the psychoanalytic literature on shyness, it is the most comprehensive. Kaplan, writing primarily from a classical standpoint, addresses several key psychological

processes that appear to be associated with, and/or to underlie, shyness. Kaplan's ideas regarding the role of developmental factors, particularly trauma, in the formation of shyness, as well as his thoughts on the importance of fantasy, grandiosity, and narcissism in understanding shyness, will be addressed in some detail here. Not included in the present discussion are Kaplan's comments regarding the way in which shyness resembles depersonalization, the clinical significance of the absence of shyness, and the relationship between shyness, depression and guilt.

The development of the symptom of shyness, according to Kaplan, occurs in two phases. Initially, shyness results from the traumatic force of a social event in which a person anticipates rejection due to his or her inability to initiate or maintain interpersonal "dialogues" (p. 440). This trauma has its roots in infancy and is related to the anxiety experienced when there is a "derailment" (disruption) of the "primal dialogue" (p.444), a term used by Rene Spitz to refer to "exchanges between the needful infant and the supplying mother that lead to the sense of equilibrium" (Kaplan, 1972, p. 444). Thus, the anxiety experienced as a result of a traumatic social situation involves a regression to an oral phase of development in which anxiety was originally experienced due to a disruption in the "reciprocal communication" (p. 445) of the mother and child.

In the second phase of the occurrence of the symptom of shyness there is a retreat into a fantasy of being a "stranger" or "exception" to the social situation. In this fantasy there is a shift

from the dread of anticipated rejection, to a dread of being "discovered in one's exceptional standing" (p. 440). This fantasy thus affords only "partial restoration" (p. 440) of the person to a state of unshyness or poise.

The role of this and other fantasies in the occurrence and perpetuation of the symptom of shyness is central to Kaplan's formulations of the psychological processes involved in shyness. Based on his observations that shy persons are "enormously preoccupied" with daydreams, particularly those involving "deliverance from painful mediocrity through participation in the life of some extraordinary, often celebrated, figure, or some idealized occasion" (p. 443), Kaplan posits that these fantasies involve a "dangerous grandiosity" (p. 442) and are inherently pathogenic. "Thus the social situation becomes contaminated by displacements and unsuccessful projections of highly egocentric hopes and reactive narcissistic mortifications" (p. 442). This displacement of narcissistic fantasies onto a social situation may actually "create the traumatic context in which shyness appears" (p. 443).

Shyness and Narcissism

The relationship between narcissism and shyness has been addressed by several other authors writing from a psychoanalytic perspective. Since narcissism has been posited by Freud and later theorists to be central to the understanding of object relations

development, the association between shyness and narcissism is of particular importance in the present discussion.

Many writers have considered the narcissistic or grandiose features of shyness to be related to underlying feelings of inferiority (Hampton, 1927-28; Schilder, 1938). Litwinski (1950) notes that shyness appears to be a "complex form of adaptation arising from positive egotistic emotion, such especially as vanity, having for its basis a sense of weakness and powerlessness" (p. 305). Fenichel (1934) considers social anxiety to represent the loss of a "vital (narcissistic) supply" (p. 465) of intrapsychically supported self-esteem. Others, based on clinical observation, have noted the relationship between shyness and narcissistic oral traits either in overt behavior (such as an increased demand for admiration or attention) (Schilder, 1938), or in fantasy (i.e., wishes to suck at the breast) (Kaufman, 1941). Some psychoanalysts consider narcissism so central to the understanding of shyness that they propose that shy persons be placed in the category of narcissistic characters (Lewinsky, 1941). Schilder (1938) comments that his shy patients could be understood as "cases of disappointed vanity" (p. 17), while M.C. M linand (as cited in Litwinsky, 1950) calls shyness "vanity without pride" (p. 305). Based on the above observations, it appears that an increased understanding of the connection between shyness and narcissism, particularly as it relates to developmental issues involving relationships with others, may help to further explain the psychological processes involved in the phenomenon of shyness.

The Role of Inhibition and Conflict in Shyness

Psychoanalysts have also considered shyness reactions to be the result of an inhibition of instincts. Lewinsky (1941) suggests that three main factors, "fear, shame, and mistrust" (p. 106) are involved in inhibiting instinctual impulses in shyness. In this formulation, fear is seen as inhibiting the instinct of aggression, while shame is viewed as inhibiting sexuality. Guarding against external rather than internal influences is mistrust, which protects the individual from outside forces that attempt to "penetrate or loosen the barrier" (p. 112) against the repression of the aggressive and sexual instincts. From another vantage point, Hampton (1927-28) proposes that "in shyness a normal instinct of self assertion is inhibited by an abnormally active instinct of submission" (p. 125). The inhibition observed in shyness has also been considered to be an inhibition of a specific form of assertion or aggression, namely the "assumption of a dominant social role" (Sandler, deMonchaux & Dixon, 1958, p. 25).

The role of conflict in shyness has also been emphasized by psychoanalysts. While in disagreement about the exact nature of the conflict, several propose that one or another specific conflict underlies shyness. Related to the issue of narcissism, Hampton (1927-28) suggests that the shy person is torn between wanting to "reach upwards to the normal level from a position of imagined inferiority" (p. 126) and the fear of failing in this endeavour. Others (MacDougal cited in Litwinski, 1950) contend that shyness results from a conflict between a wish to dominate others and a wish to submit to

them. Lewinsky (1941) believes that the conflict in shyness relates to the opposing feelings of wishing to be alone, and wishing to be with others.

Other Psychoanalytic Approaches

Two articles in the psychoanalytic literature are distinct from those previously discussed. The first (Solomon & Solomon, 1971) is a psychoanalytic exploration of sexual shyness in which this more limited symptom pattern is linked to feelings of shame and hostility. The other (Foley, Heath, & Chabot, 1986) is the only psychoanalytic study to date that examines shyness using an experimental approach.

In this exploration of the relationship between shyness and defensive style, Foley et al. (1986) administered self-report measures of shyness, defensive style, and an activities preference questionnaire to 92 college students. As compared to not-shy subjects, shy persons had significantly higher scores on a defense mechanism measure, "Turning Against Self," and on measures of ego threat, social anxiety, and overall anxiety. Contrary to expectation, there were no differences observed between shy and not-shy persons on the defense mechanism measures of "Turning Against Object" and "Projective Defense". These authors conclude that shy persons are vulnerable individuals who are unable to adequately protect themselves from various threats in the environment (particularly social situations) through the use of defense mechanisms. Interestingly, they suggest that shy persons may be more

apt to use the "Turning Against Object" and "Projective Defense" in fantasy than in actual behavior, since the idea of directing any sort of aggression or anger towards others may be too threatening.

As noted in the introduction, to date, no psychoanalytic exploration of shyness from an object relations perspective has been undertaken. Despite subtle allusions to possible object relations issues in shyness by Campbell as early as 1896, "(in shyness) the ego ... (is) made to realize the gulf that separates the Me from the Not-me" (p. 806), no subsequent studies have specifically addressed this issue. Kaplan (1972) makes mention of developmental factors which relate to object relations, for instance in his discussion of how damaged object relations may appear later in life as shyness or bashfulness in schizophrenics. Even Kaplan, however, who is more contemporary than most psychoanalysts writing about shyness, states that he has chosen not to discuss "the vicissitudes of self and object representations in the shy reaction, the loss of self and object boundaries for example" (p. 452). Thus the question of how object relations may differ in shy persons as compared to not-shy persons, or how an understanding of object relations in shy persons might help to explain the interpersonal difficulties inherent in shyness, remains almost completely unexplored.

Object Relations: Theoretical Overview

During the past 20 years, object relations theory has had an enormous impact on clinical thought in both psychoanalysis and

psychology as a whole (Cashdan, 1988; Hamilton, 1988; Hamilton, 1989). The term object relations refers to relationships between self and others (objects), whether these others be "internal or external, fantasied or real" (Cashdan, 1988, p. 3). Object relations theory holds that beginning in infancy and continuing throughout the lifespan, "past relations between self and others give rise to the development of internal psychic structure" (Urist, 1980, p. 821), which then serves as a template for future relationships (Blanck & Blanck, 1986). Thus, current "external" interpersonal relationships are processed and experienced in the "context of the ways in which past experience has been organized" (Urist, 1980, p. 821). This view highlights the importance of self and object representations in "reality" relations (Tuttman, 1981).

Since Freud's initial contribution to object relations theory, which includes discussion of the object as the instrument by which an instinct may attain its aim (1915), narcissistic and anaclitic object choices (1914), the impact of object loss in early life (1917), and such processes as introjection, projection; and identification, numerous theories of object relations have been developed. While these vary in the extent to which they adhere to Freud's drive/structural model (Greenberg & Mitchell, 1983), they all emphasize the significance of the early caretaker-child relationship (usually the mother) in development and the importance of the internalization of relationships. Most object relations theorists also view the need for relatedness as primary in human development,

regardless of whether they accept the additional presence of drives (Fairbairn, 1952; Winnicott, 1956).

In the present overview, a synthesis of several theories of the development of object relations will be provided. Emphasis will be placed on Mahler's (Mahler, Pine, & Bergman, 1975) and Kernberg's (1976) developmental theories since these are the most clearly articulated according to developmental stages. This overview will be followed by a discussion of the contributions of the object relations theorists whose ideas potentially have the most bearing on the understanding of interpersonal relationships in shyness.

Overview of the Development of Object Relations

The development of internal representations of self and other and the internal processes of separation and differentiation of self from others are viewed by most theorists as maturational processes that occur in the context of other physiological and cognitive changes in the developing infant. In the earliest phase of object relations development, most theorists posit an essentially "objectless" period in which there is no differentiation between self and object (i.e., Mahler's "autistic phase" and Fairbairn's "primary identification") (Mahler, Pine, & Bergman, 1975; Fairbairn, 1941). Others contend that at birth there is some awareness of the other, although this self-object differentiation is minimal (i.e., Kernberg's stage of introjection) (Kernberg, 1976). Regardless of whether the infant is viewed as initially "autistic" or minimally

differentiated from others at birth, theorists agree that in the course of development during this earliest phase, the infant gradually becomes aware of the existence of others in a primitive way. At this stage, others exist for the infant only insofar as they satisfy basic needs. According to Kernberg (1967, 1976), rather than distinguishing between self and not-self at this stage, the infant draws distinctions between affective experiences of comfort or pleasure ("good" experiences) and experiences of frustration ("bad" experiences). Mental images of a "good," satisfying mother-child dyad are split off from internal images of a "bad," frustrating mother-child dyad. In this earliest phase of object relations development according to Kernberg, the infant draws more of a distinction between good and bad than between self and other.

In the second phase of object relations development, termed "identification" by Kernberg (1967, 1976) and "separation-individuation" by Mahler (Mahler, Pine, & Bergman, 1975), internal representations of self and object become increasingly differentiated. While there is a greater awareness of the other as distinct during this phase, others are experienced primarily in terms of the narcissistic needs of the self; "others are defined as though they were still an extension of the self" (Urist, 1980, p. 825). In Kernberg's (1976) view, the child now recognizes the "role aspects (socially recognized functions) of the interpersonal interaction" (p. 31), and experiences others more in terms of their role or function, and less in terms of the affective states associated with them (Urist, 1980).

The third phase of object relations development, as described by both Mahler and Kernberg, is marked by an integration of internal self and object representations, such that images of both self and other "achieve a sense of wholeness and continuity" (Urist, 1980, p. 825). Both "good" and "bad" become integrated within the self and object representations (Kernberg, 1976). In this stage the infant has the ability to differentiate between self and other; others are seen as distinct and are no longer viewed solely in terms of their ability to gratify or frustrate needs (Urist, 1980). Object constancy, a term used by Hartmann (1939) to refer to the infant's interest in the other independent of his or her own needs, as well as to the infant's ability to maintain an internal representation of the mother, even when she is not physically present, is achieved at this stage. There are numerous terms used by object relations theorists to describe this last stage of development. Fairbairn (1952) terms it "mature dependence," Kernberg (1976) "ego identity," and Balint (1937) "active object love."

Contributions of Individual Object Relations Theorists and Possible Application to Shyness

One of the earliest object relations theorists is Melanie Klein, who, along with her colleagues, was the first to assert that object relations begin at birth or earlier (Hamilton, 1989; Tuttmann, 1981). Her theory of early object relations significantly influenced theorists whose work was later to be referred to as the British

School of Object Relations (Tuttman, 1981). The major theoretical contributions of Klein are her emphases on internal representations, which she termed the "internal object world," the role of aggression in early object relations development, her concepts of splitting, projection and introjection, and her conceptualization of the development of whole object relations (Hamilton, 1989; Tuttman, 1981; Bellack, Hurvich, & Gediman, 1973; Cashdan, 1988; Urist, 1980).

Klein's formulations regarding developmental "positions," a term used to denote "a specific configuration of object relations, anxieties and defenses which persist throughout life" (Segal, 1964, p. ix), are also of theoretical importance, and have some bearing on the study of shyness. Klein describes two positions, the paranoid-schizoid position, which is the earliest phase of development and is "characterized by the relation to part objects, the prevalence of splitting in the ego and in the object and paranoid anxiety," and the depressive position, occurring when the infant recognizes the mother as a whole object and experiences feelings of loss, guilt, and pain, which arise as a result of the infant's experience of "attacking an ambivalently loved mother and losing her as an external and internal object" (Segal, 1964, pp. 105-106). It is the earlier phase which bears relation to shyness.

Klein (1946), in her paper, "Notes on some schizoid mechanisms," outlines some of the disturbed object relations that characterize the paranoid-schizoid position, and suggests a relationship between schizoid object relations and shyness. "One need hardly elaborate on the fact that some other features of schizoid object relations which

I have described earlier, can also be found in minor degrees and in a less striking form in normal people -- for instance shyness" (p. 104). The features of schizoid object relations which Klein suggests may be found in shy persons are the use of splitting and projection, narcissism, a "shrinking from people," "marked artificiality," and "lack of spontaneity" (p. 104).

Building upon Klein's notion of an internal object world, Fairbairn developed his own theory of object relations. Like Klein, he emphasized the very earliest object relationships; however, he went further than Klein in completely relinquishing drive theory and in proposing that "libido is primarily object seeking" (Fairbairn, 1944, p. 82). Fairbairn's theory of development is entirely relational and emphasizes dependency in the development of object relationships. According to Fairbairn (1941), "the development of object-relationships is essentially a process whereby infantile dependence upon the object gradually gives place to mature dependence upon the object" (p. 34). Fairbairn (1941) describes three stages of development, "infantile dependence," "quasi independence" or the "transitional" stage, and "mature dependence," and outlines how internal objects become "structurally incorporated into the child's ego" in the process of development (Cashdan, 1988, p. 10). While Fairbairn's (1944) discussion of the development of "endopsychic structure" is too comprehensive to address at present, one of his major contributions to object relations theory is the elaboration of

the idea of a divided self or ego into the libidinal ego, the antilibidinal ego, and the central ego (Fairbairn, 1944, 1963; Hamilton, 1989).

Much of Fairbairn's work involved the study of schizoid patients, and it is his discussion of "schizoid factors in the personality" (Fairbairn, 1940) which has the most potential relevance to the understanding of shyness. Fairbairn contends that not only are schizoid processes to be found in patients with more typical schizoid symptomatology (i.e. schizophrenics), but in patients with more "psychoneurotic" symptoms as well. Fairbairn (1940) includes in the category of psychoneurotic conditions "social inhibitions" (p. 5) and "shut in personalities" (p. 15), terms which resemble descriptions of shyness. His characterization of schizoid individuals as "introverted" (p. 3), "preoccupied with inner reality" (p. 3), and "having an attitude of isolation and detachment" (p. 6) also bring to mind features of shyness. It is possible, therefore, that Fairbairn's theoretical explanations of schizoid processes may help to explain the psychological underpinnings of shyness.

Fairbairn believes that schizoid phenomena result from a split in the ego, which arises as a consequence of the "mother's failure to give the infant an adequate experience of 'being loved for oneself'" (Sutherland, 1980, p. 841). According to Fairbairn, the infant has an "innate longing for object relations," but because of a fear of having his or her love rejected, "builds up a compensatory world of inner relationships" which results in a "massive structural splitting within the unitary ego" (Sutherland, 1980, p. 841). Guntrip (1976)

describes the interpersonal consequences of this schizoid split; "the schizoid core develops in an infant who is left without adequate object relations, left alone in a psychic vacuum in which he can only develop an 'out of touchness' which erupts in later life as an inability to relate because he was not related to in the beginning" (p. 375). It remains to be seen whether the shy person's inability to relate can be explained in part by the presence of a schizoid core which developed out of an inadequate early relationship with the primary caretaker.

Michael Balint's contributions to object relations theory fall more under the heading of "metaphorical description" than "explanatory theory" (Sutherland, 1980, p. 833). Despite this lack of theoretical completeness, many of Balint's ideas are clinically useful and may be relevant to the understanding of object relations in shyness. Balint, like other object relations theorists, believes that object relations begin at birth; "the individual is born in a state of intense relatedness to his environment, both biologically and libidinally" (Balint, 1960, p. 37). While relational needs are given priority in Balint's theory, he does not completely relinquish drive theory (Greenberg & Mitchell, 1983).

Balint (1958) asserts that healthy psychological development is dependent upon a general "fit" between "the child and the people who represent his environment" (p. 337). Should a "lack of fit" occur, the individual will have a restricted and distorted capacity to "relate effectively to others and himself" throughout the lifespan (Sutherland, 1980, p. 839). Balint (1958) uses the term "basic fault"

to refer to the deficiency in the overall structure of the psyche which arises as a result of the lack of fit between mother and child. While it is purely speculative, it may be that it is this deficit in object relations development (a "basic fault") which contributes to the development of a restricted capacity to relate to others in shy persons.

The notion of the "basic fault" is central to Balint's theory of object relations and is seen as a precursor to two types of (pathological) object relations, "ocnophilia," and "philobatism". The term "ocnophile," according to Balint (1955), is derived from the Greek, meaning "to shrink, to hesitate, to hang back" (p. 227) "...with the implicit meaning that this happens because of fear, shame, or pity" (p. 228). This description clearly resembles definitions of shyness. Ocnophilia "can be considered...a fixation to the first reaction provoked by...(the original) major trauma...the painful discovery of the independent existence of important objects" (Balint, 1955, p. 235). Ocnophiles "cathect" objects with great intensity and cling to them for security (Sutherland, 1980). Philobatism, on the other hand, involves a "never ending repetition of the original trauma" (p. 235), such that philobats have the illusion that they have no need for objects, "certainly no one particular object" (Balint, 1955, p. 228). These two forms of disturbed object relations may bear relation to different types of shyness. Shy persons who are more dependent and who crave social contact might be understood in terms of the dynamics

which underlie ocnophilia, while shy persons who have no apparent need for others might be understood more in terms of philobatic dynamics.

The work of D. W. Winnicott resembles Balint's in many respects. Like Balint, Winnicott did not develop a metapsychological theory of object relations (Greenberg & Mitchell, 1983) but instead elaborated many important object relations concepts, among them "'good enough mothering', 'the holding environment', the importance of 'transitional objects' (1951), the function of play (1971), the use of objects (1969), and the true self and the false self (1960)" (Tuttman, 1981, p. 35). Like Balint, Winnicott stresses the relational aspects of development, most clearly expressed in his statement, "there is no such thing as a baby...(only) a nursing couple" (Winnicott, 1952, p. 99), while preserving the concept of instincts (Greenberg & Mitchell, 1983).

Almost all of Winnicott's work is concerned with the effect of the early mother-child relationship on the development of the capacity to relate to others. Winnicott, like Balint, suggests that a mother's failure to provide a "good enough" environment for the infant has a "debilitating impact on the emotional development of the child" (Greenberg & Mitchell, 1983, p. 194). Much like Balint's "basic fault," Winnicott introduces the concepts of the "true self" and "false self" to refer to a split in the structure of the psyche, originating in a "failed relationship between the mother and infant in the earliest stages" (Sutherland, 1980, p. 835). When the mother responds adequately to the infant's spontaneous needs and gestures,

the child gradually develops a "true self," a sense of his or her self as "spontaneous," "creative," "real," and "alive" (Winnicott, 1960, p. 148). Should the mother fail to adequately respond to the infant, substituting instead her own wishes for the child, the child will learn to comply with the mother's image of him or her and develop a "false self."

It is the "true self" which has the capacity for real relationships and the "false self" which lacks this ability. "In living relationships, work relationships and friendships...the False self begins to fail. In situations in which what is expected is a whole person, the False self has some essential lacking" (Winnicott, 1960, p. 142). The greater the "mismatch" between the mother and the infant, the more the "true-self potential reced(es)...from its inherent capacity for relatedness" (Sutherland, 1980, p. 836).

Of all the theorists discussed so far, Winnicott's ideas seem to be the least related to the exploration of shyness. Given the similarity between Balint's "basic fault" and Winnicott's "true and false self", and our prior speculation that a basic fault may underlie shyness, it might also be hypothesized that a false self system may exist in shy persons who have difficulty with interpersonal relationships.

Kohut's theory differs from those previously discussed in that it is primarily a psychology of the self. Due to its emphasis on the internalization of relationships in development, however, it can be considered a theory of object relations (Hamilton, 1989). Kohut differentiates between the development of narcissism or self-esteem,

and the development of object love or the ability to love others (Urist, 1980). His major contribution to object relations theory lies in his elaboration of the development and regulation of self-esteem.

In Kohut's view, a child is born into an empathic, responsive, social milieu in which "relatedness with others is essential for psychological survival" (Greenberg & Mitchell, 1983, p. 353). In normal development the empathic responses of others who are "objectively separate people," but who are experienced by the infant as parts of him or herself (selfobjects) serve to provide the infant with a sense of "cohesion, consistency, and resilience" (Greenberg & Mitchell, 1983, p. 353). These selfobjects perform psychic functions which will later be performed by the infant. There are two kinds of selfobjects, "mirroring selfobjects," "who respond to and confirm the child's innate sense of vigour, greatness and perfection," and "idealized parent imagos," "those to whom the child can look up and with whom he can merge as an image of calmness, infallibility and omnipotence" (Kohut & Wolf, 1978, p. 414). Through a process of "transmuting internalization" in which the mother gradually frustrates the child and encourages psychic separateness, the child develops an internal psychic structure (a "self") which enables him or her to self-soothe, and to develop self-esteem and a cohesive sense of self (Hamilton, 1989).

Disorders of the self, such as narcissistic personality disorder, arise, according to Kohut, as a result of faulty interactions between the child and his or her selfobjects. Individuals with narcissistic personality disorder have a "weak or

defective self that lies in the centre of the disorder" (Kohut & Wolf, 1978, p. 414). These individuals have "unusually labile self-esteem" and are "extremely sensitive to failures, disappointments and slights" (Kohut & Wolf, 1978, p. 414). In therapy they are likely to develop mirror and idealizing transferences and to use the therapist as a selfobject.

Kohut's conceptualization of narcissistic personality disorders may have bearing on our understanding of the psychological underpinnings of shyness, since he suggests that symptoms of shyness or social isolation may be manifestations of narcissistic disturbances. "The foregoing conclusions hold also with regard to those individuals with self pathology, those with narcissistic personality disturbances, who are overtly shy, unassertive and socially isolated, but whose conscious and preconscious fantasies...are grandiose" (Kohut & Wolf, 1978, p. 423). Kohut's description of people who are overtly shy but who have grandiose fantasies is reminiscent of Kaplan's (1972) paper in which he emphasizes the narcissistic features of shyness.

