

The Impact of Different Subtypes of Social Withdrawal on Life Satisfaction, Loneliness and Depression in Young Adults.

Nora Braathu



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Abstract

Author: Nora Braathu

Title: The Impact of Different Subtypes of Social Withdrawal on Life Satisfaction, Loneliness and Depression in Young Adults.

Supervisor: Evalill Bølstad Karevold

Background. The purpose of the current thesis was to elucidate the impact of the different social withdrawal subtypes (unsociability, avoidance, shyness, isolation) on several psychological outcomes - life satisfaction, loneliness and depression - in a Norwegian sample of young adults. Social withdrawal research has mainly focused on shyness and unsociability, and mainly with children. Therefore, there is a clear gap in the knowledge regarding the differences between each subtype, and the possible effect on young adults' psychological adjustment. The four subtypes can be categorized in a preference for solitude and preference for socialization group. An additional goal was to validate a relatively new scale for measuring social preferences, the Social Preference Scale-Revised, in a Norwegian sample for the first time.

Method. The present study was questionnaire-based, containing measures of social preferences, satisfaction with life, loneliness and depression. The sample consisted of 240 Norwegian university students. An exploratory and a confirmatory factor analysis were conducted to validate the Social Preference Scale-Revised and differentiate between the subtypes of social withdrawal. Furthermore, multiple regression analysis was used to predict the effect of social withdrawal subtypes on life satisfaction, loneliness and depression.

Results. The results of the factor analyses corresponded to a good model fit. The multiple regression analyses revealed that all subscales of social withdrawal were significant predictors of loneliness. However, only shyness and avoidance were significant predictors of satisfaction with life. Unsociability, shyness and avoidance were additionally significant predictors of depression.

The present study is part of a larger study managed by Robert J. Coplan at the University of Ottawa, in collaboration with other universities around the world. However, data was collected by the supervisor, Evalill B. Karevold, a fellow student and the author. The hypotheses and analyses were conducted independently by the author.

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The execution of this thesis would not have been possible if it were not for Dr. Robert Coplan, who decided to include Norway in his “Beliefs About Social Withdrawal” study. I would like to thank my supervisor, associate professor, Evalill Bølstad Karevold for letting me be part of this project from the very beginning. I have gained a tremendous amount of knowledge on how to execute a study; from choosing which scales to include, translating and back-translating, creating the web-based questionnaire to recruiting participants. Evalill has been a supportive and encouraging supervisor throughout the two years we have worked together, and I thank her for all the times she has shown understanding, interest and devotion to me and the current thesis. I would also like to thank my fellow student Marit Bredesen for participating in the creation of the study and recruiting participants.

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Table of Contents

1	Introduction	1
1.1	The Origins of Social Withdrawal	3
1.2	Shyness	5
1.3	Unsociability.....	7
1.4	Avoidance	8
1.5	Isolation	9
1.6	Categories of Social Withdrawal	10
1.7	The Social Preference Scale-Revised	11
1.8	Understanding the implications of social withdrawal	12
1.9	The Present Study	17
2	Methods	19
2.1	Participants	19
2.2	Procedures	19
2.3	Ethics	21
2.4	Measures	21
2.5	Statistical Methods	23
3	Results	26
3.1	Factor Analyses	26
3.2	Descriptive Analysis and Correlations	27
3.3	Multiple Regression Analyses	28
4	Discussion	32
4.1	Main findings.....	32
4.2	Validation of the Social Preference Scale-Revised	32
4.3	Outcomes of preference for solitude vs preference for socialization	33
4.4	Implications	38
4.5	Limitations.....	39

1 Introduction

The impact of shyness and social withdrawal have been increasingly in focus over the last decades, with many studies investigating the topics in relation to various psychological outcomes (Roswell & Coplan, 2013; Zhao & Wang, 2013). A majority of these studies focus solely on shyness in childhood (e.g. Coplan, Gavinski-Molina, Lagacé-Séguin, & Wichmann, 2001; Coplan, Prakash, O'neil, & Armer, 2004; Ding et al., 2014), and some refer to shyness and social withdrawal as interchangeable terms. More recently, social withdrawal is being treated as a hypernym consisting of four subtypes: shyness, unsociability, avoidance, and isolation (Spangler & Gazelle, 2009). These four subtypes point to different underlying motivations for social withdrawal, but are often categorized as one, identical construct. However, very few studies have examined whether these subtypes affect psychological outcomes differently, especially in young adults (Etkin, Bowker & Scalco, 2016; Nelson, 2012). Young adults are a group that often are neglected in this field, as social inhibition typically has been viewed in relation to children, from infancy to middle childhood (Bowker & Raja, 2011; Coplan et al., 2001; Coplan et al., 2004; Coplan & Armer, 2007; Etkin et al., 2016; Karevold, Coplan, Stoolmiller, & Mathiesen, 2011; Nelson, 2012; Neto, 1996). At the same time, emerging adulthood is a key period for development of social relations as most young adults' transition to a greater degree of independence, with the need to form new relations, both privately, at work or in student life. The different forms of social withdrawal and how this inhibition may affect the person's psychological adjustment are specifically important in this transitional period.

Thus, the main aim of the current thesis is to disaggregate the multi-dimensional phenomena of social withdrawal and examine the relation to life satisfaction, loneliness and depression in young adulthood. These three outcomes were chosen specifically to represent positive feelings, mildly negative feelings and extremely negative feelings, respectively. To my knowledge, this has not been investigated previously; very few studies have been conducted on the different types of social withdrawal, and none have focused on isolation as a unique factor. Investigating this would be an important contribution to the overall knowledge of social withdrawal, and perhaps alter the way in which it has been examined and analyzed up until this point. Previous studies have been conducted mostly in North America and mostly with children, which causes the Norwegian population in the current study to be novel in this field. In addition, understanding the possible differences between these types of social

inhibition can guide therapists and other health workers to assess and create proper interventions designed according to each unique subtype, focusing on either preventing outcomes like depression and loneliness, or encouraging life satisfaction.

With regard to already existing research, it can be expected that the four subtypes of social withdrawal could predict life satisfaction, depression and loneliness differently. In general, social inhibition has been linked to social, psychological and behavioral maladjustment in all age groups (Coplan et al., 2013; Rubin & Coplan, 2010; Nelson, 2012; Wang, Rubin, Laursen, Booth-Laforce, & Rose-Krasnor, 2013). However, the underlying motivations that constitute each subtype may be crucial for understanding their respective effect on psychological adjustment. Unsociable and avoidant individuals are often described as belonging to a “preference for solitude” group, while shy and isolated individuals are situated in a “preference for socialization” group (Wang et al., 2013). Based on this, it is reasonable to assume that individuals with a preference for solitude (unsociability, avoidance) will report less feelings of loneliness and depression, and higher life satisfaction than those who have a high preference for being with others (sociability), because they do not have the same need for socialization. One could also expect that those who prefer to spend time with others, but still withdraw (shy, isolated), will be lonelier, more depressed and less satisfied with their lives.

There is a clear lack of research on how the subtypes of social withdrawal affect a broad range of psychological outcomes. Only two studies could be considered to be broadly similar to the proposed topic (Nelson, 2012; Poole, Lieshout, & Schmidt, 2017). Poole and colleagues (2017) examined shyness and sociability in relation to several outcomes (quality of life, social functioning and psychological adjustment) in 88 Caucasian Canadian adults, using questionnaires and interviews. Despite the inclusion of both shyness and sociability-unsociability, they did not include other types of social withdrawal (avoidance, isolation). Similar to the hypotheses suggested above, they found that shy-sociable (high shy, high preference for socialization) persons experienced more negative outcomes than non-shy individuals (Poole, Lieshout, & Schmidt, 2017). This is suggested to be because a shy person wishing to socialize with others will often feel too constrained to do so, and thus be less satisfied (Coplan, Prakash, O’neil, & Armer, 2004; Poole et al., 2017). Second, Nelson (2012) recruited 791 North American undergraduate students and used a questionnaire-based survey to compare three forms of social withdrawal (unsociable, avoidance, shyness) to

maladjustment regarding internalizing problems and relationship issues. He found that shy and avoidant individuals experienced more internalizing problems than those classified as unsociable. Based on these results, it is plausible that unsociable individuals will feel higher life satisfaction, less depressive symptoms and less loneliness, as they do not have the same preference for spending time with others. Avoidant individuals, although belonging to the same group, have shown conflicting results and expected outcomes of this subtype are unclear. Although the two aforementioned studies contain similar elements to the present study, neither examined all four subtypes of social withdrawal in relation to life satisfaction, loneliness and depression. In addition, both merely included participants from North America, which is where the majority of social withdrawal research has been conducted (Coplan et al., 2001). Investigating these effects in a Norwegian population would add to the already existing knowledge regarding social withdrawal, and increase the information regarding how the construct may be understood differently in other countries.

This thesis will unravel information regarding the complex construct of social withdrawal and its correlation to life satisfaction, loneliness and depression in young adults - a topic that previously has not been examined to this extent. Possible results could aid schools, institutions, psychologists and researchers to identify and distinguish between different types of social withdrawal, and thus be able to use relevant preventive actions for selected groups. In addition, findings from this thesis will add to the small number of articles focusing on social withdrawal in adulthood. The four different subtypes are measured by the Social Preference Scale-Revised (SPS-R: Bowker & Raja, 2011) in the current study. This scale has not yet been validated in Norway, thus a subordinate aim of the current study is to validate the SPS-R scale. A thorough review of the different subtypes and their relation to life satisfaction, loneliness and depression will be presented below, after a brief introduction to the origins of social withdrawal.

