

**SELF-ESTEEM AS CORRELATE OF SHYNESS AMONG STUDENTS WITH
DISABILITIES IN SECONDARY SCHOOLS IN OREDO LOCAL
GOVERNMENT**

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EDU1904354

UNIVERSITY OF BENIN

BENIN CITY

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**A PROJECT SUBMITTED TO THE DEPARTMENT OF EDUCATIONAL
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CERTIFICATION

We, the undersigned hereby certify that this research work was carried out by **Osetohanmwun Success IYERE** with Matriculation Number: **EDU1904354** of the Department of Educational Evaluation and Counseling Psychology, Faculty of Education, University of Benin, Benin City in partial fulfillment of the requirements for the Award of Bachelor Degree (B.Sc. Ed) in Special Education.

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DEDICATION

This work is dedicated to God almighty, the Beginning and the End.

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To God be all the glory and praise forever. My profound gratitude goes to God Almighty, the monarch of the universe, for his unwavering love and boundless mercy that has been my guiding light throughout my academic program. To your divine presence, I owe my deepest thanks special thanks to my project supervisor, Dr W. O. Jesuorobo for his encouragement and invaluable guidance throughout the duration of my research work.

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ABSTRACT

The study investigated Self-Esteem as correlate of Shyness among students with disabilities in secondary schools in Oredo Local Government. Four research questions guided this study.

The study adopted the descriptive survey research design in which 100 learners with disabilities in Oredo local government, participated in the study. The research instrument was through a shyness and self esteem scale which was validated by the researcher's supervisor and the and two other experts in the department of educational evaluation and counselling psychology, the research instrument was subjected to a cronbach alpha reliability which showed a reliability coefficient of 0.71 and 0.73 for the shyness and Self esteem scale respectively. The findings showed that; there is the prevalence of shyness among students with disabilities in Public schools in Oredo local government; the findings also showed that Shyness leads to low self esteem among students with disabilities in Public schools in Oredo local government.

The study concluded that; addressing the psychological needs of learners with disabilities, educators and policymakers can create inclusive and supportive learning environments that promote the holistic development and well-being of students with disabilities in secondary schools. The study recommended that School Administrators and Educators should develop and implement targeted interventions within the school curriculum to address shyness among students with disabilities. The study also

recommended that Parents and Caregivers should encourage and reinforce positive self-image and self-worth in child with disabilities.

CHAPTER ONE

INTRODUCTION

Background to the Study

In humans, shyness is a social psychology term used to describe the feeling of apprehension, lack of comfort, or awkwardness experienced when a person is in proximity to, approaching, or being approached by other people, especially in new situations or with unfamiliar people. Shyness may come from genetic traits, the environment in which a person is raised and personal experiences. It is the prime factor that complicates meeting with people and taking pleasure with different experiences.

Shyness is considered an aspect of the emotional life for children. It is a common phenomenon for children that can continue in teenage hood if specialists do not interfere. Shyness, like other psychological disorders, can be treated and eliminated if it is well-managed and monitored. Shyness represents a significant problem for children with negative impact on their lives, careers, social performance and academic achievement. Shyness leads to failure in school, work and in family life. To illustrate, at work, shy people cannot achieve prominence and obtain the positions they deserve due to shyness. Furthermore, such people can miss opportunities in showing their talents in school. Shyness indicates emotional and behavioral struggle for children in social interaction situations. Shyness is most common when children move to new environments or when they interact with society members away from family and siblings (Sabi et al,' 2022).

Shyness may be defined experientially as discomfort and/or inhibition in interpersonal situations that interferes with pursuing one's interpersonal or professional goals. It is a form of excessive self-focus, a preoccupation with one's thoughts, feelings and physical reactions. It may vary from mild social awkwardness to totally inhibiting social phobia. Shyness may be chronic and dispositional, serving as a personality trait that is central in one's self-definition (Henderson and Zimbardo, 2018). Shyness is associated with feelings of timidity, apprehension, or discomfort in at least some social situations. This term is often used to describe a personality disposition or temporary event, and less frequently in reference to a mental health concern (Jacobs and Antony, 2014). On the other hand, Self-esteem is a way of being, thinking, feeling and acting that implies that one accepts, trusts and believes in oneself, when one accepts oneself, one can live comfortably with both one's personal strength and weaknesses, without undue self-criticism. Self esteem is an important component of personality, which refers to how we feel about the self or how we value ourselves. It is the individual's private feeling that is derived from one's perception and appraisal of different attributes of the self. Self esteem consists of general feeling of worth and competence associated with one's own self. To believe in oneself means that one feels and deserves to succeed and on the basis of past demonstrated competence and current resources one has confidence that one can fulfill one's deepest personal needs, aspirations and goals. On the other hand, people with low self-esteem see themselves lightweight and they do not believe in their own talents. Distrust, doubt and inequality cause low self esteem. Typically, self-esteem is defined in

terms of how we evaluate ourselves and our characteristics, the "personal judgment of worthiness that is expressed in the attitudes the individual holds toward himself," in the words of Coopersmith (2017), a pioneering researcher in the field. Consider the claim that feeling good about oneself is linked to a variety of constructive life choices or at least to the absence of destructive behaviors. The metaphor preferred by the members of the California task force is that self-esteem offers a "social vaccine" against crime and violence, substance abuse, and other cultural diseases (Kohn, 2014).

Shyness can be attributed to a combination of genetic predispositions, early life experiences, family dynamics, cultural influences, self-esteem issues, social skills deficits, and in some cases, underlying mental health conditions such as social anxiety disorder. These factors intertwine to shape an individual's comfort level and behavior in social situations, highlighting the complexity of shyness as a human trait. Recognizing and understanding these various causes can help foster empathy and support for individuals navigating the challenges of shyness.

The self esteem of individuals can be affected by shyness. Shy people are seen less friendly than others, maybe a bit standoffish, even cold in some circumstances. Jones (2019) reported that shy children probably even see themselves in a more negative than positive light. Because of this worry, their thoughts and strengths are limited to a very small circle of people; they are in fact only limited by their own thoughts and emotions. They constantly think that others are slighting them, insulting them, or attacking them in

some way. The shy person can actually handicap themselves with negative thoughts and wind up using their shyness as a crutch and an excuse for not pursuing more social occasions,

"I can't handle these kinds of situations because I'm so shy." Of course the more they tell themselves things like this, the harder it becomes to socialize, make friends, and establish relationships, both personal and professional. It becomes a selfdefeating behavior. This kind of self-defeating behavior leads to more and more avoidance of any or all social encounters, until they become frozen in fear and completely unable to function in normal social circumstances. They quite literally lose hope in their own ability to function normally in these circumstances, so they quit trying.

Davies (2014) argued that if the children (adult) feel that there is a discrepancy between the way they are behaving and the way they would like to react; their self esteem is likely to be low. To avoid negative feeling, children may lower their expectations of themselves and accept a lower level of performance or social interaction than they are capable of, or may try to avoid further feeling of failure by withdrawing from the situation in which they feel that their self esteem is to be threatened. Zimbardo (*2017) pointed out that one of the most serious consequences of being shy is unwillingness to ask for help. People who are shy usually have low self esteem. People who are shy who have low self esteem but there is more to shyness than just low self esteem If that the person is a stranger people with high self esteem are often less willing than people with

low self esteem to ask for help. Abused children with high self esteem are less likely to seek treatment or counseling than abused children with low self esteem. Maintaining self esteem seems important to people who have a very positive self image.

For school children with disabilities to maximize the acquisition of knowledge during their study, it is essential to look into the factors of their self esteem, which is integral to how they perceive themselves and their ability to get the best of what is expected of them in the process of acquiring education. As there are many factors that contribute to high or low self esteem among individuals especially those with disabilities, the study is concerned about the issue of shyness. Contemporarily, the study on shyness and its correlate among students with disabilities is blurry in research, the research seeks to draw out the relationship between shyness of students and low self esteem, while exposing how these factor shortchanges the students with disabilities on what they need to get in the process of their education. Identifying the relationship between shyness and self esteem can help provide feasible blueprints for stakeholders, education administrators and government to address this issues especially among school children with disabilities in Oredo Local Government area of Edo State.

Statement of the Problem

The number of people reporting some form of shyness has been gradually increasing over the years. The most recent research suggests that at any given point in time, close to 50% of the global population report that they currently experience some degree of

shyness in their lives. In addition, close to 80% of people report having felt shy at some point in their lives. Many of these people could be referred to as "shy extroverts" (Payne, 2015). As a matter of fact, the main factor that makes things difficult for shy people is random interpersonal relations.

In view of the growing awareness and advocacy for students with disabilities, there remains a gap in understanding the relationship between self-esteem and shyness within this population. While self-esteem plays a crucial role in shaping one's social interactions and overall well-being, its correlation with shyness among students with disabilities is not well-explored. The lack of empirical research in this area hinders the development of targeted interventions and support strategies aimed at addressing the social and emotional needs of these students. Therefore, there is a pressing need to investigate whether self-esteem serves as a correlate of shyness among students with disabilities in Oredo Local Government Area of Edo State.

Purpose of the Study

The Purpose of this study is to investigate Self Esteem as a correlate of shyness among Students with Disabilities in Senior Secondary School in Oredo Local Government of Edo State.

Specifically, the study seeks to examine;

1. The prevalence of shyness among students with disabilities in public secondary schools is Oredo L.G.A
2. The relationship between low self esteem and shyness
3. The relationship between high self esteem and shyness

Research Question

The following research Question are formulated to guide the study among senior secondary school students with disabilities in Oredo Local Governement Area of Edo State;

1. What is the prevalence of shyness among students with disabilities in public secondary schools is Oredo L.G.A?
2. What is the relationship between low self esteem and shyness among students with disabilities in public secondary schools in Oredo L.G.A?
3. What is the relationship between high self esteem and shyness among students with disabilities in public secondary schools in Oredo L.G.A?