The object relations theories of Klein, Fairbairn, Balint, Winnicott, and Kohut differ in the extent to which they are metapsychological revisions of previous theory, in their adherence to an instinctual model of development, and in their specific applicability to the understanding of shyness. The unifying theme of these object relations theories, however, is their elaboration of the consequences of the early mother-child relationship on subsequent object relationships. The potential usefulness of object relations

theories for the exploration of shyness lies in their possible ability to explain how early disturbances in primary relationships can lead to later problematic interpersonal styles and relationships. Thus, in exploring object relations in shy persons, I am interested in discovering whether present difficulties in interpersonal relatedness can be understood as being related to a less developed internal capacity for object relations, which has resulted from an earlier disturbance in the relationship between mother and child. In shy persons, this lack of fit between mother and child may have resulted from an inability on the part of an infant biologically predisposed to be shy and inhibited to clearly convey his or her needs to the mother, or an inability on the part of a shy mother to make an adequate connection with her child. It is hypothesized here that at birth a shy child may be constitutionally less able to evoke "good enough" responses from the mother, and that over time this misattunement results in disturbances in object relations with later negative consequences for interpersonal relationships.

Research Questions and Hypotheses

The primary questions that this study investigated were: How can the present relationships of shy people be understood in the context of past relationships? How do internal mental representations of people differ in shy and not-shy persons? Are there differences in the object relations of people with different types of shyness?

Hypotheses

The specific hypotheses examined were:

- 1) The more subjects report feelings and behaviors associated with shyness, the more likely they will be to report having difficult and painful interpersonal relationships that reflect disturbed early relationships. Specifically, shyness will be associated with increased feelings of alienation, insecure attachment, and social incompetence.

- 2) Shy subjects will be more likely than not-shy subjects to have difficulties in interpersonal relationships that are reflective of troubled early relationships.
 - a) Shy subjects will be more likely than not-shy subjects to feel alienated from others. They will describe their relationships as more unstable and ungratifying than not-shy subjects. Shy subjects will be more likely than not-shy subjects to respond to questions in ways that reflect serious difficulties in the ability to be intimate with others.
 - b) Shy subjects will report feeling less secure in their relationships with others as compared to not-shy subjects. They will respond to items on a self-report measure of object relations in ways that reflect their being more sensitive to rejection, more easily hurt by others, and as having greater longings for closeness. Shy subjects will also be more likely than not-shy subjects to answer questions in ways that reflect difficulties in tolerating separation from significant others and tolerating the loss of relationships.
 - c) Shy subjects will respond to questions on a self-report measure of object relations in ways that reflect deficits in their social competence. They will endorse items that relate to having difficulty making friends and forming intimate relationships.

- 3) Shy subjects will experience and describe others in a way that reflects a sense of themselves and others as lacking wholeness and continuity. They will have some internal capacity to relate to others, yet this capacity will not be developed to its full potential.
- a) Shy subjects will be able to maintain internal images of others, yet they will have difficulty maintaining a sense of emotional connectedness to others during separations.
 - b) Shy subjects will have the capacity to psychologically differentiate between themselves and others, yet they will be prone to relate to others in terms of their own narcissistic needs.
 - c) Shy subjects will have a tendency to relate to others in a way that confirms their own sense of themselves. They will rely on others and look up to them as a way of deriving a sense of themselves as resilient and competent.
 - d) Shy subjects will have a simplistic view of people that restricts the depth and breadth of their interpersonal experiences. They will describe others in a repetitive and restrictive way.
 - e) The present relationships of shy subjects will be considerably influenced by or patterned upon older ones.
- 4) Shy subjects with different types of shyness will differ in the extent to which they report problematic relationships that reflect disturbances in early relationships.
- a) Shy subjects who have little desire for interpersonal contact will report interpersonal difficulties that reflect more troubled early relationships than shy subjects who desire to have social contact.

- b) Shy subjects who are more fearful than self-conscious will respond to self-report questions in ways that reflect their having more painful and difficult interpersonal relationships than shy subjects who are more self-conscious than fearful.

CHAPTER 4

METHOD

Subjects

Study I

The subjects in this study were 150 men and women who were recruited from undergraduate psychology classes at the University of Massachusetts at Amherst. Recruitment was done by posting of the experiment and oral announcements in the classroom. Subjects were given experimental credit for their participation in the study. Of the 150 subjects who completed the study, 123 were women, and 27 were men. The mean age of the sample was 20.5 (SD: ± 3.2 ; range: 18-46). The majority were Caucasian (90.7%) with Asian (2%), Hispanic (3.3%), and African American (2%) comprising the rest of the sample (two percent of the sample had missing data). In terms of religious affiliation, 56% were Catholic, 16.8% Protestant, 10.7% Jewish, and 13.2% "other" (i.e., Hindu, Muslim, Buddhist). As a group, the subjects represented 39 different college majors. The majority (56%) were psychology majors.

Classification into Shy and Not-Shy Groupings

Of the 150 subjects, 32 were classified as "shy," and 55 were classified as "not-shy," based on the following criteria. Subjects

were considered "shy" if they: (a) positively endorsed the statement, "Basically I am a shy person," and (b) had a score of one-half of a standard deviation above the mean on the Social Retidence Scale (SRS) (i.e., ≥ 52) (see Measures section). Subjects were classified as "not-shy" if they: (a) negatively endorsed the statement, "Basically I am a shy person" and (b) had a score of one-half of a standard deviation below the mean on the Social Retidence Scale (i.e., ≤ 39).

There were no significant demographic differences observed between the shy and not-shy groups. The groups did not differ in sex (Chi Square = .003, df = 1, p = NS), age ($F_{1,85} = .10$, p = NS), ethnic background (Chi square = 26.55, df = 20, p = NS) religion (Chi square = 13.39, df = 11, p = NS), marital status (Chi square = 1.19, df = 2, p = NS), educational level (Chi square = .71, df = 3, p = NS), or parents' socioeconomic status ($U = 554.0$, p = NS).

Study II

Subjects who met the criteria for classification as shy (as described above) and who agreed to be contacted at a later date were recruited by phone from the original subject pool. Subjects who participated were given experimental credit for their participation. Of the 150 subjects in the original group, 21 met the criteria for inclusion into the second part of the study. Two of these subjects declined to participate, stating that they were "too busy." In order to obtain a more complete sample, the subject who had the SRS score closest to the cut-off score of 52 was included in the final sample

(SRS score for this subject was 51). Of the 20 subjects who ultimately participated in Study II, 17 were women, and 3 were men. Further description of this sample is provided in Table 1.

Table 1

Sample Description of Participants in Study II

<u>Subject ID</u>	<u>Sex</u>	<u>Age</u>	<u>SRS^a</u>	<u>College year</u>	<u>Major</u>
#004	F	19	63	Sophomore	Undeclared
#013	M	22	55	Freshman	Engineering
#016	F	20	63	Junior	Biology
#018	F	21	58	Senior	Psychology
#022	F	20	55	Junior	Psychology
#025	F	21	88	Senior	Psychology
#027	F	21	60	Senior	Counseling
#030	F	20	72	Junior	Sociology
#032	F	20	65	Sophomore	Psychology
#036	F	22	68	Senior	English
#038	F	19	51	Sophomore	Psychology
#041	F	21	71	Senior	Psychology
#066	M	20	59	Sophomore	Psychology
#069	F	19	56	Sophomore	Psychology
#073	F	21	59	Senior	History
#080	F	19	60	Sophomore	Psychology
#091	F	19	60	Sophomore	Elementary Ed
#134	F	21	73	Senior	Psychology
#136	F	20	69	Sophomore	Psychology
#150	M	20	77	Junior	Psychology

^a SRS: Social Reticence Scale Score (see Measures).

Procedure

Approval for this research was granted through the Department of Psychology Human Subjects Research Committee.

Study I

Subjects participated by individually filling out a number of self-report measures and questionnaires in a classroom with 10-20 other students. The experimenter began each testing session by explaining that this was a study of the association between certain personality characteristics and interpersonal relationships, and by explaining the informed consent form (see Appendix A). Subjects were asked in this consent form whether they would be willing to be contacted in the next three months and asked to participate in another part of the study. They were asked to provide addresses and phone numbers where they could be reached at that time. This information was later separated from both the consent form and the responses to the questionnaires. Following the initial explanation of the study, questions about participation in the study were answered. Subjects were told that the experimenter would answer any questions that arose during the course of their participation.

Each subject was then administered a packet of measures (see Measures section to follow). On each page of the measures there was a code number for that subject, which was the only identifying information on the measures. The measures administered included: A

Background Questionnaire (asking for demographic data, family background, past and current relationships); The Social Reticence Scale; The Revised Cheek and Buss Shyness Scale; The Fearfulness Scale from the New Adult Emotionality, Activity, Sociability and Temperament Survey; The Public Self-Consciousness Scale of the Self-Consciousness Inventory; The Cheek and Buss Sociability Scale; The Bell Object Relations Reality Testing Inventory (see Appendices C-I).

All subjects were administered the seven measures listed above. The order of the last six measures was counterbalanced so that one half of the subjects received the measures in the order listed and the other half received them in reverse order. The background questionnaire was administered first to all subjects. The entire packet took approximately one hour to complete and was done in one testing session.

Study II

Subjects participated by meeting individually with the experimenter. The experimenter began by explaining that this was a continuation of the study exploring the association between certain personality characteristics and interpersonal relationships. The informed consent form (see Appendix B) was explained and the subjects were asked if they agreed to be audiotaped during the study. The subjects were told that the experimenter would answer any questions about the procedure and that they could refuse to answer any question during the interview.

Each subject was initially administered ten cards from the Thematic Apperception Test. They were given the following instructions: "I'm going to show you some pictures, one at a time, and your task will be to make up a story for each. Tell what has led up to the event shown in the picture, describe what is happening at the moment, what the characters are thinking and feeling, and how it will turn out. Speak your thoughts as they come to mind. Do you understand?" (see Appendix J). The subjects were then administered the Object Relations Interview from the Interview Guide for the Clinical Assessment of Ego Functions (see Appendix K). Finally, the subjects were asked an additional set of questions about their past and present relationships and their experience of shyness (see Appendix L). At the end of the session, the experimenter was available to answer any questions about the study and to discuss any concerns that arose in response to the testing or interview. Subjects who desired further discussion of any issues raised during their participation were given information on counseling services available in the local community.

Measures

Background Questionnaire

A questionnaire was developed for this study in order to obtain background information on the subjects (see Appendix C). On this questionnaire subjects were asked for demographic data, as well as

for information about their past and current medical status. The questionnaire also focused on family relationships and significant interpersonal influences. Subjects were asked whom they grew up with, and whether they experienced prolonged separations from their parents. The final section of the questionnaire inquired about friendships and feelings of satisfaction and closeness in these relationships. Information obtained about socioeconomic status on this questionnaire was rated using the Two Factor Index of Social Status (Hollingshead & Redlich, 1958).

The Social Reticence Scale

The Social Reticence Scale (SRS) (revised version) (Jones & Briggs, 1986) is a self-report measure of dispositional shyness. This measure has been mentioned previously in the section, "Measurement of Shyness"; however, it will be described in greater detail here. The SRS consists of 20 items designed to measure seven components of dispositional shyness (see p. 20 for a description of these components). Subjects rate the items on a five-point scale based on how characteristic or typical the statement is of them (from 1 "not at all characteristic" to 5 "extremely characteristic"). Half of the items are worded so that endorsement indicates less shyness; these items are reverse scored. The responses to the 20 items are summed to yield a total SRS score.

The SRS has been found to be a reliable measure; an alpha coefficient of .91 and a mean inter-item correlation of $r = .33$ was found for a sample of 252 college students. Test-retest correlations, based on a sample of 101 students who completed the SRS twice, with test administration separated by eight weeks, were .87 for men and women combined, .81 for men, and .89 for women. The SRS was also given to a sample of over 1,110 people (high school students, college students, and adults). In this sample the alpha coefficient was .92 with a mean inter-item correlation of .36 (Jones & Briggs, 1986).

The SRS has been found to have convergent and discriminant validity; SRS scores were found to correlate with the self-labeling criterion item "Basically I am a shy person," and were more highly correlated with other measures of shyness than with measures of related constructs (Jones & Briggs, 1986). Construct validity was demonstrated in a number of studies which found that SRS scores correlated positively with measures of fear and social anxiety and negatively with measures of self-confidence and social skill or facility. Studies showing an association between SRS scores and greater loneliness, smaller support networks, and less satisfaction with existing relationships also support the validity of the SRS (Jones & Briggs, 1986). Finally, the SRS has been found to correlate with observers' ratings of shyness and in one study was found to have predictive validity (Jones & Briggs, 1986).

The SRS is one of the few measures of shyness to measure dispositional shyness. Although there is normative data available on different populations (i.e., college students, hospital workers) a

cut-off point in the SRS score distribution for determining the clinical significance of SRS scores has not yet been established.

The Revised Cheek and Buss Shyness Scale

The Revised Cheek and Buss Shyness Scale (RCBS) (Cheek, 1983) is a 13-item self-report measure which subjects rate on a five-point scale from 1 ("very uncharacteristic or untrue, strongly disagree") to 5 ("very characteristic or true, strongly agree"), based on the extent to which the statements are characteristic of their feelings and behavior. Four of the items are worded so that greater endorsement indicates less shyness. and these items are recoded (reverse scored) before scoring. The total RCBS score is a sum of the weights of the 13 items.

The RCBS is a revised version of an original 9-item measure (the Cheek and Buss Shyness Scale) (Cheek & Buss, 1981), which was constructed in order to have a measure of shyness unconfounded with the dimension of sociability. The items were selected using three criteria: "(a) both the affective (tension, worry) and the instrumental (awkward behavior, gaze aversion) components of shyness would be represented; (b) situations specific to shyness would be included (meeting strangers, for instance); and (c) no reference to the preference for being with people would be made, to avoid contaminating the shyness measure with sociability items" (Cheek & Buss, 1981, p. 331).

The 13-item RCBS has been found to correlate with the original 9-item version ($r = .96$). The RCBS (based on a sample of college students) has been found to have an alpha coefficient of .90 and a 45-day retest reliability of .88. The RCBS has been found to correlate with combined ratings of shyness by friends and family ($r = .68$), supporting the validity of the measure.

Measures Used in the Determination of Subtypes of Shyness

The following measures were used in the determination of the sociable and unsociable subtypes of shy and not-shy subjects, as well as the determination of the fearful and self-conscious shy subtypes.

The Cheek and Buss Sociability Scale

The Cheek and Buss Sociability Scale (Cheek & Buss, 1981) was designed to measure sociability unconfounded by the dimension of shyness. It is a five-item self-report measure which is rated on a five-point scale from 1 ("extremely uncharacteristic") to 5 ("extremely characteristic"). The weights of each item are summed to yield a total score. The Cheek and Buss Sociability Scale is based on a gregariousness factor originally extracted by Guilford (1959, p. 444). The Sociability Scale was constructed by modifying some of Guilford's original items, deleting other items, and adding new items (Cheek & Buss, 1981). There are no available data regarding the

reliability and validity of the Cheek and Buss Sociability Scale; however, it has been used by other researchers to distinguish between shy-sociable and shy-unsociable subtypes of shyness (Bruch, Gorsky, Collins, & Berger, 1989).

The Fearfulness Subscale from the New Adult Emotionality, Activity, Sociability and Temperament Survey

The Fearfulness subscale from the New Adult Emotionality, Activity, Sociability and Temperament Survey (Buss & Plomin, 1984) is one of five, 4-item factors derived factor analytically (using varimax rotation) from data obtained from a questionnaire administered to 330 introductory psychology students (Buss & Plomin, 1984). The four-item self-report Fearfulness Subscale is rated on a five-point scale from 1 ("not very characteristic or typical of yourself") to 5 ("very characteristic or typical of yourself"). One item, "I have fewer fears than most people my age," is reverse scored. The responses to the four items are added together to form a total "fearfulness" score. The Fearfulness Subscale has been found to have a two-week test-retest reliability of .75 (Buss & Plomin, 1984), based on data collected from 34 undergraduates. It has been found to correlate with a variety of behavioral indicators of fear and avoidance (Bruch et al., 1986). The scale has been used in conjunction with other measures to distinguish between fearful (or early-developing) and self-conscious shy subtypes (Bruch et al., 1986).

The Public Self-Consciousness Scale of the Self-Consciousness Inventory

The Public Self-Consciousness Scale (Fenigstein, Schier, & Buss, 1975) is one of three subscales factorially derived from data obtained from 202 undergraduates, using a principal-components factor analysis (varimax rotation). The public self-consciousness factor is defined by "a general awareness of the self as a social object that has an effect on others, e.g., "I'm very concerned about the way I present myself" (Fenigstein et al., 1975, p. 523). The self-report measure is composed of seven items, which subjects rate on a five-point scale from 0 ("extremely uncharacteristic") to 4 ("extremely characteristic"). In order to be consistent with the scoring of the other measures described, ratings of the Public Self-Consciousness Scale in this investigation were done on a scale of 1 ("extremely uncharacteristic") to 5 ("extremely characteristic"). The Public Self-Consciousness Scale has been found to have a 2-week re-test reliability of .84 (Buss, 1980), and to correlate with "sensitivity to being ignored and willingness to express one's true opinions in public (Bruch et al., 1986, p. 176). This measure has been used in conjunction with the Fearfulness Subscale and the Revised Cheek and Buss Shyness Scale to classify subjects into the self-conscious shy (or late-developing) subtype of shyness (Bruch et al., 1986).

Object Relations Measures

The following measures were used to explore the object relations functioning of the study participants.

The Bell Object Relations Reality Testing Inventory

The Bell Object Relations Reality Testing Inventory (BORRTI) (Bell, 1988) is a 90-item self-report instrument designed to measure dimensions of object relations and reality testing. Half of the items (45 items) assess object relations, while the other half measure reality testing. Subjects mark each statement as true or false according to their "most recent experience." Scoring of the BORRTI yields four object relations subscales: Alienation, Insecure Attachment, Egocentricity, and Social Incompetence, and three reality testing subscales: Reality Distortion, Uncertainty of Perception, and Hallucinations and Delusions (Bell, 1988). These subscales were derived from factor analysis using an oblique factor rotation (Bell, Billington, & Becker, 1985). Scoring is done using a microcomputer program written in microsoft BASIC (Bell, 1988).

In the current investigation, the BORRTI's scale for the assessment of object relations is of primary interest; therefore the theoretical rationale and data regarding the reliability and validity of this subscale will be addressed in greater detail than data pertaining to the Reality Testing subscale. The items for the object relations scale of the BORRTI were composed according to Bellack,

Hurvich, and Gediman's (1973) conceptualization of object relations measurement. This conceptualization is based on the notion that object relations functioning "can be discerned from the way an individual conducts his relationships and the way he experiences himself in relation to others" (Bell et al., 1985, p. 734). The items for the object relations scale of the BORRTI were thus composed of "items adapted from patients' descriptions of their experience of relationships and their characteristic patterns of relating" (Bell et al., 1985, p. 734).

The BORRTI has been found to have discriminant validity as demonstrated by its ability to differentiate between "well-identified pathological groups" (Bell, 1988, p. 2). Concurrent validity has also been demonstrated in studies which show a relationship between the BORRTI and related measures of psychopathology. (Bell, 1988). A replication study which showed a high degree of factorial invariance supports the construct validity of the measure (Bell et al., 1985). The object relations subscales have been found to have high internal consistency and high split-half reliability and to be free of age, sex, or social desirability response bias (Bell et al., 1985). Test-retest reliability data obtained from both clinical and non-clinical populations over periods of between two and eight weeks, showed "adequate levels of stability of scores over time" (Bell, 1988, p. 2). The BORRTI object relations subscales were found to be non-significantly correlated with total scores on the Brief Psychiatric Rating Scale (BPRS) and the Global Assessment Scale (GAS), suggesting

that there is little overlap between what is assessed by the BORRTI subscales and symptomatology in a psychiatric sample (Bell et al., 1985). In addition it suggests that the BORRTI does more than assess overall "global" functioning. The BORRTI has been compared to eight other commonly used object relations measures, and has been found to be the most reliable and valid measure of object relations (Miripol, 1982).

The four object relations subscales of the BORRTI represent different dimensions of object relations. These dimensions will be briefly described in order to provide a more clinically relevant description of the BORRTI object relations subscales. The Alienation subscale "appears to represent the broadest dimension of object relations measured" (Bell et al., 1985, p. 738), in that it contains high loadings on the greatest number of items. The Alienation subscale indicates "a lack of trust in relationships, inability to attain closeness, and hopelessness about maintaining a stable and satisfying level of intimacy" (Bell et al., 1985, p. 738). The prominent theme of the Insecure Attachment subscale is "painfulness of interpersonal relationships. The Egocentricity subscale indicates three general attitudes towards relationships: "others' motivations are mistrusted; others exist only in relation to oneself; and others are to be manipulated for one's own self-centered aims" (p.739). Finally, the Social Incompetence Scale indicates "shyness, nervousness, and uncertainty about how to interact with members of the opposite sex" (p. 739).

The three reality testing subscales of the BORRTI reflect severe distortions of external and internal reality (Reality Distortion), a keen sense of doubt about one's perception of reality (Uncertainty of Perception), and the presence of hallucinatory experiences and paranoid delusions of various types (Hallucinations and Delusions) (Bell et al., 1985). The Bell Reality Testing Inventory has shown considerable factorial invariance on a replication study, supporting construct validity. On other tests of validity and response bias, the Bell Reality Testing Inventory has also "generally fared well" (Bell et al., 1985, p. 510).

Both the Object Relations and Reality Testing subscales of the BORRTI can be used to examine pathological levels of functioning. Billington and Bell (1985) have defined cut-off points, scores above which indicate pathological functioning. In addition, scoring of the BORRTI provides a summed score of the number of individual pathological responses on both the Object Relations and Reality Testing subscales.

The Thematic Apperception Test

The Thematic Apperception Test (TAT) (Murray, 1943), a projective test originally developed by Henry Murray and colleagues in 1938, consists of 20 cards with ambiguous pictures on them. The subject is shown the cards, one at a time (in practice 8-10 cards are shown), and asked to create a story about what he or she believes is occurring in the picture, the thoughts and feelings of the

characters, what events led up to this situation, and the outcome of the story. The stories are recorded verbatim and interpreted using either quantitative or qualitative methods.

The TAT allows access to the "covert and deeper structures of an individual's personality" (Groth-Marnat, 1984, p. 154), particularly their "dominant drives, emotions, sentiments, complexes, and conflicts of personality" (Murray, as cited in Groth-Marnat, 1984, p. 148). The advantage of the TAT over other projective measures for the current investigation is that many of the pictures are depictions of interpersonal situations. The TAT also has the advantage of having been developed through the study of normal individuals. It is not closely aligned with one theoretical perspective and therefore can be interpreted using a number of theoretical orientations (Groth-Marnat, 1984).

The reliability and validity of the TAT have been difficult to establish because of the complexity of the material generated by the test and the reliance on clinical judgment and other qualitative methods for analysis of the data (Groth-Marnat, 1984). Despite these limitations, the TAT has been widely used as a research measure and is still considered one of the more important tests for inclusion in psychological assessment batteries.