1.1 The Origins of Social Withdrawal

Prior to illuminating the concepts of shyness, unsociability, avoidance and isolation, it is necessary to understand how social withdrawal research has developed throughout the years, and how researchers investigate it today. In their 2010 book "*The Development of Shyness and Social Withdrawal*", psychologists Rubin and Coplan outline three branches of the development of research on social withdrawal. The first branch is thought to have emerged a

century ago. At that time some researchers and theorists began to understand and emphasize the importance of investigating children's interaction and relations (Cooley, 1902; Rubin & Coplan, 2010; Sullivan, 1953). Well-known researchers like Mead and Piaget claimed that peer interaction provided an essential context for learning about oneself and others (Mead, 1934; Piaget, 1932). Along with others, these researchers drew attention to the importance of peer relations in children's development, proposing that it might also be significant to take note of those children who do not frequently interact with others (Chen, Rubin & Li, 1997; Rubin & Coplan, 2010).

The second branch of research developed in the 1920s, when some of the first observational studies of children's peer interaction were implemented. Lehman (1926) became specifically interested in children who regularly played unaccompanied in the presence of peers. He began associating measures of sociability and other traits with solitary and social play, in order to find a correlation between them. In this period, the most well-known researcher in this field was Parten (1932), who investigated preschool children during free play over a period of nine months. The findings from her study formed the foundation for later investigations of children's non-social play and social withdrawal (Arbeu & Coplan, 2007; Coplan & Arbeu, 2008; Rubin & Coplan, 2010).

The third research branch originated in the 1980s, when Kagan and colleagues looked into the temperamental trait of behavioural inhibition (Kagan et al., 1988). This brought attention to the fact that inhibited children were reserved and wary, and Kagan proposed that these children had a lower threshold for psychophysiological arousal. This theory was among the first to link withdrawal with biological factors, as well as showing its stability from infancy to adolescence (Kagan et al., 1988). Further, studies by Rubin and colleagues in the 1980's provided some of the strongest evidence that social withdrawal was a stable phenomenon, associated with negative outcomes like loneliness, depressive symptoms, internalizing and peer rejection in childhood (Rubin & Coplan, 2010; Rubin, 1985; Rubin & Mills, 1988; Rubin, Hymel, & Mills, 1989).

It is evident that research regarding social withdrawal has changed and developed throughout the years. However, as mentioned, a majority of the research focuses on children and tends to neglect social withdrawal in adolescents and adults. Furthermore, studies have most often concentrated on shyness rather than social withdrawal in general, leaving the underlying motivation for withdrawal unclear. To be able to describe and disentangle the complexity and

multi-dimensionality of research on social withdrawal, definitions and thorough descriptions of the existing literature regarding each subtype will be presented below. Further, relevant literature on social withdrawal in childhood will be used where information regarding adolescence and adults is lacking.

1.2 Shyness

This thesis uses social withdrawal as a broader, more general term to describe different types of social disengagements. Shyness constitutes one aspect of social withdrawal, and is unquestionably the concept most researched, which explains the greater focus on this aspect in the present thesis.

Researchers have struggled to define and conceptualize shyness, and a variety of different definitions and explanations exist (Boivin & Hymel, 1997). According to Zimbardo (1977), “*shyness is a ubiquitous phenomenon that over 90% of the population have reported experiencing at some point in their lives*” (p.13). Individuals that are very shy seem to be preoccupied with aspects of the self in social interactions. Shy behaviour is characterized by inhibition and discomfort, which in turn makes certain social situations particularly stressful (Rowse & Coplan, 2013). A much-used definition is the tendency to become aroused and uncomfortable in new or unfamiliar social situations (Rubin & Coplan, 2010), where the emphasis is on the *new and/or unfamiliar*. Some researchers argue that shyness is an emotion that stems from feelings of shame and fear, while others argue that shyness is a temperament trait, or rather a dimension of personality (Bramlett, Scott, & Roswell, 2000; Kagan et al., 1988; Schmidt & Buss, 2010). The *nature vs nurture* debate also contributes the complexity of the term. Those who believe that shyness is a dimension of personality are more assured of the role of biological factors in its development, while those who view shyness as an emotional state attribute it mostly to environmental factors. There are also theorists who claim that shyness is developed due to an insecure attachment relationship with their caretakers (Jones, Schulkin & Schmidt, 2014), and that shy children may view the world as an uncertain place and experience feelings of low self-worth and low self-confidence. Due to this, it is likely that they will inhibit their behaviour in new social situations, appearing shy (Jones et al, 2014).

Social withdrawal and shyness are often used interchangeably, and some use shyness as an encompassing concept/term representing more specific forms of social inhibition (Buss, 1986; Schmidt & Buss, 2010). Examples of this include *fearful shyness* and *self-conscious shyness*, concepts introduced by researcher Buss (1986) in an attempt to present the complexity of social withdrawal and shyness. Both of the aforementioned terms result in behavioral and social inhibition during childhood, and while the former supposedly originates in fear and anxiety, the latter is more associated with embarrassment (Buss, 1986). Approach-avoidance motivations could be utilized to explain these subtypes: In fearful shyness, the infant seeks attention and comfort from their caretaker, approaching interaction. However, if there is no comfort to be found, or if they merely do not outgrow their fear of strangers, this approach behaviour could eventually turn into an avoidance tendency. Self-conscious shyness, on the other hand, may not be conspicuous enough in its relation to this behavioural tendency. When an individual feels too embarrassed and visible in social situations, especially regarding their appearance, manners etc., it is likely that they will avoid these situations, although they may have a wish to be social. Self-conscious shyness can also include minorities and those who stand out and feel that they do not fit in with the societal norms, avoiding to approach social situations and, thus, evading the discomfort of feeling self-conscious (Buss, 1986). These two subtypes are suggested to appear at different stages in childhood, but both are expected to continue into adult life. When this occurs, behavioural and social inhibition is the typical outcome for both sorts. Today, the term “conflicted shyness” is often used to describe the approach-avoidance conflict. In contrast, individuals who are shy, but simultaneously have little motivation to interact, are referred to as unsociable or socially avoidant (Coplan et al, 2004).

1.2.1. Motivation – the Foundation of Social Withdrawal Subtypes

In the 1990’s, psychology professor Jens B. Asendorpf began questioning how motivation was associated to shyness and social withdrawal (Asendorpf, 1990). He claimed that motivation played an essential role when attempting to understand shyness and its complexity. He examined shyness in relation to its underlying incentive, and found that different forms of social inhibition could be distinguished based on their motivations to socialize (Asendorpf, 1990).

Asendorpf was one of the first researchers to propose that socially inhibited children could be separated in three different groups: unsociable, avoidant and shy, according to different motivations (Asendorpf, 1990). Already in 1981, the first study examining the relationship between shyness and sociability emerged. It was shown that shyness, defined as social and behavioural inhibition, and sociability, defined as wanting to be with others rather than alone, seemed to be two distinct personality dimensions. Researchers Jonathan Cheek and Arnold Buss found that self-reported shyness merely showed a moderate negative correlation to self-reported sociability, suggesting that shyness is not identical to low sociability (Cheek & Buss, 1981). The works of Asendorpf (1990) and Buss (1986) led researchers to further examine the concepts and motivations underlying the different forms of socially inhibited behaviour. Although this is dating back to the 1980's, research regarding unsociability, avoidance and isolation is still lacking. A summary review of the most relevant literature that exist of these concepts is presented in the following.

1.3 Unsociability

Children who are unsociable interact less with peers due to a low-approach motivation, and, importantly, not because they avoid interaction (Coplan et al.,2004; Poole et al., 2017).

Unsociability is rarely studied, as many assume that especially children are naturally social beings, and that there must be something wrong with them for displaying such behaviour. However, children characterized as unsociable often have a greater wish to play with objects rather than with peers, and naturally do so (Asendorpf, 1990). Studies investigating object versus peer orientation have found that children playing constructively in solitude did not score lower on physical and social knowledge tests than those who played with peers (Asendorpf, 1990; Jennings, 1975).

A recent study explored unsociability in young adults, and investigated the differences in which people engage and enjoy solitude (Leary, Herbst & McCrary, 2003). They questioned whether individuals' enjoyment for solitary activities could be due to a strong desire to spend time alone, which they labelled "high solitropism", or if it were a result of a weak desire to spend time with others, or "low sociotropism". With 204 undergraduate responses, they concluded that the frequency and enjoyment of activities conducted in solitude were more

positively associated to high solitropism, rather than low sociotropism (Leary et al., 2003). The preference for solitary activities seems to mostly be a result of a strong desire to spend time alone, but social disinterest in others was also revealed to be a significant predictor. In contrast to how unsociability in childhood is presented in the literature, a preference for solitude is not necessarily a negative condition for adults. In fact, being able to enjoy activities in solitude is thought to be an indication of well-being (Burke, 1992; Coplan et al., 2004).

