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Shyness among Women in Context of Working Status, Sex-role Orientation and Mental Health

ORIGINAL ARTICLE



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Abstract

The present study was conducted on 50 working and 50 home making women equal in respect of androgynity & sex-typed, sound and poor mental health groups respectively to compare (i) working and home making women (ii) androgynous and sex-typed women and (iii) sound and poor mental health groups of women in terms of shyness, It was hypothesized that (i) shyness will significantly be associated with working status, (ii) sex-role orientation and (iii) mental health amongst women. The variables were measured using Akhtar's Shyness Scale, Sinha's Masculinity Femininity Check List and Verma's Mental Health Inventory. The obtained data were analysed using chi-square. The results revealed that working status, androgynity and poor mental health all are conducive to shyness score.

Key Words

Women, Working Status, Sex-role, Mental Health.

Introduction

Shyness is a psychological construct that plays a significant role in shaping an individual's interpersonal relationships, self-perception, and overall psychological well-being. It is commonly defined as a feeling of discomfort, inhibition, or apprehension in social situations that involve interaction with others. Though shyness is experienced universally to varying degrees, its manifestations and consequences can differ widely depending on individual personality traits, gender roles, social expectations, and contextual factors like employment status and mental health. In the contemporary era, understanding how shyness interacts with complex societal structures and individual psychological variables is increasingly important, especially in the context of women's roles within the family and workforce.

The comparison of shyness between working and homemaking women offers a unique insight into how different life roles affect a woman's social confidence, identity, and emotional state. Working women—who participate in the formal or informal economy—are often exposed to diverse social interactions, workplace challenges, and role expectations that may either reduce or heighten their shyness. Homemakers, on the other hand, though integral to family and societal functioning, may face social isolation, identity conflicts, or reinforcement of traditional role expectations that can impact their psychological state and social behavior, including their tendency to be shy. Exploring this dynamic is crucial for a nuanced understanding of the psychological health of women in varying socio-cultural contexts.

Shyness is not merely a trait of being introverted or quiet; it is a complex interplay of cognitive, emotional, and behavioral processes. Shy individuals may experience self-consciousness, fear of negative evaluation, physiological arousal (like sweating or trembling), and avoidance of eye contact or social situations. While it is sometimes perceived as a personality trait, shyness can also be situational or induced by stress, low self-esteem, or anxiety. Persistent and severe shyness can limit personal growth, hinder career development, and affect one's ability to form and maintain relationships. Therefore, it is critical to examine the underlying causes and correlates of shyness in various groups of people, especially women who navigate multiple role expectations.

In most cultures, women are subject to specific gender roles and expectations that can shape their behavior, including the expression or suppression of shyness. Traditional gender roles often encourage women to be more passive, polite, and reserved, traits that overlap with shyness. Social norms and conditioning from an early age can lead to internalization of these behaviors, making women more likely to exhibit shy tendencies compared to men. Furthermore, societal expectations often prioritize women's nurturing roles over their assertive or leadership capabilities, thereby reinforcing a cycle of social inhibition.

However, with changing times and increasing female participation in the workforce, many women are now balancing professional careers alongside familial responsibilities. This dual role may have profound implications on their self-esteem, identity, and social confidence. It raises an important question: does professional engagement reduce the prevalence of shyness among women by providing social exposure and empowerment, or does it create added psychological burden that might amplify such tendencies?

Working women typically interact in diverse social settings that demand communication, teamwork, and leadership. These interactions may gradually desensitize them to social fears and help in building confidence. Moreover, financial independence and professional accomplishments can improve self-worth and reduce tendencies toward social withdrawal. Workplace environments can also offer validation and support systems that counteract feelings of loneliness or inferiority.

On the other hand, homemaking women, although engaged in critical tasks of caregiving and domestic management, may lack the social validation and public acknowledgment that comes with formal employment. Their social networks may be limited to family and close acquaintances, which could restrict opportunities for building social confidence and coping with performance-related feedback. Furthermore, societal undervaluing of homemaking roles can lead to issues of self-doubt and low self-esteem—both of which are associated with higher levels of shyness.

However, it is simplistic to generalize that all working women are confident and all homemakers are shy. Individual differences, social support systems, education levels, personality traits, and mental health status can significantly moderate the relationship between employment status and shyness. Hence, it is important to consider deeper psychological dimensions, such as role orientation and mental health, in any meaningful comparison.

