

Sexual Self Concept In Relation To Shyness among Young Adults

Madhu Karnat S¹, N L Srimathi², Lancy D'souza^{3*}

ABSTRACT

More learned persons feel awkward to speak about sexuality and have negative opinion. Psychological disturbances are arising within individual and also with the partner. The present study aims at finding out the relationship between sexual self-concept and shyness among young adults. A total of 400 young adults of the age 18 to 25 years (200 males and 200 females) were selected a simple random sampling technique, was drawn from in and around Mysore City. They were administered multidimensional sexual self-concept scale developed by Snell (1996) and shyness assessment test – SAT developed by D'Souza (2006). To find out the mutual relationship between subscales of sexual self-concept and domains of shyness, Pearson's product moment method was applied. Results revealed that few of the Cognitive/affective domain, physiological domain of shyness and action oriented domains of shyness was correlated negatively and few of them positively with sexual self-concept. Specifically sexual self-efficacy, sexual consciousness, sexual optimism, sexual self-esteem, and sexual problem prevention of sexual self-concept were negatively related to shyness. Sexual depression and internal sexual control of sexual self-concept were positively related to shyness.

Keywords: *Sexual Self Concept, Shyness, Young Adults*

Sexual health is an important component to overall well-being and quality of life. The need for a positive, health promotion focused framework for research and understanding sexual health has received attention, including from the World Health Organization and the Centers for Disease Control and Prevention. This transition of public health research and practice from a disease-based framework to a positive, health promotion framework necessitates exploring what factors are associated with positive sexuality and how it is experienced (Blunt, 2012).

¹ (Research Scholar, P.G. Dept of Studies in Psychology, Manasagangotri, Mysuru, India)

² (Professor of Psychology (Retd.), Dept of Studies in Psychology, Manasagangotri, Mysuru, India)

³ (Associate Professor of Psychology, Maharaja's College, University of Mysore, Mysore, India)

*Responding Author

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Sexual Self Concept In Relation To Shyness among Young Adults

Sexuality is defined as “a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors” (WHO, 2006).

Sexual self-concept (SSC) is what a person realizes of his/her sexual desires and tendencies that are formed during the socio-emotional growth process accompanied with the sexual script. This emotional phenomenon helps the person to gain awareness, acquire identity, and for self-evaluation regarding her/his sexual life (Ziaei, Khoei, Salehi, & Farajzadegan, 2013). Blunt (2012), identified sexual self-concept and communication between partners as important factors for achieving authentic sexual experiences. Yuesh, Yi, Horng, and Joo (2015) based on social cognitive theory and a structural equation model technique study confirmed the mediating role of sexual risk cognition in the relationship between sexual self-concept and sexual self-efficacy. Also, sexual self-concept's direct and indirect effects explaining adolescents' sexual self-efficacy were found in their study.

Shyness is a debilitating experience for a large proportion of the population. Shyness can be defined as a form of excessive self-focus, a preoccupation with one's thoughts, feelings, and physical reactions and may vary from mild social awkwardness to total social inhibition. Shyness often includes subjective feelings of anxiety and social withdrawal (Saunders, 2012). Shy college students reported equivalent emotional self-disclosure in romantic relationships as the non-shy in a recent study, and shyness was associated with a romantic and calm love style (Erwin & Pressler, 2011).

As the days are passing humans are becoming more modernized especially adolescents and young adults. The easy access to the modern equipments and internet can be seen. But still orientation towards sexuality as not made mandatory for children at the school level. The curiosity of knowing things makes them to access internet and also lands them to unwanted area and misguide them. Lack of expressing and false knowledge about sexuality makes them physical and mentally weak. The need for knowing how an individual perceives one's self sexually in understanding their needs and relating with the shyness in expressing what they need.

The literature revealed that, there is no study undertaken by relating sexual self-concept and shyness in south India. In the present study, an attempt is made to relate sexual self concept with shyness. It is hypothesized that these two variables are significantly and negatively related to each other.

METHOD

Sample

A sample of 400 young adults of the age 18 to 25 years (200 males and 200 females) young adults using a simple random sampling technique was drawn from in and around Mysore City

Sexual Self Concept In Relation To Shyness among Young Adults

for the present study. Participating in the study was voluntary and the consent of the participants was taken before administering the questionnaires.

Assessment Tools

1. A semi-structured socio-demographic profile to ascertain the socio-demographic details shall be used.
2. **The Multidimensional Sexual Self-Concept Questionnaire by William E. Snell, Jr. (1996):**

The Multidimensional Sexual Self-Concept Questionnaire consists of 100 items arranged in a format where respondents indicate how characteristic of them each statement is. A 5-point Likert scale is used to collect data on peoples' responses, with each item being scored from 0 to 4: not at all characteristic of me (0), slightly characteristic of me (1), somewhat characteristic of me (2), moderately characteristic of me (3), very characteristic of me (4).