Thus far, studies displaying unsociability as a distinct personality disposition have mostly used self-reports and behavioural observation to reach this conclusion (Cheek & Buss, 1981). However, research investigating the physiological differences between unsociable and shy behaviour has also been conducted. Researchers examined differences in heart rate, brain electrical activity and behaviour amongst 40 women, who prior to this had scored either high or low on shyness and sociability (Schmidt & Fox, 1994). Analyses showed that the pattern of frontal activation asymmetry was associated with sociability, but not shyness. Women in the low-sociability group exhibited greater right mid-frontal activation, whereas those in the high-sociability group displayed a greater left mid-frontal activation. High-shy/high-sociable individuals had a higher and more stable heart rate after an anticipated social interaction than women in the other groups (Schmidt & Fox, 1994). These results suggest that shyness and sociability are served by different neurophysiological systems, further strengthening the idea that unsociability and shyness should be separate constructs. When examining social withdrawal today, most researchers differentiate between shyness and unsociability, and consider them as two distinct personality dimensions (Poole et al., 2017; Schmidt & Fox, 1995)

1.4 Avoidance

The third subtype is “avoidance” and is also rarely studied in adults. While unsociable individuals have a non-fearful preference for solitude, those who are avoidant are characterized as having a more fearful approach regarding socializing (Etkin, Bokwer, & Scalco, 2016). Asendorpf claimed that avoidant children avoid others without considerable ambivalence (1990). However, studies conducted on young adults showed that avoidant individuals withdraw themselves from social situations because they actively dislike being

around others (Etkin et al., 2016). Similar to unsociability, avoidance is often treated as a type of shyness, returning to the idea that all children are social by nature. However, avoidance distinguishes itself further from the two above-mentioned behaviours by its link to aggression. Shyness and unsociability have generally been found to have a very low correlation to aggression, but avoidance differs. A study conducted by Asendorpf showed that children labeled as avoidant also scored very high on aggressiveness, compared to children placed in the unsociable and shy group (Asendorpf, 1990).

Although avoidant individuals have been defined as having a preference for solitude and supposedly dislike being around others (Etkin et al., 2016; Bowker et al., 2017; Wang et al., 2013), some studies have shown that this subtype is most at risk for developing psychological problems and experiencing emotional difficulties later in life (Coplan et al., 2013; Coplan & Armer, 2007; Coplan, Wilson, Frohlick, & Zelenski, 2006; Nelson, 2012). This leads one to question the true underlying motivation constituting this subtype. Although there is a general consensus that avoidant individuals actively avoid social engagements, studies have pointed to inconsistent results. Some have found that avoidant individuals experience less negative psychological symptoms (e.g. loneliness, depression, anxiety) than for example, shy individuals (Wang et al., 2013), while other researchers find that avoidant persons report more extreme feelings of depression and loneliness than other subtypes, and have suggested that avoidance behaviour may be a coping mechanism to evade stressful social situations (Coplan, Ooi, & Nocita, 2015). Due to these conflicting results, more research is needed to help clarify the motivation behind avoidant behaviour.

1.5 Isolation

When investigating social withdrawal, most articles focus on shyness, unsociability and avoidance (Bowker et al., 2017; Coplan et al., 2015). Isolation is often mentioned, but rarely investigated as a unique subtype. A majority of isolation research is based on children, and some have made it a point to distinguish between active isolation and isolation in a social withdrawal context (Rubin, Coplan, & Bowker, 2009). On the one hand, active isolation refers to the process where some children spend time in solitude in social settings, due to exclusion and isolation by peers. Although the causes vary, some include the display of non-normative behaviour and belonging to minority groups (Rubin, 1982; Rubin et al., 2009). On

the other hand, social withdrawal, in general, could be considered as a form of isolation. In this case, the child isolates themselves from peers, likely as a result of internal factors (anxiety, self-perceived difficulties in social skills, negative self esteem) (Rubin & Asendorpf, 1993; Rubin et al., 2009). Gradually, children who withdraw themselves may simultaneously be excluded by groups, causing a clear distinction between the two forms to become increasingly difficult.

Although all types of social withdrawal can be viewed as a sort of isolation, this thesis focuses on active isolation where individuals do not choose to isolate themselves, but rather are excluded. Despite wishing to do so, the individual refrains from socializing due to exclusion from the group (Bowker et al., 2017). This description can be found in several articles discussing shyness as a general term (Buss, 1986; Findlay et al., 2009; Zhao et al., 2012). This exclusion can subsequently lead to an underlying motivation to avoid others, in fear of being further excluded. Studies done on peer exclusion have revealed that excluded children have a greater risk for developing depression in middle childhood and adolescence, than those not excluded (Gazelle & Ladd, 2003; Spangler & Gazelle, 2009). They also found that peer exclusion (environmental adversity) and anxious solitude, withdrawing due to social anxiety (individual vulnerability) co-occurred in the children examined. This supports the notion that although exclusion is a behaviour performed by others, it is highly associated with feelings of fear and anxiety experienced by the individual, clarifying their underlying motivation. To my knowledge, no research regarding isolation or exclusion in adulthood has been conducted. The lack of existing research regarding isolation as a unique factor in social withdrawal is remarkable, and research is much needed to shed light on this concept.

1.6 Categories of Social Withdrawal

Based on the above-mentioned descriptions of the most common measures of social withdrawal, two distinct groups can be created. Unsociability and avoidance can be placed in “preference for solitude”, while shyness and isolation steer more towards “preference for

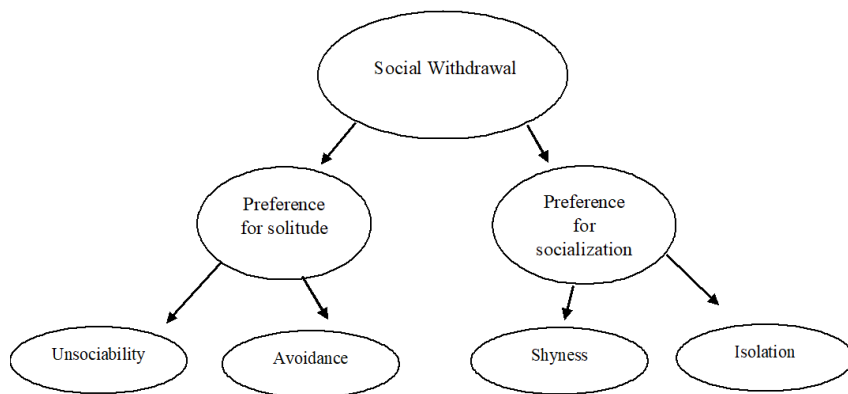


Figure 1-Social withdrawal subtypes

socialization”. Although the four factors are similar to the extent that they can be grouped in two categories, the underlying motivations for their preferences seem to differ. To clarify, unsociable individuals do not wish to socialize, most probably due to the fact that they are more object-oriented, and thus do not mind spending time alone or with others.

Similarly, avoidant persons prefer to be alone and avoid social interaction, but this preference seems to stem from an active dislike to socialize (Etkin et al., 2016), an extreme fear of social settings or perhaps continuous negative experiences surrounding socializing causing a fear of rejection (Coplan et al., 2015). In contrast, individuals classified as shy want to socialize, but do not due to inhibition or fear, while those who belong to the isolated group also wish to be social, but experience exclusion and isolation from groups (Rubin et al., 2009). It is plausible that this distinction contributes to the reason as to why there is a lack of research regarding all four factors, because they are often viewed in relation to their prospective group, instead of as unique subtypes.

1.7 The Social Preference Scale-Revised

Based on the review of literature presented above, there seem to be differences between each subtype of social withdrawal, and it is important to explain these as meticulously as possible. However, according to Coplan et al. (2004) the methodologies used to examine these differences are underdeveloped, causing the results to be quite speculative. A few decades ago, there did not exist a proper measuring scale for unsociability, isolation and avoidance, without each of these including aspects of shyness. Naturally, such a scale will have difficulty in presenting valid results differentiating between the various subtypes of social withdrawal (Coplan et al., 2004). As a result, a 21-item scale measuring social preferences was created, which focused on finding accurate distinctions between shyness and social disinterest. Upon its creation in 2004, it was called the “Child Social Preference Scale” and employed parent/

teacher-report measures. However, in 2011, a revised self-report version was made and conducted on young adolescents - The Social Preference Scale-Revised (Bowker & Raja, 2011). The revised version includes items measuring shyness, unsociability, isolation and avoidance, and is most often used to assess adolescents and young adult's individual differences of social withdrawal (Bowker et al., 2017).

The SPS-R has been employed and validated across several countries (i.e. USA, Canada, China, India) (Bowker & Raja, 2011; Coplan et al., 2004; Etkin et al., 2016; Li et al., 2016). However, the SPS-R has never been applied to a Norwegian sample of young adults, making the results from the current study particularly interesting. validation in Norway would, with adequate results, contribute to future possibilities of cross-cultural examinations using the scale. A more thorough elucidation of the scale will be presented in the method section of this thesis.

1.8 Understanding the Implications of Social Withdrawal

To investigate the consequences of social withdrawal, studies have mainly focused on the long-term effects on mental health problems and social aspects of a person's life. However, very few studies have looked at how subtypes of social withdrawal influence individuals' satisfaction with life, loneliness and depression, particularly not in adulthood. By focusing on these three psychological consequences, we cover a spectre of positive to negative feelings, and have a possibility to examine what satisfies these individuals, what exposes them to dissatisfaction or feelings of loneliness, and what causes symptoms of depression. The following sections will give an overview of the most relevant existing research on the topic.

The first study examining the long-term effects of early shyness was the Fels Longitudinal Study (Kagan & Moss, 1962). They found that measures of social anxiety in childhood correlated with social anxiety in adulthood (Asendorpf, 2010). Following this study, several researchers have attempted to investigate how shyness or other types of social withdrawal influences other social and psychological aspects of life. There is a consensus amongst researchers that social withdrawal in general has negative consequences (Coplan et al., 2004; Rubin & Coplan, 2004). As early as in kindergarten, inhibited children display more signs of anxiety, experience internalizing problems, and are more likely to have lower self-worth

compared to their more sociable peers (Karevold et al., 2011; Prior, Smart, Sanson, & Overklaid, 2000). Peer rejection, social isolation, academic difficulties and other school adjustment issues are also found to be more likely amongst withdrawn children (Rubin & Coplan, 2004). The outcomes of shyness and social withdrawal in childhood does not seem to wear off with age (Karevold, Coplan, Stoolmiller, & Mathiesen, 2011). Studies have found a significant correlation between shyness in toddlers and depression and lack of social skills in late adolescence (Karevold, Ystrom, Coplan, Sanson, & Mathiesen, 2011), and social inhibition in childhood and social anxiety in adolescence (Schwartz, Snidman, & Kagan, 1999). Furthermore, in both childhood and adolescence, depressive symptoms and loneliness become increasingly linked to social withdrawal. Factors like life satisfaction, loneliness and depression are vital to investigate- not only due to high personal costs and mental state of the individual experiencing these outcomes, but also due to their economic and social consequences. Being dissatisfied with life, feeling lonely and depressed are major causes of death, through suicide (Moeller & Seehuus, 2019; Wong, Dirghangi, & Hart, 2018), which further supports the importance of examining these factors.