In the present investigation, ten cards from the TAT were used. The majority of these cards were selected for their interpersonal themes; the others were chosen because they had been judged "most

valuable for a basic TAT set" by 170 highly experienced psychologists (Hartman, 1970, p. 391). For descriptions of these ten cards (as described by Groth-Marnat, 1984, pp. 161- 170), see Appendix J.

In the present study, the TAT stories were interpreted qualitatively, relying on Urist's (1980) conceptualization of the assessment of object relations. Urist defines three dimensions that are designed to assess "various discrete qualities of the individual's experience of self and others" (Urist, 1980, p. 828). The first dimension, The Richness and Complexity Scale, assesses the "richness and complexity of mental representations," and the quality of aliveness of the individual's experience of people (p. 828). The second dimension, The Differentiation and Individuation Scale, "describes the experience of the individuality of self and of other, ranging from a sense of uniqueness and individuality to a sense of humanity as an undifferentiated mass made up of interchangeable parts" (p. 829). The third dimension, The Mutuality of Autonomy Scale," assesses the capacity for object constancy and "the extent to which other people are experienced as having an autonomous existence and stable definition and identity in their own right" (p. 830).

The Object Relations Interview from An Interview Guide for the Clinical Assessment of Ego Functions

The Object Relations Interview (Bellack, Hurvich, & Gediman, 1973) is a 22-item semi-structured interview that asks about past

and present relationships and the capacity to tolerate interpersonal distance and closeness. The Object Relations Interview is one of 12 interviews that together make up the Interview Guide for the Clinical Assessment of Ego Functions (Bellack, Hurvich, & Gediman, 1973). The Object Relations Interview is designed to measure four dimensions of object relations: 1) the degree and kind of relatedness to others (including degree of closeness-distance and degree of flexibility and choice in maintaining object relations); 2) the primitivity-maturity of object relations; 3) the extent to which the person perceives and responds to others as independent entities rather than as an extension of himself; 4) the extent to which the person can maintain object constancy, and degree and kind of internalization (p. 455).

Information about the reliability and validity of the Interview Guide for the Clinical Assessment of Ego Functioning was obtained from a study of 100 subjects, including schizophrenic, neurotic and normal individuals. Inter-rater reliability for the Object Relations Scale with two independent judges was .83 with a mean correlation of .77. The construct validity of the Object Relations Interview is based on comparison with the Tomkins Faces Recognition and Response to Affect, Embedded Faces, and Cattell Friends and Acquaintances Test. (Bellack et al., 1973). While there is some evidence for the reliability of this measure, the authors caution that larger samples will be needed to provide more data on the reliability and validity of the instrument.

Early History, Relationship, and Shyness Interview

An interview consisting of a series of questions was developed for this study (see Appendix K). These questions ask about early developmental experiences and relationships, experiences of past and current friendships, and relationships with parents and siblings. The final questions ask about the experience of shyness.

CHAPTER 5

RESULTS

Organization of Results

The results from the present investigation include both quantitative data and qualitative interview material. In an attempt to integrate the findings in the most meaningful way, the results will be presented in the following manner: Initially, the results of the statistical analyses exploring the first two hypotheses will be presented. This will be followed by a discussion of the clinical material related to the themes suggested by the quantitative results. Given the constricted nature of the TAT stories told by the shy interviewees, greater emphasis will be placed on material generated in the clinical interviews than on the TAT stories. Next, unexpected findings related to reality testing will be presented. This will be followed by a discussion of the theoretical hypotheses proposed in Hypothesis 3 and a presentation of the results pertaining to hypotheses about the subtypes of shyness (Hypothesis 4). Finally, secondary findings related to previous research on shyness rather than to the major hypotheses will be presented.

The Relationship between Shyness and Object Relations

In order to explore the hypothesis that shyness would be related to having more difficult and painful interpersonal relationships (Hypothesis 1), Pearson correlations (two-tailed) were calculated between the two shyness measures and the four object relations subscales of the Bell Object Relations Reality Testing Inventory (BORRTI). The results confirmed the hypothesis that shyness would be associated with increased feelings of alienation, insecure attachment, and social incompetence. In the total group of subjects ($N = 150$), scores on the Social Retidence Scale (SRS) were significantly and positively correlated with the BORRTI subscales, Alienation ($r = .41, p < .000$), Insecure Attachment ($r = .25, p < .002$), and Social Incompetence ($r = .61, p < .000$) (Table 2). The correlation between SRS scores and the subscale Egocentricity did not attain significance.

In this study, scores obtained on the two measures of shyness, the Social Retidence Scale and the Revised Cheek and Buss Shyness Scale (RCBS), were highly correlated ($r = .84, p < .000$); thus the pattern of correlations observed between the RCBS and the four BORRTI object relations subscales was similar to that described above. Scores on the RCBS were significantly and positively correlated with Alienation ($r = .39, p < .000$), Insecure Attachment ($r = .31, p < .000$), and Social Incompetence ($r = .69, p < .000$), but were not significantly associated with Egocentricity.

Table 2

Pearson Correlations^{ab} between Scores on the Social Reticence Scale (SRS), Revised Cheek and Buss Shyness Scale (RCBS), and the Bell Object Relations Reality Testing Inventory Object Relations Subscales

	<u>Alienation</u>		<u>Insecure Attachment</u>		<u>Egocentricity</u>		<u>Social Incompetence</u>	
	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>
SRS	.41	.000	.25	.002	.11	NS	.61	.000
RCBS	.39	.000	.31	.000	.14	.08	.38	.000

^a N = 150 for all correlations.

^b All significance levels are for two-tailed tests of significance.

Object Relations and Shyness: Sex Effects

The possibility that differences might exist between men and women on measures of shyness and object relations functioning was considered in two ways. First, Pearson correlations were calculated between the two shyness measures (SRS and RCBS) and the four BORRTI object relations subscales (Alienation, Insecure Attachment, Egocentricity, and Social Incompetence) in male and female subjects (Table 3). A similar pattern of results was found in males and females; these results correspond to those observed in the overall sample. The relationship between the shyness measures and Egocentricity was slightly stronger in the group of female subjects than in the male subjects; however, these correlations were not statistically significant.

Second, using analysis of variance (ANOVA), mean scores of male and female subjects were compared on the Social Reticence Scale (SRS), Revised Cheek and Buss Shyness Scale (RCBS), and the Bell Object Relations Reality Testing Inventory (BORRTI) object relations subscales: Alienation, Insecure Attachment, Egocentricity, and Social Incomptence (Table 3). Significant differences were observed between mean scores on Insecure Attachment in males (mean \pm SD = $-.32 \pm .60$) and females (mean \pm SD = $.02 \pm .84$) ($F(1, 148) = 3.89, p < .05$). No other significant differences were observed between male and female subjects.

Table 3

Pearson Correlations^a between Scores on the Social Reticence Scale (SRS), Revised Cheek and Buss Shyness Scale (RCBS), and Bell Object Relations Reality Testing Inventory Object Relations Subscales in Male and Female Subjects

	<u>SRS</u>				<u>RCBS</u>			
	Males (N=27)		Females (N=123)		Males (N=27)		Females (N=123)	
	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>
Alienation	.48	.01	.39	.000	.56	.003	.36	.000
Insecure Attachment	.50	.008	.23	.01	.51	.007	.28	.002
Egocentricity	.006	NS	.13	NS	.03	NS	.16	.07
Social Incomptence	.60	.001	.61	.000	.63	.000	.71	.000

^a All significance levels reported are for two-tailed tests of significance.

Table 4

Analysis of Variance Comparing Male and Female Subjects on the Social Reticence Scale (SRS), Revised Cheek and Buss Shyness Scale (RCBS), and Bell Object Relations and Reality Testing Inventory Object Relations Subscales

	<u>Males</u> (N=27)		<u>Females</u> (N= 123)		<u>F</u>	<u>p</u>
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>		
SRS	46.56	13.41	45.57	13.10	.13	NS
RCBS	31.48	9.94	31.78	9.27	.02	NS
Alienation	-.39	.40	-.50	.46	1.17	NS
Insecure Attachment	-.32	.61	.02	.84	3.89	.05
Egocentricity	-.43	.35	-.33	.49	1.04	NS
Social Incompetence	-.18	.78	-.15	.69	.06	NS

Group Comparisons: Shy vs. Not-Shy Subjects and Object Relations

In order to explore the hypothesis that shy people would be more likely than not-shy people to have difficulties in interpersonal relationships that are reflective of troubled early relationships, Analysis of Variance (ANOVA) was used to compare the mean scores on the object relations subscales of the Bell Object Relations Reality Testing Inventory (Alienation, Insecure Attachment, Egocentricity,

and Social Incompetence) between shy and not-shy subjects (Table 5). As predicted, shy subjects were found to have significantly higher mean scores on Alienation, Insecure Attachment, and Social Incompetence than not-shy subjects. No significant differences were observed between shy and not-shy subjects on mean Egocentricity scores. As a significant difference was found between male and female subjects in mean scores on Insecure Attachment, ANOVA, covarying for the effect of sex, was used to compare mean scores on Insecure Attachment between shy and not shy subjects. A trend effect for sex was observed ($F(1, 84) = 3.09, p < .08$); however, the main effect for group remained significant ($F(1, 85) = 4.49, p < .04$). Of note is that group comparisons using non-parametric statistics yielded similar results.

Table 5

Analysis of Variance Comparing Shy and Not-Shy Subjects on the Bell Object Relations Reality Testing Inventory Object Relations Subscales

	<u>Shy</u> (N=32)		<u>Not-Shy</u> (N=55)		<u>F</u>	<u>p</u>
	Mean	SD	Mean	SD		
Alienation	-.26	.55	-.66	.34	17.53	.000
Insecure Attachment ^a	.09	.77	-.26	.80	4.49	.04
Egocentricity	-.25	.64	-.38	.36	1.51	NS
Social Incompetence	.48	.90	-.56	.28	62.46	.0000

^a Sex was covaried in this analysis.

The Relationship between Shyness and Pathological Object Relations

The relationship between shyness and the total number of pathological responses to the 45 object relations items on the Bell Object Relations Reality Testing Inventory was explored in the total sample using Pearson correlations (two-tailed). Scores on both the Social Retention Scale ($r(149) = .42, p < .000$), and the Revised Cheek and Buss Shyness Scale ($r(149) = .47, p < .000$) were found to be positively and significantly related to the total number of pathological responses to the object relations items.

Shy and Not-Shy Subjects and Pathological Levels of Object Relations

Chi square analyses were used to explore whether differences existed between shy and not-shy subjects in pathological elevations of object relations, as defined by Billington and Bell (1985). Five out of 32 shy subjects (16%), as compared to zero out of 55 not-shy subjects had scores above a cut-off value (.36) that indicated pathological elevation on Alienation (Chi square with Yates correction = 6.46, $df = 1, p < .01$). A significant difference was also observed between shy and not shy subjects on Social Incompetence. Ten out of 32 shy subjects (31%) as compared to zero out of 55 not-shy subjects had scores above a cut-off value (.98) that indicated pathological elevation (Chi square with Yates correction = 16.47, $df = 1, p < .000$). No differences were observed between shy and not-shy subjects on pathological

elevations of either Insecure Attachment (Chi square with Yates correction = .00, $df = 1$, $p < 1.0$), or Egocentricity (Chi square with Yates correction = 1.44, $df = 1$, $p = NS$).

Using ANOVA, a significant difference was found between the mean number of pathological BORRTI object relations responses in the shy subjects (mean \pm SD = 12.16 \pm 6.7) and the not-shy subjects (mean \pm SD = 7.2 \pm 5.9) ($F(1, 84) = 16.40$, $p < .0001$).

Related Interview Themes

The quantitative findings point to an association between shyness and feelings of alienation, insecure attachment, and social incompetence. In the following section, the themes of alienation and insecure attachment will be further discussed with the use of clinical examples from the 20 shy interview subjects. As the dimension of social incompetence overlaps to a great extent with the concept of shyness, this theme will not be included in the present discussion.

The Experience of Alienation

As suggested by the quantitative results, in which a significant correlation was found between shyness and alienation, and in which shy subjects were found to be significantly more alienated than not-shy people, even to a pathological extent, one of the most salient

aspects of the experience of shyness is a profound sense of alienation and isolation from others. This feeling of being set apart and different from other people was conveyed clearly by the 20 shy interview subjects as they spoke of their difficulties relating to people, trusting others, and attaining closeness. These shy people described their feelings of being removed from others as being in a "social coma," being "more different than most people," and as being "more antisocial than social." For most of the people interviewed, the experience of alienation was painful and distressing. They longed to be able to more easily form close and mutually satisfying relationships but often found it a struggle to do so. The feeling of being alienated from and different from other people was conveyed in a story told by a 19-year-old woman who emigrated from Poland when she was 14. In response to TAT card 2 (a picture of a woman in the country with books in her hand, a man working in the fields, and a woman looking on) she stated:

The lady's holding onto the books. I guess everybody's working on the farm and she's in a way kind of an outcast, because she's studying. She reads, something different. She's different. The way she wants to relate but can't.

Difficulties with Closeness and Intimacy

One of the greatest interpersonal difficulties described by the 20 shy people interviewed, and the one that contributed most to their feelings of alienation, was their trouble getting close to other

people. Being shy, they felt, contributed to their trouble approaching people initially, their tendency to wait for others to seek them out, their slowness in establishing friendships, and their difficulty revealing their innermost feelings. In general, those subjects who were more shy (i.e., had higher SRS scores) reported having a harder time establishing close relationships.

For most of the shy people interviewed, meeting and interacting with strangers posed one of the greatest social difficulties. They described feelings of anxiety and discomfort when meeting a new person and their tendency to back away or to remain silent during conversations with strangers. For many of these shy people, these difficulties extended back to their early childhoods. As expressed by one 19-year-old woman:

Ever since I was little I hated meeting people...I used to curl up my toes when I had to meet them and then I'd be like "Hi" and look away. And sometimes I still do that when I meet somebody new...And until I know somebody or have been around them a few times, I practically don't say anything at all. I just sit there and observe. I just like to see how they act and what they do...Maybe I need to know what people are like before I open up to them...Maybe it's just my own kind of security...Like a shrinking away.

This tendency to keep distance from strangers was also conveyed in the statements of the 21-year-old woman who received the highest shyness score in the entire sample:

It's not so much that I want to be antisocial. I'm just inclined to be antisocial. I'm not very outgoing. You can't put me in with people that I don't know. I won't start talking to them. I'll probably just read a magazine or something.

For some of the subjects, the inclination to remain apart from unknown people was due to a fearful expectation that strangers would be less friendly and less available to them than people with whom they were familiar: "I keep my distance from people I don't know because I'm really shy and sometimes I have a problem making conversation--small talk and stuff. People you don't know generally aren't as nice, as close to you." This statement highlights the feeling of many of the interviewees, namely the uncertainty that strangers will respond to them in an accepting manner.

Because of their hesitance about approaching others and about being received positively by them, many of the shy people interviewed looked for an indication that they would be welcomed by strangers before interacting with them. For some, this led to a passive stance towards others, whereby they would wait until others made an overture to them: "I usually wait for people to come to me." "If somebody talks to me I'll talk to them, but I don't go out of my way to meet people." " I won't volunteer information; if someone wants to know, they've got to ask." Others described having an intuitive sense that strangers would respond favorably to them, remarking that they had to wait for the "right person" before considering getting close to them. Still others welcomed the intrusion of other people as a means of facilitating the establishment of a relationship. One 21-year-old woman remarked, "It's sometimes hard to get close. It depends on the person. I like it when a friend barges into my life because I have problems putting myself on the line. I don't walk up to people and try to get close to them".

Once these shy subjects had overcome their initial shyness and had begun to develop a new relationship, they felt that it took them longer than most people to become close. "Being shy it definitely takes longer to make friends," remarked one 21-year-old senior. This feeling was echoed by others: "It takes me a long time to feel close." "It takes me longer to get to know someone." In particular, these interviewees described having trouble being themselves in the presence of people they did not know well and difficulty disclosing their deepest feelings to others. They felt that there was a risk involved in getting close to someone they knew only superficially, particularly a risk of being rejected and hurt. This theme will be discussed more fully in the section to follow, on Insecure Attachment.

Patterns of Relating: Closeness and Intimacy

Several different patterns of relating to others were described by the 20 shy interview subjects; however, one particular pattern was common to the majority of interviewees. Most of the shy subjects described a pattern of being close to only a few people with whom they remained close for long periods of time. In general, these interviewees found that once they managed to attain closeness, they did not have difficulty staying intimately attached. The experience of closeness was not frightening or overwhelming for these subjects but instead was welcomed by them. Only two of the people interviewed reported that they had ever run away from or broken up a relationship

because it had become too intimate. The preference for having close friendships with a small number of people was voiced by several of the interviewees: "I definitely like being close, but I would rather have a few close friends than a lot of acquaintances." "I like to be close to a small group of people. I'm too shy to go out and meet people." "All around, I would rather have two or three close friends than acquaintances." One 20-year-old woman described the way in which her being shy contributed to others experiencing closeness with her as special. "I think shyness does affect how I relate to others. Because once my shyness is broken, they appreciate it. They know they're getting something they might not get. It makes getting closer more valuable because not everybody can get close."

A less common pattern of relating, that of becoming close to others very quickly, perhaps as a means of avoiding the discomfort involved in becoming close more slowly, was described by several of the interviewees. As expressed by one 21-year-old woman, "I think the difficulty with me is that I get involved at the drop of a hat. I meet somebody and start spending 24 hours a day with them forever...I use sex to get close to people rather than talking. It's a good way. Jump right into it and then you're close to somebody. I usually talk to people afterwards." Another woman explained that the reason she became involved quickly in relationships was that she needed relationships to provide her with "emotional closeness and support," and therefore found it hard to delay obtaining the gratification which relationships provided for her.

While most of the subjects interviewed were able eventually to form close relationships despite their struggle to do so, a small minority felt that they had no close interpersonal relationships. These subjects appeared to fall into two categories: those people who preferred to remain distant from others and did not experience much distress about the lack of closeness in their relationships, and those who felt that they did not possess the capacity to relate intimately to others and who experienced much pain in their yearnings to be close.

Of those interviewees who did not express the desire to have intimate relationships with others, several spoke about their deliberate attempts to keep people at a distance: "I don't think anybody understands me because I don't let them. I don't get too close." "Basically, I like to keep my distance from those I'm acquainted with. I don't get personal with them." Others described the lack of closeness they felt even with people whom they termed their "best friends." "She's my best friend but I'm still not really all that close to her. I just don't tell her the intimate close things about me and she doesn't do the same either." Another woman stated, "I feel uncomfortable around my best friends in the whole world. I can't really relate to them. It's mostly uncomfortable with my best friend who would be my maid of honor."

For those subjects who had trouble becoming close and for whom this inability to relate was distressing, the experience of being unable to attain intimacy in relationships left them perplexed and frustrated. Several did not know why they were unsuccessful in their

attempts to become close to people. This feeling was expressed by one 20-year-old man: "I feel like I've gotten close to a couple of people, but then they either move away or something happens. I still know them but they're not as close as I thought they were before." Difficulties in relating were also viewed by some of the subjects as the basis for other psychological problems. One 20-year-old bulimic woman stated tearfully, "I'm having a lot of problems with relationships. It seems like I'm backing off but I don't know why. I seem to be having a hard time making friends. I think that's why my bulimia is coming out."

The repeated experience of having considerable difficulty establishing close relationships left several of the subjects feeling hopeless about ever being able to maintain a "stable and satisfying level of intimacy" (Bell, Billington, & Becker, 1986, p. 738). These subjects spoke about "giving up" on relationships, wondering if they were more "cold and callous" than other people and therefore unable to relate, and feeling that they had "big-time social problems." As stated by one woman who had become considerably more able to make connections to others through therapy, "I used to think it would be pointless to start relationships because they wouldn't work out. I was so entrenched in patterns and didn't think I would be able to break them."

Clearly, for the 20 subjects interviewed, being shy was associated with a range of difficulties and patterns in close relationships. For most of the interviewees, the greatest difficulty lay in their ability to approach new people and to establish intimate

relationships with ease. These shy people, in general, preferred to be close to a small number of people and to remain friends with them over many years rather than to seek out many new relationships. In discussing their hesitance about approaching and becoming close to others, the interviewees talked about their underlying mistrust of people and their feelings of needing to be suspiciously on guard lest they be hurt by others. This basic lack of trust in relationships appeared to contribute significantly to the difficulty these shy people had in allowing themselves to become intimately attached to others.

Basic Lack of Trust in Relationships: Suspiciousness and Guardedness

The basic lack of trust in people and relationships expressed by the 20 shy people interviewed is perhaps best captured by the response of the shyest woman in the entire study to the question "What makes you want to retain distance from people?" "Just because they're a person. That's all it takes." While many interviewees shared this subject's essential mistrust of people, for many, the lack of basic trust in relationships was more subtle.

In its mildest form, the basic lack of trust manifested itself as a tendency to hang back and observe others. This observational stance afforded the interviewees an opportunity to gauge the trustworthiness and integrity of the person observed, and in this way it served as a form of self-protection against being hurt. As stated by one 22-year-old man: "I'm the sort who likes to stand back

and observe people. I just like standing back and seeing how the person behaves before I approach the person." Another subject clearly felt that shyness served a protective function: "I think that everybody has a certain amount of self-protective shyness."

While many of the subjects shared this milder form of a basic lack of trust, others were more overtly mistrustful and suspicious. "I don't trust a lot of people. I don't know why I don't trust. I just don't...I don't even trust my own sister anymore." These subjects described being hypervigilant and guarded in their interactions, and often felt that their cautious approach was not only warranted, but essential both to their well-being and the well-being of their relationships. "I'm much more selective about what I let people know than in the past. I think it's good that I've learned to be careful about what I say because that caused me some of my problems in the past." "I make an effort not to reveal too much. I sometimes do unconsciously. If something leaks out, it might not be good for the relationship." "I'm always happy I can hide anything I'm feeling inside from the people I'm acquainted with." Underlying this more overt mistrust of people was also a feeling of needing to protect oneself from being hurt by others: "I have this defense mechanism that's on guard 24 hours a day. This guard told me, "No no, don't get close because he's going to hurt you."

For most of the subjects interviewed, the basic lack of trust in people and subsequent tendency to be suspicious, guarded, and to maintain distance from others contributed directly to their difficulty in forming close relationships, and ultimately to their

pervasive feelings of alienation. For relatively few of the subjects, the basic lack of trust in relationships reached pathological proportions, manifesting itself as a form of paranoia. This issue will be discussed in greater depth in the section to follow on Reality Testing.

Feeling Misunderstood by Others

One of the most commonly mentioned experiences, related to the feeling of being alienated, was the feeling on the part of the 20 interviewees of being misunderstood by others. The majority of subjects felt that they understood people better than they were understood. This lack of shared understanding left them feeling unable to communicate with others and unable to share their deepest feelings with them. Several interviewees felt that they had been misunderstood since childhood. As expressed by one woman: "I thought I saw things that other people didn't see. I'm not talking about hallucinations. I thought I was intuitive, and I think that other people thought I was a brat." Some of the pain involved in feeling misunderstood is conveyed in the remarks of one 20-year-old man:

I don't think anybody really understands how I feel about things and how I take things. Everybody's different, but I think I'm more different than most people- as far as the things I think about, as far as relationships and things like that. Things that people say are more important to me than some people.