Research Hypothesis

Research question 2 & 3 will be hypothesized at 5% significant level;

1. There is no significant relationship between low self esteem and shyness among students with disabilities in public secondary schools in Oredo L.G.A

2. There is no significant relationship between high self esteem and shyness among students with disabilities in public secondary schools in Oredo L.G.A

Significance of the Study

This study seeks to examine the subject matter of shyness and self esteem among students with disabilities in senior secondary schools in Oredo Local Government Area of Edo State, in which the findings of the study will contribute immense importance to the field of special education, to special education administrators, individuals with low self esteem, policy makers, the public and also contribute to existing research on special education students.

The significance of the study on self-esteem as a correlate of shyness among students with disabilities in secondary schools in Oredo Local Government Area (LGA) lies in its potential to contribute valuable insights and practical implications in several key areas:

Understanding the Psychological Dynamics: Exploring the relationship between self-esteem and shyness among students with disabilities can provide a deeper understanding of the psychological dynamics at play within this demographic. This

understanding can help educators, counselors, and policymakers tailor interventions and support mechanisms to address the specific needs of these students.

Improving Social Integration: High levels of shyness coupled with low self-esteem can significantly hinder social interaction and integration within school environments. By uncovering the extent of this correlation, the study can offer strategies to foster a more inclusive and supportive atmosphere within secondary schools, ultimately promoting better social integration for students with disabilities.

Self-esteem has been linked to academic achievement, with higher levels of self-esteem generally associated with better academic performance. Identifying how shyness impacts self-esteem among students with disabilities can inform strategies to bolster their confidence and self-belief, potentially leading to improved academic outcomes.

Informing Intervention Programs: Insights gained from this study can inform the development of targeted intervention programs aimed at addressing both shyness and self-esteem issues among students with disabilities. These programs can encompass various approaches such as peer support groups, counseling services, and confidence-building activities tailored to the unique needs of this population.

Promoting Mental Health and Well-being: Shyness and low self-esteem can have detrimental effects on mental health and overall well-being, particularly among adolescents. By identifying these factors within the context of students with disabilities,

the study can contribute to the development of holistic support systems that prioritize mental health promotion and resilience building.

Advancing Inclusive Education Practices: Inclusive education aims to provide equitable opportunities for all students, regardless of their abilities or backgrounds. Understanding the interplay between self-esteem and shyness in students with disabilities can inform the implementation of more inclusive practices within secondary schools, fostering an environment where every student feels valued, accepted, and empowered to succeed.

In summary, the significance of the study lies in its potential to inform practices, policies, and interventions that promote the social, emotional, and academic well-being of students with disabilities in secondary schools, ultimately contributing to their overall success and fulfillment.

Scope of the Study

The scope of the study is concerned with the concept of shyness and its relationship with the self esteem of school children with disability in Oredo Local Governement area of Edo State. The study is delimited to senior secondary school students living with disabilities in public secondary schools in Oredo L.G.A, Edo state.

Definition of Terms

Shyness: Described as the feelings of discomfort and anxiety when in different social situations, especially when they try to initiate social interaction with others.

Students with learning disabilities: Those who have disorders in one or more of the basic psychological processes, which include understanding of written or spoken language and their use

High Self Esteem: High self-esteem is operationally defined in this study as the subjective evaluation an individual holds regarding their own worth, value, and capabilities, characterized by consistently positive perceptions of oneself in their academic pursuit and achievements.

Low Self Esteem: Low self-esteem is operationally defined in this study as the subjective evaluation an individual holds regarding their own worth, value, and capabilities, characterized by consistently negative perceptions of oneself across various domains such as academic, social, and personal achievements.

CHAPTER TWO

REVIEW OF RELATED LITEATURE

The second chapter deals with the review of related literatures that deals with the study on the correlation between shyness and self esteem among children with disabilities which is discussed under the following sub headings;

- Theoretical Frameork
- The Concept of Shyness
- Cause of Shyness
- Prevalence of Shyness among School Children especially those with disabilities
- The concept of Self-esteem
- The connection between shyness and self-esteem among children with disability
- Interventions on the Issue of Shyness among school children
- Shyness, Self-Esteem and Academic Performance
- Useful Strategies for addressing Shyness among young people
- What psychological research tells us about shyness and schooling?

- Summary of Reveiwed Literature

Theoretical Framework

The study is hinged on the Allport 1961 Trait Theory.

The trait theory was developed by Allport in 1961 (Pastorino & Doyle-Portillo, 2016). The trait theory views shyness as a relatively stable personality characteristic. Research and theory suggests two sources of trait shyness (Buss, 1984, as cited in the marriage and family encyclopaedia 2017). The first source explains trait shyness as a genetic predisposition toward inhibition and excessive anxiety, with evidence of a high degree of inheritability for shyness (Plomin and Rowe, 1979, as cited in the marriage and family encyclopaedia)

The second source of trait theory of shyness states that;” shyness may emerge because of disruptions or problems in development, especially those involved in the establishment of a personal identity during adolescence (Asendorpf, 1989; as cited in the marriage and family encyclopaedia 2017)

The Concept of Shyness

Shyness is a persistent characteristic that occurs when one feels anxiety when presented in a novel social situation (APA, 2016). Children may feel they are being evaluated and have fears of being negatively reviewed and rejected, which may lead to actively avoiding social situations or withdrawal (Volbrecht & Goldsmith, 2017). There are many constructs that make up the characteristics of shyness. One of which is the preference for solitude. This is defined by an active and purposeful preference or isolation from others. As a result, they will purposefully withdraw from social situations. Shy people also have a preference to be excluded from peers, they will neglect the relationships they do have with peers, and this can lead to rejection from those peers (Rubin & Coplan, 2015). According to Coplan (2015), Shyness can occur at different levels and look different between people. There are several categories associated with shyness. One category is low approach, which signifies that the person will make few attempts to immerse him or herself into a social situation. Conflicted shyness is another category. An individual who falls into this category wants to engage in social situations, but feels anxiety when he or she does. Fearful shyness, a third category, is described as anxious feelings brought upon from any social situations for the individual. Someone with self-conscious shyness has anxious feelings in social situations that are brought on by poor self-concept. Social fear is the anxious feelings of being in a social situation, as well as thinking about situations. Slow to warm up, the final category, involves anxious feelings that will subside after being immersed in the social situation. According to Crozier & Alden (2021), shyness has been identified as being absent in certain

environments. For example, it is not uncommon for parents and teachers to have different perceptions of the same child. That child could appear as outgoing and social in the home, but display social aversion at school. Despite environmental differences, shyness has been shown to be a stable trait (Crozier & Alden, 2021). The associated behaviors are manifested across long periods of time.

Shyness appears in specific periods under special circumstances in human life. It is known that social growth is characterized by a period of shyness, especially when interacting with strangers. The danger is the continuity of shyness as means to escaping essential interaction with others. Then, shyness becomes a habit before it become a phenomenon of mental illness. Adult teachers and guardian do a significant role in the support and formation of shyness for students and consider it an indication of good and appropriate upbringing which they desire for them. They perceive passive and calm children who avoid their peers and do not play with them as angels. Thus, they cheer and praise them in front of others which motivates them to abide by this behavior. Zeytinoglu, et al (2017) define shyness as: “a complicated emotional state that entitles a negative feeling towards oneself or a feeling of inferiority and shame that causes discomfort and discontentment which pushes the child to isolate themselves and not integrate in life. Henceforth, they do learn from its experiences and do not have friendships or relationships with other children. Thus, their experiences are limited, and they may become a burden on themselves and the society due to avoiding others and solitude”. “Shyness is an internal force that prevents the individual from creating social

relationships with others and continuing them. Shy people have difficulty in being assertive and expressive. They are, also, dispatched from themselves and others due to fear from criticism and rejecting their thoughts and performance and negative evaluation from others. Tang et al determined a set of psychological and behavioral symptoms and aspects that indicate general characteristics that appear on shy children. These aspects and characteristics include: - Behavioral symptoms: characterized by isolation, especially in relationships with members of the other gender, lack of speech, inability to express opinions and thoughts, lack of tendency to lead others or defend their rights positively, difficulty in meeting strangers or unknown people and making friendships with them. - Knowledge-based symptoms: characterized by excessive self-awareness, low self-esteem and selfconfidence, the presence of negative speech about the self and wrong thoughts and beliefs related to social situations and other people. They lack the ability to pay attention, care about others and feel their feelings which causes social isolation. Shy children lack social skills, do not show concerns about others, struggle in direct contact with others, do not show pity or respect for others and do not obtain new experiences. Thus, rarely do they receive social acclaim, peers do not look for them and parties are considered tough situations for shy children. Shy children have low self-esteem and lack self-confidence.

They, also, refuse being parts in mutual relationships if sufficient guarantees for acceptance are not provided. A shy individual is characterized by social withdrawal, and they exaggerate in requesting love, care and acceptance. Furthermore, they have low self-

esteem and are unable to respond to social situations attractively. They speak in a hesitant and reserved manner and cannot keep eye contact with others while interacting with them. Poole and Schmidt pointed out some reasons that can cause shyness for children and the formation of behavioral emotional problem. These reasons were limited to the raising of the family, parental deprivation as well as reasons related to their studies such as academic underachievement, as the child feels unconfident, so they seek isolation from others to avoid shyness. Not all shy students have academic underachievement; there may be excellent students. This means that each case has its causes and reasons. Also, other significant reasons include strict schools' system, strict teachers and fruitless methods used by teachers with students.