1.8.1 Social Withdrawal and Satisfaction with Life

When attempting to measure a person's satisfaction with life, researchers often use the 5-item Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985). A small number of articles have been published investigating the relation between social withdrawal and life satisfaction. However, the correlation between shyness/social withdrawal and well-being has more frequently been studied (Rapee et al., 2011; Zhao, Kong, & Wang, 2012). In order to provide a broader overview of the existing research, studies looking at well-being and social withdrawal will also be presented. The lack of research regarding life satisfaction and social withdrawal provides further indications for the paucity of research conducted in this field.

Despite the deficiency of social withdrawal and satisfaction with life research, one study investigated the role of shyness and unsociability (Neto, 1996). The researcher assessed 194 college students' relation to various psychological outcomes, including satisfaction with life. It was found that that shyness was negatively correlated with life satisfaction, while unsociability positively correlated with it. Based on these findings, various types social withdrawal, specifically shyness and unsociability, seem to differ in their affect on

satisfaction with life. (Neto, 1996; Poole et al., 2017; Mowrer & Parker, 2004). These results provide ground-breaking information regarding how the subtypes may influence psychological outcomes differently, and deliver further support for the importance of investigating this topic.

As mentioned above, there are more studies that have examined the relationship between shyness and well-being. Generally, shy people report a lower subjective well-being than non-shy individuals (Findlay & Coplan, 2008; Rapee et al., 2011; Zhao, Kong, & Wang, 2012). For instance, Roswell and Coplan (2013) investigated the relationship between shyness, romantic relationships and well-being. Shy individuals reported experiencing more isolation and lower relationship quality than non-shy individuals. Young adults are known for wanting to experiment and try new things regarding their career, love life and world views. However, being very shy may inhibit them from experimenting, which in turn could hinder their progress in several aspects of life, including social bonds and relationships (Roswell & Coplan, 2013). As previously discussed, a typical “conflicted-shy” individual experiences some sort of approach-avoidance conflict, suggesting that although they wish to pursue romantic relationships, they may feel too inhibited to do so, which affects their overall subjective well-being (Leck, 2006). Roswell and Coplan (2013) found that shyness was negatively correlated with relationship quality and well-being. These findings indicate that romantic relationships are important in a young person’s life and contribute to their overall well-being. Thus, if an individual feel too withdrawn or inhibited to explore these relations, they may feel less satisfied with their lives.

Judging by the above-mentioned discoveries regarding the outcomes of shyness, it comes as no surprise that there are many factors that could influence the relation between social withdrawal and life satisfaction (Kong et al., 2012; Jackson, Fritch, Nagasaka, & Gunderson, 2002; Zhao et al., 2012). To my knowledge, no other studies have been conducted examining the relation between other subtypes of social withdrawal and life satisfaction, which illustrates the existing gap in this field.

1.8.2. Social Withdrawal and Loneliness

Loneliness has recurrently been associated with social withdrawal, and is an expected consequence of this type of inhibition (Bowker et al., 2017; Bowker & Raja, 2011; Coplan &

Rubin, 2010; Neto, 1996). In this study, loneliness is included to represent an intermediate stage between life satisfaction and depression, as it could be considered more negative than the former, and less negative than the latter. Loneliness could also be considered a key factor in distinguishing between avoidance and unsociability, as they both prefer solitude, and thus may be difficult to differentiate.

Highly shy individuals have a tendency of viewing their interpersonal skills as deficient, and are generally preoccupied with potential disapproval from others. Experiencing reduced social support, low social competence, and rejection expectation are issues that influence loneliness among shy individuals (Jackson et al., 2002). In a longitudinal study conducted by Nelson and colleagues (2007), results showed that shyness was correlated with anxiety, depression, loneliness and low self-perception, and that these issues emerged from childhood to adulthood (Nelson et al., 2007).

In addition to investigating shyness and sociability on life satisfaction, Neto (1996) examined the relation between shyness and loneliness as well. Similarly, results showed that shyness positively correlated with scores on loneliness, while unsociability negative correlated with loneliness (Neto, 1996). Not only do these results indicate that sociability and shyness are distinct personality dimensions, they also suggest that the underlying reasons for withdrawing socially are of vital importance for future psychological consequences.

1.8.3. Social Withdrawal and Depression

Social withdrawal in adulthood has been shown to be positively associated with internalizing issues, which are seen as contributing factors to depression (Etkin et al., 2016; Findlay, Coplan, & Bowker, 2009; Nelson et al., 2007; Roswell & Coplan, 2013). However, the risk and prevalence of depression in socially withdrawn individuals may depend on the underlying motivations (preference for solitude or preference for socialization (Wang, Rubin, Laursen, Booth-Laforce, & Rose-Krasnor, 2013). To my knowledge, there are only two studies that have investigated these different motivations in relation to depression and internalizing issues during emerging adolescence and adulthood. One study examining the effects of shyness, avoidance and unsociability found that both shy and avoidant individuals experienced internalizing problems and depression. Those classified as unsociable reported far less internalizing issues than the shy and avoidant groups, but more than the control group

(Nelson, 2012). Although both avoidance and unsociability were placed in a “preference for solitude” category, the inherent incentives distinguishing the two caused differing results in regard to depression. Thus, this measure could also contribute to distinguishing between unsociability and avoidance in the current study.

Another study examined the differences between avoidance, unsociability and shyness, and discovered that 8th graders with a preference for solitude had more maladjustment issues and reported higher levels of depression than those with a preference for socialization (Wang et al., 2013). However, these results were not replicated for 12th graders, as there were no significant associations between preference for solitude and depression. The researchers propose that this may be due to the value placed on socialization during childhood. Solitude is more accepted in late adolescence, and older adolescents report wanting to spend more time alone and have more positive feelings associated with solitude than younger individuals. In contrast, solitude in childhood is more negatively viewed in society (Larson, 1990; Wang et al., 2013). Although the association between depression and social withdrawal has been examined to a greater extent compared to life satisfaction and loneliness, none of the aforementioned studies included isolation as a sub-measure of social withdrawal, and only two studies focused on adults. In addition, the studies lack a thorough review of why these subtypes differed in their results, which is crucial to investigate when predicting psychological outcomes and creating appropriate interventions.

Associations between social withdrawal and depression, loneliness and satisfaction with life are concepts that are recurrently studied in this field. However, it is clear that distinctions between the various types of social withdrawal are absent, especially beyond childhood. A thorough investigation of each subtype and their relation to the aforementioned psychological outcomes in adulthood is highly needed. In addition to examining the possible discrepancies, evaluating the reasons as to why these differences occur is critical, and severely lacking from most studies. Based on the material presented above, the results that have been found are fascinating and extremely important revelations in social withdrawal research, which can be utilized to support several arenas of an individual’s life.

With regards to gender differences in social withdrawal studies, there is a general consensus that gender plays a crucial role in the development of social withdrawal (Rubin & Coplan, 2004; Rubin, Chen, & Hymel, 1993; Stevenson-Hinde & Glover, 1996; Morison & Masten, 1991).

However, studies investigating this possible difference have not found actual gender differences in their research (Coplan et al., 2001; Nelson et al., 2008; Zhao et al., 2012). Due to the fact that most do not find gender differences, and considering the space limitations in this thesis, the current study will not investigate this further.

1.9 The Present Study

Based on the existing research on social withdrawal and its relation to the psychological outcomes reviewed above, it can be expected that the underlying motivations that constitute each subtype of withdrawal play significant roles in predicting psychological adjustment. Thus, the overarching aim of this study is to investigate how different subtypes of social withdrawal affect life satisfaction, loneliness and symptoms of depression in Norwegian young adults. An additional aim of this thesis is to examine the psychometric properties of the Social Preference Scale-Revised (Bowker & Raja, 2011). The different social withdrawal subtypes are measured by the SPS-R, which has not previously been used in Norway. Therefore, a preliminary validation of the scale will be executed prior to analyzing social withdrawal's influence on life satisfaction, loneliness and depression.

The theory presented regarding shyness, isolation, avoidance and unsociability provides valuable information concerning how individuals' preference for solitude may be associated with these psychological outcomes differently than for those with a preference for socialization (Cheek & Buss, 1981; Coplan et al., 2004; Leary et al., 2003; Neto, 1996; Poole et al., 2017; Schmidt & Fox, 1995;). Considering the empirical and theoretical findings, the general hypotheses are described below. Although avoidant often is placed in a "preference for solitude" group, implying that they may achieve similar results to unsociability, I choose to refrain from making a clear hypothesis regarding this subtype due to inconsistencies in previous literature. The following hypotheses will be tested:

Hypotheses regarding unsociability:

1. Individuals reporting higher levels of unsociability will report higher life satisfaction than those with higher levels of other subtypes of social withdrawal
2. Individuals reporting higher level of unsociability will report less feelings of loneliness than those with higher levels of other subtypes of social withdrawal.

