

**Relationship between Shyness and Attitude of People
towards Seeking Professional Psychological Help among
University Students**



**By
ASMA ATIQUE**

Dr. Muhammad Ajmal
National Institute of Psychology
Center of Excellence
Quaid-i-Azam University
Islamabad, Pakistan
2018

**Relationship between Shyness and Attitude of People
towards Seeking Professional Psychological Help among
University Students**

**By
ASMA ATIQUE**

The research report submitted in Partial Fulfillment of
The Degree of Master of Science in Psychology

Dr. Muhammad Ajmal
National Institute of Psychology
Center of Excellence
Quaid-i-Azam University
Islamabad, Pakistan
2018

**Relationship Between Shyness and Attitude of People
Towards Seeking Psychological Help Among University
Students**

By

Asma Atique

Approved By



(Dr. Naeem Aslam)
Supervisor



(Dr. Shazia Khalid)
External Examiner



(Prof. Dr. Anila Kamal)
Director, NIP

Certificate

It is certified that M.Sc. Research report entitled “**Relationship between Shyness and Attitude of People towards Seeking Professional Psychological Help among University Students**” prepared by **Asma Atique** has been approved for submission.



Dr. Naeem Aslam
(Supervisor)

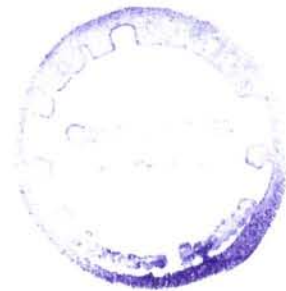
CONTENTS

List of Table	<i>i</i>
List of Appendices	<i>ii</i>
Acknowledgements	<i>iii</i>
Abstract	<i>iv</i>
Chapter 1: INTRODUCTION	
Help-seeking	1
Help-seeking patterns	2
Addictiveness of help-seeking	4
Factors that affect help-seeking	6
Theory of help-seeking	7
Attitude towards seeking psychological treatment	8
Attitudinal barriers to mental health care	11
Shyness	12
Chronic Shyness	13
Shyness, sociability and conflicted shyness	14
Influence of shyness	15
Relationship between shyness and attitude	17
Rationale of the Study	18
Chapter 2 : METHOD	20
Objectives	20
Hypotheses	20
Operational Definitions	20
Instruments	20
Procedure	22
Chapter 3: RESULTS	23
Chapter 4 : DISCUSSION	31
References	36
Appendices	43

Table no.	List of Tables	Page no.
Table 1	Demographic Characteristics of the Sample	21
Table 2	Descriptive Statistics and Alpha Reliability Coefficients of Scales	23
Table 3	Correlation Matrix for Study Variables	24
Table 4	Group Differences across Gender along ATSPPH, Stigma, Need, Openness, Confidence, Shyness	25
Table 5	Group Differences across Marital Status along ATSPPH, Stigma, Need, Openness, Confidence, Shyness	26
Table 6	One- way ANOVA and Post Hoc Analysis on Socio-economic Status along ATSPPH, Stigma, Need, Openness, Confidence, Shyness	27
Table 7	One- way ANOVA and Post Hoc Analysis on Education along ATSPPH, Stigma, Need, Openness, Confidence, Shyness	28
Table 8	One- way ANOVA and Post Hoc Analysis on Income along ATSPPH, Stigma, Need, Openness, Confidence, Shyness	29
Table 9	Group Differences across parental status along ATSPPH, Stigma, Need, Openness, Confidence, Shyness	30

List of Appendices

Appendix A	Consent Form	42
Appendix B	Demographic Sheet	43
Appendix C	Attitude towards Seeking Professional Psychological Help Scale (ATSPPH)	45
Appendix D	Shyness Scale	47



Acknowledgement

History of all great work is to witness that no great work was ever done without either the active or passive support a person's surrounding or one's close quarters. Thus it is not hard to conclude how active assistance from seniors could prohibitively impact the execution of a project.

First of all I am thankful to Allah Almighty who bestowed me with determination to accomplish this research.

Then, I will like to mention my supervisor Dr. Naeem Aslam. The compilation of this study could not happen without the continuous support, active guidance and motivation of him. His guidance helped me throughout the thesis, without his support I would never be able to complete this task.

Last, but not the least. I will thank to my beloved family (without your prayers none of this would indeed be possible) and friends for their passive support and unconditional love.

Asma Atique

Abstract

The purpose of the study was to investigate the relationship between shyness and the attitude of people towards seeking professional psychological help among university students. Moreover, study variables were examined with respect to various demographic such as (age, gender, education, socio economic status, parental status and marital status). Sample ($N = 200$) was comprised of university students (boys & girls) from Rawalpindi and Islamabad, with age range of 19 -30 years. The data was collected by using convenient sampling technique. The major construct of the study was assessed by Attitude of people Seeking Professional Psychological help (Fischer and Farina, 1995) and Shyness Scale (Cheek & Melichor). Findings of the main study indicated that shyness is negatively co-related with attitude of people seeking professional psychological help among university students. Further, results on gender difference revealed that men are high on shyness as well as attitude of people towards seeking professional psychological help, while women are low on shyness and have positive attitude towards seeking psychological help. Moreover, significant differences were found on gender, education level and socio- economic status in relation to study variables. Future implications of the study were also discussed.

INTRODUCTION

In a clinical context, A psychological treatment is a professional intervention based on psychological techniques use to deal with different psychological issues. Usually a clinical psychologist seeks to eliminate the suffering of another person or teach the right skills to deal with the various problems of daily life. Examples of this are helping a person to overcome their depression or reduce their obsessions, work with a family with conflicts among its members so that they know how to communicate better, or teach a teenager to relate to other classmates in a more sociable and less aggressive way. A psychological treatment involves, among other things, listening carefully to what the patient has to say and looking for personal, social, family, etc. aspects that are responsible for the problem. It also involves informing the patient about how to solve the problems posed and using specific psychological techniques such as, for example, training in breathing or relaxation, the resolution of interpersonal problems, the questioning of mistaken beliefs, training in social skills, etc. (Komiya, 2000).

The psychological interventions are still in progressing stage, and the current tools provide significant support to learn skills for coping the possible psychiatric issues. In developed countries, the emergence of psychological treatment has already started developing the awareness. However, in developed countries, the shyness is one of the major contributors that develop the hesitation among the people to seek psychological treatments (Prince et al., 2007). The studies carried out on the attitudes towards seeking psychological treatment have been made mainly on students and professionals of the health area; for example, (Hahn, 2002) carried out an experimental study with psychology students in which it was confirmed that the due to lack of information and exposure of personal deficiencies develop the fear among the people to seek psychological assistance.

Undoubtedly, the application of psychological field has great advantages to treat psychiatric issues, but for researchers and professionals, the awareness of patient related to field is extensively important to amplify the growth and existence of the

field. The lack of awareness and confidence is persistent in the mind of the patient and specifically, in developing countries there is extensive need of research to understand that why people hesitate to consult with psychologist, if they are suffering from psychiatric disorders (Sheikh & Furnham, 2000). Based on the large gap within the field research and to understand the behavior of people, the current research intends to explore the influence of shyness that affect the people behavior towards seeking psychological assistance.

There is an distressing increase in the incidence of mental illness due to a persistent wave of violence, political turmoil and frequent changes in the social fabric in many countries worldwide (Gadit, 2007). As a result of this, a range of psychiatric issues have been reported, such as depression, substance and alcohol misuse, schizophrenia, bipolar disorder, and post-traumatic stress disorder. Concerning the psychiatric issues in Pakistani communities, during the last few decades has reached to an appalling level which is directly linked to both the current violence in Pakistani society and disruption in its social structure (Khalily et al., 2011). The prevalence of psychological issues in Pakistan is increasing rapidly due to current violent situation in Pakistani society. Common psycatric issues have been identified in both the rural and urban population which seems to have a positive association with socio-economic adversities, relationship problems and lack of social support and mainly shyness and confidence to express in front of other people (Tahir, 2011).

In general, studies on attitudes towards psychological treatment have been showing that the psychological field is still in progress phase in developing countries which generally develop the lack of awareness among the patients. Researchers believes that, in developing countries, the growth or progress of the field may not be the major influential factor, however, social circumstance, societal influence and shyness due to family structure can be considered as the most influential factor to seek psychological treatment in case of any psychiatric problems. Accordingly, the emergence of psychological assistance is only progressing within high societies or strong social communities where education and health awareness knowledge has already created the awareness among the people. However, even in urban areas of the country, people tend to hesitate seeking psychological assistance from professionals.

Help-Seeking

Help-Seeking is a term extensively used to understand the circumstances of Help-Seeking from other individuals. It is connected with chatting with other individuals for help, seeing that there is understanding, heading, data, treatment and general guidance despite an issue or exasperating establishment. Help-Seeking is a kind of adjustment that depends upon other individuals and, appropriately, regularly comes in the light of social connections and relationship capacities. In spite of a high commonness of suicide ideation and mental health issues among college Students, the shame of help-seeking remains a hindrance to the individuals who are in genuine need of professional help. Social character hypothesis expresses that help got from an ingroup source is more welcome and less undermining to one's personality than that from a source apparent as outgroup. Seeking help is basic if people are to get to suitable mental health administrations.