Being shy in and of itself led other subjects to feel misunderstood.

As expressed by a 21-year-old woman: "People ask me why I'm so quiet.

They don't understand. People don't understand shy people at all. They don't understand how you could be so quiet. It comes natural to me. Sometimes I don't understand how people can talk so much."

Although it is unclear from both the quantitative and qualitative material gathered in this study to what extent shyness is a causal factor in the experience of alienation, what does appear clear is that at the very least, shyness is related to feeling alienated and isolated in the world. Shyness appears to be associated with feeling misunderstood by others, and to be related to being wary and mistrustful of others. Shy persons appear to maintain a guarded stance towards others which serves to protect them from anticipated hurt and rejection, yet contributes to their difficulties in attaining closeness and their propensity to have small and insular social networks.

Insecure Attachment

One of the other major quantitative findings in this study was that shyness was found to be related to being insecurely attached, and that shy persons were found to be significantly more insecurely attached than not-shy persons. The feeling of not being securely attached to others was one of the most prominent themes to emerge from the interview data as well. The 20 shy interview subjects spoke extensively about their fear of rejection, their tendency to be easily hurt by others and their oversensitivity to signs of abandonment. They also described their deep longing for security and

their difficulty tolerating separations from people with whom they were close. As stated by one 20-year-old man: "My relationships seem to have the same bad points. Security. That's one of my problems. I don't want to admit it." For many of the interviewees, the feeling of being insecurely attached began in early childhood, often with a feeling of overdependence on or overinvolvement with their mothers. This early experience of feeling insecure will be addressed first, followed by a discussion of the other experiences of insecure attachment voiced by these subjects.

Childhood Insecure Attachment

In speaking of their early experiences with primary caretakers, friends, transitional objects, and school, most of the 20 shy interviewees conveyed a sense of having been quite insecure in their relationships from an early age. For many, this insecure attachment was manifested as a feeling of having been "abandoned or rejected" by their parents. One 21-year-old woman, in recalling her earliest memory, poignantly described the pain involved in feeling abandoned:

My mother was sleeping upstairs and had the intercom off. I was crying and crying and crying and screaming and she had no idea. I was very upset. I thought she was dead or something.

More often, these shy subjects described having special, close relationships with their mothers: "My mother was my best friend when I was two," which often left them feeling overly attached and unable to separate. "I was very very attached to my mother when I was a

child, and it was hard for me to break away from that." Many of the interviewees felt that their shyness could be attributed either totally, or in part, to their feelings of overdependence on, or insecurity about, their mothers. As one 19-year-old woman stated:

I think I'm shy because I haven't felt good enough with my mother. I think that might have played a key role. I always want to make people happy and I like them to like me. And I felt like my mother didn't like me and I hated that.

The woman whose earliest memory was of being abandoned by her mother emphasized her overattachment to her mother in explaining her shyness:

I think being shy has something to do with childhood. I think maybe it could be that I was very clingy to my mother. I wasn't forced to go outside and play with other children because I was sick all the time.

Yet another attributed her shyness at least in part to her attachment to her mother: "I think I was born shy. It's partial. Nature versus nurture. Maybe because when I was little I was with my mother all the time and that's it. I was always with her."

The feeling of being insecurely attached in childhood, according to these interviewees, extended not only to family members, but to friends and other significant relationships as well. Many of the subjects felt hated by other children, particularly at school, and worried constantly about being rejected. These subjects as children felt devastated by even small signs of rejection and seemed unable to tolerate even expectable disappointments. One 21-year-old woman recalled an incident from later childhood involving rejection which

was profoundly upsetting to her: "I wrote a letter to the Monkees Fan Club. I was in love with Davey Jones. I remember getting it back marked "Return to Sender" and I hid behind the couch and I ate a bottle of baby aspirin because I was so upset."

Another indication of the insecure attachment of these interviewees was their dependence upon transitional objects, not only in childhood, but for some, in their current lives as well. The majority of people interviewed had had a special object (a blanket, pillow or toy) which they liked to have with them as a child. Several recalled being quite upset if separated from this object: "I would cry and cry without my blanket," and one even remembered eating her entire blanket strand by strand. Many relied on these transitional objects for security well into their teens and several brought the favorite items with them to college. One 22-year-old man spoke about his four special pillows which he kept at home during time spent in the army, but which he would use when at home on passes. This young man described his relationship to his pillows as "sort of like an addiction."

One of the most difficult experiences for many of these 20 shy interviewees was attending school. Nearly all the subjects mentioned having trouble socially at school, or feeling extremely anxious in the classroom. Many found it difficult to be away from home and to be around unfamiliar people for extended periods of time. One 20-year-old man spoke of his feelings about attending school: "I didn't like being with other people. I wanted to be home. I would have rather been home just about all through school."

Relationships with peers at school were quite problematic for some of these shy people. Many felt that their shyness contributed to their being afraid and insecure with other children, which in turn led to their having few friends and feeling lonely. "I didn't like kindergarten at first because I was shy. Basically I was afraid of the kids and stuff." "I was really unhappy at nursery school. I think they were mean or maybe I was shy. I didn't have anyone to play with." Insecurity about relationships left several of the interviewees feeling profoundly alienated or even ostracized at school. One 20-year-old woman recalled, "From third to sixth grade I used to cry a lot. I was set off easy if someone hurt my feelings. I had a whole class that didn't like me. They'd sing songs like 'Judy eats worms.' I couldn't figure out why."

In the face of often overwhelming anxiety about attending school, these shy people developed symptoms or strategies which enabled them to avoid school or interpersonal situations at school. Many of the interviewees became physically ill when having to attend school. "I was very nervous in third grade. I was sick every day, vomiting and diarrhea. I would run to the bathroom so many times. I didn't like school." Others used to pretend to be sick as a means of avoiding situations which they found difficult at school. "In first grade I used to pretend I was sick. I used to feel sick but it was more in my head. I went to the nurse's office and they'd send me home. I don't think it was school because I liked school. I just think it was being with all those other people."

Interestingly, several subjects found sanctuary in the bathrooms at school. Bathrooms, they recalled, provided them with a space to be alone, away from the other children who they frequently felt were rejecting of them. One 20-year-old woman remembered hiding in the bathroom throughout much of her school experience:

I didn't have that many friends in elementary school. I remember I used to hide out in the bathroom sometimes because I think we were all supposed to go out for recess and I didn't have a friend at recess to hang out with. And so I think that sometimes I hid in the bathroom. I hid out in the bathroom in high school too.

Another 21-year-old woman recalls escaping into the bathroom because she was scared of both the other children and the teacher:

I didn't like first grade. My teacher was a really nice lady but she was very intimidating, especially for a shy six year old. I used to go into the bathroom a lot and she used to think I was a sick kid because I didn't like being confined in the classroom. I'd just hang out. I would rather be by myself. I'd rather be there than with all the other kids in the classroom. I was just scared of people. I don't think I ever fully adjusted to school.

The insecurity experienced by these shy subjects in childhood relationships appears to have continued into their adult relationships as well. Many of the same themes described in childhood, being afraid of being rejected, being easily slighted by others, and being overly dependent on those with whom they were close were reiterated as the interviewees talked about their current relationships.

Sensitivity to Rejection

One of the most prominent themes to emerge from the interview material was the extent to which the interviewees felt themselves to be highly sensitive people and especially sensitive to rejection. The majority of subjects interviewed felt that their feelings were either "very easily hurt," or "pretty easily hurt," and most stated that they were sensitive both to criticism and to being left out. Despite their tendency to feel easily hurt, only about half of the subjects felt that they had been hurt a lot in life or had been rejected or abandoned by a friend. Only one subject felt she had been repeatedly rejected or abandoned. It appears, then, that at least for some of the shy subjects, the sensitivity to rejection was unrelated to actual experiences of rejection or abandonment and was instead based on more internal, fantasy-based expectations of rejection.

In discussing their sensitivity to rejection, many of the interviewees acknowledged their tendency to be overly sensitive or overly reactive to small signs of rejection, and they were cognizant of the fact that they often misinterpreted others' behavior towards them: "My mother says that I'm too sensitive. I take everything really deep." Another young woman stated, "My feelings get hurt very easily. Like even now sometimes if my room-mate says she has other plans for dinner I get kind of jealous. I feel rejected."

This hyper-sensitivity to rejection led these shy people to worry extensively about whether others would like and accept them. They

constantly monitored their own behavior, and, in their ruthless scrutiny of themselves, often experienced a great deal of self-consciousness. As reported by one woman, "I'm really sensitive to what other people are saying about me. I'm always worried about what they're thinking or saying." Another remarked, "I'm self-conscious. I'm worried about what other people see me as. I'm worried about what they think about how I do things, and how that influences how they feel about me." For one young man, the sensitivity to rejection and subsequent concern over being liked and accepted was most painful. In discussing his shyness, he stated, "It's a very hopeless feeling. I don't feel I have anything to say. I worry about whether I have anything worthwhile to say. I'm scared a lot about what other people are going to think of me when I open my mouth. I want to say the right things and I don't think I could."

In addition to worrying about how they come across to others, these shy individuals watched vigilantly for possible signs of rejection. One young woman in describing how she decided whether or not to become close to someone, explained, "I think it depends on how warm they seemed, and how much attention they paid. Do they look here when I'm talking to them, or do they take time to do things with me or come and say Hi or something? Just little things." Another woman stated, "I'm very sensitive to how someone may talk to me. Just certain feelings I get from someone -- that my feelings will get hurt."

While being sensitive to rejection was salient for most of the subjects interviewed, for some it was so central to their experience

of shyness that they felt that it might in fact explain the reason for their shyness: "I don't know why I'm shy in certain circumstances. It could be a fear of rejection," stated one young man. A 21-year-old woman echoed this feeling: "I don't like to hurt other people's feelings because I'm afraid to. Like I'm shy because of that fear of being rejected, I guess."

Dependency in Relationships

In addition to being sensitive to rejection, one of the other indications of the insecure attachment of the shy people interviewed was their dependency on the people with whom they were close. For some, this dependency was evident in their need to seek reassurance of others' commitment to them, while for others, separations or endings of relationships were difficult to tolerate.

One 19-year-old woman, a psychology major, was most clear about her over-reliance on people: "I think I'm a dependent personality disorder. My happiness depends too much on other people." Another woman spoke of her constant need for companionship: "I don't even want to go to the store by myself. I don't like to do anything myself." Others guarded themselves fiercely against their inclination to depend too much on others: "I don't depend on others too much. I try not to depend on them too much. I rely on my family. They've never rejected me. I try not to rely on people too much."

Many of the interviewees talked about needing reassurance that they would be accepted by others and that their feelings would be

reciprocated. As expressed by one 20-year-old woman: "I think I like intense relationships better (than cool) because it gives me the feeling, it's almost like devotion, like it's more you know the person respects you or whatever, like they're feeling the same way you do." Another young woman explained how her need for reassurance contributed to her backing away from social events: "I will hold off from going to parties and stuff if I don't have the sense that I would be welcomed by a least a couple of people."

While the interviewees differed in their reactions to separations from people with whom they were close, often welcoming a brief chance to be alone, those who found separations difficult found them easier to tolerate if they had reassurance from the absent person that they would indeed return. Several found it helpful to have specific information about where the person would be, what they would be doing, and when precisely they would return. It was as if this information enabled these subjects to retain greater object constancy during the separation. As stated by one 21-year-old woman, "Separations don't bother me if I know ahead of time. They're not a big deal as long as I know when they're coming back." Another woman spoke of her need to feel secure about relationships during separations: "It's difficult to be away from my boyfriend if things are unstable. When I have a feeling of security and know what's going on, not just with him, but with my other friends, then it (separation) doesn't bother me. As long as I have the feeling of what's going on it doesn't bother me." Another young man struggled over his feelings about being separated from his girlfriend:

If she goes away, I'm worried about what she's doing. I'm a jealous person and I don't like that very much. I wouldn't have a big problem if I knew where she was. If I didn't, that would be very hard. I don't know if I'd be able to ignore that if I didn't know where she was. I would probably think she was cheating on me. And what's she thinking about? Is she thinking about me? Is she worried about what I'm doing?

Even for those subjects who experienced little anxiety during separations, endings of relationships were difficult. For the vast majority of the subjects, letting go of a relationship was hard, even if the relationship was going badly. These shy people preferred to maintain their friendships, even if that required them to tolerate dissatisfaction with the relationship: "It's hard to let go of a friend. I'd rather not admit something is wrong. I'd have to risk losing a friend."

For only a very few subjects was there a need for continual contact with a person in order to maintain a stable sense of the relationship. For these people, even brief absences or disruptions in the pattern of relating led to a feeling of distance or disconnection from others. Stated one young man, "When I don't spend time with friends for a while I feel like I'm kind of distant. Kind of like you've got to build it back or it's not going to happen." One 21-year-old woman emphasized her need for steady contact: "I definitely like intense relationships. Cool, there's too much weirdness. I usually have to see somebody every day and interact with them and get to know them in order to stay friends with them." For this minority of subjects, the difficulty with separation was not so much the maintenance of object constancy, but rather the maintenance of a sort of "relational" constancy.

Given the degree to which these shy subjects felt insecurely attached to others, it is to be expected that they would long for, and seek security in, their relationships. Indeed, stable relationships appeared to be very important psychologically to these shy people, as evidenced by their pattern of forming close, long-term relationships with a few select people. Having continuity in relationships and being able to count on others to be there seemed to alleviate some of the deep feelings of insecurity experienced by these shy interviewees. The restorative effect of having contact with a close companion is expressed in a TAT story told by a rather remote 20-year-old man. In response to card 10, a picture of a young woman resting against a man's shoulder, he stated:

The man has just gone to sleep. He's just passed through the REM stage and has been thinking about a lost relative who died a few years back that he cared for a lot. And he'd been thinking about her all day. It had been on his mind a lot, mentally wearing him out. And as he's drifting off to sleep, in the first 3 stages of sleep, he has this vision of this relative just being really close to him and coming down and telling him everything's okay, he's okay, his soul's still alive. It's just this man's way of actually dreaming, I don't know, some kind of dreaming or healing. When he wakes up he feels better. He feels he made contact, feels that he's somehow contacted this lost relative.

Shyness and Reality Testing

Although not originally included in the initial set of hypotheses, an exploration of the relationship between shyness and the three dimensions of reality testing measured by the BORRIT

(Reality Distortion, Uncertainty of Perception, Hallucinations and Delusions) was undertaken. This exploration yielded unexpected and intriguing results that suggested a relationship between shyness and difficulty with specific aspects of reality testing. As the interview material corroborated these findings and also pointed to the connection between difficulties in object relations functioning and trouble with reality testing, both the quantitative and qualitative findings relating to this theme will be presented.

In the initial set of quantitative analyses, the relationship between shyness and the three dimensions of reality testing was explored using correlational statistics (Pearson correlations, two-tailed). In the total group of subjects ($N = 150$), scores on both the SRS and RCBS were significantly and positively correlated with the Bell Object Relations Reality Testing Inventory (BORRTI) reality testing subscale, Uncertainty of Perception (Table 6). The relationship between shyness and the subscale Reality Distortion was less clear. The correlation between scores on the RCBS and the BORRTI subscale Reality Distortion attained trend significance, while the association between SRS scores and this same subscale was non-significant. Of note is that analyses using Spearman correlations (two-tailed) showed there to be a positive and significant relationship between shyness and reality distortion. The correlations between SRS scores, RCBS scores and the subscale Hallucinations and Delusions did not attain significance.

In the second set of analyses, ANOVA was used to compare the mean scores on the BORRTI reality testing subscales, Reality Distortion, Uncertainty of Perception, and Hallucinations and Delusions between shy and not-shy subjects (Table 7). Shy subjects were found to have significantly higher mean scores on Uncertainty of Perception than not-shy subjects ($F(1, 84) = 15.10, p < .002$). Shy subjects also had higher mean scores on Reality Distortion ($F(1, 85) = 3.66, p < .06$); however, this analysis attained only trend significance. No significant differences were observed between shy and not-shy subjects on mean Hallucinations and Delusions scores.

Table 6

Pearson Correlations^{ab} between Scores on the Social Reticence Scale (SRS), Revised Cheek and Buss Shyness Scale (RCBS), and the Bell Object Relations Reality Testing Inventory Reality Testing Subscales

	<u>Reality Distortion</u>		<u>Uncertainty of Perception</u>		<u>Hallucinations and Delusions</u>	
	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>
SRS	.13	NS	.38 (N = 149)	.000	.002	NS
RCBS	.14	.08	.38 (N = 149)	.000	.002	NS

^a N = 150 except where otherwise noted.

^b All significance levels are for two-tailed tests of significance.

Table 7

Analysis of Variance Comparing Shy and Not-Shy Subjects on the Bell Object Relations Reality Testing Inventory Reality Testing Subscales

	<u>Shy</u> (N=32)		<u>Not-Shy</u> (N=55)		<u>F</u>	<u>p</u>
	Mean	SD	Mean	SD		
Reality Distortion	-.39	.33	-.51	.29	3.66	.06
Uncertainty of Perception	-.07	.75	-.58	.49	15.10	.0002
Hallucinations and Delusions	-.34	.18	-.32	.20	0.39	NS

The Relationship between Shyness and Pathological Reality Testing

The relationship between shyness and the total number of pathological responses to the 45 reality testing items on the BORRTI was explored in the total sample (N = 148) using Spearman correlations (two-tailed). Scores on both the SRS ($r = .29$, $p < .000$) and the RCBS ($r = .33$, $p < .000$) were found to be positively and significantly related to the total number of pathological responses to the reality testing items.

Shy and Not-Shy Subjects and Pathological Levels of Reality Testing

Chi square analyses were used to explore whether differences existed between shy and not-shy subjects in pathological elevations

of reality testing as defined by Bell et al. (1985). Six out of 31 shy subjects (19%) as compared to two out of 55 not-shy subjects (3%) had scores above a cut-off value (.54) that indicated pathological elevation on Uncertainty of Perception (Chi Square with Yates correction = 4.09, df = 1, $p < .04$). No significant differences were observed between shy and not-shy subjects on pathological elevations of either Reality Distortion or Hallucinations and Delusions.

Reality Testing: Related Interview Themes

As can be seen from the quantitative results, in this study, shyness was associated with less accurate reality testing. In particular, shy people were found to be more uncertain of their perceptions than not-shy individuals, and to have a somewhat greater tendency to distort reality. In talking with the 20 shy interviewees, what appeared clear was that these individuals' difficulty with reality testing did not reach psychotic proportions, and instead reflected an exaggeration of their feelings of being alienated and insecurely attached.

One of the clearest indications of a decreased ability to see reality accurately was in these shy peoples' tendency to feel paranoid-like about what others were thinking or feeling about them. They frequently felt negatively scrutinized by others and falsely believed that others had malevolent intentions towards them. This paranoia appeared to be an exaggeration both of the feeling of mistrust of others and of a heightened sense of being unlikeable and

unacceptable to people. The feelings of paranoia also reflected the false expectation on the part of these shy people that they would inevitably be hurt and rejected by others. One young woman who had much difficulty in her interactions with people stated, "I always have a hard time making friends. They seem to screw me over no matter what. I've had a lot of people stab me in the back." Another woman's experience of extreme mistrust was more subtle, but it nevertheless had a significant impact on her perceptions and experience. "Last time I went there (to the dining common) I had to sit with this whole crowd of girls and they looked at me funny and made me feel weird." The shyest woman in the sample readily acknowledged her paranoid tendencies: "I always feel paranoid that someone's talking behind my back or forming groups. You know, leaving me out of groups I don't know about. I've always felt paranoid that people don't like me."

Paranoid themes were also present in several of the TAT stories told, particularly in response to card 12M, a picture of a young man lying on a couch with his eyes closed and leaning over him, an elderly man with his hand stretched out above the young man's face. One young man's story began with: "When I see this picture I get a very evil intent of this chap." A 21-year-old woman also saw malevolent intentions on the part of the figure who is often seen in a helping position. "This older guy looks like pure evil. I don't know what he's doing...It looks like kind of a strange light around the guy. It looks a little eerie...like pure evil."

Another manifestation of these shy people's difficulty with reality testing was their uncertainty about their perceptions of both internal and external reality. For some of the interviewees, the perception of their own thoughts and feelings was a source of confusion. For others, the difficulty appeared to lie in their inability to accurately read and make sense of interpersonal events. On the whole, these shy people seemed so unable to trust the accuracy of their perceptions, that despite their efforts to scrutinize their environment for cues as to what was "real," they in fact often ended up imposing their own unique view of reality on the world.

The sense of confusion about internal reality was most evident as these shy people talked about their difficulty knowing what they were feeling, and their sense that their emotions differed from others. The feeling of being unable to perceive one's inner experience was best captured by one of the most shy subjects interviewed.

My friend will ask, "What are you thinking?" (when I'm quiet) and I won't even know. It won't come to my mind what he's asking for. There's just nothing in there. Even I don't know what I'm thinking half the time. I don't know if it's because I don't think I have much to say or that I do but I don't admit it. Usually I'm a blank. I'm not sure I have any feelings about something or other.

Several subjects talked about feeling that they differed emotionally from other people or that their feelings were inappropriate.

"Sometimes I don't actually get angry enough. People say I'm too calm." "I like people but there's a part of me that feels I don't care enough sometimes. Like when people go away and I don't miss them

or sometimes I might miss them but I won't really. Like there's something about me that's more like a stone wall."

Given the difficulty these shy people had in making sense of their own feelings, it is not surprising that they would have even greater trouble comprehending the feelings and behavior of others. While some of the interviewees were aware of their tendency to misunderstand others, the majority seemed unaware of the extent to which they made inaccurate assessments of people's intentions. Overall, it was their responses to the TAT rather than to the interview data which most clearly pointed to these shy people's difficulty perceiving external reality, and which suggested the strategies they used to make sense of the interpersonal world.

Reality Testing and the TAT

One of the most striking findings in the analysis of the TAT responses was the way in which the interviewees' uncertainty about their perceptions was reflected in their approach to the TAT. These shy subjects appeared to be so uncertain about their ability to perceive accurately, that they needed to justify their responses as if there were a "right" answer. The majority of subjects referred to specific cues on the cards, particularly facial expressions and body positions to explain their answers. Rather than relying on imagination, most used these cues to concretely determine story plot and affect-tone. For example, one subject responded, "The man...from his body motion, it looks like he's going to leave." Another replied,

I don't know if she fainted or died. It looks like she died- the way the hand is like hanging down." "I don't see any ring on his hand so I assume he's not married."

The ambiguous nature of the TAT cards, as well its focus on the interpersonal, appeared to make these shy subjects anxious. When unable to rely on cues from the cards, they often had difficulty proceeding with the task. "This looks like...I can't even tell who these people are, or the gender." " I don't know what the other guy is feeling. I can't see his face." "I can't figure out why he's in a suit." The dilemma faced by these shy people in terms of being able to perceive and make sense of input from the outside world is exemplified by a TAT story told by a 20-year-old woman to card 5 (a picture of a middle-aged woman standing at the threshold of an open door):

Well this looks like an older woman. I can't really get that much from this one (pause). Looks like she's checking up on something. I can't tell from the picture what. She doesn't have any real expression on. I'm trying to look for, like anger. She has kind of a worried look but I can't really tell anything else from the picture. It kind of looks like she's casually checking on children. Although it looks like she's in a closet. Maybe because it's dark in the back. It's not an entrance to a house. I can't really get much else from that. I don't know what she could have been doing. Maybe housework. Looks like a housewife. If she is checking on her children, she'll just go back to whatever she was doing.