3. Individuals reporting higher levels of unsociability will report lower symptoms of depression than those with higher levels of other subtypes of social withdrawal.

Hypotheses regarding shyness and isolation:

1. Individuals reporting higher levels of shyness/isolation will report a lower life satisfaction than those with higher levels of unsociability.
2. Individuals reporting higher levels of shyness/isolation will report a more feeling of loneliness than those with higher levels of unsociability.
3. Individuals reporting higher levels of shyness/isolation will report higher symptoms of depression than those with higher levels of unsociability.

2 Methods

The present study is part of a larger study managed by Robert J. Coplan at the University of Ottawa, in collaboration with other universities around the world, including China, USA, Argentina, Italy, Australia, India, Turkey and Korea. The main study, entitled Beliefs About Social Withdrawal, aims to examine the ways in which young adults think about shy behaviour, and to investigate its relations to adjustment outcomes. The University of Oslo were obliged to include certain scales (Social Preference Scale-Revised; Revised Cheek and Buss Shyness Scale and Normative Beliefs About Social Withdrawal) in the questionnaire, but were free to include additional measures based on interest and relevance to future theses and articles.

2.1 Participants

A total of 243 participants were recruited from the University of Oslo (UiO) and Inland Norway University of Applied Sciences (INN) through e-mail, visit to lectures, flyers and SONA (course credit programme). The inclusion criterion was that they had to be enrolled in first- or second-year courses in Psychology at either of the universities. There were no age or gender restrictions. The demographics collected included gender (F=191), age group (17-21=109, 22-26=87, 27+=45), ethnicity (Caucasian=182, other= 61), and year at university (med=2). Data from INN was collected towards the end of the data collection, and the demographic “which university do you belong to” was therefore added accordingly (INN=12). Three participants were excluded due to incompleteness of the questionnaire.

2.2 Procedures

Data was collected through online questionnaires from March 15th, 2018 until December 31st, 2018. The survey took approximately 30-45 minutes to complete. All participants were presented with an information letter and indicated their consent by clicking “next” on the survey. After consent had been obtained, participants were presented with the questionnaire. A withdraw button was present on each page of the survey, providing an opportunity to discontinue participation at any time and be taken immediately to the debriefing letter. Participants were notified that there were no consequences for withdrawal, and withdrawn

data would be deleted from the data set. There were no individuals who withdrew from the present study. Once participants had completed the questionnaire, they were directed to a debriefing form that described the purpose of the study and contact information. In addition, participants eligible for SONA were given a SONA-code in order to get course credit for this survey. The opportunity to sign up to win universal gift cards appeared after the debriefing letter.

Remuneration. Students eligible for SONA received points (four quarters) for participation. All participants could win universal gift cards, with a total value of 5 x NOK 1000,-.

Confidentiality. Emails were collected for those participants who wanted to participate in the gift card contest. Names, IP-addresses or other sensitive information were not collected. No information linking the emails with the data was retained. The e-mails were kept until the gift cards were distributed. There are no anticipated risks for identification data from any participants in this study. The questionnaire was published on the University of Oslo's secure online survey website, "Nettskjema". Nettskjema stores data in TSD-UiO's Service for Sensitive Data, which uses the latest firewall and encryption technology to protect private information, such as IP addresses. Upon completion of the questionnaire, participants were given a possibility to fill in their e-mail address in order to have a chance to win universal gift cards (5 gift cards each with a value of NOK 1000). If the participants chose to join, they were directed to another URL before typing their e-mails, in order to certify that there would be no linkage between the participant's answers and e-mail addresses. This was done to ensure full confidentiality and anonymity in the study, and was disclosed in the informed consent and debrief. Once a desirable sample size was reached (over 200), data from the questionnaire was transferred from Nettskjema to Microsoft Excel, and stored in a password-protected computer. The information collected in this study is strictly confidential and is available only to students writing their thesis about this topic, researchers and collaborators associated with this project. All questionnaires will be used only to gather information for data analysis, and individual questionnaire feedback will not be made available. Data will not be used for teaching purposes. All personal information will be destroyed 5 years after the completion of the study.

2.3 Ethics

The study and thesis received ethical approval from the internal review board at the Department of Psychology, University of Oslo (IRB-number 2795534). The Norwegian Centre for Research Data (NSD) and the Regional Committees for Medical and Health Research Ethics (REK) were contacted prior to data collection who deemed that their approval was not necessary.

2.4 Measures

The study was questionnaire-based and contained 10 scales in total. A copy of the complete survey (in Norwegian) is attached (appendix 1). In addition to the demographic information, participants completed the scales presented below of their social withdrawal and socio-emotional adjustment. The present thesis focuses on four of these 10 scales (The Social Preference Scale-Revised, The Satisfaction with Life Scale, Loneliness Scale and the Short Mood and Feeling Questionnaire).

2.4.1. Life satisfaction

Life satisfaction was measured with The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). The SWLS is narrowly focused on global satisfaction with life (e.g. “in most ways my life is close to my ideal). Participants rated 5 items using a 7-point scale (1=Strongly disagree to 7=Strongly agree). The psychometric properties of the SWLS have been found to be acceptable, containing a high internal consistency and high temporal reliability (Diener et al., 1985). Scores on the scale correlate moderately-highly with measures of subjective well-being (Pavot & Diener, 1993). This scale has been translated and validated in Norway previously (Dyrdal, Røysamb, Nes, & Vittersø, 2010; Vittersø, 2009). The internal consistency in the present study was excellent (5-items; $\alpha = 0.92$)

2.4.2. Loneliness

The study used the Loneliness Scale – Direct and Indirect (Hughes et al., 2004), a short scale developed to measure loneliness in large surveys. The scale contains three indirect measures

of loneliness (e.g. “How often do you feel that you lack companionship?”) and uses a 3-point scale (1=Hardly ever to 3= Often). However, in the present study, we used a 4-point scale to increase variation (1=Never to 4=Often). We also included a direct measure for loneliness (How often do you feel lonely). These measures for indirect and direct loneliness have been employed and validated earlier (Luhmann & Hawkley, 2016). Internal consistency in the current sample was good (4-items; $\alpha= 0.87$).

2.4.3. Depressive symptoms

Depression was measured with the Short Mood and Feeling Questionnaire (SMFQ; Angold et al., 1995). The version used in this thesis has been translated, back-translated and validated in an independent sample of Norwegian youths (Sund et al., 2001). The scale contains 13 items (e.g. “I didn’t enjoy anything at all”) using a 3-point scale (1=Not true to 3=True). In the present study, two items from the long version of the Mood and Feeling Questionnaire (MFQ; Angold et al., 1987) (I felt that the future had nothing positive to offer me, I thought that life was not worth living) were added to get a broader aspect on cognitive symptoms of depression. The in total 15 items measure affective and cognitive components of depression. In the current study, internal consistency was excellent (15-items; $\alpha=0.92$).

2.4.4. The Social Preference Scale-Revised (SPS-R)

Participants completed the 21-item Social Preference Scale-Revised (Bowker & Raja, 2011). As mentioned previously, this scale has been revised from the Child Social Preference Scale (Coplan et al., 2004), which was a parent-report measure, to a self-report measure for youths and young adults. The scale contains operationalizations of four subscales of social withdrawal: 1. Shyness (e.g. “Sometimes I turn down chances to hang out with others because I feel too shy”), 2. Unsociability (e.g. “I don’t have a strong preference for being alone or with others”), 3. Isolation (e.g. Sometimes others don’t want me to hang out with them), and 4. Avoidance (e.g. “I try to avoid spending time with other people”). Participants rated items according to what described them best on a 5-point scale (1=Not at all to 5= A lot). The scale was translated to Norwegian and back-translated to English by two different persons fluent in English, and then we discussed the differences in order to ensure the most accurate translation. The internal consistencies for the mean withdrawal subscales were all acceptable: avoidance

(4-items; $\alpha = 0.84$), shyness (5-items; $\alpha = 0.87$), isolation (4-items; $\alpha = 0.90$) and unsociability (3-items; $\alpha = 0.63$).

2.5 Statistical Methods

Statistical analyses were performed using IBM SPSS Statistics for Windows, V.24 (IBM Corp.) and R Studio V.1.1.453 (R Core Team, 2016) with the Lavaan package (Rosseel, 2012). To validate the Social Preference Scale-Revised in a Norwegian population, an exploratory and a confirmatory factor analysis was conducted.

2.5.1. Factor Analysis

Factor analysis is a statistical method widely used to identify latent factors that are assumed to underlie the observed variables (Flora & Flake, 2017). Specifically, factor analysis examines the following questions: (1) how many latent factors underlie observed variables, (2) how these latent factors are associated with the observed variables and (3) what these factors mean (Thompson, 2007). There are two types of factor analysis, exploratory (EFA) and confirmatory factor analysis (CFA). EFA is often used when a previously known phenomenon is re-conceptualized, and relies on the data for determining the factor structure. On the other hand, CFA allows the researcher to pre-determine the factor structure and test whether their hypothesis about the structure is correct, which makes CFA a more powerful statistical method (Thompson, 2007). In addition to identifying latent variables, factor analysis has also been widely used to validate psychological scales. This can be achieved by showing that the dimensionality of the items is consistent with the expectations concerning the construct that the scale is proposed to measure (Flora & Flake, 2017; Kline, 2016). EFA is generally applied at the early phases of a new scale, to detect if there are any unexpected factors affecting the subgroups of items. CFA, however, is preferable when the researcher has a certain knowledge about the factor pattern underlying the observed variables, which is often the case when wishing to apply the scale to a new sample/population. In addition, CFA makes it possible to detect error covariance parameters, used to spot method effects such as similar item phrasings and trouble processing reverse-worded items. (Brown, 2015; Flora & Flake, 2017).