While there are distinctive wellsprings of help, both formal and casual (Rickwood et al., 2005), there is recognized an incentive in seeking formal help, specifically talking treatments and psychological administrations (Nice, 2004). It is thusly basic that people feel they can get to them. In colleges, among a voting demographic that is often seen as having a high danger of suicide (Borges et al., 2010), these administrations are viewed as a vital arm of general peaceful care and understudy bolster. Without a doubt arrangement of administrations that are close, on grounds are seen as a key spend in these troublesome money related circumstances. Thus the present examination takes a gander at help-seeking in Students and how it is influenced, contrarily by social powers, for example, disgrace and additionally emphatically by a feeling of having a place at college.

Students are an imperative gathering for the investigation of help-seeking. They have high predominance rates of mental health issues and self-destructive ideation. For instance, one electronic investigation of 763 Students demonstrated that around 33% were encountering a mental health issue at the season of test, of which 60% were available 2-years after the fact (Zivin et al., 2009). Likewise, a substantial study of more than 26,000 Students in the US, demonstrated that 18% of students had genuinely viewed as taking their own particular lives. Analysts propose various explanations behind this pattern including the stressors and weights of understudy life,

and the change in accordance with life far from home and family, with chance elements including monetary trouble, neediness, substance manhandle, sexual exploitation, and issues identified with sexual personality (Eisenberg et al., 2007).

Be that as it may, numerous Students with mental health issues, especially self-destructive ideation, don't look for help from formal wellsprings of help, for example, college guiding administrations or mental health administrations (Drum et al., 2009). This is regardless of the way that these are often the most open types of help for Students, especially for those living far from home.

Help-seeking patterns. In spite of the way that the examination into help-seeking plots is neither tried nor clear, two or three illustrations are by and large found. In any case, young people tend to not scan for help from proficient sources. In the Western Australian Child Health Survey, just 2% of the 4– multi year-olds with flourishing mental issues had been in contact with eager prosperity benefits in a 6-month time navigate. Correspondingly, the pre-adult and the quick bit of the National Survey of Mental Health and Wellbeing uncovered that particular 29% of kids and youngsters with an energetic medical problem had been in contact with an expert association of any kind in the multi-year era, and this included flourishing, mental thriving and educational associations. Scarcely any young people look for expert help for enthusiastic prosperity issues, and youths tend to scan for excellent help before they swing to formal sources (Downs & Elsenberg, 2012).

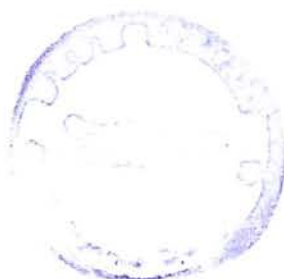
Second, young people will probably scan for help from excellent as opposed to formal sources, and loved ones are the essential wellsprings of help. Amigos tend to be the favored help hotspot for personal emotional issues, while guards are everything viewed as arranged second to partners. Third, young ladies and ladies will probably scan for help than youthful colleagues and men (Tahir, 2011). This shifts sensibly as appeared by the wellspring of help and sort of issue, yet expansive females will watch out other individuals for help and bearing for enthusiastic prosperity issues. Then again, a male will depend upon himself than to look for help from other individuals and is besides more inclined to stay away from confirmation or shield the vicinity from mooring an issue in any case. At long last, two or three sorts of issues will in all likelihood induce help-seeking conduct than others, and specific wellsprings of help are respected more fitting for particular kinds of problems. For

instance, relationship issues are frequently talked about with partners, particular problems with Watchmen and enlightening matters will undoubtedly be taken to instructors.

Distinctive examiners have driven the examination assessing the state of mind and lead to seeking psychological help. Rickwood et al. 2007 have imparted that Help-seeking is unquestionably not an immediate strategy of encountering mental wretchedness and Help-Seeking. Notwithstanding the way that nature with an issue is a beginning stage, the indications of mental medical problems and psychological issue expect a more small part that may be common in instigating help-seeking. A wide extensive variety of elements are fused, including examination of an issue as a remark help for, accessibility to look for help and social gauges that animate such immediate, access to fitting associations, and picking a well spring of help.

Late reviews get some answers concerning help-seeking weight the centrality of seeing individual and underlying determinants of adolescents' help-seeking conduct. Specific determinants merge factors, for example, energetic success direction, dispositions and saw disrespect. Colleague determinants fuse family, school or framework excellent frameworks, referral pathways, flourishing structure structures and segment structures. Individual and colleague factors interface with a pick when and what young people look like for and find the opportunity to help with growing mental issues (Clement et al., 2011).

Adaptiveness of help-seeking. The Help-Seeking has a long history of research that has been considered in a broad assortment of controls. This intrigue rises out of the hankering to search for help is an incredibly versatile lead that unequivocally impacts the fate of a man. There are a couple of various approaches to change following inconveniences, and Help-Seeking is only a solitary. Finding help is one of the "estimation" accommodation styles. Focus styles are the place an issue is seen and somehow tended to feasible. A couple of sorts of problems are more flawless to choose than others. In any case, regarding a questiona questiona question and endeavoring to select the issue or dealing with the notions related with it are for the most part the favored procedures for denying the point and shutting it down from the detailed insights and feelings.



While a couple of young people search for expert mental help, most search for support from their loved ones (Clement et al., 2011). While without question most youngsters will speak with some person about their anguish, adolescents regularly don't get the help they require from their discontinuous help. It is overcast when the reactions that adolescents get, especially from relatives and partners who will no doubt be not able successfully to adjust to vital and solitary issues, are essential. Especially when peers search for help, they will in all probability be not able to give profitable reactions to troublesome questions. For example, show a strong troublesome energetic sanctuary diverse partners irritated, and total them awards, frequently fights, subjective mutilations and poor fundamental social and academic thinking consolidate (Olfson et al., 2010). These disclosures raise issues about the benefit of Help-Seeking from untrained associates.

Peculiarly, it is generally viewed as that movement searchers give protection against a variety of threats to eager thriving, including suicide danger factors (Torres et al., 2006). It is also, for the most part, saw that adequate care has a robust incredulous impact on the mental issues of individual, social and matters energized. From the desire for suicide, a legitimate Help-Seeking can shield the individual from the dangers related to the difference in silly contemplations and practices. Search for help from an expert source, or a man who can raise access to expert mental advice, decrease or wipes out the peril of suicide among individuals who encounter futile considerations or unsound practices show up (Clement et al., 2011). It was moreover discovered that expert mental help lessens the essential sorts of the absurd hazard before the risk transforms into a dynamic acknowledgment or silly direct.

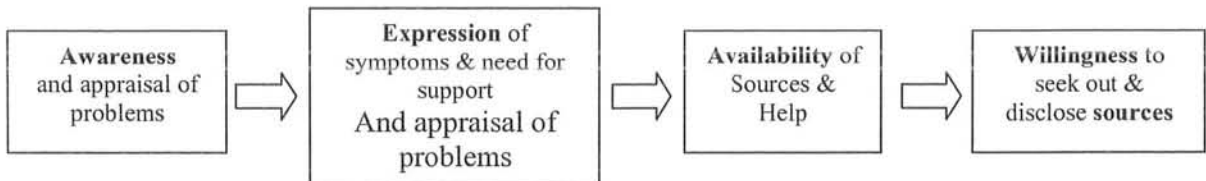
Factors that affect help-seeking. Research has considered a vast and changing degree of portions that may affect Help-Seeking. In any case, little attention has been capable of dismissing stunning investigation exertion here. Several fundamental issues have tormented the help-seeking creating. One has been the nonappearance of comprehension or consistency in the estimation of help-seeking. Another has been the nonattendance of a joining hypothesis. This way, investigate has revealed assorted disclosures that are frequently conflicting and, now and then, negating (Snow et al., 2016).

Disfavor and negative states of mind toward Help-Seeking from experts are further breaking points to proficient help-seeking. Young people are mainly worried over being viewed as "mental" by their companions and others, and the lack of regard for mental tribulation is associated with less mean to scan for help. Accepting that Help-Seeking won't be critical moreover exhibits issues; "suspecting that nothing could help" was the second most got a handle on restricting. Young people are frequently questionable whether particular wellsprings of help will genuinely have any effect. For instance, while general experts are a champion among the most routinely got the opportunity to introductory wellsprings of expert help, young people frequently don't know under seeing a GP for an excited success issue will be helpful. Likewise, young people have been appeared to incline toward an effective treatment to careful halting, and controlling ways to deal with oversee pharmaceutical (Snow et al., 2016).

Past encounters of Help-Seeking that showed unhelpful besides add to negative states of mind. This can solidify meetings in which the adolescent felt that they were not tuned in to or their issues were not seen as fundamental. Events when the secret was not kept, and fears about breaks of insurance, besides adding to negative states of mind toward mental wellbeing associations.

Theory of help-seeking. Another hindrance in the field of help-seeking research was the nonappearance of a summary hypothesis of help-seeking hones. There is some hypothesis in the zone, and the people who are related have a tendency to be sensible rather than speak to, or they have social and monetary parts as a primary need that impacts access to associations. The Flow Inquire program was stressed over factors on a more diminutive scale - the individual and mental components that progress or defeat the system of Help-Seeking. A fundamental hypothetical viewpoint has researched the repercussions of this examination program up to the evaluation of the headway and decision of the foreseen factors (Rickwood et al., 2005). From past research in the area more than a significantly extended period, the examination amass has started to set up help searches for energetic flourishing issues as a social exchange between the individual space of the internal universe of thought and feelings and the social zone of social connections (Sun et al., 2016).