As demonstrated in this example, despite the attempt to use specific environmental cues to form a coherent and reality-based impression of the world, these shy subjects had great difficulty committing themselves to one version of reality. Their stories tended

to be very fluid, with some subjects integrating two stories into one, and others changing stories mid-way to allow for alternative versions of reality. Many subjects had trouble providing outcomes to their stories, and still others used a narrative style that was hesitant and filled with noncommittal expressions. "I guess I would think that maybe this little boy is taking some kind of violin lessons, maybe not of his own will."

A story told by a 21-year-old psychology major to TAT card 13MF (a picture of a young man standing with his head buried in his arm, and behind him a woman lying in a bed), perhaps best demonstrates the fluidity and difficulty presenting one version of reality that was characteristic of the stories of these shy people.

This looks like the guy just got home from work and maybe found his wife is really sick or maybe dead or full of grief and turning away from him. She looks more like a mannequin which is why I thought maybe she was dead rather than just sick or whatever. Because of how sad he looks it doesn't look like she was sick for long; he didn't know this was going to happen. He's getting up and turning away from it like he doesn't want to believe it and doesn't want to face it. And then it starts to sink in that she really is dead, or she really is a mannequin in his bed. He'll look back and start crying and cover her up with a white sheet or something like that. But it certainly doesn't look like she's going to get up or go jogging with him. You're waiting for me to say something insane like that.

Other Dimensions of Object Relations Functioning

In addition to exploring the object relations dimensions outlined by Bell et al. (1986), several other aspects of object relations functioning were considered in the present investigation.

These dimensions, as described in Hypothesis 3, included the wholeness and continuity of object relations, separation-individuation, narcissism, and the complexity of representations of people. While these aspects of object relations functioning clearly overlap with those previously discussed, and are themselves inter-related, they will be considered separately here in order to specifically address the questions put forth in Hypothesis 3. The examination of this set of hypotheses differs from those discussed previously in that it is more theoretically based and is explored using purely quantitative material obtained from the subset of 20 shy subjects. Thus, no conclusions about differences between shy and not-shy people on these dimensions can be made. This discussion is also limited by the generally sparse and constricted nature of the TAT stories told by the interviewees. In the present discussion, therefore, only a brief overview of the findings related to these dimensions of object relations functioning will be presented. A more complete consideration of the theoretical implications of the findings will be addressed in the discussion section.

The central proposal put forward in Hypothesis 3 was that shy people would be found to have some internal capacity to relate to others, but that this capacity would not be developed to its full potential. Specifically, it was hypothesized that shy individuals would describe themselves and others as lacking in wholeness and continuity. Overall, the data from the interviews and TAT stories lend support for this hypothesis. The shy interviewees clearly described being able to form meaningful interpersonal relationships,

yet their considerable difficulties in relating suggest that their capacity to relate fully to others was diminished. Several facets of the interpersonal functioning of the shy interviewees suggested that their sense of themselves and others was incomplete and lacking wholeness, and that they had difficulty maintaining a sense of object constancy.

One of the most prominent ways in which the shy interviewees demonstrated their difficulty experiencing others as whole was their tendency to view others as potentially harmful or malevolent. In this way, the shy subjects were unable to experience people in an integrated manner, such that both the "good" and "bad" aspects of others were felt to be parts of one whole. The shy interviewees also appeared to experience themselves as lacking wholeness, as reflected in their considerable dependency on others and their sense of themselves as being deficient in their ability to relate. The maintenance of object constancy was also problematic for these shy people. The difficulty with continuity of object relations was evident in their trouble maintaining an enduring sense of their relationships with others during separations, their need for reassurance from others that they would not be forgotten or abandoned during separations, and their use of transitional objects.

Separation and Individuation

As hypothesized, the shy interviewees demonstrated in both their TAT stories and in the discussion of their relationships, a capacity

to psychologically differentiate between themselves and others. In their storytelling, they were able to take the perspective of different characters, and at times were insightful about the motivations and feelings of the characters they portrayed. This ability to simultaneously consider different points of view is evident in a TAT story told by a 21-year-old woman to card 4 (a picture of a woman clutching the shoulders of a man whose face and body are averted as if he were trying to pull away from her):

This is a couple. I don't think they're married. He's really upset about something- looks like he wants to go after somebody and kill him and the woman is trying to calm him down. She doesn't seem to know what's wrong. She's looking at him, trying to get his attention, trying to stop him from doing something. I'd say he's probably mad at another man. The woman doesn't seem to be at all interested in what he's mad at, just in him. And in the end I think he would break away from her and go after what he's looking at. She'll end up maybe crying in the corner. Also cause they're old-fashioned, in the old days relationships were more like that. He's supposed to be the strong man and she's the desperate woman.

Underneath this ability to distinguish between one's own motivations and feelings and the wishes and needs of others, however, was a sense of fragility about being able to remain separate from others. In discussing their intimate relationships, many of the shy interviewees expressed a fear of merging with others and a wish to maintain clear boundaries between themselves and others. As stated by one 21-year old senior, "I'm concerned about my relationship with my parents. I'm trying to separate." Another woman observed, "I think I'm very careful about not wanting to turn into my mother. Not wanting to mold after her too much." One young man, in talking about

the loss of a close male friend, stated, "I haven't found anybody again that I can feel that close to except for my girlfriend and I want to make sure to keep that separate." The concern of these shy people about remaining separate and distinct from others suggests that while they may have the capacity to distinguish between themselves and others, they are conflicted and unsure about their ability to define themselves in a way that is psychologically independent of others.

Narcissism

One of the ways in which the shy interviewees demonstrated their lack of separateness and differentiation from other people was in their tendency to relate to others in terms of their own narcissistic needs (Hypothesis 3). Hypothesis 3 proposed that shy people would have a tendency to relate to others in a way that confirmed their own sense of self and would look to them as a way of deriving a sense of themselves as resilient and competent. Several interrelated interview themes lend partial support for this hypothesis. In general, the interviewees conveyed their sense that they entered relationships out of a need to feel secure and whole, rather than from a sense of "enjoyment of others as separate and unique" (Bell et al., 1986, p. 738). Their inordinate dependence on people, their need for reassurance, and their fear of rejection all suggest a way of relating that is based on narcissistic need and not on a wish for truly mutual and autonomous interactions. This tendency to derive a

sense of self-worth from others was expressed clearly by a 22-year old woman: "(Last year) my relationships were critical in terms of self-esteem -- whether it was going well or not. It got to be a major pattern of relationships. Last year in my relationship I felt not good enough. I just felt negated, even beyond rejected."

Issues related to narcissism were also evident in a subtle form of entitlement whereby the shy interviewees expected others to seek them out and to be able to understand them without much effort on their parts. For one shy subject, narcissistic issues were reflected in her comments about being different from other people: "I'm critical of people because they're not like me. I'm not trying to change them, but they're not like me and I do things my own way and I have my own order of doing things and they just don't fit in. No-one ever does so I'm always critical." Overall, the narcissistic issues of these shy people were reflected both in their feelings of being narcissistically injured or in need of narcissistic supplies from others, and in their tendency to be somewhat grandiose and egocentric.

Complexity of Representations of People

Another dimension of object relations functioning which was considered in Hypothesis 3 was the extent to which shy people would describe others in a simplistic, repetitious, and restrictive way. The relatively bland and constricted TAT stories told by the shy interviewees supports the notion that shy people's internal

representations of people reflect a relative lack of understanding of the complexity and range of human relationships. In general, the TAT stories of these shy individuals were short, unimaginative, cautious, and affectively bland. This lack of complexity is demonstrated in a TAT story told by a 20-year old woman to card 2 (a picture of a young woman with books in her hand and in the background a man working in the fields and a woman looking on): "Well it just looks like she's walking by. She's stopped to see what's going on. She looks pretty depressed and not very happy either. I guess she's going to continue on her way." Another story told by a young woman to card 7BM (a picture of a gray-haired man looking at a younger man who is sullenly staring out into space) also exemplifies the relative lack of development of the characters' thoughts and feelings and narrow story plot that were characteristic of these stories:

These still don't look like too much to me in terms of a story line. It just kind of looks more like a facial study. It doesn't even look particularly like affectionate. The stance to me, even though they're so close together, it just looks like they're more -- so involved in whatever they're thinking about. The purpose is more in that than in each other or any kind of closeness there. Although they seem comfortable with each other to be that close. It looks like, I don't know. They're maybe just having a very intense discussion they both want to pause about, and it looks like they'll maybe just resume that conversation or whatever.

In drawing conclusions from the TAT stories about the ability of these shy people to internally represent people in a complex way, their overall level of inhibition and fear of new situations must be taken into consideration. What may be interpreted here as a

difficulty in seeing others as complex, may also be a reflection of a hesitance to engage fully in a task that is new and anxiety-provoking.

Considered as a whole, the hypotheses put forth in Hypothesis 3 were generally supported. Shy people do appear to have some difficulty maintaining a sense of themselves and others as whole and continuous. They appear able to differentiate between themselves and others, although they also seem to fear becoming merged with others and losing their separate definitions of themselves. Shyness also seems to be related to narcissistic issues which are manifested as both a sense of narcissistic depletion and need for others to function as selfobjects, as well as in an underlying grandiosity. Finally, shyness may be related to viewing and experiencing others in a restricted and simplistic fashion. As noted earlier, the generalizability of these findings may be limited due to the lack of formal hypothesis testing, as well as to the examination of these issues in a small group of exclusively shy subjects. Further elaboration of these theoretical issues will be forthcoming in the discussion section.

Object Relations and Subtypes of Shyness

In order to explore the hypothesis that people with different types of shyness would differ in the extent to which they reported problematic relationships reflective of disturbances in early

relationships (Hypothesis 4), ANOVA was used. As a preliminary part of the analysis, intercorrelations between measures used for the determination of the subtypes and measures of shyness and object relations were calculated.

Sociable vs. Unsociable Subtypes

The classification of subjects into sociable and unsociable subtypes involved the use of the Cheek and Buss Sociability Scale (CBSS). In the overall group ($N = 150$), shyness was found to be negatively and significantly related to this measure of sociability. Scores on the Cheek and Buss Sociability Scale (CBSS) were inversely correlated with both SRS scores ($r = -.40, p < .000$) and RCBS scores ($r = -.42, p < .00$) (Pearson correlations, two-tailed). Scores on the CBSS were also found to correlate significantly and negatively with Alienation ($r = -.33, p < .000$) and Social Incompetence ($r = -.23, p < .004$), and moderately but non-significantly with Insecure Attachment ($r = -.15, p < .08$) and Egocentricity ($r = -.15, p < .07$).

Comparisons of Shy Sociable, Shy Unsociable, Not-Shy Sociable, and Not-Shy Unsociable Subjects

In order to explore the hypothesis that shy people who have little desire for interpersonal contact (shy unsociable) would report more interpersonal difficulties than shy people who desire to have

contact (shy sociable), as well as to explore whether these two subtypes differed from similarly grouped not-shy subjects (not-shy unsociable and not-shy sociable), subjects were grouped into four separate subtypes. Subjects were classified as shy sociable if they: (a) positively endorsed the statement "Basically I am a shy person; (b) had a score of one-half of a standard deviation above the mean on the RCBS (i.e., ≥ 36), and (c) had a score of one half-of a standard deviation above the mean on the CBSS (i.e., ≥ 22). Subjects were classified as shy unsociable if they (a) positively endorsed the statement "Basically I am a shy person"; (b) had a score of one-half of a standard deviation above the mean on the RCBS, and (c) had a score of one-half of a standard deviation below the mean on the CBSS (i.e., ≤ 18). Subjects were classified as not-shy sociable if they (a) negatively endorsed the statement "Basically I am a shy person"; (b) had a score of one-half of a standard deviation below the mean on the RCBS (ie., ≤ 27), and (c) had a score of one-half of a standard deviation above the mean on the CBSS. Subjects were classified as not-shy unsociable if they: (a) negatively endorsed the statement "Basically I am a shy person"; (b) had a score of one-half of a standard deviation below the mean on the RCBS, and (c) had a score of one-half of a standard deviation below the mean on the CBSS.

As a result of using this classification system, two of the groups in the present investigation consisted of extremely small numbers of subjects. Only three subjects fit the criteria for the shy sociable subtype, and seven were classified as not-shy sociable. While the small number of subjects in these groups makes

interpretation regarding these subtypes highly speculative, the data will nevertheless be discussed.

The results of the ANOVA are presented in Table 8. Significant main effects were observed for group for Alienation ($F(3, 51) = 6.36, p < .001$), Insecure Attachment ($F(3, 51) = 3.21, p < .03$), and Social Incompetence ($F(3, 51) = 22.25, p < .000$). For Egocentricity, the ANOVA yielded no significant main effects. Post hoc comparisons of means (Student Newman-Keuls) showed that shy unsociable subjects had significantly higher mean scores on Alienation and Insecure Attachment than not-shy sociable subjects. Several group differences were observed for Social Incompetence using Student Newman-Keuls. Shy sociable subjects had significantly higher mean scores on Social Incompetence than both not-shy sociable and not-shy unsociable subjects. Shy unsociable subjects were found to be significantly more socially incompetent than both not shy sociable and not shy unsociable subjects. Although the hypothesis predicting significant differences in object relations functioning between shy sociable and shy unsociable subtypes was not supported, this may have been due in part to the small sample size of the shy sociable group.

Fearful and Self-Conscious Subtypes of Shyness

The classification of subjects into fearful and self-conscious subtypes involved the use of both the Fearfulness Subscale from the

New Emotionality, Activity, and Sociability Temperament Survey (EAS-fear), and the Public Self-Consciousness Scale of the Self-Consciousness Inventory (PSC). In the overall group (N = 150), shyness was found to be positively and significantly related to these measures of both fear and self-consciousness (Table 9). In addition, scores on the EAS-fear and the PSC were found to correlate significantly and positively with all four BORRIT object relations subscales (Table 9).

Comparisons of Fearful Shy and Self-Conscious Shy Subtypes on the Bell Object Relations Reality Testing Inventory Object Relations Subscales

Comparisons of these subtypes could not be completed as only two subjects fit the criteria for each group. Subjects were classified as "fearful shy" based on the following criteria: (a) a score of one-half of a standard deviation above the mean on the EAS-fear (i.e., ≥ 12), and (b) a score of one-half of a standard deviation below the mean on the PSC (i.e., ≤ 21). Subjects were classified as "self-conscious shy" if they: (a) had a score of one-half of a standard deviation above the mean on the PSC (i.e., ≥ 27), and (b) had a score of one-half of a standard deviation below the mean on the EAS-fear (i.e., ≤ 9).

Table 8

Analysis of Variance Comparing Shy Sociable, Shy Unsociable, Not-Shy Sociable, and Not-Shy Unsociable Subjects on Bell Object Relations Reality Testing Inventory Object Relations Subscales

	<u>Shy</u> <u>Sociable</u> N=3	<u>Shy</u> <u>Unsociable</u> N=17	<u>Not-Shy</u> <u>Sociable</u> N=28	<u>Not-Shy</u> <u>Unsociable</u> N=7	F	p
Alienation						
Mean	-.57	-.05 ^a	-.46 ^a	-.45	6.36	.001
SD	.34	.66	.40	.53		
Insecure Attachment						
Mean	.45	.29 ^a	-.42 ^a	-.01	3.21	.03
SD	.79	.87	.73	1.0		
Egocentricity						
Mean	-.30	-.12	-.40	-.37	1.15	NS
SD	.66	.63	.38	.49		
Social Incompetence						
Mean	.41 ^{ab}	.68 ^{cd}	-.59 ^{bd}	-.15 ^{ac}	22.25	.000
SD	.86	.82	.31	.80		

Note: Means with the same superscripts on each row are significantly different ($p < .05$, Student Newman-Keuls procedure).

Table 9

Pearson Correlations^{ab} between Scores on the Social Reticence Scale (SRS), Revised Cheek and Buss Shyness Scale (RCBS), Fearfulness Subscale from the New Emotionality, Activity, and Sociability Temperament Survey (EAS-FEAR), Public Self-Consciousness Scale of the Self-Consciousness Inventory (PSC), and the Bell Object Relations Reality Testing Inventory Object Relations Subscales

	<u>SRS</u>		<u>RCBS</u>	
	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>
EAS-fear	.32	.000	.42	.000
PSC	.29	.000	.29	.000
	<u>EAS-fear</u>		<u>PSC</u>	
	<u>r</u>	<u>p</u>	<u>r</u>	<u>p</u>
Alienation	.31	.000	.20	.01
Insecure Attachment	.56	.000	.40	.000
Egocentricity	.37	.000	.17	.03
Social Incompetence	.31	.000	.34	.000

^a N = 150 for all correlations.

^b All significance levels reported are for two-tailed tests of significance.

Additional Findings: Shyness and Significant Relationships

A number of secondary analyses were conducted to further explore the relationship between shyness and interpersonal functioning. In the following analyses, the focus was on the relationship between shyness and significant past and present relationships.

Shyness and Significant Past Relationships

In the total group of subjects (N=150), there was little relationship found between shyness and measures of past relationships with family members, friends, and significant others. Scores on the SRS and RCBS were not significantly associated with parents' separation or divorce, prolonged separation from mother or father during childhood, age at separation, reason for separation, or whom the subject lived with during childhood and adolescence (Spearman correlations, two-tailed). In those subjects whose parents were separated or divorced (N=53), there was a significant positive correlation between shyness (SRS scores) and the subjects' age at the time of the parents' separation or divorce ($r(49) = .29, p < .05$, two-tailed). In the overall sample only one subject was adopted, and none had lived in foster homes; therefore, these factors were not found to be associated with shyness.

Measures of sibling relationships were also found to be unrelated to shyness in the total sample. There were no significant correlations found between SRS and RCBS scores and birth order (Spearman correlations), number of siblings, number of same sex siblings, number of different sex siblings, number of years between the subject and the next oldest sibling, and number of years between the subject and the next youngest sibling (Pearson correlations, two-tailed).

Little relationship was found between shyness and past relationships with people outside of the nuclear family. Shyness was

not associated with having had a best friend while growing up, or with having had significant others (aside from immediate family members) living in the subjects' household during childhood and adolescence (Spearman correlations, two-tailed).

The one significant relationship found between shyness and significant past relationships was between shyness and experience of the death of a significant other ($r = .24, p < .004$, two-tailed), with shyness associated with less experience of death.

Shyness and Current Relationships

In the total sample ($N = 150$), shyness was inversely related to both the size of the total friendship network and the number of self-reported close friendships. Scores on the SRS ($r(146) = -.20, p < .01$) and the RCBS ($r(146) = -.20, p < .01$) (two-tailed tests) were found to be significantly and negatively correlated with the total number of current friendships reported. In addition, scores on the SRS ($r(148) = -.29, p < .000$) and the RCBS ($r(148) = -.26, p < .002$) (two-tailed tests) were negatively related to the current number of reported close friends. A trend of significance was observed between shyness (SRS scores) and the measure "best friend," with shyness associated with being less likely to have a current best friend ($r(150) = .15, p < .06$, two-tailed).

Despite the clear negative relationship between shyness and the number of friendships, other measures of current relational functioning were not found to be related to shyness. No significant

correlations were found between the shyness measures and measures of satisfaction with current relationships, involvement in a current romantic relationship, (Spearman correlations, two-tailed), or the duration of both the current romantic relationship, and best friendship (Pearson correlations, two-tailed).

Comparisons of Shy and Not-Shy Subjects on Measures of Significant Past and Current Relationships

No differences were found between shy ($N = 32$) and not-shy subjects ($N = 55$) on the measures of significant past relationships described above (in the section entitled "shyness and significant past relationships"), with the exception of the experience of the death of a significant other. Shy subjects had significantly less experience of death as compared to not shy subjects, with 17 out of 32 shy subjects (53%) in contrast to 47 out of 55 not-shy subjects (85%) having experienced the death of someone important to them (Chi Square with Yates correction = 9.27, $df = 1$, $p < .002$).

In comparisons of shy and not-shy subjects on measures of current relationships, significant differences were observed between shy and not-shy subjects in the mean number of current friends and current close friends reported, with shy subjects reporting significantly fewer friendships (Table 10). Shy and not-shy subjects did not differ significantly on any of the other measures of current relationships studied (see section entitled, "shyness and current relationships").

Table 10

Analysis of Variance Comparing Shy and Not-Shy Subjects on the Mean Number of Self-Reported Current Friends and Close Friends

	<u>Shy</u> (N = 32)		<u>Not-Shy</u> (N = 55)		<u>F</u>	<u>p</u>
	Mean	SD	Mean	SD		
Number of friends	18.68	13.32	29.53	23.20	5.70	.02
Number of close friends	5.53	2.76	9.35	6.37	10.32	.002

Additional Findings: Shyness and Physiological Factors

In Table 11, significant correlations between the shyness measures and subjects' ratings of frequency of experience of physical symptoms are presented (lower ratings indicate less frequent experience of the symptom). No significant relationships were found between SRS and RCBS scores and ratings on diarrhea, allergy, high blood pressure, heart problem, nausea, vomiting, insomnia, heart pounding, increased pulse, excessive perspiration, backache, early morning awakening, fitful sleep, poor appetite, butterflies in stomach, or eating junk food. In addition, no significant association was found between shyness and eye color, or shyness and significant medical or psychiatric illness (Spearman correlations).

In order to further explore the relationship between shyness and physiological symptoms, scores from symptoms previously reported to be associated with shyness (heart pounding, increased pulse, excessive perspiration, blushing, and butterflies in stomach) were summed into a "somatic symptom" score and correlated with SRS and RCBS scores. These correlations did not attain statistical significance (Spearman correlations).

A summed "anxiety symptom" score (consisting of the summed scores of diarrhea, nausea, insomnia, heart pounding, increased pulse, excessive perspiration, blushing, headache, fitful sleep, and butterflies in stomach), was also found to be unrelated to either SRS or RCBS scores (Spearman correlations).

Table 11

Spearman Correlations^a between Scores on the Social Reticence Scale (SRS), Revised Cheek and Buss Shyness Scale (RCBS), and Ratings of Physical Symptoms

	<u>SRS</u>			<u>RCBS</u>		
	<u>r</u>	<u>p</u>	<u>N</u>	<u>r</u>	<u>p</u>	<u>N</u>
Headache	.16	.05	150	.15	.07	150
Blush	.10	NS	150	.19	.02	150
Constipation	.14	.08	148	.19	.02	148

^a All significance levels are for two-tailed tests of significance.