Cause of Shyness

Family background is believed to play a major role in the development of shyness. If children experience high levels of family stress during a young age, they are more likely to experience shyness during the middle childhood years and beyond (Findlay & Coplan, 2019). Surprisingly, however, if family stress occurs at middle childhood, children are not any more likely to experience shy behaviors at any point of their life (Findlay & Coplan, 2015). Shyness can develop in children whose parents have high levels of stress and anxiety. Through their parenting, they may model poor coping techniques; rejection of the child's needs, and thus lead to fear of rejection of peers. Parents who experience high levels of conflict with their children may increase the likelihood of developing

shyness in their children. Children may also develop a more dependent relationship with parents as well as a strong passive stance with other peers and new people (Feng, Shaw, & Moilanen 2016).

Children living in chaotic homes are much more likely to experience internalizing withdrawal behaviors (Volbrechet 2014). Using internalizing coping skills often will lead to a cycle of shyness (Findlay & Coplan, 2015). Studies have indicated that families with lower socio-economic status are more likely to experience maternal stress reactions. If young children experience this constantly, they are far more likely to experience shyness when they become school aged. Additionally, these children are more likely to use behavioral inhibition as a maladaptive coping method, which as explained in detail later, can lead to shyness as well as other behavioral problems (Volbrecht & Goldsmith, 2014).

Family background is not the only factor related to the development of shyness. Indeed, gender also appears to play a role in social shyness. Research has indicated females are more likely to experience shyness, especially in adulthood, than males. Thus, it may be more socially acceptable for females than males to be shy. That means more consequences that are negative for shy males. (Coplan et al. 2015).

A major contributing behavioral theory to the function of shyness can be explained by the use of the behavioral inhibition system (BIS). This theory explains a feeling of hopelessness and submission that a shy person experiences (Oakman 2018). Non-shy people will find social situations desirable, and when they take an action to engage in

these they find the situation satisfying. For someone who experiences anxiety in these situations, they experience a flight or fight response. When they are unable to receive satisfaction from fleeing or fighting, they will engage in the behavioral inhibition system. All action would be inhibited. That means the shy person would engage in no action. The lack of action will mean the situation will not get any worse; however, this can cause a continual cycle of anxiety, which will cause future social aversion (Rubin & Coplan, 2010). Biology, such as genetics also can play a role in development of shyness. Studies have shown that mothers who are shy are generally more likely to give birth to shy children (Daniels 2015). It is believed that inherited genes may lead to a capacity for arousal within the limbic sites in the brain. Low arousal thresholds are more common in shy children and adults (Snidman, 2018). Children predisposed to shyness are more likely to engage in higher levels of motor activation when presented with novel auditory or visual stimuli. This is believed to be linked to the increased sensitivity of the more active limbic system for these children. Children predisposed to shyness genetically are also more likely to experience higher levels of fear compared to their same aged peers. The anxious feelings in social situations are reinforced by negative social experiences through early childhood; usually brought upon by shy parents (Crozier & Alden, 2015).

Prevalence of Shyness among School Children especially those with disabilities

Shy children often may have desires to have social interactions; however, inhibition results from the fear and anxiety of the actual social situation. The classroom is an area of

much stress for shy students; the classroom not only contains large groups of peers and adults, but also there is a demand for verbal participation (Coplan et al. 2014). Shy children will participate less in the classroom and feel anxious when they do. Furthermore, when a shy student does participate they will talk less and provide less meaningful material due to the anxiety (Corzier, 2021). While shy students do not participate regularly, which may lead to teachers to have lowered expectations, it is because of anxiety about interacting in the classroom, not due to lack of knowledge and/or skill (Hughes & Coplan, 2014). Past research has indicated that academic engagement is positively correlated with academic achievement. Therefore, one could conclude that because shy students do not engage in the classroom they function at lower levels (Evans 2017).

Children who have been identified as being shy have many problems both inside and outside of the classroom. Shy children reportedly have more internalizing problems than their non-shy counterparts and may have stronger negative emotional responses. Children who are considered shy also have reported feeling angrier more often than their counterparts have and at many times the anger may escalate out of the child's control (Eggum 2018). This inappropriate display of anger leads to relationship troubles for children who already find starting and maintaining relationships difficult. It is also believed that this leads to even more anxiety when socializing with peers. This may lead to a poorer self-concept.

As shy children are at an increased risk of higher levels of anxiety, they are also at a higher risk for depression; they report feeling sad more frequently than non-shy children (Eggum 2014). Higher levels of anxiety lead to poor school performance. Shy students as well as other high anxious students generally have lower grades than other students. Social functioning is also decreased, which leads to the poorer relationships, and more stressful school experience (Wood, 2016). According to Arbeau & Coplan (2014), children who are shy can experience a variety of problems in the classroom setting. For instance, they have difficulty interacting with peers. Shy children struggle establishing and maintaining friendships, which is part of the social learning experience for students. Student teacher-relationships of shy students also suffer. These relationships at many times can be chaotic and cause more social aversion for the student (Arbeau & Coplan, 2014). Teachers have less developed relationships with shy students since shy students tend to avoid such social situations. Therefore, teachers may not engage with shy children as readily as their non-shy counterparts. Such a cycle cannot only cause disconnect for the student, but lack of understanding for these students (Coplan 2015). Shy children may have academic struggles as well. They experience higher levels of stress from being with peers and teachers, their cognitive abilities are taxed (Hughes& Coplan, 2010). This leads to a reduction in their cognitive resources that can be used for learning and paying attention. As a result, these students may have lower grades, lower standardized test results, and higher levels of incomplete work. As shy students graduate, they will continue to experience hardships developing relationships and maintaining good job

performance. Shy adults will often marry at older ages and experience more marital problems than their non-shy counterparts. Shyness often lasts throughout adulthood and interferes not only with academic performance, but also with job performance. Additionally, they will often experience fewer promotions in career, and they will be let go more frequently and experience more switching of jobs than others (Smith 2016).

Additional classroom related problems for shy children include others' perceptions of them. Peers of shy students believe that these students have lower cognitive abilities than their more socially active counterparts. Students will often label their shy peers as having lower intelligence quotients than others (Morgan, 2017). Generally, teachers hold a negative perception of shy students (Coplan, 2015). Teachers often believe these students do not know the answers because they do not readily participate as readily as their non-shy counterparts. Furthermore, they sometimes believe the reason they cannot provide input to classroom instructions is due to deficiencies in academic skills. However, the reason these students do not participate is often the result of their shyness not a lack of knowledge and/or ability.

As a result of their perceptions, many teachers have lower expectations for shy students. Additionally, teachers sometimes believe that shy students have lower cognitive abilities and score lower on tests that measure intelligence compare to same-aged peers (Coplan 2016). It has been shown that teachers regularly predict lower performance for shy students on standardized measures of math and reading, but in

reality, shy students perform comparable to their same aged, non-shy peers on these measures. Teachers and peers are not the only ones who hold negative perceptions of shy students. Indeed, shy children often report that they themselves have less intellectual ability. This also coincides with research that suggests that shy students have lower self-esteem (Morgan 2017).

There are those do not hold the previously mentioned negative perceptions of shy children. Despite the fact shy students typically struggle to find and maintain close friendships, they are capable of having friends. These friends often report average levels of intelligence for their shy friends. This trend is also generally found among family members of shy students as well (Jones 2016). While there is a general perception that shy people are less intelligent because they show a lack of social skills, shy students perform just as well as their more vocal peers on measures of intelligence and academic skills. In addition, there is no difference between these two groups in school grade point average (Paulhus 2017). However, there is a relationship between higher levels of social aversion and lower college admissions test scores as well as college grade point average (Crozier, 2014).

The concept of Self-esteem

James (2016) defined self-esteem as "the achievement to the aspirations," because the relationship of the real success and personal goals and aspirations had the greatest influence in what position one can be seen. Rosenberg (2017) totally accepted James's

view that in understanding of self-esteem is the essential fact the knowledge of specific values and aspirations on which it is based. Rosenberg (Gray 2017) considers that a person characterized with high self-respect, respects himself, considers and appreciates himself and recognizes his mistakes. If a person has low self-respect that means he has not respect towards himself, he considers himself as unworthy, bad and generally dishonest person.

Besides James, the guide through self-esteem phenomena, there are Meade's 1967 works, in which the family experience is emphasized, especially in early childhood and takes the main role in self-esteem building. In that sense, the most important thing is whether the key persons relate towards someone with love, worry or not. The direct connection between parents' self-esteem and children's self-esteem confirm Coppersmith (2017) studies. According to results, the mothers of children with high self-esteem, have also high self-esteem, they are more independent, emotionally stable and flexible. By the other side, fathers of children with high self-esteem have an active role in giving support to his children; fathers are authorities, taking over the responsibility as dominant member of the family. In mutual interaction, the parents of these children establish clearer forms of authority and responsibility and they more evaluate an achieving, until the parents of children with low self-esteem more evaluate social approval. At the same time the feeling of confidence and authority among parents may contribute a child's conviction that his parents are success, providing indirect and direct experiences of success at children. Besides providing the clear and stable models for

success, they offer models which are necessary for controlling everyday problems, constructively, and in accordance with reality.

The connection between shyness and self-esteem among children with disability

Research of a shyness as a trait, shows its moderate high negative correlation with measures of self- esteems (Croizer 2015). The individual differences in shyness appear in the childhood and they are connected with selfesteems. The significant correlation between measures of shyness and self- esteems found at adults, also is seen at four years aged (Croizer 2015). Hymel (according to Crozier, 2015) had been working with children from 4th to 6th class. Those children who were estimated as shy, by other children at the same age, had lower self- esteems than children, who were not estimated as shy. Shyness is very close connected with the lack of social self-esteem which is reflected into low self- esteems at social situations and with the worry about lacks of the social skills.