Parts were seen as that relied upon nature with the individual space in association with thriving mental points of view, the ability to comprehend or express that particular area for others, and the capacity to reveal it to others. The following process model of help-seeking guided the research design:



The Help-Seeking has been envisioned as a system by which the individual ends up being logically social. The methodology begins with nature with the signs and appraisal of an issue that may require advancement. This examination of still, little voice and original thinking must have the capacity to be articulated or bestowed in words that others can comprehend, and that the potential searcher of help can pass on amazingly well. Well, crest must be accessible and open. Finally, the web crawler should be set up to show the source its internal state (Wills & Gibson, 2009).

Help-Seeking is the path toward seeking and using social connections, formal or easygoing, to help with particular issues. Not in the least like various other social exchange programs, the goal of Help-Seeking is extraordinarily individual. The Help-Seeking is related to the individual and association. Henceforth, the components that affect these two zones are critical, yet those that work in their consolidating are particularly relevant (Snow et al., 2016). The variables were seen as reliable to affect shared trait with particular space in regards to eager success issues, the ability to talk well or express that domain, and the capacity to discover them.

Attitude towards Seeking Psychological Treatment

Individuals with mental issues frequently encounter different snags for Help-Seeking, acknowledging high rates of expelled require. Help-Seeking is pivotal to avoid the mental problems in trouble and even to decrease the danger of suicide. Primary segments, for example, the relationship of enthusiastic success mind, are fundamental determinants for seeking mental help. In any case, straightforwardness and accessibility are essential in any case not adequate for individuals to scan for

help. The mentalities and lack of regard individuals hold in a relationship with enthusiastic prosperity and help-seeking are likewise essential obstacles (Sun et al., 2016).

Along these lines, the reason for this examination is to explore how cross-national complexities in states of mind and lack of regard inside the thorough system are identified with proficient and excellent help-seeking targets in low and high suicide rate regions. An influential demeanor toward a direct, for example, help-seeking is associated with a more grounded intend to make up for lost time with this state of mind. As per social hypotheses, goals are quick trailblazers of certifiable direct. Various examinations found a connection between moving states of consciousness and help-seeking focuses and true blue association utilize. Disgrace consolidates a contradicting response of a unique piece of the general masses toward a social gathering of individuals in the context of their properties (e.g., a mental issue) or direct (e.g., help seeking) (Sun et al., 2016).

Disrespect contains three essential perspectives. The primary point of view is basic emotions or theories, for example, 'individuals with mental issues are bumbling.' Second, there is the bit of tendency. This is the comprehension of a significant portion of the general population with these hypotheses, and additionally, the experience of inverse energized responses, for example, dread or stun toward the censured gathering. Third, there is the immediate reaction to inclination accomplishing separation and in this way the need for social division (Sun et al., 2016). A fundamental idea in the midst of the time spent feedback is naming. From the minute one is checked and this way perceived as a man from the destroyed amassing, the chances of being prejudged and separated. Besides, analyze found that incapacitated individuals were more frequently ridiculed when they scan for help than the general population who did not. A path for individuals with mental issues to avoid being named is confused or not Help-Seeking.

The lack of respect related to mental torment might be an essential factor reducing help-seeking. Disfavor might be portrayed as a method including naming, division, hypothesis mind, theory underwriting, tendency and seclusion in a setting in which social, cash related or political impact is cleaned to the deterrent of individuals from a gathering. A few new sorts of disapproval have been perceived and are utilized

as a bit of this audit. These are: foreseen disrespect (want for genuinely being recognized or treated absurdly); experienced disregard (the individual experience of being seen or treated ridiculously); conceal disapproval (holding denouncing sees around oneself); saw disfavor (people look about how much individuals when all is said in done have put down states of mind/coordinate towards individuals with mental maladjustment); disfavor ensuring (people's own particular criticizing dispositions/lead towards other individuals with futile direct); and treatment disrespect (the disfavor related with seeking or enduring therapy for mental wiped out success) (Tahir, 2011).

To date, six non-proficient investigations on energetic prosperity related disgrace and help-seeking have been coursed. Each point by point that there was some assertion that disfavor hinders help-seeking, potential instruments were proposed, and these audits determined that the field is right as of now deficiently comprehended. The present survey is worried over help-seeking from formal associations, particularly social insurance (primary care or helper/tertiary energetic prosperity associations) or talking treatment associations. The term 'help-seeking' is utilized to mean all times of the framework, melding start of, and obligation with, mind (Kovandžić et al., 2011).

The overall rates of treatment of the mental issue in made countries are growing after some time. Outpatient therapy for dispiriting in the US from therapeutic utilize contemplates show that only a solitary (0.73) was managed for every 100 patients treated in 1987, and it was 2.33 out of 1997, 2.37 of each 1998 and 2.88 of each 2007. This confirmation of the expansion of enthusiastic flourishing organization covers different headings in the usage of pharmacotherapy and psychotherapy. In particular, the usage of meds has extended basically since the late 1980s (Olfson et al., 2002), in spite of the way that this illustration has each one of the qualities of compensation since the late 1990s (Olfson & Marcus, 2010). In spite of what may be normal, the degree of outpatient psychotherapy in Medical Expenditure Surveys decreased by 28% out of 20 years. Among the general population who have gotten treatment for debilitation, were 71% of each 1987 psychotherapy, 60.2% out of 1997, 53.6% out of 1998 and 43.1% of each 2007.

The close illustrations were for the treatment of emotional wellness issues with everything taken into account by associations of the US National Audits

Comorbidity (NCS) in the vicinity of 1990 and 1992 and its replication (NCS-R) in the region of 2001 and 2003. Individuals with psychological well-being issues, troubles or substances 20.3% in the mid-1990s were managed, while 32.9% in the mid-2000s were managed. By far, the most significant addition to the estimation of these studies was in the field of a general solution, where the treatment rates in 2001-2003 were 2.59 times higher than in 1990-1992. The high rates of addresses by public experts (53%), and furthermore cases for energetic Australians considered (for example Reavley, Yap, Wright, and Jorm, 2011). The extension in treatment rates after a period has been attributed to the progression of psychotropic solutions that have been controlled by the general helpful part (Mojtabai, 2007).

Attitudinal barriers to mental health care. A far-reaching research scene has endeavored to comprehend the limits to enthusiastic flourishing better. These can be orchestrated comprehensively as blocks to learning, help, and business (Thompson et al. 2004). The cases of limits in the perspective of information fuse not seeing indications of mental issues and not knowing where to get help. Additional tangles join cash related costs, transportation inconveniences and the nonappearance of accessible associations. Setting up limits fuse concerns related to disrespect, fear or disgrace about the area of individual unnoticeable segments, feelings that one must oversee issues that are free of others, and feelings about the likelihood that organization will It will help deal with a question. Regularly, demonstrate individuals when they are asked for help, a movement of purposes of repression to Help-Seeking with the instability of levels of capability in their support (Sun et al., 2016).

The NCS ask about found that among those with a mental issue and the necessity for change of help related to the real determinants of care and was socio-demographically (Mojtabai et al., 2002). Negative states of mind toward Help-Seeking for enthusiastic success issues are ordinary. A review of masses contemplates from Canada, and the United States found that 18% and 24% were only negative. The rate of negative states of mind was in energetic adults who were in the vicinity of 15 and 24 years old, impressively higher, with 25% of young Canadians and 35% of more energetic Americans negative mentalities towards mental success associations had (Jagdeo et al., 2009). Slanted to search for the most perceived alteration catches on a couple of occasions psychological success fuse spirits wishes for the treatment of

issues without another person, as in the subject remains free of some other individual request in regards to the certain favorable circumstances of help and are stressed over disfavor in the mission for energetic success.

Changing attitudes of people toward mental illness, the puzzling confirmation that concentrations to mentalities as a conspicuous periphery to psychological welfare associations have initiated extensive undertakings by clinicians, pioneers, and specialists over the span of ongoing decades to decrease negative states of mind and, particularly, disrespect towards broken direct. This disfavor mitigates attempts in the US and has, to some degree, tried to address futile lead by focusing on its neurobiological etiology (Snow et al., 2016).

These undertakings have been moreover mixed with the strong direct-to-buyer progression of psychotropic pharmaceuticals, which also highlighted that mental issues are specific diseases that require conventional medicines. Shockingly, regardless of the way that these undertakings to teach the general society and extend psychological prosperity structures have extended enthusiastic fortifying, including the ensuring of neurobiological causes and medications for mental wellness issues, they have not incited a reduction in the step by step disrespect of individuals with pointless direct, To be clear, in the USA, Germany, Turkey, Germany, Russia and Mongolia have detailed that supporting neurobiological purposes behind futile lead is connected with a development in the hankering for social separation of those with such issues. A noticeable insistence of these disclosures (Vogel et al., 2007) prescribes that broken practices have natural causes, which make them considered more dormant, interminable, true blue, and consistent. In this way, individuals with these fantasies are discussed in a general sense not precisely the same as those without them.

Shyness

As the dictionary suggests, Shyness expects to surrender or keep, reluctantly, an imperative partition from a man or a thing. Shyness is appreciated as a nonappearance of trust, meeting individuals and feeling cumbersome as indicated by others. The road to Shyness is the weight of being judged by others. Shyness is depicted as ‘a reaction to be with outcasts or immaterial associates, including effort,

apprehension, estimations of misery and anguish, and both see the irritate and the square of social leadership that is reliably foreseen from.' Shy individuals tend to see their structures as less consistent and less satisfying, sprightly and happy to be without others. Shyness is connected with snared pharmaceuticals and alcohol usage in both immaturity and adulthood.