Comparisons of Shy and Not-Shy Subjects on Physiological Measures and Previous Illness

Mann-Whitney U tests (corrected for ties) were used to explore whether differences existed between shy and not-shy subjects on ratings of the 20 physical symptoms included in this study (diarrhea, constipation, allergy, high blood pressure, heart problem, nausea, vomiting, insomnia, heart pounding, increased pulse, excessive perspiration, blushing, headache, backache, early morning awakening, fitful sleep, overeating, poor appetite, butterflies in stomach and eating junk food). Shy and not shy subjects differed only in the frequency of headaches experienced, with shy subjects (mean rank = 50.61; mean \pm SD = 2.68 \pm .74) reporting significantly more frequent headaches than not-shy subjects (mean rank = 40.15; mean \pm SD = 2.36 \pm .65) ($U = 668.5$, $p < .03$). No differences were observed between shy and not-shy subjects on the summed "somatic symptom" score ($U = 876.0$, $p = \text{NS}$), or on the summed "anxiety symptom" score ($U = 780.0$, $p = \text{NS}$).

Shy and not-shy subjects did not differ significantly in eye color (Chi square = 5.66, $df = 5$, $p = \text{NS}$), whether or not they had experienced a major medical illness (Chi square = .000, $df = 1$, $p < 1.0$), or whether they had experienced a major psychiatric illness (Chi square = .000, $df = 1$, $p < 1.0$).

CHAPTER 6

DISCUSSION

The primary purpose of the present investigation was to explore the inner worlds of shy people and to examine the intrapsychic processes involved in shyness from an object relations perspective. Specifically, this study considered several dimensions of object relations functioning in shy individuals, and explored differences between shy and not-shy people on these aspects of object relations functioning. Before looking more closely at the findings related to the major hypotheses, a brief discussion of the overall implications of the results will be presented.

The primary finding in this study is that shyness is related to a variety of interpersonal difficulties that appear to be reflective of more problematic object relations functioning. Shy people have a less developed capacity for object relations as compared to not-shy people and have significantly more trouble relating to others. The importance of this overall finding is two-fold. First, it suggests that although studies of shyness have not considered object relations theories, this perspective may provide a critical framework from which to consider as yet unexplored dimensions of shyness. Second, this finding makes clear that shy people, as compared to not-shy people, suffer from particular intrapsychic difficulties that make

the establishment of meaningful relationships more problematic and painful.

Shyness is a complex phenomenon that is best considered from many perspectives. The results from the present investigation point to the need for understanding not only the social, cognitive, and behavioral aspects of shyness, but the intrapsychic processes as well. Through an in-depth exploration of the ways in which internal representations of self and other play a part in the development and maintenance of interpersonal difficulties in shy people, it is hoped that a more comprehensive and meaningful perspective on shyness will be forthcoming.

In the discussion to follow, findings related to the specific hypotheses put forth in this investigation will be addressed, with particular attention paid to the way in which these data relate to specific configurations of object relations and interpersonal functioning. Following this discussion, other findings of interest will be considered within the context of object relations theory. Finally, additional findings related to the association between shyness and past and current relationships, as well as between shyness and physiological factors, will be considered.

Anticipated Findings

The results from the present investigation offer support for the first two proposed hypotheses. As posited in Hypothesis 1, shyness was found to be associated with more difficult and painful

interpersonal relationships as indicated by greater feelings of alienation, insecure attachment, and social incompetence, but not by increased feelings of egocentricity. The data also support Hypothesis 2, which proposed that shy people would differ significantly from not-shy people on these same dimensions, with shy people having more difficulty trusting and feeling intimate in relationships, being more sensitive to rejection and easily hurt by others, and being nervous and uncertain in interactions with others. The results of this study also lend partial support for Hypothesis 3, which predicted that shy people would have difficulty with specific aspects of object relations functioning, particularly separation-individuation and object constancy, and would be prone to relate to others in terms of their own narcissistic needs. Findings related to these hypotheses will be more fully discussed below. In keeping with the organization of the results, the present discussion will focus on the implications of the findings related to the object relations dimensions of alienation and insecure attachment, while the dimension of social incompetence, which is considered to be virtually synonymous with shyness, will be omitted.

Alienation

The results of the present study suggest that one of the most salient aspects of the experience of being shy is a profound feeling of alienation from others. Previous research has noted the

relationship between shyness and feelings of loneliness (Anderson & Arnoult, 1985; Cheek & Busch, 1981); however, the object relations dimension of alienation as defined by Bell et al. (1986) speaks to a more absolute sense of separation from people, such that there is a basic lack of trust in relationships and a feeling of being unable to attain closeness. This sense of alienation recalls the words of Campbell, who, writing in 1896, referred to "an impassable barrier -- a strong, invincible wall" (p. 807) that exists between the shy person and the rest of the world.

The relationship between shyness and alienation in this study is demonstrated in both the quantitative and qualitative results. It is primarily the interview material, however, that provides clues to the specific manifestations of the feelings of alienation and which suggests possible underlying dynamics involved in the experience of alienation in shy people. Previous research has found that shy people fear novel situations (Kagan, Reznick, & Snidman, 1987) and that fearfulness plays a central role in the difficulty shy people have in becoming close to others and in their being socially isolated. The sense of alienation experienced by shy people, however, cannot be completely explained by theories related to the fear of novel situations. Rather, the alienation in shyness seems to reflect a deeper sense of disconnection from people, one that is sometimes hard to bridge, even when the initial fear of getting to know someone has been overcome. This experience of alienation can be understood in several ways from an object relations perspective.

One of the dynamics seen in the interview material, which is central to the understanding of alienation in shy people, is an underlying mistrust and view of others as potentially harmful. This mistrust contributes to the difficulty shy persons have in forming meaningful connections with others. In terms of object relations theory, shy people appear to have malevolent object worlds in which both internal representations of people and actual relationships with others are experienced affectively as hostile or at best empty (Westen, 1990). Shy people have difficulty integrating both the "good" and "bad" aspects of themselves and others, and instead view people as either good (nice) or bad (mean), predominantly experiencing unknown others as possible perpetrators of harm. These findings suggest that shy people struggle, in particular, with issues relating to the more advanced stage of object relations development, during which integration of good and bad typically occurs and a sense of wholeness and continuity is ideally achieved. These findings lend support to Hypothesis 3, which proposed that shy people would experience and describe others in a way that reflected a sense of themselves and others as lacking in wholeness and continuity.

Of the many object relations theorists, it is the work of Melanie Klein that is most useful in helping to explain the underlying processes in the basic mistrust of people and subsequent feelings of alienation in shy people. Her description of the paranoid-schizoid position and her ideas on schizoid mechanisms offer some insight into the processes involved in the mistrust of and withdrawal from others. Klein (1946) describes the use of splitting and

projection in persons with schizoid object relations, processes that she states can be observed in "minor degrees" in shyness. She states that in people whose object relations are characterized by the paranoid-schizoid stage of development, a "hated" part of the self (i.e., a "bad" part) is split off and projected onto another person, such that "the person towards whom this process is directed is felt as a persecutor" (p. 104). This process may lead to a "shrinking from people in order to prevent...the danger of retaliation by them" (p. 104). While Klein's writing relies on terms that are complicated and not readily understandable, what seems important about her conceptualization is the idea that the basic feeling of mistrust and subsequent alienation experienced by shy people may be mediated by internal processes that reflect problems in the development of object relations.

Narcissistic issues, another indication of schizoid object relations according to Klein, also play a significant, although less central role in the experience of alienation in shy people. In this study, the shy interviewees felt set apart from others by their unique sensitivity and inscrutability. Rather than appearing grandiose or egocentric, the narcissism of these shy people manifested itself in a more subtle form, namely an unspoken expectation that people would seek them out or be able to magically "read" them. In this way, as proposed in Hypothesis 3, these shy people appeared to relate to others at least partially in terms of their own narcissistic needs. This pattern of relating to others may

contribute to the difficulty shy people have in experiencing genuine closeness and may ultimately play a part in their sense of isolation.

The experience of alienation in shy people is clearly influenced by individual factors and ranges from subtle feelings of being "out of sync" with others to profound feelings of hopelessness about ever being able to be truly intimate. In this study, very few subjects experienced feelings of alienation which were so pronounced as to be considered "pathological." Nevertheless, the findings related to this dimension of object relations functioning were the strongest and most significant. This finding points to the need to take seriously the complaints of shy people that their shyness has profound and painful consequences for them, and suggests that the alienation experienced by shy people might be best explained by considering unconscious determinants in addition to biological and social factors.

Insecure Attachment

In this study a significant association was found between shyness and feelings of being insecurely attached to others. While the statistical relationship between shyness and insecure attachment was less strong than that observed between shyness and alienation, the clinical material suggests that anxiety about the consistency and durability of relationships and an experience of interpersonal relationships as painful, lie at the heart of understanding the interpersonal difficulties of shy people.

The most salient issues described by the shy interviewees can be understood in the context of a core uncertainty about the continuity of relationships. The interviewees' sensitivity to rejection, use of transitional objects, separation-anxiety, and dependency in relationships can all be viewed as manifestations of an underlying sense of themselves and others as lacking in wholeness and continuity. In terms of object relations theory, shy people appear to have difficulty with the achievement and maintenance of object constancy.

Object constancy is a term used by both Mahler and Hartmann to refer to the ability to be interested in others, independent of one's own needs, as well as the ability to maintain an internal representation of others even when not physically present (Hartmann, 1939). As discussed previously, shy people have trouble relating to others as separate, and are prone to relate to others in terms of their own narcissistic needs. Shy people also have trouble enduring separations, a finding which suggests that they have trouble maintaining an internal representation of others.

A more complete understanding of the difficulty shy people have in the maintenance of object constancy, however, rests on an examination of two other dimensions of object relations functioning, namely self-other differentiation and the integration of good and bad. According to Mahler, the achievement of libidinal object constancy depends upon the successful development of the capacity to differentiate between self and other, and the ability to simultaneously integrate both the good and bad aspects of an object

(Greenberg & Mitchell, 1983, p. 279). Shy people have difficulty with both these aspects of object relations functioning.

On the whole, shy individuals are able to successfully experience themselves and others as distinct and separate. This capacity, however, is somewhat tenuous, given shy people's tendency to rely on others for the satisfaction of narcissistic needs, and their fear of merging with others. The integration of good and bad object representations is even more problematic for shy people. As discussed previously, shy people have a tendency to experience others as malevolent, and have trouble holding onto an enduring positive image of others. It appears, therefore, that the difficulty shy people have in maintaining object constancy is related to their difficulties with these earlier stages of object relations development. Without the successful development of a capacity to carry inside a separate, whole, and positive representation of another, shy people appear to be left with an inner world which is filled with unenduring, unreliable, and frequently malevolent internal images of people. It is thus not surprising that during separations from people, they are unable to conjure up a soothing figure with which to comfort themselves.

As can be seen from the previous discussion, shy people's difficulty maintaining object constancy appears to underlie both their feelings of deep insecurity about whether others will be there for them in an ongoing and helpful way, and their experience of relationships as unfulfilling and painful. Understanding the insecure attachment of shy people as a manifestation of a difficulty with

object constancy may be useful in several ways. It may help to explain why shy people have such difficulty trusting that others will not harm them and that they will not be rejected or abandoned by those closest to them. It may also help to explain why often despite many years of strong and lasting friendships, this painful sense of insecurity about relationships persists in shy people, frequently throughout their lifetimes.

The object relations perspective on the understanding of the insecure attachment of shy people differs from previous research in several ways. First, previous researchers have not examined insecure attachment per se, but instead have focused on the relationship between shyness and individual symptoms (i.e. anxiety, guilt, depression, and low self-esteem) (Cheek, Melchior, & Carpentieri, 1986; Fehr & Stamps, 1979; Anderson & Arnoult, 1985), without theoretically linking these findings to an underlying anxiety and despair about the ability to form secure and enduring relationships. Second, researchers who have attempted to provide a theoretical understanding of the association between shyness and anxiety in interpersonal functioning have focused almost exclusively on social, cognitive or meta-cognitive processes (i.e. shyness as a self-handicapping strategy, shyness as anxious self-preoccupation, shyness as involving a lack of benefactance (Snyder, Smith, Augelli, & Ingram, 1985; Cheek & Melchior, 1990). By neglecting to consider the unconscious processes and underlying dynamics in the experience of anxiety about attachment in shy people, these theories offer only a limited explanation of why shy people are anxious about relating to

others. These theories fail to consider both the specific nuances of the relationships of shy individuals, and how these processes might be mediated over a lifetime. The present discussion suggests the usefulness of considering the interpersonal difficulties of shy people from an object relations perspective. It also points to the profound sense of anxiety shy people have about their relationships and highlights how difficult it is for them to count on others to be there for them in an ongoing way.

Unexpected Findings: Reality Testing

One of the most intriguing and unexpected set of findings in the present investigation was the significant association found between shyness and the reality testing dimension Uncertainty of Perception. Equally surprising was the significant difference found between shy and not-shy people on this same dimension. In addition, the finding that shy people have a somewhat greater tendency to distort reality than not-shy people was unanticipated. Initially, this set of analyses was unplanned, as the focus of the current investigation was on object relations functioning rather than reality testing. In considering these findings, however, what became clear was that the shy interviewees' difficulty with reality testing was intricately tied to issues related to their object relations development.

According to Bell et al. (1988), the dimension of Uncertainty of Perception refers to a "keen sense of doubt about one's own perception of reality...but with enough observing ego remaining to

gain some distance from these misperceptions" (p. 510). Clinically, this uncertainty of perception was evident in the shy interviewees' tendency to scrutinize the environment for clues as to what is "real," and in their hesitant and uncertain approach to the TAT. The tendency of the shy subjects to distort reality was seen in their expectation that others intended them harm and in their distorted image of how others perceive them. Overall, these difficulties reflect a slightly altered version of reality, rather than any gross disturbance in the ability to reality test.

The reality of shy people is highly determined by their internal experience, and by their inner world of object representations. While all people react to others to some extent in terms of early interactional patterns, shy individuals appear to be more persistent in their tendency to re-enact early relational experiences. As has been seen previously, shy people have trouble integrating the good and bad aspects of themselves and others, and tend to project the "bad" part of themselves onto others, such that others are experienced as malevolent. The repeated experience of anticipated harm, followed by actual experiences of others as benevolent, leads these shy people to doubt their perception of reality. The repeated experience of receiving feedback from the environment which disconfirms the expectation that they will be hurt, abandoned, or rejected, leads these shy individuals to feel fundamentally confused about their interpretations about what is real and expectable.

Underlying the shy interviewees' difficulty with reality testing, therefore, appears to be a strong tendency to react to others as transference figures. Rather than responding to people in terms of a more objective reality, these shy people react to others in a way that repeats early experiences with significant others. The conceptualization of the difficulties shy people have with reality testing as transference distortion may help to explain why shy people seem to have particular trouble with the testing of reality in interpersonal contexts, but have little or no difficulty with perceptual reality testing or the objective assessment of the impersonal world.

Overview of Object Relations in Shy People

Thus far in the discussion of the object relations of shy people, the goal has been to closely examine different dimensions of object relations functioning and to understand how these specific dimensions relate to object relations theory. In the present discussion, the focus will shift to a more global and comprehensive view of the interpersonal functioning of shy individuals, with a view toward seeing how shy people's relationships can be understood in the context of broader psychoanalytic concepts and object relations theories, and conceptualizations of pathological object relations functioning.

One of the most striking observations about the interpersonal relationships of shy people, and indeed virtually one of the

hallmarks of shyness, is a tendency to recoil when in the presence of others. The clinical data in this study suggest that underneath this tendency to withdraw is a heightened sensitivity to others and a susceptibility to feeling easily hurt, rejected, or abandoned by people. Shy individuals feel generally misunderstood by those around them and feel the need to protect themselves from being emotionally injured by others.

While shy people often appear aloof and uninterested in relationships, the clinical material from this study suggests that underneath this facade is a deep yearning for connection. In fact, shy people seem on the whole to have an inordinate need to relate to others, as is manifested in their wish for reassurance and in their dependent and sometimes clingy stance towards others. Some shy individuals do not share this longing for people; however, it is possible that these more "schizoid" or unsociable shy people have yearnings that may be too overwhelming to be consciously recognized by them.

The overall pattern of shy people's relationships, one in which there is a profound wish to relate, and an inevitable frustration of this wish due to difficulties in making connections with others, leaves shy people frequently frustrated and disappointed in their relationships. Shy people experience relationships with others as often painful and emotionally risky. The difficulties encountered in the process of attempting to relate to people appears to contribute to shy individuals feeling shaky about their sense of themselves and to add to their global feeling of low self-esteem. Given the pain and

anxiety involved in relationships with others, it is not surprising that shyness has been found to be related to a variety of dysphoric feelings, including depression, loneliness, and guilt.

The object relations functioning of shy people as described above can be understood in terms of several theoretical conceptualizations of the dynamics of shy individuals, as well as in terms of related constructs of pathological object relations functioning. In the following discussion, the configuration of shy individuals' relationships with others will be addressed briefly in relation to schizoid, narcissistic, and borderline dynamics.

In a review of the object relations literature in the present study, it was anticipated that shyness might be understood in the context of schizoid object relations, as outlined by Klein (1946) and Fairbairn (1940). Klein makes specific mention of the relationship between shyness and schizoid mechanisms, while Fairbairn's description of schizoid individuals resembles clinical characterizations of shy people. Several aspects of the object relations of shy individuals do appear to be best understood in terms of schizoid dynamics. The difficulty shy people have with the integration of good and bad and their tendency to project their internal sense of badness onto others, as described previously, can be seen as reflecting schizoid dynamics.

The conceptualization of shyness as predominantly a manifestation of schizoid object relations, however, does not appear to be a sufficient explanation of the particular pattern of relating observed in the shy people in the present study. What is not captured

by the characterization of shy people as primarily "schizoid" is their overall relatedness and desire for connection. While on the surface shy people appear to resemble Fairbairn's description of schizoid individuals in terms of having "shut-in personalities," and "attitude(s) of isolation and detachment" (1940, p. 6), shy people have a more developed internal capacity to relate than the schizoid individuals described by Fairbairn. Overall, it appears that the more primitive aspects of the object relations functioning of shy people (i.e., their tendency to use splitting and projection) are best understood in terms of schizoid dynamics, while other more developed aspects of their object relations functioning are best conceptualized in terms of different unconscious dynamics.

It was also hypothesized that shyness might be understood as a form of narcissistic disturbance. In considering the relationship between shyness and narcissistic issues, some psychoanalytic writers have emphasized the grandiose elements of narcissism (i.e. Kaplan, 1972; Lewinsky, 1941), while others have stressed the low self-esteem inherent in people with narcissistic disorders (Kohut & Wolf, 1978). While both aspects of narcissism are clearly intertwined, they will be discussed separately here in order to clarify how the narcissistic issues of the shy people in the current study can best be conceived.

On the whole, the narcissistic issues of the shy people in the present investigation do not appear to reflect an overtly grandiose form of narcissism, such as is characterized by Narcissistic Personality Disorder in DSM III-R (American Psychiatric Association, 1987). The lack of significant findings between measures of shyness

and egocentricity in this study support this notion, as does the absence of clinical material relating to unconscious grandiose fantasies or references to having superior or outstanding abilities. As has been addressed previously, the shy interviewees did have a slight tendency towards grandiosity, as was evident in their expectations that others would seek them out and in their wish to have others magically read them. This form of grandiosity, however, might be better understood as a reflection of narcissistic need rather than as a form of entitlement. Overall, therefore, it appears that the narcissistic issues of the shy individuals in the present investigation do not fall under the category of narcissistic grandiosity. As will be discussed below, the narcissistic struggles of shy people appear to be more centrally related to the regulation of self-esteem and to interactions with others based on narcissistic needs.

It is Kohut's conceptualization of narcissistic personality disorder that fits most closely with the patterns of relating observed in the shy people in the current study (Kohut & Wolf, 1978). Unlike the notion of narcissism put forth in the similarly named diagnostic category in DSM III-R, Kohut's theory holds that narcissistic disorders are disorders of the self and involve difficulties with the regulation of self-esteem. Kohut's description of people with narcissistic disturbances captures to a large extent the relational struggles observed in the shy people in the current investigation. Kohut, himself, has noted that shyness

might be understood as a manifestation of a narcissistic disturbance (Kohut & Wolf, 1978).

Kohut proposes that narcissistically disordered individuals have at the core a defective self that leads them to have difficulty regulating self-esteem, and to be highly vulnerable to failures or disappointments. People with narcissistic disturbance, according to Kohut, have not fully developed the capacity to self-soothe, and are therefore prone to relate to others as selfobjects in an attempt to derive a more cohesive sense of self from interactions with others.

Many of the relational patterns and difficulties seen in the shy interviewees can be readily understood in this theoretical context. As has been described previously, the shy people in this study were quite sensitive to potential rejection or abandonment and felt easily disappointed in their relationships with others. They had trouble maintaining object constancy and had apparent limitations in their capacities for self-soothing. Many of these shy people also related to others in a way that gratified narcissistic needs. Their dependency on those closest to them and their need for consistent contact can be viewed as attempts to regulate their self-esteem by obtaining narcissistic "supplies" from others. Although not specifically studied in the present investigation, the conceptualization of shyness as a narcissistic disorder would also account for the observation that shy people suffer from low self-esteem.

Thus far in the discussion, the relational difficulties of shy people have been conceptualized as primarily narcissistic in nature,

with specific schizoid underpinnings that are manifested in occasionally more primitive modes of relating. In the following discussion, the degree to which object relations functioning in shy people resembles that of people with borderline pathology will be briefly considered.

The idea that shy people might have object relations functioning which is similar to that of individuals with borderline personality disorder or organization stems from analysis of both the quantitative and qualitative data in this study. According to Bell et al. (1988), simultaneous elevations on the BORRTI dimensions of Alienation and Insecure Attachment are seen most commonly in patients diagnosed with borderline personality disorder. In the current study, shy people were observed to differ significantly from not-shy people on both these dimensions; however the average scores of the shy subjects did not reach pathological proportions as has been observed in borderline individuals. Many of the themes and interpersonal difficulties portrayed by the shy interviewees also appear to overlap with descriptions of borderline dynamics.

In a comprehensive review of the empirical research on borderline object relations, Westen (1990) concluded that borderlines: 1) "are prone to experience the object world as malevolent and to experience and consider relationships...in need gratifying ways"; 2) "tend to attribute the causes of people's behavior, thought and feeling in idiosyncratic ways..."; 3) "tend to represent the self and others in pathological ways...sometimes failing to integrate representations of

more than one affective valence..."; 4) "are...particularly sensitive to separations, loss and abandonment..." (p. 682).

As has been discussed previously, the object relations of the shy people in the current study share many of these same features. Overall, the shy individuals studied have a tendency to experience others as malevolent and to relate to others in terms of their own narcissistic needs. At times they make illogical attributions about others' motivations, for instance, assuming that others intend to harm them. The shy people studied sometimes integrate only the bad aspects of themselves and others into their internal representations, and they certainly appear sensitive to separations, losses and abandonment.

Despite these similarities, it would be premature to conclude that the object relations of shy people are identical to those of people with borderline pathology. While these two groups may share some of the same underlying dynamics, what distinguishes them is the level of pathology and the way in which these underlying dynamics are manifested in actual behavior. Shy people do have significant interpersonal difficulties; however, as demonstrated in the quantitative results, their difficulties, although more pathological than not-shy people, do not fall into a pathological range. In contrast, studies of borderline subjects using the BORRIT have shown their scores to be significantly elevated, indicating pathological levels of object relations functioning. In addition, the behavior of shy people does not resemble that typically seen in patients diagnosed with borderline personality disorder. Shy people do not

appear to demonstrate the same labile affect, nor the impulsive acting out commonly seen in borderlines. What may contribute in part to the manifest differences in these two apparently dynamically similar groups are constitutional differences. The innate inhibition of shy people and the high level of constitutional aggression sometimes hypothesized to be present in borderline individuals (Kernberg, 1975/1990) may lead to different behavioral pathways, despite similar underlying dynamics. It is more likely, however, that shy people have less primitive and more fully developed capacities for relating than borderline individuals and that these differences might become more apparent in studies specifically designed to examine object relations functioning in these two groups.