Anderson (2014) posited that the relationship between shyness and low self-esteem is often interconnected and can be understood through various psychological mechanisms such as;

- I. Social Anxiety: Shyness involves feelings of discomfort or apprehension in social situations, often accompanied by a reluctance to engage with others. Individuals who are consistently shy may experience heightened levels of social anxiety, leading to negative self-evaluations and a diminished sense of self-worth.

- II. **Negative Self-Perception:** Shyness can contribute to negative self-perceptions, as individuals may interpret their social difficulties as personal failings or inadequacies. This negative self-view can perpetuate feelings of low self-esteem, reinforcing the belief that one is not capable or worthy of positive social interactions.
- III. **Social Comparison:** Shy individuals may engage in frequent social comparisons, particularly with more outgoing or socially adept peers. These comparisons can exacerbate feelings of inadequacy and inferiority, further contributing to low self-esteem.
- IV. **Limited Social Support:** Shyness often leads to social withdrawal and difficulty forming meaningful connections with others. Without adequate social support networks, individuals may lack the positive affirmations and validation necessary for maintaining healthy self-esteem.
- V. **Cyclical Nature:** Shyness and low self-esteem can form a self-perpetuating cycle, wherein shyness leads to negative self-evaluations, which in turn reinforce feelings of inadequacy and further inhibit social interactions. This cycle can be difficult to break without intervention or support.
- VI. **Stigmatization:** In some cases, individuals who are consistently shy may face stigmatization or marginalization from peers, leading to internalized feelings of shame or unworthiness. This external stigma can exacerbate feelings of low self-esteem and perpetuate social withdrawal.

The relationship between shyness and low self-esteem is complex and multifaceted, influenced by individual differences, social contexts, and cognitive processes, especially among children living with disability. Understanding this relationship is essential for developing targeted interventions aimed at improving both social functioning and self-esteem in individuals who experience chronic shyness (Anderson 2014).

Interventions on the Issue of Shyness among school children

As shyness has become identified as a condition with maladaptive effects, many treatments have become available to alleviate the symptoms of shyness (Scott, 2016). One of the identified treatment options is the use of psychotropic medications. Many medications used to help alleviate depressive symptoms, such as monoamine oxidase inhibitors (MAO-I's), or selective serotonin uptake inhibitors (SSRIs), have been prescribed to those with shyness. It should be noted that this avenue of treatment has many potential drawbacks, including side effects. It has been determined that using antidepressants, especially SSRIs, have led to an increase in suicide idealization in children taking the medication (Gibbons et al. 2017). SSRIs also can cause nervousness, and insomnia. In addition, SSRIs can cause muscle pain, as well as stomach pain. Digestive problems such as nausea and or diarrhea are also side effects associated with SSRIs. Older students and others taking a SSRI may also experience sexual side effects that include lower interest, desire and performance as well as lower satisfaction. Males taking SSRIs may also experience impotence (SSRI side effects, 2015). Additionally, while

medication may lead to a quick alleviation of anxious feelings, it fails to gain any insight to the manifestation of the shyness. In addition, many are unable to seek general practitioners in order to access these medications, thus making this treatment option unattainable for many.

Psychotherapy, and other forms of counseling, can also be used as an intervention for shy students (Scott, 2016). Cognitive-behavioral therapy (CBT) is one of the most common approaches used when providing counseling services to people who are shy. CBT takes on the viewpoint that shyness is an anxiety disorder that is brought upon by irrational thoughts, and the negative beliefs brought upon by the social situation (Hirshfeld-Becker et al. 2014). CBT trains people to stop the autonomic negative thoughts, and to replace them with more positive thoughts. CBT generally lasts 6-12 weeks and treatment occurs one on one with a psychotherapist or counselor for one time a week. Sessions will generally include role play and social skills training. In addition, those undergoing cognitive behavioral therapy may also participate in group therapy sessions, and will generally have activities to perform outside of the therapy sessions (Scott, 2016).

According to Hirshfeld-Becker et al. (2014) CBT can be specially tailored to the developmental level of the child. CBT relies on a teaching model for delivery. In practice the client will be taught about the cognitive behavioral model to explain their feelings and behaviors. In the case with shyness, the client would be taught about their thoughts about

social interactions, and how that leads to the behavior of shyness (Scott, 2016). This would be taught in a way that is appropriate for the development of the client. The practitioner would then teach relaxation techniques that can be used to counter the anxious feelings, when the client is in a social environment. The client would rehearse these techniques, and implement them outside of the therapy session (Hirshfeld-Becker et al, 2014).

CBT has yielded many successful results. Research has indicated that CBT and other therapies are more effective in treating these troubling behaviors than use of psychopharmalogical treatment alone. CBT has been shown to be one of the more effective treatments for treating not only shyness but other anxiety disorders as well. Children that were successful in therapy also reported having positive social interactions as a result of the treatment for years after termination of that therapy (Ishikawa, Okajima, Matsuoka, & Sakano 2017).

CBT remains one of the most effective ways to treat shy behaviors, it has some downfalls. CBT is an expensive treatment, and many are unable to afford such interventions, leaving it inaccessible to many. CBT is also contingent on the individual wanting to change, and this may not be the case for many students. The reported positive results of CBT are based on services to older children and adults; its effectiveness on younger students has not yet been established. (Scott, 2016).

A more recent intervention technique for shyness stems from the self-help literature (Scott, 2016). Many people have written books, articles, blogs, etc. explaining shyness and ways an individual can follow steps to overcome their shyness. These pieces of literature can be written for the individual, trying to overcome his or her own shyness. They also can be written for caretakers to raise children who are not shy, or techniques to help children overcome their shyness. These methods are relatively cheap, if not free, and are very easy to come by. Many are produced through books and/or magazines, which are easily accessible through stores or public libraries. Many self-help guides are also available through the internet via various webpages and blogs (Scott, 2016). Self-help guides, however, may not be based on any scientific research, and may at many times be solely based on an individual's opinions. They may not be written by an expert on working with shy people, and the author may lack the expertise to give information that is actually helpful. Thus, some self-help guides may actually be harmful to the user(s), and using self-help guides must be done with extreme caution (Norcross et al. 2013).

Very little research exists that inform teachers and support staff how to provide a better school environment for shy students. It has been found that some teachers do provide reinforcement, in the form of praise, for shy children to encourage them to participate in the classroom (Hughes & Coplan, 2014). While providing positive reinforcement is often used to increase the likelihood for a shy student to repeat interacting in the classroom, it is more likely to bring unwanted attention to the student and cause the opposite effect. Thus, praise must be done inconspicuously as to not bring

unwanted attention to the student (Crozier & Alden, 2016). This may be done by talking to the shy student when no other people are around, which will also lead to a stronger student teacher relationship. Building the stronger teacher-student relationship will make the student more comfortable in the classroom. Shy students also will feel less anxiety answering closed ended questions, limiting their time speaking in a classroom. Shy children should also be called on first; more socially active peers will attempt to respond before shy students, eliminating chances for the shy student (Crozier & Alden, 2016).

Teachers make use of peer groups frequently in the classroom, and social interaction is more likely to occur in this type of activity. Shy students will normally regress in these groups. However, research indicates that having smaller groups, that are not lead by teachers, are more open to having shy students socially interact with the peers in the group. Shy children also have an easier time interacting with younger children; if possible, it would be beneficial to assign the shy student as an “older” helper to the younger student. (Crozier & Alden, 2016). Shy students have a tendency to be “invisible” during times such as recesses. An important method for helping shy students is never forcing a shy student into a social situation. Such an act would only increase their levels of anxiety and cause them to leave the situation. Instead of forcing these students, you should lure them into such situations (Scott, 2016).

The most serious setback experienced by shy students is their inability to ask for help (Crozier & Alden, 2016). This is especially defeating for shy students that may also have

a learning disability. These children are less likely to be referred for special services. Support staff must spend time providing assertiveness training, and focusing on helping these students build strong social associations. Support staff also needs to be aware of the difficulties of shy students, and to be strong advocates for their shy students. (Crozier & Alden, 2001).

Shyness, Self-Esteem and Academic Performance

Crozier and Hostettler (2014), carried out a research on the influence of shyness on children's test performance. They did this by recruiting 240 years 5 pupils (122males, 118 females) from 24 primary schools. Through teacher nomination and checklist rating, they were able to identify shy and less shy children and had them complete vocabulary and mental arithmetic tests in one of three conditions, in a between-subject design. The conditions varied individual and group administration, and oral and written responses.” (Crozier & Hostettler, 2014).

Aryana (2016), carried out a research on the relationship between self-esteem and academic achievement amongst pre-university students. He used the Coopersmith questionnaire and the students' grades in their current and previous semesters. He chooses 50 males and 50 female Qaemshahr school's students randomly and administered the questionnaires to them. Using the two-tailed t-test, his results showed that there was significant ($p < 0.01$) positive relationship between self-esteem and academic achievement

Jaredi, Stanojevic, Radovic, Minic, and Pavicevic (2014), conducted a research on “Shyness and self esteem in the Elementary School”, using a sample 160 pupils of elementary schools in Kosovo and Metohija, aged 8-11. The instruments that they used were the Crozier scale of shyness (Crozier, W. R. 1993) and the Rosenbergself-esteem scale adapted to the age of the respondents. They employed the Pearson correlation coefficient, t-test and analysis of variance (ANOVA) and found that:

- i. Shyness and self-esteem are negatively and significantly related.
- ii. Shyness was negatively associated with academic achievement.
- iii. Self-esteem was significantly and positively associated with academic achievement.
- iv. The expression of shyness and self-esteem were not found as significant inrelation to gender, birth order and parent education.