Sun et al. 2016 depicted Shyness towards oneself, with premonition social results, which provoked a segment in objective wants. While most ramifications progress from these bothers and inspiration to make tracks in the opposite direction from the conditions that contribute, we ought to comprehend that Shyness, by and large, does not feel snared or incorporates crushing primary targets for the timid individual. One refinement that must be made is that Shyness can include social bother as an energetic segment. Anyway, social misgiving does not by any stretch of the imagination cause timidity routinely. The avoidance lead has as of late been confined in outside main impetuses and isn't started by estimations of nervousness. But social phobics were depicted as avoidance of the shy, these associations of tests with normal subgroups were dependent, and the makers showed the nonappearance of trial examinations (Pederson & Vogel, 2007).

They moreover found that social uneasiness was depicted by particular criteria, while timidity was indeed not. Despite how cowardice is a standard language piece and shows both an energetic state and furthermore work, specific criteria were addressed for continually troublesome Shyness, as the treatment was started at the Stanford Clinic Shyness in 1977.

Chronic Shyness. Interminable Shyness was portrayed as "a fear of disagreeable evaluation that was reasonable to confine reinforce in the arranged exercise and that was mixed in absolutely with the journey for individual or word related goals." The unfaltering overview has asserted our underlying feelings and divulgences by (Henderson et al., 2014) that timidity is heterogeneous. Unusually, various individuals say that they are excessive or shockingly Shy, since youngsters, as adults, don't meet any criteria for any psychological issue. Furthermore, half of the people who had a foundation set apart by complex social apprehension perpetually were not as reluctant as youths.

Heiser, Turner, Beidel, and Roberson-Nay (2009), who found merely inconspicuous help for an intimate connection between uncivil youth and social apprehension. We expect that the last definitions separate the presentation of excited states and self-announced characteristics of individuals who imply timidity, and predict individuals who suggest the treatment of social anxiety, especially given a substitute case for comorbidity. Revealed in our Shyness Center case. We depict ceaseless timidity primarily to the extent the individual's self-report, with a specific legitimate target of expelling from an outside execution standard as showed by which watchers interface individuals with investigative classes. Research in cerebrum identity investigates suggests that self-reports are more honest to goodness for character attributes than the examinations of watchers, especially among individuals who openly express their qualities.

The implications of the social uneasiness exhibit that an essential inadequacy is indistinguishable when working in get-togethers. The evaluation of the impedance is in the best of cases with the insufficient clinical authorities, especially to the extent enlistment and instruments, self-governing of the proposed models for the overall appraisal of the work in the Diagnostic and Statistical Manual of the Mental Disorders (DSM-5™, American Psychiatric Association, 2013). For example, cash related status and social impact frequently compel what timid individuals can do. The people who are not extraordinary at school may be committed to extravert educators who recognize dynamic and focused verbal exchanges about compound clarification and more regular verbal correspondence with a compliment on listening aptitudes. Individuals who seem to have everyday work in a couple of circumstances, through the ethics of social class and preferred standpoint, maybe juvenile in association with their assistant's get-together.

Shyness, sociability, and conflicted shyness. Shyness and altruism were envisioned as symmetrical features (Schmidt & Buss, 2010) and suggested that timidity was not just comparative philanthropy. Shyness indicates social hindrances, while congeniality reflects the inclination to be with others. Given the relative speculative and trial independence of the two attributes, it is conceivable to consider an undeniable phenotype, suggested as "affected Shyness," rising out of the joint

exertion of timidity and amicability (Schmidt et al., 2006). Staying Shyness reflects how much a man in a social circumstance encounters an engagement of drop.

Individuals who are delineated by clashing Shyness need to interface with others, yet since of their timid and suppressed climate, they fight everything considered. In young people and adults, conflicting Shyness is connected with an extended risk of substance abuse, social tension, poor physical success, and particularly psychophysiological compares with feeling dysregulation, including detectable relative right frontal EEG asymmetry to a significant degree calm (Fox et al., 2005), and heart rate precariousness. An undertaking has been made to achieve extended Shyness in early youth, and it has been associated with change issues in youngsters.

Regardless of the way that the fear of accidents and their antagonistic results all around remain stable to change generally, it can be affected by a couple of material sections. In the case of principal, it is mainly fundamental to look at Shyness and, in addition, to research the timidity of the contentions (ie, a mix of Shyness and congeniality), as this phenotype has each one of the signs of being particularly inadequately balanced and may address an additional adjustment in scope the hostile results.

Influence of shyness. Shyness is the slant of defenselessness, uneasiness or strain that impacts certain individuals to ponder in certain social conditions motivated by a distrustful dread of being rejected, humiliated or, in spite of what may be normal, reproached. This inclination makes it challenging to identify with others commonly, influencing the timid individual to sidestep worry. Different research memories have focused on the direction of individuals seeking mental help. The great reality has been watched that by a long shot most, especially adolescents, frequently share their issues with relatives, partners or close associations on the off chance that it has occurred after some time. On the other hand, the sweep for mental help or help from experts has remarkable stress for anomalies, since a considerable number individuals are not willing to pass on their inside issue to some person who is strange. Furthermore, investigators have in like manner conveyed that a substantial degree of respondents have said that they either feel embarrassed or exorbitantly modest, making it difficult

to reveal their particular issues with some person who does not remotely (Darling et al., 2018).

A couple of examinations done globally and comprehensive, have found that young people are generally reluctant to search for help if a mental issue develops. Analysts accept that there are a couple of variables that affect lead to finding proficient aid, and one of the essential problems is to trust and reveal the data to the people who are entirely new to them and feel humiliated, their worry to investigate in any case change. Shyness cost a bona fide result and frequently brings constant issues, or if nothing else social impact, measures, social perspective and family experience are the real reason, which expects a central part in upgrading the identity of an individual (Darling et al., 2018).

Social Anxiety Disorder (SAD) is a normal and crippling condition portrayed by productive, unrestrained fear in social and execution situations together with avoidance or profound wretchedness and debilitated part working. The adverse impact of SAD on the individual's life is significant. For example, the work hardship list for unadulterated SAD is as marvelous as the record for unadulterated demoralization and outperforms that for diabetes or coronary sickness. Furthermore, sub-edge social uneasiness is in like manner associated with liberal powerlessness. Despite its disabling effects, SAD is connected with conceded, low levels of help-seeking. The assessed typical time from start of the condition to help to ask for SAD is 16 years, and a multi-country examination of individuals from nine high wage countries found that select 21% of the people who satisfied the criteria for SAD had searched for expert help for the condition.

Further, it has been represented that help-seeking among individuals with SAD is frequently initiated by comorbid scrambles which run with SAD, (for instance, wretchedness) instead of social anxiety itself. Given the devastating effects of SAD and the openness of fruitful mental mediations for its treatment⁸, there would be impressive individual and general wellbeing advantage in progressing fortunate affirmation based help-seeking for SAD. In all actuality, as demonstrated by estimations endeavored by Andrews and colleagues, ten cripple inconvenience related with perfect treatment for SAD could be decreased by 49% with 100% ideal treatment scope and by 34% with 70% extension (Darling et al., 2018).

Relationship between Shyness and Attitude

Describing the relationship between shyness and attitude of seeking psychological assistance, numerous researchers have analysed that shyness is a relatively stable tendency that some people show towards social inhibition. This tendency translates into behaviors aimed at going unnoticed or not being noticed, not expressing opinions, as well as in a style of passive communication when relating to other people. Although shyness is a personality trait and it is easier to change an attitude than the way of being, overcoming shyness is possible. Pederson and Vogel, (2007) have stated that there is a great controversy about whether personality traits, such as shyness, accompany people since they are born or, on the contrary, they acquire them throughout their lives. In this sense, there is no doubt that as part of our character, shyness is a trait that children can present from early childhood.

However, how the environment acts to the manifestations of shyness of a person, as well as subsequent learning, can modulate this feature even to reduce it to its minimum expression. Keeping in view, Kim and Omizo, (2003) has conducted the research on role of shyness to seek psychological help, they have observed that if a shy person gets punishments from his surroundings-they pay less attention to him, do not listen to his opinion, if he is a child they scold him if he hides behind his mother, etc.-and reinforcements when he carries out a behavior social lacking timid features-people listen to him, laugh with him, if a child his parents allude to his pleasant character, etc. it will be very likely that the trait of shyness ends up being reduced to its minimum expression.

Jorm and Wright, (2008) has conducted the research on role of shyness and concluded the findings that, shyness has significant negative consequences and excessively interferes with the life of the affected person, it may be necessary to have specialized help. Psychological therapy aimed at overcoming shyness begins with a prior evaluation of the subject, which aims to determine what are the possible causes of his shyness. Subsequently, the variables that maintain that person in the situation in which he is found will be analyzed, and in what concrete contexts his shyness becomes especially complicated or prevents him from functioning normally.

Accordingly to Rickwood et al. 2005 have stated that shyness among the person has a strong relationship with attitude of seeking psychological assistance. They have stated that, though the role of culture, values and religious perspective cannot be ignored. However, the shyness or personal traits is one of the primary factor that create hesitation among the people to share their social and psychological issues with someone who they have never interacted for their needs.