In the current study, a preliminary EFA was conducted in SPSS to identify the factor structure and item loadings. All 21 SPS-R items were subjected to an EFA using principal axis factoring with oblique (direct oblimin) rotation. Results confirmed that a four-factor solution was appropriate. The EFA revealed that some items had high cross-loadings (6. “I am the happiest when I am hanging out with others”, 8. “I like spending time alone more than I like spending time with others”, 15. “When given the choice, I prefer to hang out with others than to spend time alone”, 20. “I rarely initiate being with others because I don’t mind spending time alone”) and were therefore excluded from further analyses. The remaining 17 items had acceptable factor loadings ($>.30$) and were subsequently used in a CFA conducted in R Studio. Skewness and kurtosis were examined to assess the distributional properties of the items. The data suggested non-normality of the SPS-R items. Therefore, the covariance matrix of the 17 items was subject to the maximum likelihood robust (ML) estimation, which is the most common theory estimator (Taku, Cann, Calhoun, & Tedeschi, 2008). and the maximum likelihood robust estimation was therefore utilized in the CFA. Results from the CFA further suggested the removal of item 11 (I stand near where others are hanging out, without joining in) to improve the model fit. The adding and removal of items is a common occurrence in relatively new scales in new populations (Kline, 2016). Baseline fit indices (standardized root mean square residual=SRMR and root mean-square error of approximation= RMSEA) and close-fit indices (comparative fit index=CFI) are used as indicators of validity. Recommended cut-offs that indicate a good fit for validation are CFI $\geq .90$, SRMR $<.08$, RMSEA $<.08$ (Kline, 2005).

Thus, the data for the current study included 16 items measuring social preferences: unsociability (items 1, 4, 10), isolation (items 5, 9, 13, 17), shyness (items 2, 7, 14, 18, 19) and avoidance (items 3, 12, 16, 21). Complete information regarding each item can be found in appendix 1 – Social Preference Scale-Revised.

2.5.2. Multiple Regression Analyses

To test the hypotheses, multiple regression analyses with isolation, shyness, avoidance and unsociability as predictors of satisfaction with life, loneliness and depression were conducted. Questions in the survey were not obligatory, besides demographics. Due to this, some participants did not answer all items in each scale, and thus data points will vary slightly across the analysis. Multiple regression analysis is one of the most commonly used statistical

methods in psychology (Mason & Perreault, 1991, Schroeder, Sjoquist, & Stephan, 2017). It is popular due to its ease of interpretation, availability and contrary to simple linear regression, which focuses on variations in the dependent variable due to changes in a single predictor variable, multiple regression is used to estimate the effects of several factors simultaneously, specifically by finding linear combinations of independent variables that provide the greatest estimates of the dependent variable (Mason & Perrault, 1991, Schroeder, Sjoquist, & Stephan, 2017).

The equation of multiple regression is $\hat{Y} = b_0 + b_1X_1 + b_2X_2 + \dots + b_pX_p$, where \hat{Y} =predicted value of the dependent variable. X_1 through X_p = distinct independent or predictor variables. b_0 =value of Y when all independent variables are equal to zero. b_1 through b_p =the estimated regression coefficients.

Multiple regression analysis allows the researcher to view the effect of one independent variable while holding the other variables constant. This isolation lets the researcher see precisely how one predictor variable affects the dependent variable, without needing to consider the possible effects of the other independent variables (Howell, 2013). This can alter the association strength and direction, causing correlational differences compared to a simple bivariate correlation. The predictive accuracy is found by the magnitude of the R^2 value, the standardized regression coefficients and the t-test probabilities (Howell, 2013).

Multicollinearity was inspected by examining the correlations in the correlation matrix, variance inflation factor (VIF) and the tolerance statistic. It is recommended that the correlations should be under .80, $VIF < 10$, and tolerance $> .10$ (Field, 2018).

3 Results

As the further use of the Social Preference Scale-Revised in regression analyses depended on its validation, results from the CFA will be presented prior to descriptives.

3.1 Factor Analyses

The model provides a good model fit to the data, $\chi^2(98) = 242.665, p < 0.001, CFI = .92, SRMR = .077$ and $RMSEA = .078$. Recommended cut-offs are $CFI \geq .90, SRMR < .08, RMSEA < .08$ (Kline, 2005). Figure 2 gives an overview of the parameters of each factor and corresponding items. Although the results of the fit indices were not ideal, the results from the preliminary EFA also revealed four factors consisting of the corresponding items, which supports the use of these four subtypes in further analyses and strengthen its validation. These results indicate that social preferences compromise distinct factors for shyness, unsociability,

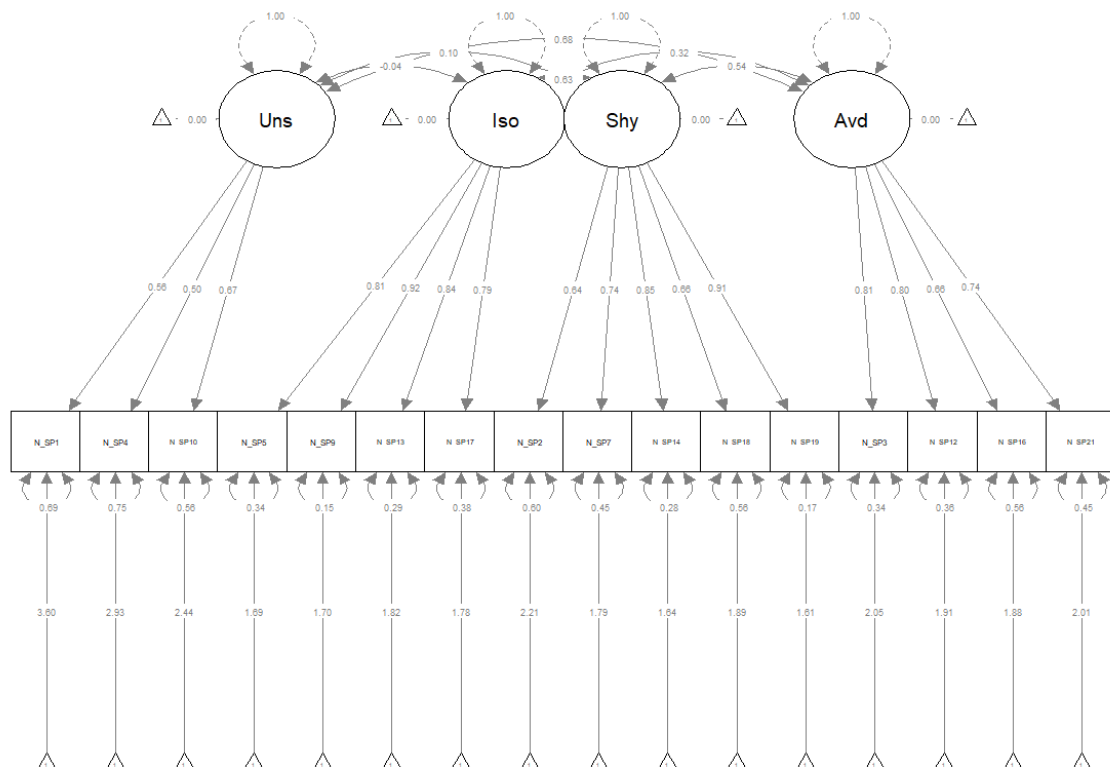


Figure 2. The parameters are presented as standardized path coefficients. The circular shapes at the very top represent the factors, or subscales. The square boxes below represent the items. Arrows pointing down from the factors to the items are the factor loadings. Uns=Unsociability, Iso=Isolation, Shy=Shyness, Avd=Avoidance

avoidance and isolation. Results therefore provide validation of the internal structure of the social preference scale-revised in Norwegian young adults.

Results from the EFA and CFA validated the SPS-R (16 items). Further analyses will therefore use the four subtypes as predictors for life satisfaction, loneliness and depression, following a multiple regression procedure. Since the CFA created latent measures for each of the four subtypes, further analyses will exploit these, instead of mean scores.

3.2 Descriptive Analysis and Correlations

Table 1 shows descriptives and correlations based on the values predicted by the confirmatory factor analysis. The mean values for unsociability, isolation, shyness and avoidance are 0, due to the standardization procedure by the CFA.

Table 1

Pearson Correlation Matrix among subtypes of social withdrawal (unsociability, isolated, shyness, avoidance) and SWLS, Loneliness and SMFQ. N=240.

Variable	<i>M</i>	<i>SD</i>	<i>Unsoc</i>	<i>Isol</i>	<i>Shy</i>	<i>Avoid</i>	<i>SWLS</i>	<i>Lonel.</i>
Unsociability	0	.84						
Isolation	0	.96	-.039					
Shyness	0	.96	.141*	.682**				
Avoidance	0	.93	.782**	.359**	.595**			
SWLS	4.47	1.47	-.173**	-.442**	-.539**	-.463**		
Loneliness	2.39	.77	.043	.715**	.698**	.367**	-.473**	
SMFQ	1.66	.50	.079	.485**	.608**	.427**	-.604**	.645**

Note. **p <.01, *p<.05

The current correlations showed no significant associations between unsociability, loneliness ($r=.043$, $p>.05$) and depression ($r=.079$, $p>.05$). However, unsociability negatively correlated with life satisfaction ($r=-.173$, $p<.01$), corresponding to a small effect size (small=.10, medium=.30, large=.50) The subtype of avoidance significantly correlated with all three criterion variables: satisfaction with life ($r=-.463$, $p<.01$), loneliness ($r=.367$, $p<.01$), and depression ($r=.427$, $p<.01$),

As well, the overall pattern of correlations indicates that shyness was significantly associated with all three outcome variables: satisfaction with life ($r=-.539$, $p<.01$), loneliness ($r=.698$, $p<.01$), and depression ($r=.608$, $p<.01$). The same trend can be found for isolation, with

significant associations with satisfaction with life ($r=-.442$, $p<.01$), loneliness ($r=.715$, $p<.01$), and depression ($r=-.485$, $p<.01$).