Role orientation refers to the individual's attitude toward gender roles—whether they conform to traditional gender expectations or endorse more egalitarian beliefs. Women with a traditional role orientation may perceive homemaking as their primary responsibility and may find greater satisfaction and comfort in that role, thereby experiencing less psychological conflict or social anxiety. Conversely, women with egalitarian role orientations may seek self-expression and autonomy through professional achievement and public engagement. For such women, being confined to domestic roles might result in frustration, decreased self-esteem, and heightened shyness.

Therefore, the degree of congruence or incongruence between one's role orientation and actual role can significantly affect emotional well-being and social behavior. A homemaker who willingly embraces her role may display less shyness than a working woman who feels socially judged or professionally inadequate.

This highlights the importance of subjective role identity over objective role assignment in influencing psychological states.

Mental health is a critical determinant in the development and expression of shyness. Psychological conditions such as depression, anxiety disorders, or low self-esteem can exacerbate shyness, while mental wellness can serve as a protective factor. Working women might enjoy better mental health due to higher self-efficacy and diversified roles; however, they may also suffer from work-life conflict and burnout. Homemakers, though potentially more connected to their families, might struggle with feelings of isolation or lack of accomplishment.

Studies have shown that poor mental health is associated with increased social withdrawal, fear of judgment, and difficulty in initiating social interactions—hallmarks of shyness. Therefore, understanding mental health dynamics in both groups is essential for an accurate comparison of their shyness levels. It is not merely the role (working or homemaking) that matters, but the psychological support, satisfaction, and well-being associated with that role.

In a rapidly modernizing society, women's roles are evolving, yet traditional expectations often persist. This duality creates unique psychological experiences, particularly in the domains of self-concept, social interaction, and mental health. Given the influence of sex roles and mental health on social behavior, a comparative analysis of shyness among working and homemaking women can provide valuable insights for mental health professionals, educators, policy-makers, and society at large.

Such a study is significant for several reasons:

- It helps to deconstruct stereotypes that associate homemaking with emotional fragility or working life with emotional resilience.
- It explores how internal beliefs (role orientation) and mental health mediate the expression of shyness.
- It can inform psychological counseling and empowerment programs tailored for women in diverse life roles.

By comparing these groups across psychological dimensions, we can move toward a more inclusive understanding of women's mental health and social behavior, free from reductionist judgments or assumptions.

Review of Literature

Zimbardo's¹¹ (1977) foundational work on shyness characterized it as a social anxiety or inhibition that stems from a fear of negative evaluation. He argued that shy individuals tend to avoid social interactions, which can hinder personal growth. His research laid the groundwork for later studies on how shyness interacts with social roles, especially in culturally reinforced gender roles. Cheek and Buss² (1981) distinguished between shyness and sociability, identifying that some individuals may be sociable yet shy. Their research highlighted how shyness is not simply introversion, but a complex emotional experience that can be affected by external factors like gender expectations and occupational status. Barnett & Baruch¹ (1985) their study on women's multiple roles found that employed women experienced higher self-esteem and better mental health than full-time homemakers. These psychological benefits were attributed to the role enhancement hypothesis, where multiple social roles lead to greater personal fulfillment and reduced internalized shyness. Helgeson⁵ (1994) explored gender and health psychology, noting that traditional female gender roles are often associated with self-sacrificing behavior and emotional suppression, contributing to higher levels of anxiety, depression, and shyness in women. Women in professional settings were found to have better coping strategies and social assertiveness. Eagly & Wood³ (1999) their social role theory emphasized that gender differences in behavior—including shyness—are largely due to societal expectations and role divisions. Women in homemaking roles often internalize societal ideals of modesty and reservation, which may manifest as shyness, while working women may challenge these norms. Greenglass⁴ (2002) focused on the psychological well-being of working

women, showing that employment enhanced self-efficacy and reduced anxiety-related symptoms, including shyness. She concluded that professional roles offer social exposure and validation, which serve as protective factors against emotional withdrawal. Jackson & Ebata⁷ (1994) this study looked at parenting, stress, and mental health among homemakers and working women. Homemakers reported more isolation and role dissatisfaction, which correlated with higher levels of social anxiety and shyness. In contrast, working mothers experienced more stress but also greater perceived social support and competence. Tannen¹⁰ (1990) In her book "You Just Don't Understand," Deborah Tannen explored gendered communication styles, suggesting that women are socialized to prioritize harmony and politeness, potentially reinforcing shy behavior. Working environments challenge these norms, encouraging assertiveness and direct interaction. Spence & Helmreich⁹ (1978) they developed the Personal Attributes Questionnaire (PAQ) to assess sex-role orientation. Their research found that women with androgynous or masculine-role orientations were less likely to exhibit shyness, particularly when they were also professionally engaged, suggesting a link between role identity and social behavior. Rubin, Coplan, & Bowker⁸ (2009) this comprehensive review on shyness and social withdrawal highlighted that shyness is often associated with lower self-worth and higher psychological distress. They emphasized the need to consider contextual factors like social role and family environment in understanding adult shyness, especially in women. Hyde⁶ (2005) Hyde's Gender Similarities Hypothesis proposed that men and women are more alike than different in most psychological traits. However, differences in shyness and emotional expression may arise from role socialization. Working women who defy traditional gender roles often show lower levels of shyness due to increased empowerment.