The present discussion suggests that shy individuals have interpersonal difficulties which might be understood as related primarily to narcissistic disturbances and secondarily to schizoid and/or borderline dynamics. In making generalizations about the object relations of shy people, two caveats must be kept in mind. As with any other group, shy persons differ from one another in terms of individual history and unconscious dynamics. Any conclusion drawn about the object relations of this group as a whole, therefore, risks being an overgeneralization. In addition, object relations functioning is not static; levels of object relations typically fluctuate to some extent, so that, for example, an individual may have achieved the level of object constancy at one time, while that same person under stress may regress to a somewhat lower level of object relations functioning (Bellack et al., 1973). Thus,

generalizations made at one point in time may differ from conclusions drawn at another. Despite these considerations, it appears, overall, that the shy people studied differ significantly from the not-shy people in this investigation in terms of object relations functioning. Further study is required to determine whether the theoretical speculations put forth in this discussion will be borne out.

Development of Object Relations in Shy Individuals

Theories of object relations postulate that difficulties in adult interpersonal functioning arise from problems in early parent-child interactions. In the discussion to follow, speculations about the early development of the object relations of shy individuals will be offered. In particular, emphasis will be placed on attempting to understand how the specific relational difficulties observed in the shy people in the present investigation might have arisen in the context of early interactions with primary caretakers.

According to Kagan and his colleagues, shy infants have innate physiological reactions that differ from those of other children. Shy infants appear to have lower thresholds of arousal and to have stronger than normal physiological responses to novelty. Behaviorally, shy children appear inhibited and emotionally subdued (Kagan et al., 1988). In terms of the shy infant's early relationship with his or her primary caretaker, one might imagine that the shy child brings to the relationship an innate predisposition to be

easily distressed by even subtle changes or novelty in the environment, and to be difficult to soothe. The shy infant, being constitutionally inhibited, may be less likely to spontaneously convey his or her needs to the primary caretaker, or to signal that he or she is in distress. Overall, the shy infant appears to be highly sensitive and easily aroused, yet at the same time, behaviorally inhibited and restrained.

The primary caretaker of the shy infant brings to the relationship his or her own set of feelings and reactions. For the purpose of discussion, let us assume that the primary caretaker is a biological parent. Previous studies have shown a genetic component in shyness (Daniels & Plomin, 1985), and it is therefore likely that the biological parent of a shy child will also be shy. A temperamentally inhibited parent may bring to the relationship with a shy child a style of parenting that is somewhat under-responsive or restrained. In addition, a shy parent may have underlying narcissistic issues that might be reflected in a tendency to look toward the child for the satisfaction of his or her own needs.

Based on the above speculations, it might be predicted that the earliest relationship between a shy child and his or her primary caretaker might involve a series of ongoing interactions in which the child experiences the parent as frustrating and as not being empathically attuned to his or her needs. What is being suggested is that the shy infant, who becomes frequently and easily distressed, might be unable to adequately signal his or her distress to the parent, and that the parent, because of his or her own dynamics,

might not be able to respond in an adequately responsive and gratifying manner (i.e. "good enough"). The ongoing experience of frustration on the part of the shy infant may lead to the eventual internalization of objects as primarily depriving or malevolent, to a difficulty experiencing both the gratifying (good) and frustrating (bad) aspects of others simultaneously (splitting), and to a difficulty maintaining a stable and positive internal image of another (object constancy).

The separation-individuation phase of the development of object relations might also pose particular difficulties for the shy caretaker and child. Because this period of development involves the child venturing out to explore new parts of the environment, the shy child may require a parent who can at once tolerate a high degree of dependency on the part of the child, and who can at the same time gently coax the child into gradual exploration and separation. Because shy parents may be somewhat dependent or anxious about separations, it may be particularly difficult for them to strike the optimum balance between these two stances. The failure of the shy child to adequately negotiate this phase of object relations development may manifest itself in the sort of difficulties experienced by some of the shy interviewees, namely separation anxiety and fear of abandonment.

Most object relations theorists have discussed the process whereby an early misattunement between mother and child results in a structural change in the psyche, and in a subsequent reduction in the capacity to relate. Balint (1958) describes the "basic fault" and

emphasizes the importance of the fit between mother and child. Winnicott (1951) stresses "good enough" mothering and the "holding environment," while Kohut (Kohut & Wolf, 1978) focuses on how disturbances in early mother-child interactions result in the lack of development of a cohesive sense of self. In this discussion, an attempt has been made to understand how these theories might apply to the development of object relations in shy people, and to understand how shyness might influence and shape the course of object relations development in shy individuals. As more attention has been paid to adult development in recent years, future research might consider how object relations theories might account for both the stability of shyness over time, as well help explain the fluctuations in levels of shyness during different periods of development.

Clinical Implications

The pattern of relational difficulties observed in shy people in the current study suggests that shy individuals may bring to the treatment situation a particular set of issues requiring specific theoretical understanding and adaptation in clinical technique. In the discussion to follow, the primary theoretical issues outlined previously will be addressed in relation to the analytic treatment of shy patients.

For the majority of people seeking treatment, the beginning of therapy involves considerable anxiety and apprehension. For the shy person, this opening phase of treatment is likely to evoke even

greater amounts of anxiety, as both the fear of strangers and the fear of novel situations come into play. Initially, the shy patient is likely to be particularly inhibited and reticent and to feel scrutinized and unsafe. In order to help temper the level of anxiety and to create an atmosphere of safety during the beginning phase of treatment of a shy patient, the therapist might adopt a relatively active and non-neutral stance. By clearly establishing the frame and goals for treatment, the patient would be helped to experience the therapy as less ambiguous and as more of a "holding environment." Overall, a stance of relative openness and warmth, with an attempt to gently draw the shy patient out, could help the formation of a therapeutic alliance during this opening phase.

Given the speculation that shyness is related to underlying narcissistic dynamics, it is likely that the treatment of shy individuals would center on issues related to the development of a sense of self and the enhancement of self-esteem. In terms of the treatment relationship, one could predict that the shy patient would use the therapist as a selfobject and would develop an idealized or mirroring transference (Kohut & Wolf, 1978). By allowing the patient to use him or her as a selfobject, rather than making early interpretations of the transference or withdrawing in reaction to countertransference fears of being consumed by or merged with the patient, the therapist could gradually help the patient to develop a more cohesive and resilient sense of self.

The development of a solid and separate sense of self occurs as a result of the successful negotiation of empathic failures and the

gradual development of an ability to tolerate increasing frustration in the therapeutic relationship. In the treatment of shy people, the work of negotiating empathic failures might prove to be particularly critical and difficult. Because shy individuals are hypervigilant and appear to be extremely sensitive to rejection, they may over-react to even small frustrations or empathic failures on the part of the therapist. Work with shy patients may require that the therapist be particularly attuned to subtle changes in the patient's reactions to them, as failure to notice a breach in empathy may itself be experienced as an empathic failure. Overall, the treatment of shy patients may require that the therapist adopt a more active and gratifying stance, until, through the therapeutic work, the patient becomes better able to tolerate disappointment and frustration.

One of the most prominent themes that emerged from the present investigation was the difficulty shy people have with the maintenance of object constancy. This difficulty might manifest itself, in the course of an analytic treatment, as a difficulty in tolerating separations and trouble maintaining emotional connectedness to the therapist. In treating a shy individual who has difficulty sustaining an enduring positive image of the therapist, providing consistency in the therapy would appear to be key. While an intensive treatment might be most beneficial, regularity in the scheduling of sessions and a consistent therapeutic stance would most likely provide an adequate holding environment.

The handling of separation and vacations must also take into account the difficulty shy people have with the maintenance of object

constancy. As has been discussed previously, shy people may experience absences as potential rejections and may fear abandonment by the therapist during separations. The use of transitional objects could help to alleviate the experience of separation-anxiety, as may self-disclosure about where the therapist will be during vacations. Overt reassurance that the therapist will return may also be helpful in providing an ongoing sense of the therapeutic relationship.

Overall, what would appear to be most important in the treatment of shy people is the emotional consistency and reliability of the therapist over time. Through the repeated experience of returning to the therapist and finding him or her to be the same, shy patients might gradually come to internalize an image of a soothing and stable "other." In this way, shy individuals might eventually become more able to tolerate separations and be better able to remain emotionally connected to those closest to them.

A final set of considerations in the treatment of shy people stems from the observation that shy people tend to misinterpret reality in a way that leads them to experience others as malevolent. As discussed previously, shy individuals have a strong tendency to react to others in terms of early experiences with significant others; and are thus likely to have strong transference reactions in treatment. In particular, shy people may be likely to look vigilantly for possible signs of rejection and may infer inaccurately that the therapist is acting intentionally hurtfully towards them.

Although the issues involved in the management and interpretation of transference reactions are far too complex to address at present, several points about the clinical approach to these potential difficulties can be made. The therapist working with a shy patient might first anticipate considerable distortions on the part of the shy person, particularly those involving feelings of persecution by the therapist. In working through these distortions, the therapist might consider not only reality-testing with the patient, but also self-disclosure about the lack of intention to harm or humiliate the patient. The therapist might also incorporate a cognitive approach to help the patient understand how he or she extrapolates from one small sign to infer meaning that is not there, and to demonstrate to the patient how he or she makes illogical attributions. As the treatment proceeds, it might be expected that the patient would become less prone to distort reality, and more certain of his or her perceptions.

In the preceding discussion, an attempt has been made to highlight several of the themes that might be present in the analytic treatment of shy individuals. Clearly, numerous other issues might emerge in the psychotherapy of shy people. Further research could help to elucidate the ways in which shy people might interact in a therapy setting, and how treatment might be best tailored to meet the therapeutic needs of shy individuals.

Additional Findings

In the discussion to follow, findings related to the examination of the object relations functioning in subtypes of shy people will be briefly addressed. Results from the secondary analyses exploring past and present relationships and physiological factors in shy people will then be considered in relation to previous research on shyness.

Subtypes of Shyness

The results of the present investigation do not lend support for Hypothesis 4 that proposed that differences in object relations functioning would be observed between shy people who desire to have social contact and shy people who have little desire for interpersonal contact. In addition, the findings do not support the hypothesis that significant differences in dimensions of object relations functioning would be observed between "fearful" and "self-conscious" shy individuals. In large part, the failure to find significant differences in the object relations functioning of these subtypes of shy people can be attributed to the small sample size in several of the groups. Comparisons between the fearful-shy and self-conscious-shy subtypes could not even be computed because of the small number of subjects in each group.

Despite the overall lack of support for the proposed hypotheses, several interesting findings did emerge in the analysis of the subtypes. Significant differences were observed between the shy

unsociable and not-shy sociable subtypes on the object relations dimensions of Alienation, Insecure Attachment, and Social Incompetence. Shy people with little desire for social contact were found to have significantly greater feelings of alienation, insecure attachment, and social incompetence than not-shy people who desire to interact with others. These findings are not unexpected, as shy people who have little desire for social connection are likely to be socially isolated and might therefore be expected to feel more separate and anxious about relating than not-shy socially inclined people. What is notable, however, is that despite research that suggests that shy unsociable people have little interest in relating to others (Cheek & Buss, 1981) and might therefore be expected not to have strong feelings about their lack of interpersonal connections, this finding suggests that shy unsociable people experience a great deal of pain and anxiety about their ability to relate.

The exploration of subtypes of shyness in the present investigation also points to interesting interrelationships among measures of shyness, object relations, sociability, fearfulness, and self-consciousness. The results of this study corroborate studies that have found a moderate negative association between measures of shyness and sociability (Jones, Briggs, & Smith, 1986) and a positive relationship between measures of shyness and fearfulness (Cheek & Buss, 1981). The significant and positive relationships found between the four dimensions of object relations studied and measures of fearfulness and self-consciousness, and the negative relationships

observed between these object relations dimensions and sociability, suggests that further research might explore the interplay between object relations and the affective experiences of fear, self-consciousness or shame.

Shyness and Significant Relationships

In addition to exploring object relations functioning, this study examined a variety of other interpersonal factors and experiences. The relationship between shyness and experiences of past and present relationships with significant others were explored, as were possible differences between shy and not-shy people on these same aspects of interpersonal functioning. Overall, few significant findings emerged. In the present discussion, the significant results will be addressed first, followed by a consideration of the implications of the lack of overall findings pertaining to shyness and external or "real" relationships.

The most interesting set of findings in this part of the investigation was the association of shyness with fewer numbers of self-reported friendships and close friendships, and the significant difference between shy and not-shy subjects in terms of number of friends and close friends. These findings are not surprising, given the difficulty shy people have approaching new people and becoming close to others. Other research has also found shyness to be related to having fewer friends (Jones & Carpenter, 1986).

The results from the present investigation differ from previous research on the friendships of shy persons in several ways. In this study, no relationship was found between shyness and current romantic involvement, or between shyness and an overall feeling of dissatisfaction with present relationships. Previous researchers have found shyness to be associated with less frequent dating (Jones & Briggs, 1984), as well as a greater tendency to be dissatisfied with relationships (DePaulo, Dull, Greenberg, & Swaim, 1989). It is not clear why the findings in the current study differ from previous research. It may be that the shy people in the present investigation were able to find a steady romantic partner, but that they too, dated less frequently overall. In terms of satisfaction with relationships, the shy subjects may have rated their relationships as generally satisfying because of both their low expectations of relationships and their tendency to blame themselves more than others for relational difficulties.

Two other significant findings in the present set of analyses are more difficult to interpret and may represent spurious results. A positive relationship was found between shyness and the age at which parents' separation or divorce occurred, and a significant difference was observed between shy and not-shy subjects in previous experience of the death of someone close to them, with shy people having less experience of losing someone. Both of these findings may be understood as relating to past experiences of separation and/or loss. It may be that increased feelings of shyness are associated with

coping with parents' separation or divorce later in life because the individual has had more time to become more attached to both parents and may withdraw socially in reaction to the separation from one or both parents. Coping with the experience of death may provide people with a chance to negotiate separations. People who have had less experience of the death of someone close to them may be more fearful or timid about separations from others and more likely to rate themselves as shy. As mentioned above, these findings are difficult to make sense of and may not be replicable in future research.

The failure to find significant differences between shy and not-shy people on measures of past and current relationships leads to several points about the object relations findings in this study. The absence of significant differences in experiences of past relationships between these two groups suggests that differences in dimensions of object relations between the two cannot be explained by the presence of more traumatic experience in the lives of shy people, nor by measurable differences in their early patterns of relationships with family or friends. In addition, differences in the object relations functioning of the shy and not-shy people studied cannot be attributed solely to differences in current interpersonal functioning or to dissatisfaction with current relationships. Overall, this suggests that the dimensions of object relations studied in the present investigation measure something other than what is captured by measures of actual interpersonal functioning. It also points to the usefulness of exploring more of the internal world of shy individuals.

Shyness and Physiological Factors

Exploration of the relationship between shyness and factors related to physiological arousal and overall health yielded scant results. In contrast to previous research, no relationship was found between shyness and blue eye color or between shyness and overall symptoms of anxiety. Those few significant findings that were observed regarding shyness and physiological factors (headaches, blushing, and constipation) might be interpreted as a weak association between shyness and increased tension and/or anxiety. The significant difference found between shy and not-shy subjects in the frequency of headaches might also be understood in this context.

The failure to find a greater relationship between shyness and physiological factors may be accounted for by the lack of actual measurement of these symptoms, as well as by sampling issues. In contrast to the research of Kagan and his colleagues, the shy subjects in the current study were defined according to self-report measures rather than observable measures of behavior and physiological functioning. The use of more stringent criteria in defining a "shy" group of subjects might have yielded more results in the exploration of physiological factors. In addition, examination of the subcomponents of shyness (i.e., cognitive, behavioral, somatic) might have led to significant findings between the somatic component of shyness and physiological measures, as has been found by other researchers (Cheek & Watson, 1989). It is worth noting that in this study the shy subjects were not more troubled by somatic complaints

than their not-shy counterparts. As this study was conducted during the end of the semester, perhaps both shy and not-shy subjects were experiencing such heightened anxiety that differences between the two groups could not be observed.

Limitations of the Current Study and Future Directions

The findings and conclusions drawn in the current study are limited by several methodological considerations. This study was based on a sample of college students who were relatively homogeneous in terms of age and ethnicity. The generalizability of the current findings to people of other age groups and cultures is therefore limited. Since previous research has found differences in the experience of shyness at different points of development as well as in different ethnic groups (Zimbardo, 1977), future research might be able to explore the object relations functioning in more heterogeneous samples. Of particular interest would be the exploration of object relations in the adolescent stage of development when shyness is reported to be increased (Zimbardo, 1977).

The measures used in the first part of the study were exclusively self-report. The use of self-report instruments to measure psychological functioning is limited in that only the conscious realm of experience is captured. This has particular implications for the study of object relations functioning which by definition rests on an examination of both external interpersonal

functioning and internal processes. The BORRITI, while clearly a valid and reliable measure of object relations functioning focuses on self-reported interpersonal feelings and behavior and is therefore limited in its ability to tap unconscious processes.

In the second part of this study, both an interview and a projective test (TAT) were included in order to obtain more information about the unconscious psychological functioning of shy people. While the use of these two qualitative measures clearly added to the depth of the information gleaned, this second part of the study had its own limitations. The primary drawback of the interview portion of the investigation was that it focused exclusively on shy individuals. In-depth comparisons of the object relations of shy and not-shy subjects, therefore, could not be completed. Future research might examine projective and interview material in both these groups. In addition, further research might include the Rorschach as a research measure; this projective test has the benefit of being less subject to the influence of conscious processes as compared to the TAT. The use of the Rorschach might also provide further information about the reality testing abilities of shy individuals.

The findings related to the secondary analyses in this study were less robust than might have been anticipated, because of several factors. As has been mentioned previously, comparisons of shy and not-shy subtypes were limited by small sample size. Analyses of the relationship between shyness and physiological factors might have been more productive had the subcomponents of shyness been examined, and had actual physiological measurements been obtained. Overall, a

greater relationship might have been observed between shyness and signs of physiological arousal if a more pure and stringently defined sample of shy subjects had been studied.

As a whole, the findings from this study suggest that the exploration of object relations functioning in shy individuals is a fruitful one. As the present investigation is apparently the first to consider the relationship between shyness and this aspect of interpersonal functioning, it suggests that future shyness researchers might consider expanding their theoretical framework to include the study of object relations functioning. Perhaps most useful in terms of future directions of shyness research would be to conduct observational studies of early caretaker-child interactions with an eye toward describing and understanding the actual development of object relations functioning.

Conclusion

The idea for this study originally stemmed from a sense that the literature on shyness failed to capture either the essence or subtleties of the experience of shyness. In a review of the numerous quantitative studies on specific aspects of the interpersonal functioning of shy individuals, the depth and pain of the relational difficulties of shy people seemed lost in the numbers and constructs of the researchers (Harris, 1984b). Since psychoanalytic approaches to clinical phenomena usually involve an attempt to capture a broad array of feelings, motivations, and experiences, this theoretical

approach seemed to offer the possibility of exploring shyness from a broader and deeper perspective. Surprisingly, given the object relations theorists' interest in the development of the capacity to relate, no research on the object relations functioning of shy individuals had previously been done.

This study used a combined quantitative and qualitative approach to better understand the relational difficulties of shy people and to explore whether there were measurable differences between shy and not-shy people in dimensions of object relations functioning. In terms of quantitative findings, there was an observed relationship between shyness and feelings of alienation, insecure attachment, and social incompetence, as well as significant differences on these object relations dimensions between shy and not-shy people.

Most revealing and most poignant, however, were the comments of the 20 shy interviewees. Despite their shyness, these individuals spoke openly and candidly about their struggles to relate, and about their fears and hopes for relationships. Overall, what was most striking about the shy interviewees was their profound sensitivity and vulnerability. Their fragile senses of self, and sensitivity to the way others reacted to them, led these shy individuals to experience a great deal of pain and anxiety in their relationships. For most of the shy people interviewed, this difficulty in relating extended back to their early childhoods and continued into their present relationships.

In contrast to the view that shy people are aloof and uninterested in relating, the interview material from this study

suggests that, in fact, shy people want very much to be close to people and have inordinate longings to be connected to others. Because they have difficulty approaching people and feel a need to protect themselves from being hurt, however, these shy individuals have trouble forming close relationships. Their extreme sensitivity to rejection and tendency to be dependent in relationships also contributes to their difficulty in becoming close to others. Of note, however, is that despite these difficulties, most of the shy interviewees were able to form several long-lasting and satisfying intimate friendships.

One of the more interesting and unexpected findings in this study was the relationship observed between shyness and aspects of reality testing. Shyness was found to be related to an uncertainty about one's own perceptions and to a lesser extent to a tendency to distort reality. These difficulties in reality testing seemed to arise from the tendency of shy people to perceive and experience the world more in terms of early relational experiences than in terms of objective reality. The shy interviewees, for example, falsely believed that others intended to hurt, reject, or abandon them, despite repeated experiences of others coming through for them. Their confusion about whether they could count on their own perceptions of reality, therefore, stemmed primarily from having their expectations of others' behavior towards them disconfirmed. Overall, the reality testing difficulties of the shy people in this study appeared more related to underlying relational difficulties than to a difficulty in perceptual reality testing.

While the findings in this investigation are too complex and numerous to reduce to simple theoretical constructs, some of the central themes discussed by the shy interviewees do appear to relate to several key object relations concepts. The core uncertainty, sensitivity, and low self-esteem of the individuals studied can be understood in terms of narcissistic issues and Kohut's conceptualization of narcissistic personality disorder. Their profound anxiety about the durability and goodness of relationships relates to difficulties with the maintenance of object constancy. Other issues, particularly the tendency to view others as malevolent, reflect the presence of underlying schizoid tendencies. As other theoretical conceptualizations have been discussed elsewhere in detail, they will not be repeated here.

As a whole, the findings from the present study offer a look at some of the less observable, more internal aspects of the experience of being shy. The shy interviewees' descriptions of the intricacies and difficulties of their relationships and their own explanations of how shyness affects their capacity to relate suggest that the experience of being shy is far more complex, and has greater ramifications for interpersonal functioning, than has been previously addressed. The finding of a significant relationship between shyness and measures of object relations functioning in this study points to the usefulness of considering the part played by unconscious processes in the experience of shyness. It also suggests that object relations theories might be particularly useful in providing a unifying construct for the understanding of both the essence and nuances of the experience of shyness.

APPENDIX A

INFORMED CONSENT FORM: STUDY I

I understand that this study is designed to explore the association between certain personality factors and interpersonal relationships. The study will involve completing a packet of several questionnaires assessing how I think about myself and my relationships with other people. It will also include some questions about my background and family. The study will take about one hour.