Useful Strategies for addressing Shyness among young people

Bin Ruqiyyah (2013) investigated some psychological properties for students with academic disabilities. It aimed at reaching results that could reduce this phenomenon by assisting teachers as well as students in improving the outcomes of the educational process and raising the interaction of students. Orainat (2016) determined the

effectiveness of a play-based guidance program in reducing the level of shyness for a sample of learning disabilities students in resource rooms. Results revealed the presence statistically significant differences among the responses of the study sample which indicates the effectiveness of such a program. The researcher, consequently, recommended such a program. Odion (2018) study aimed at identifying the effectiveness of a counseling program based on problem-solving techniques in reducing the feelings of social shame among mothers of children with down syndrome. The sample consisted of ten individuals, and the quasi-experimental approach was used. Results found that there are statistically significant differences between the mean scores of posts and pre measurements and that there are no differences between the mean score post and follow-up measurement.

Mursy et al conducted a study that aimed at improving the executive skills of autistic children to decrease their shyness. Results found that there are statistically significant in averages of sample members' degrees in the post and pretests. They, also, showed the absence of statistically significant differences in the means of sample members' ranks on the post and follow-up scales. Alatawy and Musa prepared a study that investigated shyness and its relation with self-concept for second grade students in the region of Janrouz. The study found differences in the level of shyness attributed to gender, as females are generally shyer than males. Also, it found that males have more self-concept than their male counter parts. Allala and Alzubairi study sought to investigate social shyness among mothers of children with disabilities based on (Disability type, mother's

academic qualification, and family's economic level) in Riyadh. Results revealed that the general mean of social shyness level among the mothers of children with disabilities was low. Also, it has been shown that the level of shyness due to the economic level was statistically significant at the level of (00.05), where the mothers of medium and low income had effect more than those of the high income. The type of disability was statistically significant at the level of (00.05), where the most effective disability is autism, oral disability, then mental disability. On the other hand, academic qualification did not reveal any statistical significance Olfaz investigated the relationship between foreign language anxiety, shyness, language learning strategies, speaking scores and academic achievement of university preparatory students learning German. Results indicate the presence of a moderate negative relationship between foreign language learning anxiety and academic achievement as well as a negative relationship language anxiety and speaking scores. Furthermore, a positive relationship was found between the learning strategies of students and their academic achievement.

What psychological research tells us about shyness and schooling

Shyness does not bring a child to the threshold where they may be seen as having special educational needs and warrant statutory support through, for example in England, an Education and Health Care Plan. Psychological research indicates, however, that it can

be associated with lower attainment and therefore make specific demands on teachers aiming at inclusive classrooms.

Shyness has been variously theorised in psychology, for example in terms of behavioural inhibition to the unfamiliar (Rimm-Kaufman & Kagan, 2015) and social withdrawal (Rubin et al. 2019). A substantial literature has investigated shyness, defined as a temperament or personality trait that is characterised by individual differences in wariness and anxiety in the face of social novelty and perceived social evaluation, reticence in social situations, and embarrassment and self-consciousness in situations where shy individuals perceive themselves as being or likely to be socially evaluated (Rubin et al. 2019). Research within this framework has shown that shy children may encounter a range of difficulties within the school setting (Kalutskaya et al. 2015). In comparison with their less shy peers, their educational attainments tend to be lower, performance on tests of language development is often poorer, they are more likely to have difficulties in adjustment to school, have more frequent absences due to minor physical ailments and are at greater risk of meeting clinical diagnostic criteria for social anxiety disorder (Evans 2017).

That many teachers recognise shyness as a potential problem is evident from reports of their adoption of strategies to help shy students overcome their difficulties within the classroom. Coplan et al. (2016) examined elementary school teachers' reports of the likelihood of using a preselected set of strategies for hypothetical shy, quiet children as

described in vignettes. In comparison with average or typical children, there was greater likelihood of using social learning strategies (verbal encouragement and praise, concrete reinforcement and modelling behaviour) and peer-focused strategies such as involving classmates and encouraging joint activities outside the classroom. In another study based on vignettes and hypothetical cases, Deng et al. (2017) included items referring to social learning strategies in a study involving preservice elementary school teachers. Items referred to the promotion of social skills, involving a classmate in problem solving, praising the student for appropriate behaviours and encouraging the student to join activities. Participants reported a greater likelihood of using these approaches with shy students than with average and exuberant students.

Teacher characteristics and the properties of teacher–student relationships also influence teachers’ approaches to students’ shyness. Lao (2014) found that teachers’ understanding of their shy students was influenced by their own experience of shyness as children or adults. Higher-quality relationships were associated with greater social skills and adjustment among students (Arbeau 2016). Zee and Roorda (2018) found that students’ self-reported shyness correlated negatively with teacher ratings of closeness and conflict in teacher–student relationships.

Research that focuses on individual differences along a standardised, quantitative measure of shyness—such as the Child Behavior Scale or the Child Social Preference Scale (Coplan 2014)—provides a degree of insight into teachers’ understanding of

shyness but fails to do justice to the complexity of the phenomenon. Correlations can be modest, even if statistically significant (e.g. in Zee and Roorda, 2018 study). The interview study reported by Lao et al. (2014) identified shyness as a combination of the themes of social factors, personal factors and social relations (sympathy, empathy). Research ought to take this complexity into account and investigate in greater detail teachers' understanding of the forms of shyness as they encounter them among individual students.

Shyness also implies psychosocial challenges in peer relationships: it is associated with having a limited number of friends; although there may be one stable friendship, which may be with children who experience similar psychosocial difficulties (Rubin et al. 2019). They are also at risk of peer victimisation (Hanish & Guerra, 2004), which they evoke by presenting themselves as physically and emotionally weak and unlikely to retaliate (Rubin et al. 2016). They may then use social withdrawal to cope with peer victimisation (Gazelle & Rudolph, 2014), creating a transactional cycle where the shy child is bullied and responds by withdrawal, which is followed by further victimisation (Rubin et al. 2019). The particular contribution of the present study is to focus on what teachers do to mitigate the potential difficulties faced by individual shy children in actual complex school settings.

Summary of Reveiwed Literature

This second chapter covers the review of related literatures which gave a thorough review of related works, articles, or research that have been carried out in the area of self-esteem and shyness and its impact on the academic performances of school children. This chapter had the theoretical review, the conceptual review and the empirical review.

Theoretical Review was done on the Allport 1961 Trait Theory of Personality. The Conceptual review is concerned about The Concept of Shyness, Cause of Shyness, Shyness among School Children, The concept of Self-esteem and The connection between shyness and self-esteem.

The Empirical Review covered a wide range of topics such as; Interventions on the Issue of Shyness among school children; reviewing the linkage of Shyness, Self-Esteem and Academic Performance; Useful Strategies for addressing Shyness among young people; and What psychological research tells us about shyness and schooling

CHAPTER THREE

METHODOLOGY

The Chapter described the methodology used in the study under the following headings;

- Research Design
- Population of the Study
- Sample Size and Sampling Technique
- Research Instrument
- Validity of the Instrument
- Method of Data Collection
- Method of Data Analysis

Research Design

Descriptive survey research design using correlational approach was employed. This approach and design were the best most suitable means to better explore the issue of self esteem as a correlate of shyness among students with disabilities in secondary schools in Oredo Local Government area.

Population of The Study

The population of the study deals with three Special schools in Oredo local government, Edo State. The total population of special students in these two school is 160.

Table 3.1. Study Population

| S/N | NAME OF SCHOOL | POPULATION | | TOTAL |
|-----|--------------------|------------|--------|-------|
| | | MALE | FEMALE | |
| 1 | IHOGBE COLLEGE | 44 | 58 | 106 |
| 2 | IDIA COLLEGE | 0 | 13 | 13 |
| 3 | PROJECT CHARRYLOVE | 23 | 17 | 40 |
| | TOTAL | 67 | 88 | 160 |

Source: Field Work 2024

Sample size and Sampling Technique

The researcher used the convenience sampling technique to achieve a successful sampling. Three (3) secondary schools which include: Ihiogbe College, Idia College and Project Charylove. The researcher chooses twenty-five (100) senior secondary students from each of the 3 secondary schools making up to 100 sample size.

Table 3.2: Sample Size

| S/N | SCHOOL | POPULATION | SAMPLE SIZE |
|-----|-------------------|------------|-------------|
| 1 | IHOGBE COLLEGE | 106 | 65 |
| 2 | IDIA COLLEGE | 13 | 10 |
| 3 | PROJECT CHARYLOVE | 40 | 25 |
| | SAMPLE | 160 | 100 |

Research Instrument

The major instrument used for data collection was a likert scaled questionnaire. The instrument was applied for easy and well-documented information issued to the chosen sample size of the population. The instrument was designed on improved likert

scale provided for respondents for easy comprehension and response. They are strongly agree, agree, strongly disagree and disagree

Validity of The Instrument

The validity of the instrument was obtained from the researcher's supervisor and two other experts from the department of educational evaluation and counselling department of educationa and counselling pyschology. They ensured the face and content validity was satisfied and the final copy was incorporated.

Reliability of the Instrument

To assess the reliability of the tool for the research, the internal consistency of the items was evaluated using the Cronbach alpha statistic. The research instrument was distributed to 20 Special students in Idia college, who were outside the study area. The instrument yielded a cronbach coefficient value of 0.71 for the shyness scale and 0.73 for self esteem scale; which indicated that the tool exhibited reliability.