The correlation matrix demonstrates that several subscales correlate to each other and to the psychological outcomes examined. To investigate the association between each subscale and each outcome, while holding the other variables constant, several multiple regression analyses were conducted.

3.3 Multiple Regression Analyses

The results revealed that the assumptions of no multicollinearity was not violated, as all predictor variables showed correlations below .80, VIF < 10 and tolerance > .10.

Social withdrawal subtypes and satisfaction with life. Multiple regression analysis was used to test if the various subtypes of social withdrawal significantly predicted satisfaction with life, as seen in Table 2. It is noteworthy to mention that unsociability ($\beta =.203$, $p>.05$) and isolation ($\beta =-.126$, $p>.05$) did not significantly predict satisfaction with life. As hypothesized, shyness ($\beta =-.215$, $p<.05$) negatively predicted life satisfaction. In compliance with the correlation matrix, avoidance ($\beta =-.448$, $p<.05$) negatively predicted satisfaction with life. The results of the regression indicated that the four predictors explained 33.4% of the variance in SWLS (adjusted $R^2=.333$, $F(4,230)=30.173$, $p<.01$).

Table 2: regression analysis predicting satisfaction with life (SWLS)

Variable	Unstandardized Coefficients		Standardized Coefficients	t	p
	B	SE	Beta (β)		
Unsociability	.352	.202	.203	1.747	.082
Isolation	-.192	.115	-.126	-1.672	.096
Shyness	-.329	.148	-.215	-2.230*	.027
Avoidance	-.704	.221	-.448	-3.184***	.002

Note. Constant= 4.467, $F(4,230)=30.173$ ***, $p<.001$, $R^2=.344$

* $p < .05$; ** $p < .01$; *** $p < .001$

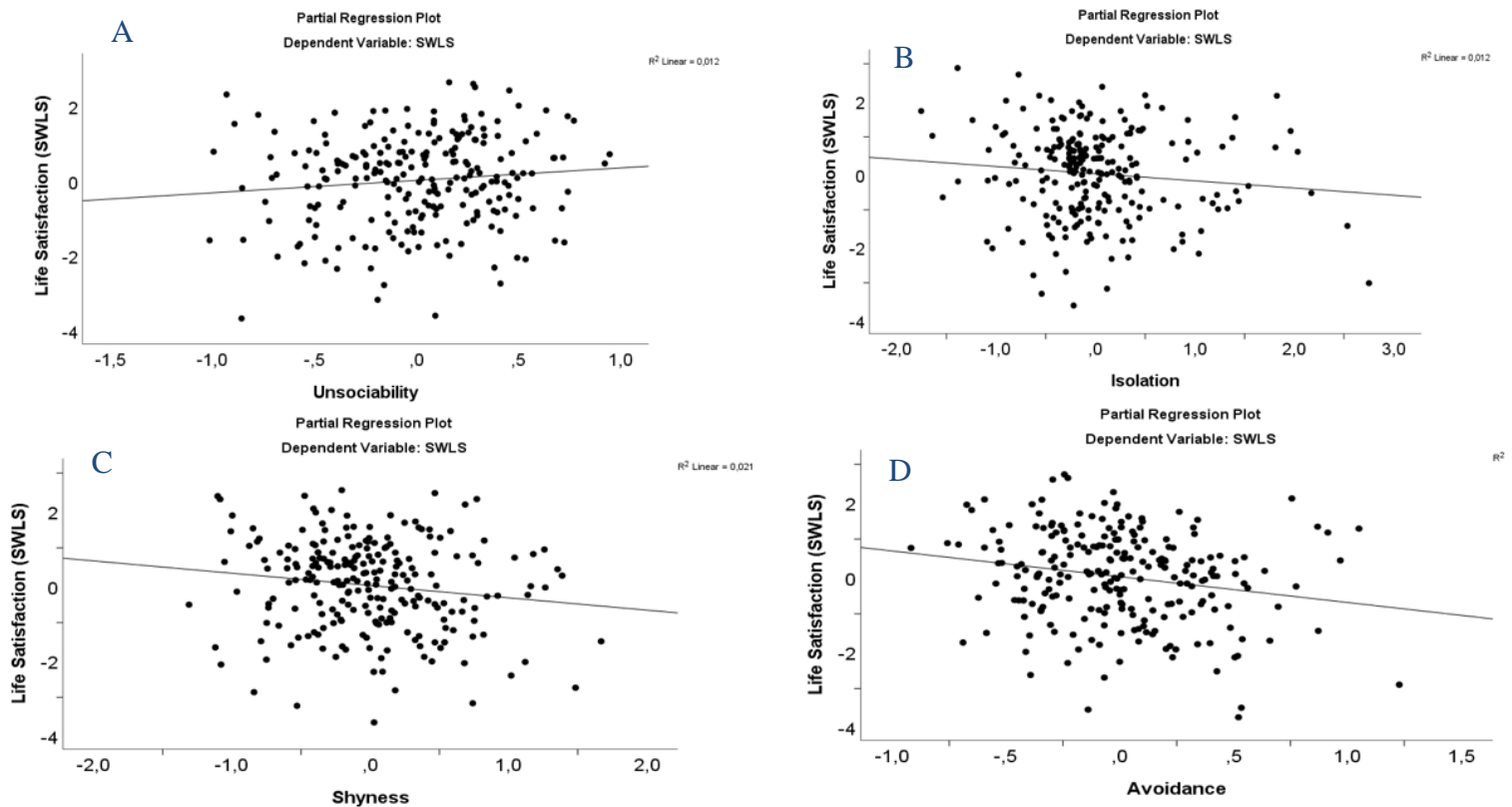


Figure 3-Partial regression plots. The scatter plots show the correlated residuals between the dependent variable SWLS-Life Satisfaction and the predictor variables unsociability (3A), isolation (3B), shyness (3C) and avoidance (3D)

Social withdrawal subtypes and loneliness. Table 3 illustrates the multiple regression analysis used to test if the various subtypes of social withdrawal significantly predicted loneliness. All subtypes appear to significantly predict loneliness. In accordance with the hypotheses, unsociability ($\beta = -.243$, $p < .05$) negatively predicted loneliness, while shyness ($\beta = .327$, $p < .05$) and isolation ($\beta = .405$, $p < .05$) positively predict it. Similarly, avoidance also positively predicted loneliness ($\beta = .218$, $p < .05$). This suggests that unsociable individuals report lower levels of loneliness than the other subtypes, which may indicate that they are less lonely. The results of the regression showed that the four predictors explained 60.8% of the variance (adjusted $R^2 = .608$, $F(4,232) = 90.005$, $p < .01$)

Table 3: regression analysis predicting loneliness

Variable	Unstandardized Coefficients		Standardized Coefficients	t	p
	B	SE	Beta (β)		
Unsociability	-.224	.082	-.243	-2.727**	.007
Isolation	.325	.047	.405	6.964***	.000
Shyness	.264	.060	.327	4.406***	.000
Avoidance	.180	.090	.218	2.010*	.046

Note. Constant = 2.386, $F(4,232) = 90.005$ ***, $p < .001$, $R^2 = .608$
 * $p < .05$; ** $p < .01$; *** $p < .001$