3. **Shyness Scale:**

The shyness assessment test was developed by D'Souza (2006) of Maharaja's College, University of Mysore. It consists of 54 items and requires the subject to indicate his/her response by marking Yes, No or Can't say. The items in the test pertain to three domains of Shyness: Cognitive/Affective (32 items), Physiological and Action oriented program resulted in Cornbach's alpha coefficient of 0.817 for the Indian population. Further, the scale had sufficiently high validity. SAT is developed exclusively on Indian adolescents by D'Souza (2006). The reliability index ascertained by split half (odd-even) method and Cronbach's alpha coefficient for the scale as a whole were found to be 0.735 and 0.812 respectively.

Procedure:

For data collection colleges offering undergraduate as well as undergraduate and postgraduate courses were visited. After obtaining prior permission, participants were informed about the importance of the study undertaken; they were provided with questionnaire separately and following instructions were given to the participants. All questions are multiple choice questions, two questionnaire is based on 5 point rating scale and other two are based on True, False, Not Sure and Yes, No, Can't Say. All your answers to these questions will be kept confidential. Remember to respond to all items, even if you are not completely sure imagine in that situation and respond. When you are asked specific information it is only for research purposes. Please be as honest as possible when answering these questions. There is no time bound but answer as quickly as possible". Then students were asked to answer the questionnaire.

Once data collection was complete, they were scrutinized and checked for completeness. Later, they were scores according to the manuals provided, and a master chart was prepared for statistical calculations. In the present study Pearson's product moment correlation was applied to find out the mutual relationship between subscales of sexual self-concept and domains of shyness. Table 1 presents results of Pearson's product moment correlations between subscales of sexual self-concept and domains of shyness

Sexual Self Concept In Relation To Shyness among Young Adults

RESULTS

Table 1, Results of Pearson's product moment correlations between subscales of sexual self-concept and domains of shyness

Subscales of Sexual Self Concept		Domains of Shyness			
		Cognitive/ affective	Physiological	Action oriented	Total shyness
Sexual anxiety	Correlation	.094	.148	.075	.115
	P value	.060	.003	.134	.022
Sexual self efficacy	Correlation	-.117	-.122	-.094	-.127
	P value	.019	.014	.059	.011
Sexual consciousness	Correlation	-.102	-.143	-.143	-.136
	P value	.042	.004	.004	.006
Motivation to avoid risky sex	Correlation	-.081	-.104	-.113	-.106
	P value	.104	.038	.024	.034
Chance/luck sexual control	Correlation	.018	.100	.079	.057
	P value	.722	.047	.116	.254
Sexual preoccupation	Correlation	.013	.181	.103	.081
	P value	.794	.001	.040	.104
Sexual assertiveness	Correlation	-.062	.016	-.050	-.047
	P value	.216	.746	.315	.352
Sexual optimism	Correlation	-.119	-.122	-.169	-.148
	P value	.018	.014	.001	.003
Sexual problem self blame	Correlation	.044	.044	.044	.049
	P value	.383	.382	.383	.326
Sexual monitoring	Correlation	-.005	.036	.025	.013
	P value	.918	.477	.618	.801
Sexual motivation	Correlation	-.072	.050	.002	-.031
	P value	.148	.320	.975	.541
Sexual problem management	Correlation	-.051	-.082	-.063	-.069
	P value	.306	.103	.207	.170
Sexual esteem	Correlation	-.125	-.112	-.110	-.134
	P value	.012	.025	.027	.007
Sexual satisfaction	Correlation	-.135	-.049	-.059	-.110
	P value	.007	.331	.239	.028
Power other sexual control	Correlation	.049	.105	.077	.077
	P value	.327	.036	.125	.124
Sexual self schemata	Correlation	-.113	-.086	-.082	-.112
	P value	.024	.085	.100	.025
Fear of sex	Correlation	.107	.072	.087	.106
	P value	.032	.153	.081	.033
Sexual problem prevention	Correlation	-.080	-.145	-.122	-.118
	P value	.109	.004	.014	.018
Sexual depression	Correlation	.211	.249	.163	.235
	P value	.001	.001	.001	.001
Internal sexual control	Correlation	-.073	-.105	-.154	-.111
	P value	.147	.036	.002	.026

Sexual Self Concept In Relation To Shyness among Young Adults

Total shyness and sexual self-concept: Total shyness scores were found to be significantly related to most of the subscales of sexual self-concept either positively or negatively. Significant and negative correlation coefficients were found between total shyness scores and sexual self-efficacy ($r=-.127$; $p=.011$), sexual consciousness ($r=-.136$; $p=.006$), motivation to avoid risky sex ($r=-.106$; $p=.034$), sexual optimism ($r=-.148$; $p=.003$), sexual esteem ($r=-.134$; $p=.007$), sexual self-satisfaction ($r=-.110$; $p=.028$), sexual self-schemata ($r=-.112$; $p=.025$), sexual problem prevention ($r=-.118$; $p=.018$), and internal sexual control ($r=-.111$; $p=.026$) and positively related to sexual anxiety ($r=.115$; $p=.022$), fear of sex ($r=.106$; $p=.033$) and sexual depression ($r=.235$; $p=.001$). However, rest of the subscales of the sexual self-concept was not significantly related to total shyness scores.