Another study conducted by Gulliver et al. 2010 analysing the attitude of young people for seeking psychological assistance. The study concluded the fact that shyness and attitude of people towards psychologists have strong relationship, as the respondents have stated that most of the times they feel shy to express or disclose their personal issue to someone who they have met for the first time and it is really difficult to express in such environment where they are uncomfortable.

Another study conducted by Topkaya, 2014 analysing the role of gender in seeking psychologist assistance. The study reveals the fact that mostly people consider seeking psychological assistance as a last resort to avoid the further complexities of the disorder. The research further concluded that in developing countries such as the role of gender have positive relationship with attitude of seeking psychological assistance because of social, cultural values and family influences etc.

Rationale of the Study

The primary objective of the research is to identify how shyness influences the attitude of people to seek psychiatric assistance. Numerous researchers have identified that social and cultural factors are the main contributors that create hesitation or shyness among the people to expose their psychological issues because in developing societies, the behavioral abnormalities are considered as unacceptable phenomenon which leads the fear of social acceptance (Kim & Omizo, 2003). The psychological field is in the process of emergence but mostly the research has been conducted on psychology students with the primary perspective to identify whether they will seek psychological assistance if they encounter with any psychological issue. Very few researchers have studied the attitude on general population which leaves a larger gap to identify that how shyness can influence the attitude of people.

In context of developing societies, Pakistan is one of the countries where understanding of people behavior is extensively important to develop the awareness and confidence on the expertise of psychiatrists and psychological treatment. The current research will enhance the possibility of identifying the contributing factors that affect the attitude of the people. Along with that, we are including the participants who belongs to multicultural background and can fairly represent their demographic infrastructure and approach of the people that what they feel about getting psychological assistance. The research will also help researchers and policy makers for developing policies to create awareness among the people that how psychologists and psychological assistance is necessary for their well-being.

METHOD

Objectives

1. To see the relationship between shyness and attitude towards seeking professional psychological treatment.
2. To see role of gender and socio economic status with shyness and attitude of people towards seeking professional psychological help.

Hypotheses

1. Shyness is negatively associated with attitudes of people towards seeking professional psychological help among university students.
2. Shyness will be higher in men as compared to women.
3. Attitude towards seeking psychological help will be higher in women as compared to men.

Operational Definitions

Instruments

Demographics sheet. A demographic sheet developed to obtain information about participants, the demographic sheet includes age, gender, education, socio economic status, marital status, income and parental status.

Attitude towards seeking professional psychological help scale (ATSPPH). In order to measure the attitude of seeking psychological assistance, ATSPPH scale was used introduced by (Fischer & Farina, 1995) comprise of 29 items. Questionnaire was developed on the basis of 4 point likert scale which describes “0” as disagree, “1” describes as probably disagree, “2” as agree and “3” describes as agree. The scale has been further divided into four sub scales which include recognition of the need, stigma, interpersonal openness and confidence in mental health practitioner. In the proposed scale, for the recognition and need for psychological help, items 4,5,6,9,18,24,25 and 26 was used. For the stigma and tolerance, item 3, 14, 20, 27,

and 28 were used. For interpersonal openness, item 7, 10, 13, 17, 21, 22, and 29 were used where as for the confidence item 1, 2, 8, 11, 12, 15, 10, 19 and 23 were used.

Shyness Scale. In order to measure shyness, 20 items shyness scale has been used introduced by Cheek and Melichor, (1985). 5 point likert scale which includes range 1-5. In the given scale “1” describes as strongly disagree, “2” disagree, “3” Neutral, “4” Agree and “5” describes as strongly agree. In the given scale, items 4, 7, 10, 13, 16, and 19 are reversed score. The data was collected on the basis of designed shyness questionnaire which reflects the behavior of the respondents.

Sample

The sample of 200 comprised of university students from Rawalpindi and Islamabad. Both males ($n = 61$) and females ($n = 139$) students were the participants of the study with age range between 18-30 years with minimum education level of B.S ($n = 23$) and maximum education level of M.S ($n = 28$). Convenient sampling technique was utilized for data representation.

Table 1
Demographic Characteristics of the Sample (N = 200)

<i>Demographics</i>	<i>f</i>	<i>%</i>
Age		
18-23	162	81
24-30	38	19
Gender		
Female	139	69.5
Male	61	30.5
Education		
BS	23	11.5
DPT	95	47.5
MSC	50	25
MS	28	14.0
Socioeconomic Status		
Lower	10	5.0

Middle	155	77.5
Upper	35	17.5
Income		
50,000	45	22.5
50,000-80,000	58	29.0
80,000 Above	97	48.5
Parental Status		
Dead	1	0.5
Single Parent	20	10.0
Divorced	10	5.0
Living Together	169	84.0
Marital Status		
Single	176	88
Married	24	12

Table 1 illustrate about the frequency and percentage of various demographic variables such as age (18-30), gender (male & female), education level (B.S, M.Sc. & M.S), socio economic status (low, middle & high), parental status (dead, single parent, divorced & living together) and marital status (single & married).

Procedure

Taking the official permission from the perspective universities, students were approached individually. The two scales in addition to demographic sheet were given to students. Informed consent was taken from each participant and they were explained about the purpose behind the research. All participants were guaranteed that the data taken from them will be kept confidential and will solely be utilized for the purpose of research. The participants were told that they had the full right to withdraw from participating in the research, however full participation was highly encouraged. Full assistance was furnished to the participants to answer any queries they had about procedure.

RESULTS

The present study was aimed to investigate the relationship between shyness and attitude of people towards seeking professional psychological help. For all the scales Cronbach's alpha coefficient were computed to determine the reliability, descriptive statistics showed the normality of data. Pearson product moment correlation analysis was used to explore the relationship between variables. To find mean differences independent t-test was computed.

Table 2

Descriptive Statistics and Alpha Reliability Coefficients of Scales (N=200)

Scale	Items	M	SD	α	Range		Skewness	Kurtosis
					Actual	Potential		
ATSPPH	29	49.39	9.75	.70	0-73	0-87	-.62	2.95
Need	9	14.28	3.57	.61	0-22	0-27	-.51	1.20
Stig	7	7.67	2.72	.52	0-15	0-21	-.16	.12
Open	5	12.54	3.23	.50	0-21	0-15	-.61	1.80
Conf	8	14.50	3.51	.56	0-23	0-24	-.37	.87
Shy	20	58.36	11.28	.79	22-93	20-100	-.28	.73

Note: ATSPPH= Attitude towards Seeking Professional Psychological Help, Stig= stigma, Open= openness, Conf= confidence, Shy= Shyness

Table 2 shows the alpha reliability, mean, standard deviation, range, skewness and kurtosis of scales. Reliabilities of attitude towards seeking professional psychological help scale and shyness scale were found to be in acceptable range. The skewness and kurtosis of scales were found in desired range of -2 to +2. Similarly values of means and standard deviation also provide an evidence of normal distribution of the data set.

Table 3*Correlation Matrix for Study Variables (N=200)*

Variables	1	2	3	4	5	6
ATSPPH	-	.37**	.21**	.33**	.35**	-.23**
Need		-	.28**	.55**	.47**	-.45**
Stig			-	.25**	.36**	-.31*
Open				-	.42**	-.02
Conf					-	-.03
Shy						-

Note: ATSPPH= Attitude towards Seeking Professional Psychological Help, Stig= stigma, Open= openness, Conf= confidence, Shy= Shyness

**p<.01

Table 3 reveals inter-correlation of all the variables and then dimensions of correlation matrix is generated to determine the direction and strength of relationships across all the study variables. It is found that attitude towards seeking professional psychological help is inversely correlated with shyness scale. Furthermore, table shows significant relationship between attitude towards seeking professional psychological help and shyness.

Table 4

Group Differences across Gender along ATSPPH, Stigma, Need, Openness, Confidence, Shyness (N=200)

Variables	Male (n = 61)		Female (n = 139)		t	p	95% CI	
	M	SD	M	SD			LL	UL
ATSPPH	43.73	9.46	44.70	9.11	.61	.54	-2.03	3.88
Need	13.27	3.74	14.71	3.41	2.66	.01	.37	2.50
Stig	8.54	2.59	7.28	2.69	-3.06	.01	-2.06	-.44
Open	11.88	3.62	12.82	3.02	1.90	.05	-.03	1.91
Conf	14.70	3.65	14.41	3.45	-.53	.59	-1.35	.77
Shy	63.59	10.62	62.46	11.36	-1.15	.24	-5.41	1.40

Note: ATSPPH= Attitude towards Seeking Professional Psychological Help, Stig= stigma, Open= openness, Conf= confidence, Shy= Shyness

t-test was computed to look at the gender among the study variables that are shyness and attitude of people towards seeking professional psychological help. Result shows that mean of male ($M = 43.7$) is lower than the female ($M = 44.7$) in attitude towards seeking professional psychological help but differences is non-significant ($p < .05$). Result also show that mean of male ($M=63.5$) scored is higher than female ($M=62.4$) in shyness and difference is significant ($p < .05$).