Method of Data Collection

Primary data was collected. It was collected through the distribution of questionnaire to the respondnets. Hand delivery method was used for both distribution and collection of the questionnaire. Questionnaires were filled in by principals, deputy principals, counselors and the teachers on duty. A properly filled questionnaire were collected and analyzed.

Method of Data Analysis

The data collected will be analysed using the descriptive statistical method, using frequency count and simple percentage and the use of Mean average and standard deviation to formulate a decision. A mean criterion of 2.50 was determined. Mean analysis greater than 2.50 were reported as accepted while mean score lesser than the mean criterion of 2,50 were rejected.

CHAPTER FOUR

PRESENTATION OF RESULTS, ANALYSIS AND DISCUSSION OF FINDINGS

Presentation of Results

Table 1: Distribution of Responses by Percentage categories on Shyness

| S/N | ITEM | N | % AGREE | % DISAGREE |
|-----|--|-----|------------|--------------|
| 1 | I am always reluctant to ask my teachers questions | 100 | 71% | 29% |
| 2 | I feel shy to answer questions from my teachers | 100 | 58% | 42% |
| 3 | I feel ashamed when my classmate make some remark about me | 100 | 43% | 57% |
| 4 | I prefer being alone | 100 | 56% | 44% |
| 5 | I choose back seats in the classroom because I am shy | 100 | 38% | 62% |
| 6 | I like expressing my opinions in the class | 100 | 42% | 58% |
| 7 | I do not feel confident when I talk to others | 100 | 44.4% | 55.6% |
| 8 | I like leading my classmates | 100 | 42% | 58% |
| 9 | I sweat when I am asked to speak in front of the class | 100 | 44.4% | 56.6% |
| 10 | I tremble when the teacher asks me questions | 100 | 44.8% | 55.2% |
| 11 | I look away from the person I am speaking to | 100 | 46% | 54% |
| 12 | My heartbeat increases when I do assignment with my mates | 100 | 42% | 58% |
| 13 | I find it difficult asking others for help | 100 | 66% | 34% |

| | | | | |
|--------------|--|-----|---------------|---------------|
| 14 | I feel happy when I interact with people | 100 | 71% | 29% |
| 15 | I avoid eating food in public | 100 | 64.2% | 35.8% |
| TOTAL | | | 74.54% | 25.46% |

Research question 1: What is the prevalence of shyness among students with disabilities in public secondary schools in Oredo L.G.A?

Table 4.2: Prevalence of shyness among students with disabilities in public secondary schools in Oredo L.G.A

| Variable | N | % Shy | %Not Shy | Prevalance | Decision |
|-----------------|----------|--------------|-----------------|-------------------|--------------------------|
| Shyness | 100 | 74.54% | 25.46% | 74.54% | Prevalence by 75% |

Table 2 shows that the prevalence of shyness in among students with disabilities in public secondary school in Oredo L.G.A is 74.54%.

Research Question Two: What is the relationship between low self-esteem and shyness among students with disabilities in public secondary school in Oredo L.G.A?

Table 4. 3: Relationship Between Low Self Esteem Shyness

| Variable | N | Pearson r | Decision | |
|------------------------|------------|------------------|-----------------|-----------------------|
| Low self esteem | 100 | .500 | Average | Positive Relationship |

Table 3 shows that the relationship between low self-esteem and shyness is .500, which is average.

Research Question Three: What is the relationship between high self-esteem and shyness among students with disabilities in public secondary school in Oredo L.G.A?

Table 4.4: Relationship Between High Self Esteem Shyness

| Variable | N | Pearson r | Decision | |
|-------------------------|------------|------------------|----------------------------|--|
| High self esteem | 100 | .245 | Weak Positive Relationship | |

Table 4 shows that the relationship between low self-esteem and shyness is .245, which is weak.

Hypothesis Testing

Hypothesis One: There is no significant relationship between low self-esteem and shyness among students with disabilities in public secondary school in Oredo L.G.A.

Table 4. 5: Pearson Correlation Test Between Low Self Esteem Shyness

| Variable | N | Pearson r | Sig. (2 –Tailed) | Decision |
|-----------------|-----|-----------|------------------|-----------|
| Low self esteem | 100 | .500 | .006 | Reject Ho |

Alpha .05

Table 5 shows a Pearson r value of .005 and a p-value of .006. Testing at alpha level of .05, the p-value is less than the alpha level. Therefore, the null hypothesis which states that there is no significant relationship between low self-esteem and shyness among students with disabilities in public secondary school in Oredo L.G.A is rejected. Consequently, it is concluded that there is no significant relationship between low self-esteem and shyness.

Hypothesis Two: There is no significant relationship between high self-esteem and shyness in among students with disabilities in public secondary school in Oredo L.G.A.

Table 4.6: Pearson Correlation Test Between High Self Esteem Shyness

| Variable | N | Pearson r | Sig. (2 –Tailed) | Decision |
|------------------|-----|-----------|------------------|-----------|
| High self esteem | 100 | .246 | .199 | Retain Ho |

Alpha .05

Table 6 shows a Pearson r value of .246 and a p-value of .199. Testing at alpha level of .05, the p-value is greater than the alpha level. Therefore, the null hypothesis which states that there is no significant relationship between high self-esteem and shyness among students with disabilities in public secondary school in Oredo L.G.A is retained. Consequently, it is concluded that there is a significant relationship between low self-esteem and shyness.

Regression Analysis

Table 4. 7: Linear Regression of Self Esteem and Shyness

| Model | Sum of Square | Df | Mean Square | F | Sig. | Decision |
|-------------------|----------------------|-----------|--------------------|-------------|-------------|--------------------|
| Regression | 422.603 | 2 | | | | |
| Residual | 910.639 | 26 | | 6.03 | .007 | Significant |
| Total | 1333.241 | 28 | | | | |

Alpha .05, R = .563, R-Square = .317

Predictors (Constant); High Self Esteem. Low Self Esteem

Table 7 shows a p-value of .007 is less than the alpha level of .05. it indicated that the regression model confirms that the independent variables “low self-esteem and high self-esteem are predictors of shyness. It is concluded that shyness explains self-esteem by 56’3%.

DISCUSSION OF FINDINGS

The results of the first research question indicated a significant prevalence of shyness among students with disabilities in Oredo L.G.A. According to the shyness scale utilized in this study, approximately 74.54% of respondents acknowledged experiencing shyness, while 25.46% disagreed with this characterization. This high prevalence

underscores the importance of understanding and addressing shyness among students with disabilities, as it may impact various aspects of their academic and social functioning.

The analysis in Research question two revealed intriguing insights into the relationship between shyness and self-esteem among students with disabilities. The findings suggest a noteworthy correlation between low self-esteem and shyness, as evidenced by a Pearson correlation coefficient of .50. This implies that shyness is associated with decreased self-esteem among these students, indicating a potential negative impact on their overall well-being and psychological development.

The analysis in research question three examined the relationship between high self-esteem and shyness. Interestingly, the findings revealed a weak relationship between these variables, with a Pearson correlation coefficient of .245. This suggests that while shyness may not significantly bolster self-esteem among students with disabilities, it also does not necessarily exacerbate feelings of low self-worth in those with already high self-esteem levels.

The findings of this study shed light on the prevalence of shyness among students with disabilities in Oredo L.G.A and underscore the importance of addressing its impact on self-esteem and overall well-being. By implementing targeted interventions and fostering a supportive and inclusive school environment, educators and stakeholders can empower students with disabilities to thrive academically, socially, and emotionally.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

This study examined the prevalence of shyness among students with disabilities in public secondary schools in Oredo Local Government Area (L.G.A) and explored its relationship with self-esteem. Utilizing a shyness scale, data were collected from 100 students, revealing a significant prevalence of shyness among the respondents, with approximately 74.54% acknowledging experiencing shyness.

Furthermore, the analysis revealed a noteworthy correlation between low self-esteem and shyness among students with disabilities, indicating that shyness is associated with decreased self-esteem. However, a weak relationship was found between high self-esteem and shyness, suggesting that shyness may not significantly impact students with already high levels of self-esteem.

These findings underscore the importance of addressing shyness among students with disabilities and implementing interventions aimed at fostering self-confidence, social skills development, and emotional resilience within school environments. By recognizing and addressing the psychological dynamics of shyness and self-esteem,

educators and stakeholders can empower students with disabilities to thrive academically, socially, and emotionally.

The study highlights the need for further research to explore the complex interplay between shyness, self-esteem, and other psychosocial factors among students with disabilities. Longitudinal studies are recommended to examine the trajectory of shyness and its implications for academic and social outcomes over time, ultimately informing the development of effective intervention strategies and support mechanisms.

The summary of the study is stated thus;

- The respondents agreed that there is the prevalence of shyness among students with disabilities in Public schools in Oredo local government.
- The respondents agreed that Shyness leads to low self esteem among students with disabilities in Public schools in Oredo local government.
- The respondents agreed that Shyness does not encourage high self esteem among students with disabilities in Public schools in Oredo local government.

Conclusion

This study contributes valuable insights into the prevalence of shyness among students with disabilities and its impact on self-esteem. By addressing the psychological needs of this demographic, educators and policymakers can create inclusive and

supportive learning environments that promote the holistic development and well-being of students with disabilities in secondary schools.