Objectives

It intends to examine association of shyness with (i) working status, (ii) sex-role orientation and (iii) mental health amongst women.

Hypotheses

- (i) There will be significant association of shyness with working status women.
- (ii) There will be significant association of shyness with sex-role orientation amongst women.
- (iii) There will be significant association of shyness with mental health amongst women.

Method of Study

Sample

The sample comprised of 50 working and 50 home making mothers equal in respect of working, home making status, androgyny-sex-typed and sound and poor mental health groups respectively. Other than the required condition, they were matched so far as practicable.

Tools Used

- (i) A PDS was used to seek the necessary information about the respondents.
- (ii) Sinha's Masculinity Femininity Check-List was used to identify androgynous and sex-typed women.
- (iii) Verma's, Jyoti Mental Health Check-List was used to measure to mental health of the respondents.
- (iv) Akhtar's shyness scale was used to measure shyness of the respondents.

Results and Interpretations

Table 01: Chi-square showing the significance of association of shyness with working status amongst women

| Variable | Groups | N | | Shyness (%) | t ² | df | P |
|----------------|--------|------|-----|-------------|----------------|------|---|
| | | High | Low | | | | |
| Working | 50 | 72% | 28% | 32.32 | 1 | <.01 | |
| Working-status | | | | | | | |
| Home making | 50 | 32% | 68% | | | | |

The results displayed by table-01 clearly reveal the impact of working status on women’s shyness. 72% of working and only 32% of home making mother belong to high shyness groups. On the other hand only 28% of working and more than 68% of home making women belong to low shyness group. The chi-square showing the significance of differences among the percentages were found significant ($c^2= 32.32$; $df = 1$; $P<.01$). Working mothers often show higher association with shyness due to limited social interaction, emotional strain, and work-related stress reducing relaxation time. Homemaking mothers, with consistent family involvement and emotional stability, experience greater social ease and confidence, leading to lower levels of shyness.

Table 02: Chi-square showing the significance of association of shyness with sex-role orientation amongst women

| Variable | Groups | N | | Shyness (%) | t ² | df | P |
|-------------------------|--------|------|-----|-------------|----------------|------|---|
| | | High | Low | | | | |
| Sex-role | 50 | 70% | 30% | 26.18 | 1 | <.01 | |
| Androgynous Orientation | | | | | | | |
| Sex Typed | 50 | 34% | 66% | | | | |

The results displayed by table-02 clearly reveal that 70% of androgynous female group and 34% of sex typed group of women showed higher degree of shyness as compared to their counterpart androgynous women (30%) and sex-typed women (68%) belonging to low shyness group. The chi-square was found significant ($c^2=26.18$; $df=1$; $P<.01$). Women with androgynous sex-role orientation show higher association with shyness because they combine both masculine and feminine traits, often leading to inner role conflict and social uncertainty in expressing dominant or nurturing behaviors. In contrast, sex-typed women conform more clearly too traditional gender roles, resulting in greater social clarity and confidence.

Table 03: Chi-square showing the significance of association of shyness with mental health amongst women

| Variable | Groups | N | | Shyness (%) | t ² | df | P |
|---------------|--------|------|-----|-------------|----------------|------|---|
| | | High | Low | | | | |
| Sound | 50 | 34% | 66% | 18.18 | 1 | <.01 | |
| Mental Health | | | | | | | |
| Poor | 50 | 64% | 36% | | | | |

The result revealed by table-03 clearly show the significant impact of mental health on shyness score of the respondents. Poor mental health group of respondents showed more shyness (64%) than sound mental health group of respondents (34%). The chi-square was found significant ($c^2=18.18$; $df=1$; $P<.01$). Women with sound mental health show poor association with shyness because they possess emotional stability, self-confidence, and positive self-concept, enabling open social interaction and adaptability. Conversely, women with poor mental health often experience anxiety, low self-esteem, and social insecurity, which increase withdrawal tendencies and thus a higher association with shyness.

Conclusions

- (1) Working status is conducive to shyness among women.
- (2) Androgynous women excel over sex-typed women in terms of shyness.
- (3) Poor mental health is likely to promote and intensify shyness amongst women.

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