Table 5

Group Differences across Marital Status along ATSPPH, Stigma, Need, Openness, Confidence, Shyness (N=200)

Variables	Single (n = 176)		Married (n = 24)		t	p	95% CI	
	M	SD	M	SD			LL	UL
	ATSPPH	44.74	9.01	41.95			11.43	-1.06
Need	14.41	3.42	13.29	4.50	-1.44	.14	-2.65	.40
Stig	7.59	2.66	8.20	3.13	1.03	.30	-.55	1.77
Open	12.58	3.02	12.20	4.59	-.53	.59	-1.76	1.01
Conf	14.66	3.35	13.33	4.38	-1.75	.08	-2.83	.16
Shy	62.44	11.31	65.41	9.45	-.24	.80	-5.45	4.25

Note: ATSPPH= Attitude towards Seeking Professional Psychological Help, Stig= stigma, Open= openness, Conf= confidence, Shy= Shyness

t-test was computed to look at the marital status among the study variables that are shyness and attitude towards seeking professional psychological help. Results shows that mean of married ($M=41.95$) is lower than the single ($M=44.74$) in attitude of people towards seeking professional psychological help. Similarly, results also reveal that mean of married ($M=65.41$) is higher than the mean of single ($M=62.44$) in shyness scale, and difference is non-significant.

Table 6

One- way ANOVA and Post Hoc Analysis on Socio-economic Status along ATSPPH, Stigma, Need, Openness, Confidence, Shyness (N=200)

Variable	Lower (n = 10)		Middle (n = 155)		Upper (n = 35)		F	P	i-j	D(i-j)	95% CI	
	M	SD	M	SD	M	SD					LL	UL
ATSPPH	36.9	12.61	45.1	8.94	43.42	9.35	3.97	.02	1<2	8.21	.41	4.45
Need	12.4	5.2	14.5	3.34	13.62	3.88	2.43	.09				
Stig	7.2	3.52	7.68	2.63	7.74	2.91	.162	.85				
Open	10.8	5.26	7.74	2.91	12.68	3.41	1.53	.21				
Conf	11.2	4.26	14.99	3.24	13.28	3.73	8.65	.00	2>1	-3.7	-6.4	-1.1
Shy	65.60	7.86	62.20	11.36	64.6	10.7	1.04	.35				

Note: ATSPPH= Attitude towards Seeking Professional Psychological Help, Stig= stigma, Open= openness, Conf= confidence, Shy= Shyness

Table 6 indicated means, standard deviation and F value of socio economic status among study variables. Table indicated significant ($p < .05$) differences on attitude of people towards seeking professional psychological treatment. Post hoc analysis revealed that the students belong to lower socio economic status perceived negative attitude towards seeking professional psychological treatment than those who belong to middle socio economic status and upper socio economic groups. Similarly students belong to middle socio economic status has higher confidence level as compared to lower socio economic status.

Table 7

One- way ANOVA and Post Hoc Analysis on Education along ATSPPH, Stigma, Need, Openness, Confidence, Shyness (N=200)

Variable	BS (n = 118)		MA/MSc (n = 48)		MS (n = 34)		F	P	i-j	D(i-j)	95% CI	
	M	SD	M	SD	M	SD					LL	UL
	ATSPPH	44.03	10.07	46.60	8.21	42.61					7.76	2.06
Need	14.63	3.71	14.16	3.19	13.20	3.45	2.16	.24				
Stig	7.52	2.81	7.62	2.74	8.23	2.33	.90	.12				
Open	12.83	3.30	12.37	2.63	11.76	3.70	1.52	.37				
Conf	14.58	3.84	14.77	2.70	13.85	3.32	.75	.20				
Shy	62.21	11.34	62.02	12.10	65.97	8.33	1.67	.49				

Note: ATSPPH= Attitude towards Seeking Professional Psychological Help, Stig= stigma, Open= openness, Conf= confidence, Shy= Shyness

Table 7 indicated the student education level in relation to study variables. Table indicated significant ($p < .05$) differences on attitude of people towards seeking professional psychological treatment. Post hoc analysis revealed that the students of M.A/M.Sc. perceived more negative attitude towards seeking professional psychological treatment than those who are doing BS and MS. Whereas, there were no significant difference on shyness among university students.

Table 8

One- way ANOVA and Post Hoc Analysis on Income along ATSPPH, Stigma, Need, Openness, Confidence, Shyness (N=200).

Variable	50,000 (n = 118)		50,000-80,000 (n = 48)		80,000 Above (n = 34)		F	P
	M	SD	M	SD	M	SD		
	ATSPPH	46.17	7.52	43.37	9.29	44.20		
Need	14.35	3.46	14.48	3.46	14.12	3.71	.41	.66
Stig	7.95	2.50	7.36	2.85	7.72	2.74	.19	.82
Open	12.60	3.44	12.86	2.35	12.31	3.59	.63	.53
Conf	14.53	3.29	15.13	3.43	14.11	3.63	.51	.59
Shy	62.28	11.75	61.98	10.07	63.53	11.49	1.55	.21

Note: ATSPPH= Attitude towards Seeking Professional Psychological Help, Stig= stigma, Open= openness, Conf= confidence, Shy= Shyness

Table 8 indicated means, standard deviation and F value of monthly income of parents among study variables. Table indicated no significant ($p < .05$) differences on attitude of people towards seeking professional psychological treatment. Analysis revealed that the monthly income of parents do not effect on the attitude of students seeking professional psychological help. Hence, difference is non-significant.

Table 9

Group Differences across parental status along ATSPPH, Stigma, Need, Openness, Confidence, Shyness (N=200).

Variables	Single Parent (n = 20)		Living together (n = 169)		t	p	95% CI	
	M	SD	M	SD			LL	UL
	ATSPPH	45.6	8.1	44.4			9.43	.56
Need	13.8	2.8	14.3	3.7	.68	.49	-2.27	1.10
Stig	8.3	2.88	7.55	2.68	1.17	.24	-.51	2.01
Open	12.8	2.37	12.44	3.37	.45	.64	-1.17	1.88
Conf	14.3	3.61	14.5	3.59	-.28	.78	-1.19	1.43
Shy	64.9	9.23	62.3	11.2	.99	.32	-2.54	7.74

Note: ATSPPH= Attitude towards Seeking Professional Psychological Help, Stig= stigma, Open= openness, Conf= confidence, Shy= Shyness

T-test was computed to look at the marital status among the study variables that are shyness and attitude towards seeking professional psychological help. Results shows that mean of single parent ($M=45.6$) is higher than parents living together ($M=44.4$) in attitude of people towards seeking professional psychological help. Similarly, results also reveal that mean of single parent ($M=64.9$) is higher than the mean of parents living together ($M=62.3$) in shyness scale, and difference is non-significant on the basis of their mean and standard deviation.

Although there are four categories of parental status i.e. (dead, single parent, divorced and living together) but only two cases exit in data and it's not comparable. That's why ANOVA could not be done with this variable.

DISCUSSION

The current research was conducted to analyze the relationship between shyness and attitude of university students towards seeking psychological assistance. For the identification of relationship between attitude and shyness, ATSPPH scale (Fischer & Farina, 1995) and 20-item shyness scale (Cheek & Melichor, 1985) were used. In the given context of proposed variable, demographic factors, such as age, education, socio-economic factors were included to define the relationship. After applying the statistical analysis on collected data, the results of the study have shown reliable and significant relationship between shyness and attitude.

The findings of the research have revealed the fact that shyness is negatively associated with the attitude of people towards seeking psychological assistance. The study results predicted that shy people have more tendency of hesitation to reveal their internal problems and they are less likely to seek psychological assistance. Although, numerous researchers have indicated inconsistent results as most of the research have been conducted on university or college student. Due to higher education, strong social economic situation people have more tendency of seeking psychological assistance even they feel shy or less open to disclose their personal information. However, the studies have somewhat shown inverse relationship between shyness and attitude of seeking psychological assistance.

Considering the fact, Kim and Omizo, 2008 has conducted the research analyzing the attitude of Asian American towards seeking psychological assistance. The research finding reveals that with consistent yielded results, the people have shown inverse relationship between values and attitude of seeking help. The research has also included other demographic factors such as age, gender, previous counseling experience and social economic status. However, the role of values has reflected the significant influence on attitude of the people. Likewise, our current research findings have also predicted the inverse relationship between the shyness and attitude of the people towards seeking professional help. Although, the findings of the research have shown consistent yield of the results, however the results have not predicted a very strong relationship between our proposed variable.

The previous researchers have used different social and demographic factors and somewhat presented the different findings from the previous research, as they have used different distinct factors. Elhai et al. 2008 have conducted the research on college students of United States to analyze the relationship between attitude, openness of seeking psychologist help and need of treatment. The findings of the study have shown inter-correlated relationship and presented the findings that socio demographic factors are highly correlated and influence the attitude of people towards seeking psychological assistance.

Concerning the age factor, researchers have presented controversial argument related to age factor. Most of the studies have been conducted on college student's age range between 18-34 years. Emphasizing on the age factor, (Estaes, 1995; Segal et al., 2005) have stated that research related to age factors have shown inconsistent results and through their research findings it has been observed that older adults have reflected the negative attitude towards help seeking. However, there are numerous social and cultural factors that influence the attitude of help seeking towards seeking psychological assistance. Controversially, Robb et al. 2003 has presented their findings that older adults have reflected positive attitude towards seeking psychological assistance. Therefore, with such inconsistencies in the results related to age factor and help seeking behavior, there is further research needed to explore the possible influential factors.

Accordingly, through our research findings, we have observed that there is not much difference in context of gender towards the attitude of seeking psychological assistance rather the previous literary research has presented more positive attitude in females towards seeking psychological assistance (Yeh, 2002; Ang et al., 2004; Nam et al., 2010). However, in case of Pakistan, where more than 60% of the population is still living in rural area do not represent our sample data set, because the study like other researches has been conducted among the university student, where family status and educational level make much more significance. Through the current research findings, the respondents male and female have shown interests and presented positive attitude towards seeking psychological assistance in case of any mental disorder. Supporting the study findings, (Atkinson et al., 1995; Zhang & Dixon, 2003) has concluded that cultural values, beliefs and religious significantly

intersect the gender and role and significantly influence the attitude of help seeking behavior.