Recommendations

The following Recommendations are presented for the study;

1. School Administrators and Educators should develop and implement targeted interventions within the school curriculum to address shyness among students with disabilities. These interventions should focus on building self-confidence, enhancing social skills, and promoting emotional resilience; offer training and professional development opportunities for teachers and staff on strategies for supporting students with disabilities who experience shyness and low self-esteem. This training should include guidance on creating inclusive classroom environments and implementing effective intervention techniques; and finally establish psychosocial support services within the school, such as counseling and guidance programs, to provide personalized support to students struggling with shyness and low self-esteem. Ensure that these services are accessible and inclusive for all students with disabilities.
2. Parents and Caregivers should encourage and reinforce positive self-image and self-worth in child with disabilities. Celebrate their achievements, provide encouragement, and offer emotional support to help boost their confidence and self-esteem; facilitate opportunities for child to socialize and build friendships with peers both inside and

outside of school. Encourage participation in extracurricular activities, clubs, and community events to foster social connections and combat feelings of isolation and collaborate with child's school and teachers to ensure they receive the necessary support and accommodations to thrive academically and socially. Stay engaged in their educational journey and advocate for their needs within the school community.

3. Peers and Classmates promote Inclusivity and Acceptance and foster a culture of inclusivity and acceptance within the classroom by being supportive and inclusive of students with disabilities. Act as allies and advocates, promoting positive social interactions and friendships with classmates who may experience shyness or low self-esteem; offer support and encouragement to classmates who may be struggling with shyness or low self-esteem. Be empathetic, patient, and inclusive, and actively engage them in social activities to help build their confidence and sense of belonging; and collaborate with schools and educational institutions to provide resources and support services for students with disabilities and their families. Offer community-based programs, workshops, and support groups aimed at promoting social inclusion and emotional well-being.
4. NGO that seeks to address disability issues should raise awareness within the community about the challenges faced by students with disabilities, including issues related to shyness and self-esteem. Advocate for inclusive practices and policies that promote equal opportunities and support for individuals of all abilities.

Contribution to knowledge

- By investigating the prevalence of shyness among students with disabilities in public secondary schools, this study contributes to a deeper understanding of the psychological dynamics within this demographic. It sheds light on the extent to which shyness is experienced and its potential implications for academic and social functioning.
- The study delves into the relationship between shyness and self-esteem among students with disabilities, offering insights into how these two constructs interact. By identifying a significant correlation between low self-esteem and shyness, the study highlights the importance of addressing psychological well-being in this population.
- The findings of the study provide valuable insights that can inform the development of targeted intervention strategies aimed at addressing shyness and promoting self-esteem among students with disabilities. By understanding the factors contributing to shyness and its impact on self-esteem, educators and practitioners can tailor interventions to better support the psychosocial needs of these students.

Suggestion for further Studies

- Conduct a longitudinal study to examine the trajectory of shyness and its impact on self-esteem among students with disabilities over time. This would provide valuable insights into how these constructs develop and change throughout adolescence and into adulthood.
- Undertake qualitative research to explore the lived experiences of students with disabilities who struggle with shyness. Through interviews or focus groups, delve deeper into the underlying factors contributing to shyness and its effects on various aspects of their lives.
- Evaluate the effectiveness of intervention programs designed to address shyness and promote self-esteem among students with disabilities. Implement and assess the outcomes of targeted interventions within school settings to determine their impact on psychological well-being and social integration.
- Investigate the role of peer support and mentoring programs in mitigating shyness and enhancing self-esteem among students with disabilities. Explore the experiences of both peer mentors and mentees to understand the mechanisms through which peer relationships influence psychological outcomes.
- Examine the role of parental attitudes, behaviors, and parenting styles in shaping the development of shyness among students with disabilities. Investigate how parental support and encouragement can buffer against feelings of shyness and promote self-esteem in children and adolescents.

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APPENDIX

**DEPARTMENT OF EDUCATIONAL EVALUATION AND COUNSELLING
PSYCHOLOGY**

FACULTY OF EDUCATION

UNIVERSITY OF BENIN

BENIN CITY

**SELF-ESTEEM AS CORRELATE OF SHYNESS AMONG STUDENTS WITH
DISABILITIES**

QUESTIONNAIRE

ROSENBERG'S SELF ESTEEM SCALE

Below is a statement dealing with with your general feelings of yourself. Please tick the box that best suit you, kindly note that each response you tick is correct. Use the four response option below as the key codes to your response:

Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD).

| S/N | ITEM | SA | A | D | SD |
|------------|---|-----------|----------|----------|-----------|
| 1 | I am satisfied with the way I am | | | | |
| 2 | Sometimes, I think I am not good at all | | | | |
| 3 | I think I have a number of good qualities | | | | |

| | | | | | |
|----|---|--|--|--|--|
| 4 | I am able to do things as well as most other people | | | | |
| 5 | I think I do not have much to be proud of | | | | |
| 6 | I certainly feel useless at times | | | | |
| 7 | I think that I am a person of worth | | | | |
| 8 | I wish I could have more respect for myself | | | | |
| 9 | Sometimes, I am inclined to think that I am a failure | | | | |
| 10 | I have a positive attitude towards myself | | | | |

SHYNESS SCALE

| S/N | ITEM | SA | A | D | SD |
|-----|--|----|---|---|----|
| 1 | I am always reluctant to ask my teachers questions | | | | |
| 2 | I feel shy to answer questions from my teachers | | | | |
| 3 | I feel ashamed when my classmate make some remark about me | | | | |
| 4 | I prefer being alone | | | | |
| 5 | I choose back seats in the classroom because I am shy | | | | |
| 6 | I like expressing my opinions in the class | | | | |
| 7 | I do not feel confident when I talk to others | | | | |
| 8 | I like leading my classmates | | | | |
| 9 | I sweat when I am asked to speak in front of the class | | | | |
| 10 | I tremble when the teacher asks me questions | | | | |
| 11 | I look away from the person I am speaking to | | | | |
| 12 | My heartbeat increases when I do assignment with my mates | | | | |
| 13 | I find it difficult asking others for help | | | | |
| 14 | I feel happy when I interact with people | | | | |

| | | | | | |
|----|-------------------------------|--|--|--|--|
| 15 | I avoid eating food in public | | | | |
|----|-------------------------------|--|--|--|--|

APPENDIX B

RELIABILITY REPORT

/SCALE('ALL VARIABLES') ALL

RELIABILITY

/VARIABLES=tem11 tem12 tem13 tem14 tem15 tem16 tem17 tem18 tem19 tem20
tem21 tem22 tem23 tem24 tem25

/SCALE('ALL VARIABLES') ALL

/MODEL=ALPHA.

Reliability

Scale: ALL VARIABLES

RELIABILITY

/VARIABLES=item1 item2 Item3 Item4 item5 tem6 tem7 tem8 tem9 tem10

/SCALE('ALL VARIABLES') ALL

/MODEL=ALPHA

Case Processing Summary

| | N | % |
|--|---|---|
| | | |

| | | | |
|-------|-----------------------|----|-------|
| Cases | Valid | 20 | 100.0 |
| | Excluded ^a | 0 | 0.0 |
| | Total | 20 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

| Reliability Statistics | |
|-------------------------------|------------|
| Cronbach's Alpha ^a | N of Items |
| .071 | 10 |

/SCALE('ALL VARIABLES') ALL

RELIABILITY

/VARIABLES=tem11 tem12 tem13 tem14 tem15 tem16 tem17 tem18 tem19 tem20 tem21 tem22 tem23 tem24 tem25

/SCALE('ALL VARIABLES') ALL

/MODEL=ALPHA.

| | | N | % |
|-------|-----------------------|----|-------|
| Cases | Valid | 20 | 100.0 |
| | Excluded ^a | 0 | 0.0 |
| | Total | 20 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

| Reliability Statistics | |
|-------------------------------|------------|
| Cronbach's Alpha | N of Items |
| .073 | 15 |

APPENDIX C

DESCRIPTIVE ANALYSIS

Case Processing Summary^a

| | Cases | | | | | |
|--------------|----------|---------|----------|---------|-------|---------|
| | Included | | Excluded | | Total | |
| | N | Percent | N | Percent | N | Percent |
| ShynessScale | 29 | 29.0% | 71 | 71.0% | 100 | 100.0% |

a. Limited to first 100 cases.

Correlations

Correlations

| | | HighSelfEsteem | ShynessScale |
|----------------|---------------------|----------------|--------------|
| HighSelfEsteem | Pearson Correlation | 1 | .246 |
| | Sig. (2-tailed) | | .199 |
| | N | 99 | 29 |

| | | | |
|--------------|---------------------|------|----|
| ShynessScale | Pearson Correlation | .246 | 1 |
| | Sig. (2-tailed) | .199 | |
| | N | 29 | 29 |

Correlations

| | | LowSelfEsteem | ShynessScale |
|---------------|---------------------|---------------|--------------|
| LowSelfEsteem | Pearson Correlation | 1 | .500** |
| | Sig. (2-tailed) | | .006 |
| | N | 100 | 29 |
| ShynessScale | Pearson Correlation | .500** | 1 |
| | Sig. (2-tailed) | .006 | |
| | N | 29 | 29 |

** . Correlation is significant at the 0.01 level (2-tailed).

Case Processing Summary^a

| | Cases | | | | | |
|--------------|----------|---------|----------|---------|-------|---------|
| | Included | | Excluded | | Total | |
| | N | Percent | N | Percent | N | Percent |
| ShynessScale | 29 | 29.0% | 71 | 71.0% | 100 | 100.0% |

a. Limited to first 100 cases.