I understand that I may ask the experimenter any questions regarding the test procedures. At any time during my participation in the study, I understand that if I do not wish to continue, I am free to leave and will not be penalized in any way. I will still receive some credit for my participation.

I understand that all information obtained in this study will be confidential. This means that no-one but the experimenter will have access to the data gathered in the study. It also means that the questionnaires will be labeled with a code rather than by name or other identifying information. I understand that any reports of study results will not include my name or any specific identifying data.

I understand that I may be contacted in the next 3 months and asked to participate in another part of this study. At that time the details of that study would be explained to me and I would then choose whether or not I wished to participate. I would be under no obligation to do so.

I have read the above statement and I agree to participate in the study. I understand that my participation is voluntary and that if necessary I may withdraw consent and discontinue participation at any time.

Participant signature:

Date

Witness signature

Date

If you agree to be contacted in the next 3 months, please provide an address and phone number where you can be reached. If you are willing to be contacted during the January vacation, please list the address and phone number where you can be reached at that time.

This information will be separated from the responses to your questionnaires so that no identifying material will be connected with your name. Your subject number and name will only be matched on a separate list for later contact purposes and will not be used in the data analysis.

Name :

Address during the semester :

Phone number during the semester:

Address during January:

Phone number during January:

APPENDIX B

INFORMED CONSENT FORM: STUDY II

I understand that this study is designed to explore the association between certain personality factors and relationships with people. The study will involve a story-telling task and an interview in which I will be asked about my feelings about my relationships with family members and other important people in my life. The study will take between one and two hours.

I understand that I may ask the experimenter any question regarding the test procedures. During the interview I understand that I can decide not to answer a particular question and can follow-up or return to questions that have been asked. At any time during the study I understand that I am free to discontinue my participation and will not be penalized in any way. I will still receive some credit for my participation.

I agree to be audiotaped during this study and understand that while these tapes will be transcribed, the information I provide in this study is confidential. Any information I provide will be labeled with a code rather than by name or other identifying information. I understand that any reports of study results will not include my name or any specific identifying data.

I have read the above statement and agree to participate in the study. I understand that my participation is voluntary and that if necessary I may withdraw my consent and discontinue my participation at any time.

Participant signature

Date

Witness signature

Date

APPENDIX C

BACKGROUND QUESTIONNAIRE

Subject #-----

Instructions: Please answer all the questions below by either checking the appropriate category or filling in the necessary information.

1. Sex: Male----- Female-----

2. Age: ----- Date of Birth: -----

3. Religion of Origin:----- Current Religion-----

4. Ethnic Background (e.g. Irish, German):-----

5. Current Educational Status:

Freshman -----

Sophomore -----

Junior -----

Senior -----

Other (please specify)-----

6. What is your college major?-----

7. Mother's age (if alive)----- Father's age (if alive)-----

8. Parent's Educational Background: Mother Father

Less than High School Diploma ----- -----

High School Graduate ----- -----

Some College or Post Secondary ----- -----

Bachelor's Degree ----- -----

Master's Degree ----- -----

Doctorate, Medical or Law ----- -----

9. Parent's Occupation (or last occupation if retired or deceased)
(Please be specific e.g. works as a manager; supervises 5 people):

Mother: -----

Father: -----

10. Who did you live with for the majority of your infancy (ages 0-3)?

Check one:

- Natural mother and father -----
- Natural mother only -----
- Natural father only -----
- Adoptive parent(s) -----
- Foster parent(s) -----
- Other (please specify) -----

11. Who did you live with for the majority of your childhood (ages 3-12)?

Check one:

- Natural mother and father -----
- Natural mother only -----
- Natural father only -----
- Adoptive parent(s) -----
- Foster parent(s) -----
- Other (please specify) -----

12. Who did you live with for the majority of your adolescence (ages 13- 18)?

Check one:

- Natural mother and father -----
- Natural mother only -----
- Natural father only -----
- Adoptive parent(s) -----
- Foster parent(s) -----
- Other (please specify) -----

13. If you are adopted, at what age did you begin living with your adoptive parents?-----

Who did you live with prior to this time?-----

14. If you have ever lived in a foster home, at what age did this occur?-----

If you have ever lived in more than one foster home, how many total foster placements did you have?-----

At what ages did these placements occur?-----

15. Have your parents ever separated or divorced?

Please circle one: YES NO

If YES, what age were you when they separated? -----

16. At any time while growing up, did you ever have a significant, prolonged separation from your mother (one month or more)?

Please circle one: YES NO

At what age(s) did this occur? -----

What was the reason for the separation?

PLEASE CHECK ONE:

----- Illness

----- Death

----- Temporary marital separation

----- Divorce

----- Other (please specify)-----

17. At any time while growing up, did you ever have a significant, prolonged separation from your father (one month or more)?

Please circle one: YES NO

At what age(s) did this occur?-----

What was the reason for the separation?

PLEASE CHECK ONE:

----- Illness

----- Death

----- Temporary marital separation

----- Divorce

----- Other (please specify)-----

18. List below the brothers and sisters (include step- and foster brothers and sisters) with whom you grew up. List them from oldest to youngest, specifying their sex (M or F) and current age. Put yourself in the list where you belong, writing "Self" and your age.

	Sex (M or F)	Age		Sex (M or F)	Age
1.	-----	-----	4.	-----	-----
2.	-----	-----	5.	-----	-----
3.	-----	-----	6.	-----	-----

19. List all other people living in your household while growing up:

Relation to you (if any)	Current Age	Sex (M or F)
-----	-----	-----
-----	-----	-----
-----	-----	-----

20. Who were the most important people to you growing up in addition to your immediate family?

Relation to you (if any)	Current Age	Sex (M or F)
-----	-----	-----
-----	-----	-----
-----	-----	-----

21. Has anyone close to you ever died?

Circle one: YES NO

Who was this person (or people)?

Relation to you (if any)

Your age
when person died

Sex

22. Have you ever had any serious medical illnesses or conditions?

Circle one: YES NO

If yes, please specify:

23. Have you ever received treatment for a serious psychiatric illness?

Circle one: YES NO

If yes, please specify:

24. Check any of the following that you have experienced:

----- Thyroid disease

----- Kidney disease

----- Neurological diseases

----- Asthma

----- Infectious diseases

----- Diabetes

----- Loss of consciousness

----- Cancer

----- Head Injury

----- Glaucoma

----- Prostate problems

----- Epilepsy

----- Gastrointestinal disease

25. Check the appropriate column for each of the following as it applies to you:

Never

Rarely

Frequently

Very Often

Diarrhea.....

Constipation.....

Allergies.....

High Blood Pressure.....

Heart Problem.....

Nausea.....

Vomiting.....

Insomnia.....

25. (continued)	<u>Never</u>	<u>Rarely</u>	<u>Frequently</u>	<u>Very Often</u>
Headaches.....	-----	-----	-----	-----
Backache.....	-----	-----	-----	-----
Early morning awakening.....	-----	-----	-----	-----
Fitful sleep.....	-----	-----	-----	-----
Overeat.....	-----	-----	-----	-----
Poor appetite.....	-----	-----	-----	-----
Eat "junk foods".....	-----	-----	-----	-----

26. How many friends do you currently have?-----

27. How many of these are close friends?-----

28. Do you have a best friend?

Circle one: YES NO

If YES, how long have you been friends?-----

29. Did you have a best friend growing up?

Circle one: YES NO

30. Are you currently involved in a romantic relationship?

Circle one: YES NO

If YES, how long have you been in this relationship?-----

31. Which person in your life are you closest to right now?-----

32. What makes you feel close to them?-----

33. In general, do you find your relationships satisfying?

Circle one: YES NO

34. What about your relationships would you change if you could?

APPENDIX D

THE SOCIAL RETICENCE SCALE

For each of the items below, please decide how characteristic or typical the statement is of you using the following scale. Fill in the blank next to each item by choosing from the scale printed below.

- 5 = extremely characteristic
- 4 = very characteristic
- 3 = moderately characteristic
- 2 = slightly characteristic
- 1 = not at all characteristic

- 1. I frequently have difficulties in meeting people.
- 2. I seldom feel isolated from other people.
- 3. I have a hard time expressing my opinions to others.
- 4. I usually know what to say in a group.
- 5. Many people apparently think I am unfriendly.
- 6. I seldom keep quiet in groups, especially when I have something to say.
- 7. It is difficult for me to make new friends.
- 8. I frequently feel isolated from other people.
- 9. I have difficulty being assertive, even when it is appropriate or I need to be.
- 10. I have few problems in meeting new people.
- 11. Many people think I'm snobbish or bored because I'm not more outgoing.
- 12. It is difficult for me to know what to say in a group.
- 13. I make new friends easily.
- 14. Ordinarily, I communicate effectively.
- 15. I can express my opinions to others effectively.

- 16. I usually keep quiet in groups, even when I have something to say.
- 17. Apparently, people think I am friendly.
- 18. I have little difficulty being assertive, especially when it is appropriate or I need to be.
- 19. I have difficulty communicating effectively.
- 20. Most people think I am outgoing.

APPENDIX E

THE REVISED CHEEK AND BUSS SHYNESS SCALE

INSTRUCTIONS: Please read each item carefully and decide to what extent it is characteristic of your feelings and behavior. Fill in the blank next to each item by choosing a number from the scale printed below.

1 = very uncharacteristic or untrue, strongly disagree

2 = uncharacteristic

3 = neutral

4 = characteristic

5 = very characteristic or true, strongly agree

- 1. I feel tense when I'm with people I don't know well.
- 2. I am socially somewhat awkward.
- 3. I do not find it difficult to ask other people for information.
- 4. I am often uncomfortable at parties and other social functions.
- 5. When in a group of people, I have trouble thinking of the right things to talk about.
- 6. It does not take me long to overcome my shyness in new situations.
- 7. It is hard for me to act natural when I am meeting new people.
- 8. I feel nervous when speaking to someone in authority.
- 9. I have no doubts about my social competence.
- 10. I have trouble looking someone right in the eye.
- 11. I feel inhibited in social situations.
- 12. I do not find it hard to talk to strangers.
- 13. I am more shy with members of the opposite sex.

APPENDIX F

THE FEARFULNESS SUBSCALE FROM THE NEW EMOTIONALITY, ACTIVITY,
AND SOCIABILITY TEMPERAMENT SURVEY

Rate each of the items on a scale of 1 (not characteristic or typical of yourself) to 5 (very characteristic or typical of yourself).

-----1. I am easily frightened.

-----2. I often feel insecure.

-----3. When I get scared, I panic.

-----4. I have fewer fears than most people my age (reversed scored).

APPENDIX G

THE PUBLIC SELF-CONSCIOUSNESS SCALE OF THE SELF-CONSCIOUSNESS INVENTORY

INSTRUCTIONS: Please read each item carefully and decide to what extent it is characteristic of your feelings and behavior. Fill in the blank next to each item by choosing a number from the scale printed below.

1 = extremely uncharacteristic

2 = slightly characteristic

3 = moderately characteristic

4 = very characteristic

5 = extremely characteristic

-----1. I'm concerned about my style of doing things.

-----2. I'm concerned about the way I present myself.

-----3. I'm self-conscious about the way I look.

-----4. I usually worry about making a good impression.

-----5. One of the last things I do before I leave the house is look in the mirror.

-----6. I'm concerned about what other people think of me.

-----7. I'm usually aware of my appearance.

APPENDIX H

THE CHEEK AND BUSS SOCIABILITY SCALE

INSTRUCTIONS: Please read each item carefully and decide to what extent it is characteristic of your feelings and behavior. Fill in the blank next to each item by choosing a number from the scale printed below.

1 = very uncharacteristic or untrue, strongly disagree

2 = uncharacteristic

3 = neutral

4 = characteristic

5 = very characteristic or true, strongly agree

-----1. I like to be with people.

-----2. I welcome the opportunity to mix socially with people.

-----3. I prefer working with others rather than alone.

-----4. I find people more stimulating than anything else.

-----5. I'd be unhappy if I were prevented from making many social contacts.

APPENDIX I

THE BELL OBJECT RELATIONS REALITY TESTING INVENTORY

DIRECTIONS: Answer according to your most recent experience
If a statement tends to be true for you, circle T:
that is, T F

If a statement tends to be false for you, circle F:
that is, T F

Please try to answer all questions

-
- | | | | |
|---|---|-----|---|
| T | F | 1. | I have at least one stable and satisfying relationship. |
| T | F | 2. | Sometimes I think I have been possessed by the devil. |
| T | F | 3. | If someone dislikes me, I will always try harder to be nice to that person. |
| T | F | 4. | I would like to be a hermit forever. |
| T | F | 5. | I usually have trouble deciding whether something really happened or if it were a dream. |
| T | F | 6. | I may withdraw and not talk to anyone for weeks at a time. |
| T | F | 7. | Even if my perceptions are innaccurate, I am quickly aware of it and can correct myself easily. |
| T | F | 8. | I usually end up hurting those closest to me. |
| T | F | 9. | Drinking alcohol or smoking marijuana can so drastically affect my mind that I cannot be sure what is real. |
| T | F | 10. | I believe that people have little or no ability to control their sorrows. |
| T | F | 11. | My people treat me more like a child than an adult. |
| T | F | 12. | I experience hallucinations. |
| T | F | 13. | If someone whom I have known well goes away, I may miss that person. |
| T | F | 14. | I can deal with disagreements at home without disturbing family relationships. |
| T | F | 15. | I feel out of touch with reality for days at a time. |
| T | F | 16. | I am extremely sensitive to criticism. |
| T | F | 17. | Exercising power over other people is a secret pleasure of mine. |
| T | F | 18. | At times I will do almost anything to get my way. |
| T | F | 19. | I possess mystical powers. |
| T | F | 20. | When a person close to me is not giving me his or her full attention, I often feel hurt and rejected. |
| T | F | 21. | I am usually able to size up a new situation quickly. |
| T | F | 22. | If I become close with someone and he or she proves untrustworthy, I may hate myself for the way things turned out. |

- T F 23. I almost never have reason to doubt the accuracy of my own perception of reality.
- T F 24. I know my own feelings.
- T F 25. It is hard for me to get close to anyone.
- T F 26. My sex life is satisfactory.
- T F 27. There is an organized plot against me.
- T F 28. I tend to be what others expect me to be.
- T F 29. No matter how bad a relationship may get, I will hold onto it.
- T F 30. I feel that my thoughts are taken away from me by an external force.
- T F 31. I don't usually have strong opinions about things.
- T F 32. I have no influence on anyone around me.
- T F 33. I have the feeling that I am a robot, forced to make movements or say things without a will of my own.
- T F 34. People do not exist when I do not see them.
- T F 35. Often, I read things in other peoples' behavior that aren't really there.
- T F 36. I've been hurt a lot in life.
- T F 37. I have someone with whom I can share my inner-most feelings and who shares such feelings with me.
- T F 38. I believe that I am being plotted against.
- T F 39. No matter how hard I try to avoid them, the same difficulties crop up in my most important relationships.
- T F 40. I am being followed.
- T F 41. I yearn to be completely "at one" with someone.
- T F 42. I am not sure what month or year this is.
- T F 43. I am usually able to say the right thing.
- T F 44. In relationships, I am not satisfied unless I am with the other person all of the time.
- T F 45. I experience strange feelings in various parts of my body which I can't explain.
- T F 46. Being independent is the only way not to be hurt by others.
- T F 47. I am a very good judge of other people.
- T F 48. Relationships with people of the opposite sex always turn out the same way with me.
- T F 49. Others frequently try to humiliate me.
- T F 50. I can hear voices that other people cannot seem to hear.
- T F 51. I am rarely out of touch with my own feelings.
- T F 52. I generally rely on others to make my decisions for me.
- T F 53. It is common for me to be convinced that people, places and things are familiar to me when I really don't know them.
- T F 54. I am usually sorry that I trusted someone.
- T F 55. When I am angry with someone close to me, I am able to talk it through.
- T F 56. My thoughts are being broadcast so that other people know what I am thinking.
- T F 57. People are often angry at me whether they admit it or not.
- T F 58. Manipulating others is the best way to get what I want.

- T F 59. I often feel nervous when I am around members of the opposite sex.
- T F 60. At times I feel like my body is being changed into that of the opposite sex.
- T F 61. I often worry that I will be left out of things.
- T F 62. I feel that I have to please everyone or else they might reject me.
- T F 63. People who hardly know me are reading my thoughts whenever they want.
- T F 64. Sometimes I have dreams so vivid that when I wake up it seems like they really happened.
- T F 65. I shut myself up and don't see anyone for months at a time.
- T F 66. I am sensitive to possible rejection by important people in my life.
- T F 67. I am often the victim of the cruelty of other people.
- T F 68. Making friends is not a problem for me.
- T F 69. I believe that I am a condemned person.
- T F 70. I do not know how to meet or talk with members of the opposite sex.
- T F 71. When I cannot make someone close to me do what I want, I feel hurt or angry.
- T F 72. I hear voices that others do not hear which keep up a running commentary on my behavior and thoughts.
- T F 73. It is my fate to lead a lonely life.
- T F 74. I am under the control of some force or power other than myself which forces me to think things or have impulses which are not my own.
- T F 75. My moods affect how I see things.
- T F 76. People are never honest with each other.
- T F 77. I can always distinguish between reality and fantasy even during the time I am going to sleep or awakening.
- T F 78. I put a lot into relationships and get a lot back.
- T F 79. I have the feeling that the world is about to come to an end soon.
- T F 80. I feel shy about meeting or talking with members of the opposite sex.
- T F 81. The most important thing to me in a relationship is to exercise power over the other person.
- T F 82. I have a good sense of direction and virtually never lose my way.
- T F 83. I try to ignore all unpleasant events.
- T F 84. I experience anxious feelings which I cannot explain.
- T F 85. When I drink or use drugs, it seems as if those around me have it in for me.
- T F 86. I pay so much attention to my own feelings that I may ignore the feelings of others.
- T F 87. I frequently don't know where I am, even in my own neighborhood.
- T F 88. I have a hard time accepting the reality of tragic events in my life, like a death in the family.
- T F 89. I believe that a good mother should always please her children.
- T F 90. Sometimes I see only what I want to see.

APPENDIX J

THEMATIC APPERCEPTION TEST: SELECTED PICTURES

- Picture 1: A young boy is contemplating a violin which rests on a table in front of him.
- Picture 2: This is a country scene: in the foreground is a young woman with books in her hand; in the background, a man is working in the fields and an older woman is looking on.
- Picture 4: A woman is clutching the shoulders of a man whose face and body are averted as if he were trying to pull away from her.
- Picture 5: A middle-aged woman is standing on the threshold of a half-opened door looking into a room.
- Picture 7BM: A gray-haired man is looking at a younger man who is sullenly staring into space.
- Picture 7GF: An older woman is sitting on a sofa close beside a girl, and is speaking or reading to her. The girl, who holds a doll in her lap, is looking away.
- Picture 8BM: An adolescent boy looks straight out of the picture. The barrel of a rifle is visible at one side, and in the background is the dim scene of a surgical operation.
- Picture 10: A young woman's head rests against a man's shoulder.
- Picture 12M: A young man is lying on a couch with his eyes closed. Leaning over him is the gaunt form of an elderly man, his hand stretched out above the face of the reclining figure.
- Picture 13MF: A young man is standing with downcast head buried in his arm. Behind him is the figure of a woman lying in bed.

APPENDIX K

THE OBJECT RELATIONS INTERVIEW FROM AN INTERVIEW GUIDE FOR THE CLINICAL ASSESSMENT OF EGO FUNCTIONS:

1. What was your father like? Your mother? How was your home life? Your current home life?
2. How do you get along with your girlfriend (boyfriend)/ spouse/ boss/parent?
3. Have you discovered that no matter how hard you try to avoid them, the same difficulties crop up in most important relationships?
4. Do you keep getting involved with the same kind of person? Like even when you thought he/she was going to be different?
5. Do you generally prefer to be close to people or keep your distance? How do you feel most comfortable, with intense relationships or cool ones? Which kinds for which sorts of things?
6. Is it hard to get close? To stay close? What are the kinds of things that make you want to retain distance? In close relationships do you often reach a point where things are getting too intimate? So that you've wanted to or have actually broken it up?
7. Have you ever run away from or broken up a relationship for fear of getting hurt if you got too close? Or do you find it hard to let go even when things are going bad?
8. Did you ever feel that someone rejected you or a friend abandoned you?
9. How easily are your feelings hurt? Are you sensitive to criticism? To being left out of things? Do you often feel you've been rejected or abandoned?
10. Have you been hurt a lot in your life? Have you felt it's your fate to be always on the losing end? When you are hurt, do you have ways of trying or wishing to get back?
11. Have there ever been times in your life when you had to live alone? Or wanted very much to live alone? How do you feel when "X" (whomever patient lives with) is away for the weekend? Or longer?
12. Have you ever gone to a movie or a restaurant alone?
13. How well do you understand other people? How well do they understand you?
14. Have you felt that things would be all right if only he/she/they would change?
15. Do you try to change the way people are and how they act so that they'd be the way you'd like them?
16. How do you get what you want from other people?
17. What kinds of things do you do to make people pay attention to you? (Life of the party, crying, temper, dressing well, etc.)
18. Do you enjoy exercising power over other people? Is that a secret pleasure?
19. Who handles what in your household? Like making major decisions, (who's responsible for the caring of the children? Who handles the finances?) Who really runs things?

20. Who usually makes the initial approaches for sex, you or your girlfriend/boyfriend/spouse? Immediately after sex, what do you like to do?
21. Have you ever been involved in love affairs or involved sexually with more than one person at a time? Is this (or would this be) difficult for you to sustain emotionally, or do you (or do you think you would) prefer it that way?
22. Do you play games like "cat and mouse" with people close to you?

EARLY HISTORY, RELATIONSHIP, AND SHYNESS INTERVIEW

Early History

1. What is your earliest memory?
2. Who took care of you when you were a child?
3. As a child, how did you feel understood? How misunderstood?
4. Did you have a special toy or blanket or article of clothing that you liked to have with you when you were a child?
5. Did you have an imaginary playmate as a child? (IF YES) Can you describe this playmate?
6. What was it like when you went to school for the first time?
7. What kinds of things were particularly difficult for you growing up?

Friendships

8. Did you have friends growing up? (Ask about elementary school, junior high, high school)
9. How did you spend time with your friends?
10. Do you keep in touch with any of these friends?
11. How do you keep in contact? How much effort is this for you?
12. How do you feel about your friends when you're apart?
13. Can you count on things being the same when you don't see them for a while?
14. Is there anyone you lost contact with, despite wanting to stay in touch? What happened?

Family Relationships

15. Is there anything important to know about your family? Anything unusual?
16. How important are your parents to you?
17. Do you get to see them often?
18. Is it as often as you like, too often, not enough?
19. Do you feel close to them?
20. In what ways are you concerned with figuring out your relationship to them?
21. How similar to or different from your parents are you in terms of interests, values?
22. How often are you in contact with your siblings?
23. As often as you'd like, too often, or not enough?
24. Do you feel close to them?

Shyness

25. How would you describe your personality?
26. Would you say that you are basically a shy or a not-shy person?
27. How do you know you're shy?
28. Why do you think you're shy?

29. When did you first know that you were shy?
30. How does being shy affect your life?
31. How much of a problem is shyness for you?
32. Do you think shyness affects how you relate to others? How?
33. How do you think others see you in terms of shyness?

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