Conclusion

The findings of the research have revealed the fact that shyness is negatively associated with the attitude of people towards seeking psychological assistance. The present study results predicted that shy people have more tendency of hesitation and reveal their internal problems to the whole society and they are less likely to seek psychological assistance. The research finding also reveals that with consistent yielded results, the people have shown inverse relationship between values and attitude of seeking help and also predicted the inverse relationship between the shyness and attitude of the people towards seeking professional help. Although, the findings of the research have shown consistent yield of the results, but the analysis have not predicted a very strong relationship between these two relationships.

The findings of the study have shown inter-correlated relationship and presented the findings that socio demographic factors are highly correlated and influenced by the attitude of people towards seeking psychological assistance. Accordingly, through our research finding observed that there is not much gender difference towards the attitude of seeking psychological assistance rather the previous literary research has presented more positive attitude in females towards seeking psychological assistance has concluded that cultural values, beliefs and religious significantly intersect the gender and role and significantly influence the attitude of help seeking behavior.

Implications

This study can contribute in different intervention plans regarding the behaviors and temperament of students. These interventions can be used for the parents who need to learn better strategy plans for students to overcome their child's shyness. The intervention plans may also incorporate teachers and focus on improving teaching styles for the students. This will help in developing a better student-teacher relationship.

The current research was conducted to analyze the relationship between shyness and attitude of university students towards seeking psychological assistance. It aims to see its effect on adolescents. The present study may help teachers to improve their teaching styles so that it will help students to adjust in their life. It will improve their quality of life and at least they can better cope with daily hazards of life.

This study may help adolescents to know that they may also be able to understand the significance of social support in their lives because lack of social support affects their life circumstances. And they can overcome with psychological problems.

Limitations and Suggestions

The first limitation of the study is regarding its generalizability of the findings, because its sample only included students from Islamabad and Rawalpindi. In future studies including more universities from different cities could help to increase the generalizability of the findings. As more diverse sample can help in identifying different stress and anxiety causing factors in the students; studying in Pakistani scenario.

The age range for students was between 18 to 30 years, and therefore these findings could not be generalized to other age groups of students. As the main focus of study was on young students, so the results cannot be implicated on students from older age groups.

It is recommended that future studies relevant to this topic should include students with lesser and greater shyness and attitudes. This would help in identifying the stressors for students for different time periods.

It is also recommended that future studies relevant to this topic should include students from different universities from different cities so that the findings could be generalized. Different universities have different studying conditions that give rise to different stressors that cause stress and anxiety and lessen the motivation of workers.

While analyzing the relationship between shyness and attitude of seeking psychologist assistance, following limitations of the study has been observed. The first and very prominent limitation of the study is that the current research is conducted among the university students which does not represent the generalizability

of whole population as in Pakistan most of the population belongs to area where the lack of knowledge or awareness is a significant factor which influence the attitude of the people.

Secondly, during the current research, though we have analyzed the attitude of respondents and included various socio-demographic factors such as age, socio Economic status, gender etc. However, for future research, there is extensive need to explore whether the level of satisfaction which have any impact on the attitude of people psychological assistance. In developing countries such as Pakistan, the image and reputation of the students always have significant influence on the help seeking patterns, therefore, further research and educational programs are needed to enhance the awareness among the general population.

The third limitation of the study relates the role of gender as the most of the participants in the study were female, so we cannot generalize the results to indicate the whole population. Like previous literature the research findings have reflected that female participants were shy and have less tendency of seeking psychological assistance in case of any mental disorder or interpersonal issues and accordingly the male participants have shown positive attitude of seeking psychological assistance. However, in both case the sample data set doesn't represent the general population. Therefore, further research is needed to explore the attitude pattern of both genders.

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.
- Ang R. P., Lim K. M., Tan A. G., Yau T. Y. (2004). Effects of gender and sex role orientation on help-seeking attitudes. *Curr. Psychol.* 23, 203–214. 10.1007/s12144-004-1020-3
- Atkinson D. R., Lowe S., Matthews L. (1995). Asian American acculturation, gender, and willingness to seek counseling. *J. Multicult. Couns. Dev.* 23, 130–138. 10.1002/j.2161-1912.1995.tb00268
- Barker, G., Olukoya, A., & Aggleton, P. (2005). *Young people, social support and help-seeking*.
- Bian, M., & Leung, L. (2015). Linking loneliness, shyness, smartphone addiction symptoms, and patterns of smartphone use to social capital. *Social Science Computer Review*, 33(1), 61-79.
- Borges, G., Nock, M. K., Abad, J. M. H., Hwang, I., Sampson, N. A., Alonso, J., ... & Bruffaerts, R. (2010). Twelve month prevalence of and risk factors for suicide attempts in the WHO World Mental Health Surveys. *The Journal of Clinical Psychiatry*, 71(12), 16-17.
- Cheek, J.M., & Melichor, L.A. (1985). *Measuring the three components of shyness*. In M.H. Davis & S.L. Franzoi (Co-chairs), *Emotion, Personality, and Personal Well-Being II*. Symposium conducted at the annual convention of the American Psychological Association, Los Angeles.
- Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N & Thornicroft, G. (2011). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, 45(1), 11-27.

- Darling-Hammond, L. (2018). From “separate but equal” to “No Child Left Behind”: *The collision of new standards and old inequalities*. In *Thinking about Schools* (pp. 419-437). Routledge.
- Downs, M. F., & Eisenberg, D. (2012). Help seeking and treatment use among suicidal college students. *Journal of American College Health, 60*(2), 104-114.
- Drum, D. J., Brownson, C., Burton Denmark, A., & Smith, S. E. (2009). New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional Psychology: Research and Practice, 40*(3), 213.
- Eisenberg, D., Golberstein, E., & Gollust, S. E. (2007). Help-seeking and access to mental health care in a university student population. *Medical care, 23*(2), 594-601.
- Elhai J. D., Schweinle W., Anderson S. M. (2008). Reliability and validity of the attitudes toward seeking professional psychological help scale-short form. *Psychiatry Res. 159*, 320–329. 10.1016/j.psychres.2007.04.020
- Estaes C. L. (1995). *Mental health services for the elderly: key policy elements, in Emerging Issues in mental health and aging*, ed Gatz M., editor. (Washington, DC: American Psychological Association), 303–328.
- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*.
- Fox, N. A., Nichols, K. E., Henderson, H. A., Rubin, K., Schmidt, L., Hamer, D, & Pine, D. S. (2005). Evidence for a gene-environment interaction in predicting behavioral inhibition in middle childhood. *Psychological Science, 16*(12), 921-926.
- Gadit, A. A. M. (2007). Mental Health Model: comparison between a developed and a developing country. *Journal of Medicine [serial online]*, 1(1), 23-33.

- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry, 10*(1), 113.
- Hahn, A. (2002). The effect of information and prior contact on attitudes towards mental illness. *IU South Bend Undergraduate Research Journal, 5*, 28-35.
- Heiser, N. A., Turner, S. M., Beidel, D. C., & Roberson-Nay, R. (2009). Differentiating social phobia from shyness. *Journal of Anxiety Disorders, 23*(4), 469-476.
- Henderson, L., Gilbert, P., & Zimbardo, P. (2014). *Shyness, social anxiety, and social phobia. In Social Anxiety* (Third Edition) (pp. 95-115).
- Jagdeo, A., Cox, B. J., Stein, M. B., & Sareen, J. (2009). Negative Attitudes toward Help Seeking for Mental Illness in 2 Populations—Based Surveys from the United States and Canada. *The Canadian Journal of Psychiatry, 54*(11), 757-766.
- Jorm, A. F., & Wright, A. (2008). Influences on young people's stigmatising attitudes towards peers with mental disorders: national survey of young Australians and their parents. *The British Journal of Psychiatry, 192*(2), 144-149.
- Khalily, T. M., Fooley, S., Hussain, I., & Bano, M. (2011). Violence, psychological trauma and possible acute post-traumatic interventions in Pakistani society. *Australasian Journal of Disaster and Trauma Studies, 1*, 1-9.
- Kim, B. S., & Omizo, M. M. (2003). Asian cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor. *The Counseling Psychologist, 31*(3), 343-361.
- Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47*(1), 138.

- Kovandžić, M., Chew-Graham, C., Reeve, J., Edwards, S., Peters, S., Edge, D., ...&Dowrick, C. (2011). Access to primary mental health care for hard-to-reach groups: from 'silent suffering'to 'making it work'. *Social Science & Medicine*, 72(5), 763-772.
- Mojtabai, R. (2007). Americans' attitudes toward mental health treatment seeking: 1990–2003. *Psychiatric Services*, 58(5), 642-651.
- Mojtabai, R., Olfson, M., & Mechanic, D. (2002). Perceived need and help-seeking in adults with mood, anxiety, or substance use disorders. *Archives of General Psychiatry*, 59(1), 77-84.
- Nam S. K., Chu H. J., Lee M. K., Lee J. H., Kim N., Lee S. M. (2010). A meta-analysis of gender differences in attitudes toward seeking professional psychological help. *J. Am. Coll. Health* 59, 110–116.
- Neuman WL. *Social research methods: Qualitative and quantitative approaches*. Pearson education; 2013.
- Olfson, M., & Marcus, S. C. (2010).National trends in outpatient psychotherapy. *American Journal of Psychiatry*, 167(12), 1456-1463.
- Olfson, M., Marcus, S. C., Druss, B., &Pincus, H. A. (2002).National trends in the use of outpatient psychotherapy. *American Journal of Psychiatry*, 159(11), 1914-1920.
- Olfson, M., Marcus, S. C., Tedeschi, M., & Wan, G. J. (2006).Continuity of antidepressant treatment for adults with depression in the United States. *American Journal of Psychiatry*, 163(1), 101-108.
- Pederson, E. L., & Vogel, D. L. (2007). Male gender role conflict and willingness to seek counseling: Testing a mediation model on college-aged men. *Journal of Counseling Psychology*, 54(4), 373.