11

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid | SD | 14 | 7.9 | 14.0 | 14.0 |
| | D | 15 | 8.4 | 15.0 | 29.0 |
| | A | 38 | 21.3 | 38.0 | 67.0 |
| | SA | 33 | 18.5 | 33.0 | 100.0 |
| | Total | 100 | 56.2 | 100.0 | |
| Missing | System | 78 | 43.8 | | |
| Total | | 178 | 100.0 | | |

12

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| SD | 20 | 11.2 | 20.0 | 20.0 |
| D | 22 | 12.4 | 22.0 | 42.0 |
| Valid A | 32 | 18.0 | 32.0 | 74.0 |
| SA | 26 | 14.6 | 26.0 | 100.0 |
| Total | 100 | 56.2 | 100.0 | |
| Missing System | 78 | 43.8 | | |
| Total | 178 | 100.0 | | |

13

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| SD | 23 | 12.9 | 23.0 | 23.0 |
| D | 24 | 13.5 | 24.0 | 47.0 |
| Valid A | 38 | 21.3 | 38.0 | 85.0 |
| SA | 15 | 8.4 | 15.0 | 100.0 |
| Total | 100 | 56.2 | 100.0 | |
| Missing System | 78 | 43.8 | | |
| Total | 178 | 100.0 | | |

14

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|-----------|---------|---------------|--------------------|
| SD | 14 | 7.9 | 14.0 | 14.0 |
| D | 30 | 16.9 | 30.0 | 44.0 |
| Valid A | 15 | 8.4 | 15.0 | 59.0 |
| SA | 41 | 23.0 | 41.0 | 100.0 |
| Total | 100 | 56.2 | 100.0 | |

| | | | | | |
|---------|--------|-----|-------|--|--|
| Missing | System | 78 | 43.8 | | |
| Total | | 178 | 100.0 | | |

15

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid | SD | 33 | 18.5 | 33.0 | 33.0 |
| | D | 28 | 15.7 | 28.0 | 61.0 |
| | A | 19 | 10.7 | 19.0 | 80.0 |
| | SA | 19 | 10.7 | 19.0 | 99.0 |
| | 22.00 | 1 | .6 | 1.0 | 100.0 |
| | Total | 100 | 56.2 | 100.0 | |
| Missing | System | 78 | 43.8 | | |
| Total | | 178 | 100.0 | | |

16

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| Valid | SD | 26 | 14.6 | 26.0 | 26.0 |
| | D | 32 | 18.0 | 32.0 | 58.0 |
| | A | 23 | 12.9 | 23.0 | 81.0 |
| | SA | 19 | 10.7 | 19.0 | 100.0 |
| | Total | 100 | 56.2 | 100.0 | |
| Missing | System | 78 | 43.8 | | |
| Total | | 178 | 100.0 | | |

17

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|----|-----------|---------|---------------|--------------------|
| Valid | SD | 19 | 10.7 | 19.2 | 19.2 |
| | D | 36 | 20.2 | 36.4 | 55.6 |
| | A | 23 | 12.9 | 23.2 | 78.8 |
| | SA | 21 | 11.8 | 21.2 | 100.0 |

| | | | |
|----------------|-----|-------|-------|
| Total | 99 | 55.6 | 100.0 |
| Missing System | 79 | 44.4 | |
| Total | 178 | 100.0 | |

18

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| Valid SD | 26 | 14.6 | 26.0 | 26.0 |
| D | 32 | 18.0 | 32.0 | 58.0 |
| A | 21 | 11.8 | 21.0 | 79.0 |
| SA | 21 | 11.8 | 21.0 | 100.0 |
| Total | 100 | 56.2 | 100.0 | |
| Missing System | 78 | 43.8 | | |
| Total | 178 | 100.0 | | |

19

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| Valid SD | 19 | 10.7 | 19.2 | 19.2 |
| D | 36 | 20.2 | 36.4 | 55.6 |
| A | 13 | 7.3 | 13.1 | 68.7 |
| SA | 31 | 17.4 | 31.3 | 100.0 |
| Total | 99 | 55.6 | 100.0 | |
| Missing System | 79 | 44.4 | | |
| Total | 178 | 100.0 | | |

20

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------|-----------|---------|---------------|--------------------|
| .00 | 1 | .6 | 1.0 | 1.0 |
| Valid SD | 18 | 10.1 | 18.4 | 19.4 |
| D | 35 | 19.7 | 35.7 | 55.1 |
| A | 22 | 12.4 | 22.4 | 77.6 |
| SA | 22 | 12.4 | 22.4 | 100.0 |
| Total | 98 | 55.1 | 100.0 | |

| | | | | | |
|---------|--------|-----|-------|--|--|
| Missing | System | 80 | 44.9 | | |
| Total | | 178 | 100.0 | | |

21

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| | SD | 23 | 12.9 | 23.0 | 23.0 |
| | D | 31 | 17.4 | 31.0 | 54.0 |
| Valid | A | 29 | 16.3 | 29.0 | 83.0 |
| | SA | 17 | 9.6 | 17.0 | 100.0 |
| | Total | 100 | 56.2 | 100.0 | |
| Missing | System | 78 | 43.8 | | |
| Total | | 178 | 100.0 | | |

22

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| | SD | 27 | 15.2 | 27.0 | 27.0 |
| | D | 31 | 17.4 | 31.0 | 58.0 |
| Valid | A | 20 | 11.2 | 20.0 | 78.0 |
| | SA | 22 | 12.4 | 22.0 | 100.0 |
| | Total | 100 | 56.2 | 100.0 | |
| Missing | System | 78 | 43.8 | | |
| Total | | 178 | 100.0 | | |

23

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| | SD | 14 | 7.9 | 14.0 | 14.0 |
| | D | 20 | 11.2 | 20.0 | 34.0 |
| Valid | A | 36 | 20.2 | 36.0 | 70.0 |
| | SA | 30 | 16.9 | 30.0 | 100.0 |
| | Total | 100 | 56.2 | 100.0 | |

| | | | | | |
|---------|--------|-----|-------|--|--|
| Missing | System | 78 | 43.8 | | |
| Total | | 178 | 100.0 | | |

24

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| | SD | 12 | 6.7 | 12.0 | 12.0 |
| | D | 17 | 9.6 | 17.0 | 29.0 |
| Valid | A | 26 | 14.6 | 26.0 | 55.0 |
| | SA | 45 | 25.3 | 45.0 | 100.0 |
| | Total | 100 | 56.2 | 100.0 | |
| Missing | System | 78 | 43.8 | | |
| Total | | 178 | 100.0 | | |

25

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------|--------|-----------|---------|---------------|--------------------|
| | SD | 18 | 10.1 | 16.5 | 16.5 |
| | D | 21 | 11.8 | 19.3 | 35.8 |
| Valid | A | 30 | 16.9 | 27.5 | 63.3 |
| | SA | 40 | 22.5 | 36.7 | 100.0 |
| | Total | 109 | 61.2 | 100.0 | |
| Missing | System | 69 | 38.8 | | |
| Total | | 178 | 100.0 | | |

Regression

Variables Entered/Removed^a

| Model | Variables Entered | Variables Removed | Method |
|-------|-------------------|-------------------|--------|
| 1 | HighSelfEsteem | | Enter |

| | | | |
|--|----------------------------|--|--|
| | | | |
| | LowSelfEsteem ^b | | |

a. Dependent Variable: ShynessScale

b. All requested variables entered.

Model Summary

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .563 ^a | .317 | .264 | 5.91816 |

a. Predictors: (Constant), HighSelfEsteem, LowSelfEsteem

ANOVA^a

| Model | | Sum of Squares | Df | Mean Square | F | Sig. |
|-------|------------|----------------|----|-------------|-------|-------------------|
| 1 | Regression | 422.603 | 2 | 211.301 | 6.033 | .007 ^b |
| | Residual | 910.639 | 26 | 35.025 | | |
| | Total | 1333.241 | 28 | | | |

a. Dependent Variable: ShynessScale

b. Predictors: (Constant), HighSelfEsteem, LowSelfEsteem

Coefficients^a

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|-------|----------------|-----------------------------|------------|---------------------------|-------|------|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 13.810 | 9.724 | | 1.420 | .167 |
| | LowSelfEsteem | .963 | .308 | .507 | 3.126 | .004 |
| | HighSelfEsteem | .916 | .572 | .259 | 1.600 | .122 |

a. Dependent Variable: ShynessScale

| T | Sig. |
|-------|------|
| 1.420 | .167 |
| 3.126 | .004 |
| 1.600 | .122 |

Descriptive Statistics

| | N | Mean | Std. Deviation |
|----|-----|--------|----------------|
| 1 | 100 | 2.9900 | .99995 |
| 2 | 100 | 2.4700 | 1.03918 |
| 3 | 100 | 3.5000 | .74536 |
| 4 | 100 | 3.1600 | .83750 |
| 5 | 100 | 2.5000 | 1.05887 |
| 6 | 100 | 2.4300 | 1.08484 |
| 7 | 100 | 3.3500 | .84537 |
| 8 | 100 | 3.1600 | .89578 |
| 9 | 100 | 2.3400 | 1.09378 |
| 10 | 99 | 3.1111 | .93557 |
| 11 | 100 | 2.9000 | 1.02000 |
| 12 | 100 | 2.6400 | 1.07797 |
| 13 | 100 | 2.4500 | 1.00880 |
| 14 | 100 | 2.8300 | 1.11966 |
| 15 | 100 | 2.4400 | 2.26667 |
| 16 | 100 | 2.3500 | 1.06719 |
| 17 | 99 | 2.4646 | 1.03325 |
| 18 | 100 | 2.3700 | 1.08855 |

| | | | |
|---------------------------|-----|--------|---------|
| 19 | 99 | 2.5657 | 1.12632 |
| 20 | 98 | 2.4694 | 1.06688 |
| 21 | 100 | 2.4000 | 1.02494 |
| 22 | 100 | 2.3700 | 1.10696 |
| 23 | 100 | 2.8200 | 1.01881 |
| 24 | 100 | 3.0400 | 1.05333 |
| 25 | 109 | 2.8440 | 1.09860 |
| Valid N (listwise) | 28 | | |