Cognitive/affective domain of shyness and sexual self-concept: Cognitive/affective domain of shyness was found to be significantly and negatively to sexual self efficacy ($r=-.117$; $p=.019$), sexual consciousness ($r=-.102$; $p=.042$), Sexual optimism ($r=-.119$; $p=.018$), sexual esteem ($r=-.125$; $p=.012$), sexual satisfaction ($r=-.135$; $p=.007$), sexual self schemata ($r=-.113$; $p=.024$), and positively related to fear of sex ($r=.107$; $p=.032$) and sexual depression ($r=.211$; $p=.001$). However, rest of the subscales of the sexual self-concept was not significantly related to cognitive/affective domain of shyness.

Physiological domain of shyness and sexual self-concept: Pearson's product moment between physiological domain of shyness was found to be significantly and negatively related to sexual self-efficacy ($r=-.122$; $p=.014$), sexual consciousness ($r=-.143$; $p=.004$), motivation to avoid risky sex ($r=-.104$; $p=.038$), sexual optimism ($r=-.122$; $p=.014$), sexual esteem ($r=-.112$; $p=.025$), sexual problem prevention ($r=-.145$; $p=.004$), and internal sexual arousal ($r=-.105$; $p=.036$). Physiological domain of shyness was found to be significantly and positively related to sexual anxiety ($r=.148$; $p=.003$), chance/luck sexual control ($r=.100$; $p=.047$), sexual preoccupation ($r=.181$; $p=.001$), power other sexual control ($r=.105$; $p=.036$), and sexual depression ($r=.249$; $p=.001$). Only few of the subscales of the sexual self-concept scale were not significantly related to physiological domain of shyness.

Action oriented domain of shyness and sexual self-concept: Action oriented domain of shyness was found to be significantly and negatively related to sexual consciousness ($r=-.143$; $p=.004$), motivation to avoid risky sex ($r=-.113$; $p=.024$), sexual optimism ($r=-.169$; $p=.001$), sexual esteem ($r=-.110$; $p=.027$), sexual problem prevention ($r=-.122$; $p=.014$) and internal sexual control ($r=-.154$; $p=.002$). Action oriented domain of shyness was found to be significantly and positively related to sexual preoccupation ($r=.103$; $p=.040$), and sexual depression ($r=.163$; $p=.001$). However, correlation coefficients between rest of the subscales of the sexual self-concept scale and action oriented domain of shyness were not significant.

DISCUSSION

Major findings of the study:

- Few of the Cognitive/affective domain, physiological domain of shyness and action oriented domains of shyness was correlated negatively with sexual self-concept.

Sexual Self Concept In Relation To Shyness among Young Adults

- Few of the Cognitive/affective domain, physiological domain of shyness and action oriented domains of shyness was correlated positively with sexual self-concept.
- Specifically sexual self-efficacy, sexual consciousness, sexual optimism, sexual self-esteem, and sexual problem prevention of sexual self-concept were negatively related to shyness.
- Sexual depression and internal sexual control of sexual self-concept were positively related to shyness.

In the present study it was found that shyness and sexual self-concept were found to be inversely related to most of the subscales and total scores. The sexual self is defined as “how individuals think and feel about sex in general and more how they think and feel about themselves as sexual beings” (Deutsch, 2012). The major hurdle for many shy individuals is their reluctance to communicate which is seen by avoidance of and clumsiness at social interaction and interacting in public whenever they are in the focus in social encounter irrespective of the context. One can infer that lack of expression or communication to ask what they need from others, lack of knowledge which leads to fear, misconceptions about the subject and cultural influences or traditional beliefs.

Sexual satisfaction appears to be one of the more important predictors between partners. The satisfaction with one’s sexual relationship also appears to be associated with feelings of satisfaction for one’s partner. Pattern of communication plays an important role in mutual understanding which requires partner to start interaction between them by understanding each other and ask what they want and tell what they don’t want (Shaherbabak, 2008).

A study by Jupp and Griffiths, (2007) on shy-isolated adolescents using a test-retest quasi experimental design found a significant positive change in self-concept following the role-play intervention. Further, behavioural changes were associated with change in the self-concept. In addition, shyness was significantly and negatively correlated with measures of sexual quality, such as frequency of orgasm with a partner, in both samples. These results indicate that, love-shyness is only a significant problem among men was premature (Randall, 2016).

It is evident that shyness does affect the sexual self-concept of young adults negatively. Though not many studies have been documented above phenomena, present study highlights the importance of sexual self-concept among young adults which have its own implications in their future married life. If shyness affects sexual self-concept, the strategies to reduce shyness are to be implemented to improve sexual self-concept of young adults. Sexual self-concept of an individual may be influenced by many factors, shyness being one of them. Researchers, clinicians, psychologists and individuals related to these issues must work together to reduce the shyness and thereby increase the sexual self-concept of young adults so that they are away from myths and later they can lead a normal life.

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