- Picco, L., Abdin, E., Chong, S. A., Pang, S., Shafie, S., Chua, B. Y., & Subramaniam, M. (2016). Attitudes toward seeking professional psychological help: Factor structure and socio-demographic predictors. *Frontiers in Psychology, 7*, 547.
- Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M. R., & Rahman, A. (2007). No health without mental health. *The Lancet, 370*(9590), 859-877.
- Rickwood, D. J., Deane, F. P., & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems?. *Medical Journal of Australia, 187*(7), 25-35.
- Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health, 4*(3), 218-251.
- Robb C., Haley W. E., Becker M. A., Polivka L. A., Chwa H.-J. (2003). Attitudes towards mental health care in younger and older adults: similarities and differences. *Aging Ment. Health 7*, 142–152.
- Schmidt, P. J., Cardoso, G. M., Ross, J. L., Haq, N., Rubinow, D. R., & Bondy, C. A. (2006). Shyness, social anxiety, and impaired self-esteem in Turner syndrome and premature ovarian failure. *Jama, 295*(12), 1373-1378.
- Segal D. L., Mincic M. S., Coolidge F. L., O'Riley A. (2005). Beliefs about mental illness and willingness to seek help: a cross-sectional study. *Aging Ment. Health 9*, 363–367.
- Sheikh, S., & Furnham, A. (2000). A cross-cultural study of mental health beliefs and attitudes towards seeking professional help. *Social Psychiatry and Psychiatric Epidemiology, 35*(7), 326-334.
- Snow, M., & Donnelly, J. (2016). Factors mediating dysphoric moods and help seeking behaviour among Australian parents of children with autism. *Journal of Autism and Developmental Disorders, 46*(6), 1941-1952.

- Sun, S., Hoyt, W. T., Brockberg, D., Lam, J., & Tiwari, D. (2016). Acculturation and enculturation as predictors of psychological help-seeking attitudes (HSAs) among racial and ethnic minorities: A meta-analytic investigation. *Journal of Counseling Psychology, 63*(6), 617.
- Tahir Khalily, M. (2011). Developing an integrated approach to the mental health issues in Pakistan. *Journal of Inter Professional Care, 25*(5), 378-379.
- Thompson, V. L. S., Bazile, A., & Akbar, M. (2004). African Americans' perceptions of psychotherapy and psychotherapists. *Professional Psychology: Research and Practice, 35*(1), 19.
- Topkaya, N., 2014. Gender, Self-Stigma, and Public Stigma in Predicting Attitudes toward Psychological Help-Seeking. *Educational Sciences: Theory and Practice, 14*(2), pp.480-487.
- Torres, A. R., Prince, M. J., Bebbington, P. E., Bhugra, D., Brugha, T. S., Farrell, M., ... & Singleton, N. (2006). Obsessive-compulsive disorder: prevalence, comorbidity, impact, and help-seeking in the British National Psychiatric Morbidity Survey of 2000. *American Journal of Psychiatry, 163*(11), 1978-1985.
- Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology, 54*(1), 40.
- Well, A. D., & Myers, J. L. (2003). *Research design & statistical analysis*. Psychology Press.
- Wills, T. A., & Gibbons, F. X. (2009). Commentary: Using Psychological Theory in Help-Seeking Research. *Clinical Psychology: Science and Practice, 16*(4), 440-444.
- Yeh C. J. (2002). Taiwanese students' gender, age, interdependent and independent self-construal, and collective self-esteem as predictors of professional

psychological help-seeking attitudes. *Cult.Divers.Ethn. Minor. Psychol.* 8, 19–29. 10.1037/1099-9809.8.1.19

Zhang N., Dixon D. N. (2003). Acculturation and attitudes of Asian international students toward seeking psychological help. *J. Multicult. Couns. Dev.* 31, 205–222. 10.1002/j.2161-1912.2003.

Zivin, Kara, Daniel Eisenberg, Sarah E. Gollust, and Ezra Golberstein. (2009): "Persistence of mental health problems and needs in a college student population." *Journal of Affective Disorders* 117(3), 180-1



Appendix A**Informed Consent**

I Asma Atique, student of M.Sc. Psychology at National Institute of Psychology, Quaid-i-Azam University, Islamabad, currently researching on “Attitudes of people towards psychological treatment”. In this regard, your valuable opinion is required. It is assured that your identity will be kept confidential. However, your participation in the present study is completely voluntary. You have the right to quit at any stage of the filling of questionnaire but we also like to share that your valuable contribution would be of great assistance in grasping the phenomenon. No information that identifies you personally will be collected.

I hereby, assure you that information will only be used for the particular research. If you are willing to participate, please indicate with your signature on the space below that you understand your rights and agree to participate in the study. I would be obliged to you for your kind support in my research project.

Signature of Participant.....

Date:

Researcher name: Asma Atique

Appendix B

Demographic Sheet

Age: _____

Gender: Female Male

University: _____

Education: _____

Socio economic status: Lower Middle Upper Income:
Below 50,000
50,000-80,000
80,000 and above Parental status: Dead Single Parent Divorced
Living together Marital status: Married Unmarried

Appendix C

Scale 1

Read each statement carefully and indicate your agreement or disagreement, using the scale below. Please express your frank opinion in responding to each statement, answering as you honestly feel or believe.

No. of Items	Statements	Disagree	Probable Disagree	Probable Agree	Agree
1	Although there are clinics for people with mental troubles, I would not have much faith in them.				
2	If a good friend asked my advice about a mental health problem, I might recommend that he see a psychiatrist.				
3	I would feel uneasy going to a psychiatrist because of what some people might think.				
4	A person with strong character can get over mental conflicts by himself, and would have little need of a psychiatrist.				
5	There are a few times when I have felt completely lost and would have welcomed professional advice for personal and emotional problems.				
6	Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.				
7	I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.				
8	I would rather live with certain mental conflicts than go through the ordeal of getting psychiatric treatment.				
9	Emotional difficulties, like many things, tend to work out by themselves.				

10	There are certain problems that should not be discussed outside one's immediate family.				
11	A person with a serious emotional disturbance would probably feel most secure in a good mental hospital.				
12	If I believed I was having a mental breakdown, my first inclination would be to get professional attention.				
13	Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.				
14	Having been a psychiatric patient is a blot on a person's life.				
15	I would rather be advised by a close friend than by a psychologist, even for an emotional problem.				
16	A person with an emotional problem is not likely to solve it alone; he or she <i>is</i> likely to solve it with professional help.				
17	I resent a person- professionally trained or not- who wants to know about my personal difficulties.				
18	I would want to get psychiatric attention if I was worried or upset for a long period of time.				
19	The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.				
20	Having been mentally ill carries with it a burden of shame.				
21	There are experiences in my life I would not discuss with anyone.				
22	It is probably best not to know everything about oneself.				
23	I were experiencing a serious emotional crisis at any point in my life, I would be confident that I could find relief in psychotherapy.				
24	There is something admirable in the attitude of a person willing to cope with his conflicts and fears without				

	resorting to professional help.				
25	At some future time I might want to have psychological counseling.				
26	A person should work out his own problems; getting psychological counseling would be a last resort.				
27	Had I received treatment in a mental hospital, I would not feel that it had to be "covered up".				
28	If I thought I needed psychiatric help, I would get it no matter who knew about it.				
29	It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen.				

Appendix D

Scale 2

Please read each item carefully and decide to what extent it is characteristic of your feelings and behavior.

No. of Items	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I feel tense when I'm with people I don't know well.					
2	During conversations with new acquaintances, I worry about saying something dumb.					
3	I am socially somewhat awkward.					
4	I do not find it difficult to ask other people for information.					
5	I am often uncomfortable at parties and other social gatherings.					
6	When in a group of people, I have trouble thinking of the right things to talk about.					
7	I feel relaxed even in unfamiliar social situations.					
8	It is hard for me to act natural when I am meeting new people.					
9	I feel painfully self-conscious when I am around strangers.					
10	I am confident about my social skills.					
11	I feel nervous when speaking to someone in authority.					
12	I have trouble looking someone right in the eye.					
13	I am usually a person who initiates conversation.					
14	I often have doubts about whether other people like to be with me.					
15	Sometimes being introduced to new people makes me feel physically upset (for example, having an upset stomach, pounding heart, sweaty palms, or heat rash).					
16	I do not find it hard to talk to strangers.					

	17 I worry about how well I will get along with new acquaintances					
	18 I am shy when meeting someone of the opposite sex.					
	19 It does not take me long to overcome my shyness in a new situation.					
	20 I feel inhibited in social situations.					