

Shyness, sociability, and eating problems in a non-clinical sample of female undergraduates [☆]

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Abstract

Previous empirical studies have shown that the personality trait of shyness, either alone or in combination with varying levels of sociability (i.e., a socially-conflicted profile—high shyness with high sociability) to be a reliable predictor of various psychopathologies, including substance abuse and mood disorders. Extending these findings to other forms of dysregulated behaviours, we examined multiple measures of eating problems in relation to self-reported shyness and sociability in a sample of 520 undergraduate females ($M = 20.7$ years). Analyses revealed a consistent significant main effect for shyness across all measures of disordered eating. These findings extend earlier work on shyness to another form of psychopathology (i.e., eating problems) not previously examined in a non-clinical sample.

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Shyness, the discomfort and/or inhibition experienced in interpersonal situations, is a personality trait that has been empirically shown over the past several decades to be a reliable predictor of both poor physical and mental health among children and adolescents (Hirshfield et al., 1992; Kagan, Reznick, & Snidman, 1987, 1988; Page, 1990), young adults (Bell, Jasnosi, Kagan, & King, 1990; Reznick, Hegeman, Kaufman, Woods, & Jacobs, 1992; Schmidt & Fox, 1995), and even the elderly (Bell et al., 1993). Among adults, a number of psychiatric disorders are correlated with shyness, including anxiety disorders (e.g., social phobia), mood disorders (e.g., depression), and personality disorders (e.g., avoidant personality disorder; Biedel & Turner, 1999; Cox, MacPherson, & Enns, 2005; Heiser, Turner, & Biedel, 2003).

More recent evidence suggests that there is an advantage to considering the interaction of personality traits in understanding psychopathology. For example, some have argued that a combination of the traits shyness and sociability might help to explain antisocial and problem behaviour in children (Schmidt, 2003), adolescents (Page, 1990), and young adults (Santesso, Schmidt, & Fox, 2004) in addition to the trait of shyness or sociability alone. Specifically, these studies

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have noted that individuals who are classified as high on both shyness and sociability are more likely to engage in risky behaviours such as substance use and abuse, and to experience problems with social adjustment. Shyness and sociability are known to be orthogonal personality traits in normal (Bruch, Gorsky, Collins, & Berger, 1989; Cheek & Buss, 1981) and atypical (Jetha, Schmidt, & Goldberg, 2007) populations and each of these traits has distinct behavioural (Cheek & Buss, 1981) and psychophysiological correlates (Schmidt, 1999; Schmidt & Fox, 1994).

The notion that shyness and sociability are orthogonal traits was first discussed by Cheek and Buss (1981), who noted that some people withdraw from social situations for different reasons. Cheek and Buss argued that some people may withdraw because they are anxious in social situations (i.e., shy) and others may withdraw because they prefer to be alone (i.e., introverted). After describing on a conceptual level that being high on shyness is not the same as being low on sociability, they then sought to prove that the two dimensions were orthogonal at an empirical level by developing measures to index the two traits. Cheek and Buss first created brief self-report measures to index shyness and sociability separately. They found that both shyness and sociability were only modestly related ($r = -.30$), suggesting that the two traits were orthogonal. Cheek and Buss then had undergraduates selected for high and low shyness and sociability interact in unfamiliar dyads. The high-shy/high-social group displayed more anxiety during the interaction than undergraduates in the other three groups.

Schmidt (1999, 2003) has argued that the origins of the shy and social personality style may be linked to underlying differences in approach–avoidance tendencies, resulting in a predisposition to psychological conflict in social situations or anticipation of such situations. Engagement in antisocial and problem behaviours in shy and social individuals may be the result of failed attempts to cope with their stress. Individuals who are both anxious and sociable, are defined by Schmidt as “socially-conflicted”. Shy and sociable people exhibit higher overall frontal activation in both the left and right frontal lobes measured using resting EEG recordings (Schmidt, 1999) and were distinguishable from high shy and low sociable people who exhibited less left frontal EEG activity. This pattern of resting frontal activation may reflect a predisposition toward an approach–avoidance conflict elicited during social interaction or anticipation of social interaction. Schmidt and his colleagues have subsequently argued that the socially-conflicted style may reflect less lateralization of psychological processes (Spere, Schmidt, Riniolo, & Fox, 2005).

While intuitively contradictory, the socially-conflicted person is characterized by a strong desire to be social and interact in a variety of social settings, yet their shyness make social interactions uncomfortable and anxiety provoking. The experience of anxiety leads to withdrawal from social situations, or for some, maladaptive coping mechanisms such as abuse of alcohol and other drugs to ease the experience of social interactions. For instance, Page (1990) reports that shy adolescent males use drugs and alcohol as a coping mechanism during anxiety-prone social interactions.

The socially-conflicted personality may also exist with a greater propensity among certain subtypes of eating disorders, such as anorexia nervosa binge/purge subtype and bulimia nervosa purging subtype, due to the greater difficulty with impulse regulation, sensation-seeking and risk-taking behaviors among both the socially-conflicted (see Santesso et al., 2004, for example) and among individuals with eating disorders characterized by bingeing and purging (see Cassin & von Ranson, 2005). While no studies to date have investigated the relation between social-conflictedness and eating problems, previous research has shown a link between the construct shyness (although not sociability) and eating pathology in clinical samples (Bulik, Sullivan, & Joyce, 1999; Bulik, Sullivan, Weltzin, & Kaye, 1995; Fairburn, Welch, Doll, Davies, & O'Connor, 1997; Lehoux, Steiger, & Jabalpurlawa, 2000; Slopian, Rybakowski, & Rajewski, 2004; Troop & Bifulco, 2002; Vitousek & Manke, 1994; Youssef et al., 2004). Importantly, many of these previous studies examined and measured shyness through the related concept “harm avoidance” (Klump et al., 2004), which is a dimension of temperament assessed through Cloninger's Temperament and Character Inventory (Cloninger, Przybeck, Svrakic, & Wetzel, 1994), and is characterized by extreme shyness, fearfulness, and doubt (Klump et al., 2004). Thus, studies explicitly measuring “shyness” in the eating disorders are still needed.

Since shyness is an important personality variable in clinical syndromes of eating disorders, we hypothesized that non-clinical women demonstrating elevated levels of disordered eating may also exhibit shyness, as some research has suggested a genetic endophenotype associated with the vulnerability to disordered eating (Bachner-Melman, Zohar, & Ebstein, 2006). Although some personality traits, such as impulsivity, have been shown to appear concurrent with eating disorders and remit upon remission of behavioural symptomatology (Bachner-Melman et al., 2006; Cassin & von Ranson, 2005), other personality traits have been shown to exist prior to the onset of eating disorder illnesses and to persist following recovery (Sullivan, Bulik, Fear, & Pickering, 1998; Klump et al., 2004). If personality traits of clinical interest can be observed in a population-based sample or in a high-risk-sample, this would suggest that these characteristics exist

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