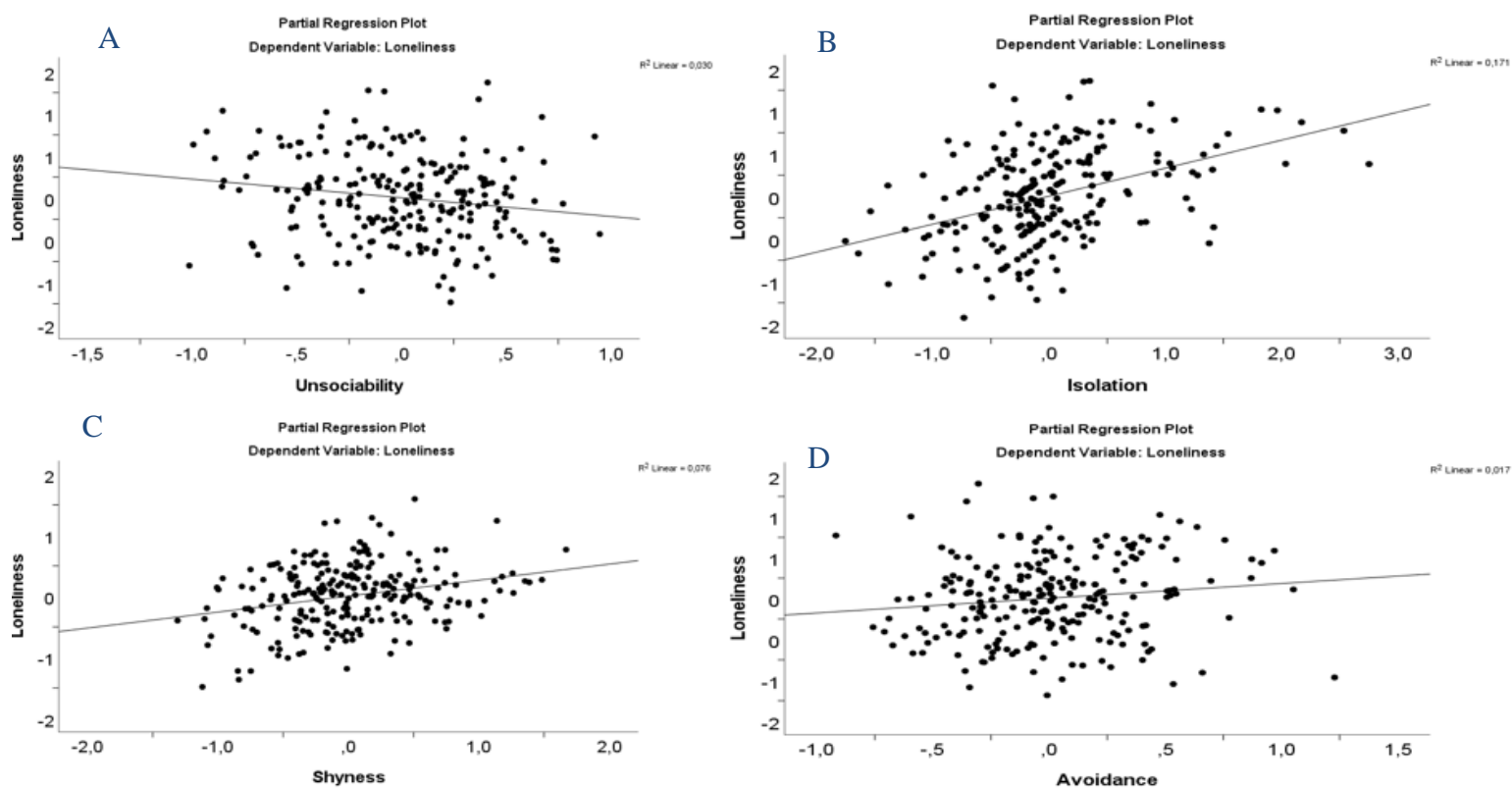


Figure 4 --Partial regression plots. The scatter plots show the correlated residuals between the dependent variable loneliness and the predictor variables unsociability (4A), isolation (4B), shyness (4C) and avoidance (4D)

Social withdrawal subtypes and depression. Results from this regression analysis examined the extent to which the different subtypes predict depression (SMFQ), and are presented in table 4. Of note, isolation ($\beta = .092$, $p > .05$) does not significantly predict depression, which differs from the hypothesis. Interestingly, shyness ($\beta = .329$, $p < .05$) and avoidance ($\beta = .436$, $p < .05$) positively predict depression, which was expected from hypotheses and the correlation matrix. Unsociability ($\beta = -.304$, $p < .05$) significantly negatively predicts depression, which was hypothesized. The four variables explained 40.7% of the variance in SMFQ (adjusted $R^2 = .397$, $F(4,234) = 40.111$, $p < .01$).

Table 4: regression analysis predicting depression (SMFQ)

Variable	Unstandardized Coefficients		Standardized Coefficients	t	p
	B	SE	Beta (β)		
Unsociability	-.180	.065	-.304	-2.783***	.000
Isolation	.048	.037	.092	1.290	.198
Shyness	.171	.047	.329	3.622***	.000
Avoidance	.233	.071	.436	3.285**	.001

Note. Constant= 1.654, F(4,234.)=40.111***, p<.001, R²=.407
 *p < .05; **p < .01; ***p < .001

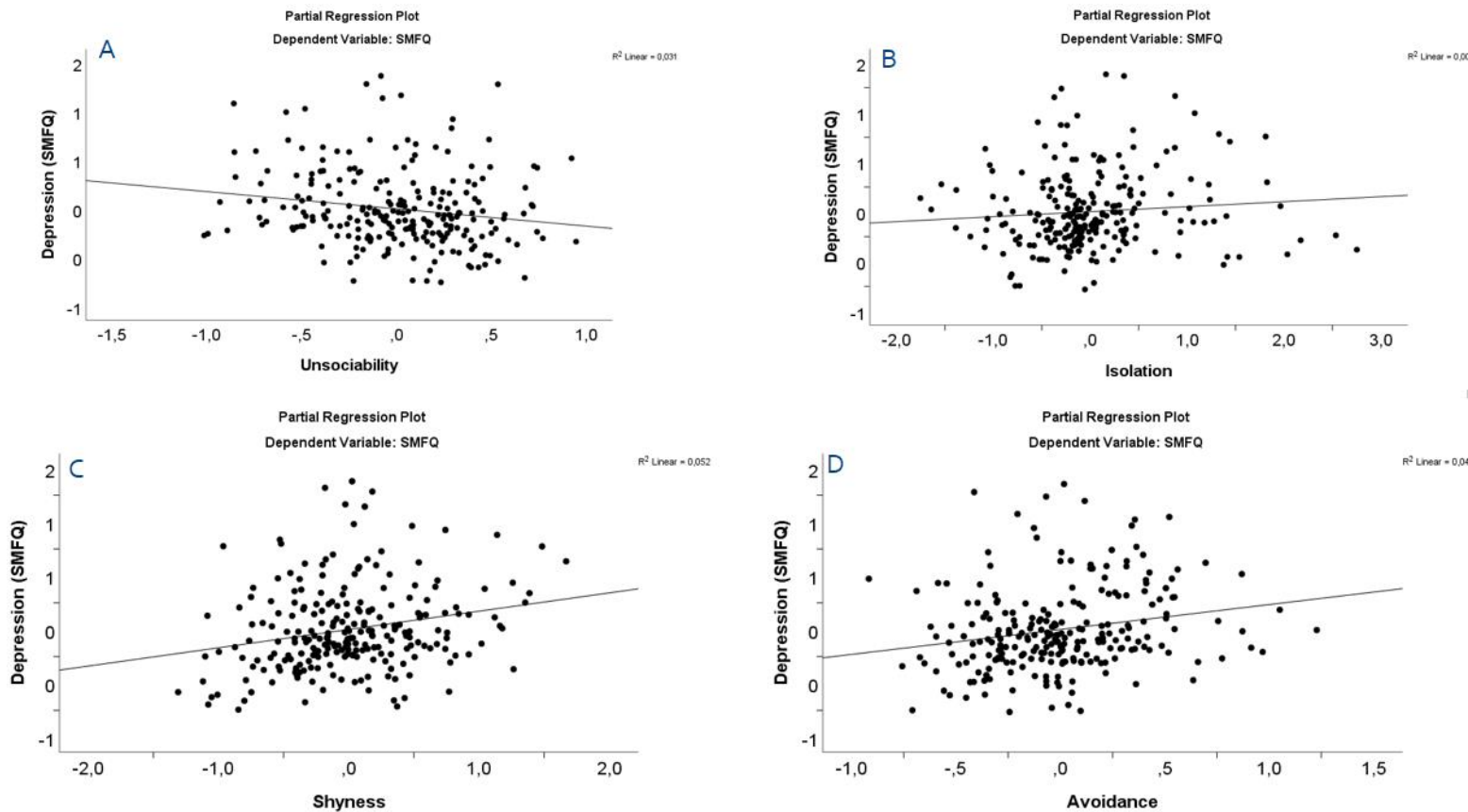


Figure 5- -Partial regression plots. The scatter plots show the correlated residuals between the dependent variable SMFQ-Depression and the predictor variables unsociability (5A), isolation (5B), shyness (5C) and avoidance (5D)

4 Discussion

4.1 Main findings

The main aim of the current study was to investigate subtypes of social withdrawal and their correlation to various psychological outcomes (life satisfaction, loneliness and depression). An additional aim was to validate the Social Preference Scale-Revised (SPS-R) in a Norwegian population. The main findings of the study were that the initial categorizations of the subtypes did not always predict the outcomes as expected. For instance, in the preference for socialization group, shyness predicted lower rates of life satisfaction, and higher feelings loneliness and depression, as anticipated. However, isolation, although belonging to the same group, only significantly predicted higher rates of loneliness. In the preference for solitude group, unsociability did not significantly predict life satisfaction, but did negatively predict loneliness and depression. Contrarily, higher levels of avoidance predicted a lower life satisfaction, and higher loneliness and depression. The results also provided preliminary evidence of validity of the Social Preference Scale-Revised (Bowker & Raja, 2011) in a Norwegian population, and justified its employment in further analysis. As the main aim relied on the validation of the SPS-R, these findings will be discussed first. Subsequently, a thorough discussion of the results categorized after each social withdrawal subgroup will be presented, followed by implications, strengths and limitations, and future directions.

4.2 Validation of the Social Preference Scale-Revised

Results from the confirmatory factor analysis indicated good fit indices, according to the recommended cut-offs (Kline, 2005). To further improve the model fit, researchers may need to add extra items to the subgroups of the SPS-R to ensure its validity. Based on the preliminary EFA and the acceptable results achieved in the CFA in the current study, it is reasonable to conclude that the SPS-R is valid within a Norwegian sample, with minor justifications to the original scale.

In the initial validation of the SPS-R (Bowker & Raja, 2011), the researchers had to remove certain items to validate the scale according to factor loadings cut-off criteria. Studies conducted subsequently investigating social withdrawal subtypes using the SPS-R also either

added or removed items from the factors (Bowker et al., 2017; Etkin et al., 2016), which implies that the scale could be differently interpreted in various populations. When using relatively new scales, it is often advised to either remove some of the low correlated items or add new ones that could increase the covariance (Kline, 2016). For instance, researchers Etkin, Bowker & Scalco (2016) removed most of the items measuring unsociability due to high cross-loadings, and therefore ended up solely with a “preference for solitude” measure, instead of a distinction between unsociability and avoidance. Although others have previously managed to employ the SPS-R with a different combination of items, a Norwegian sample may need different items to explain and measure the concept, perhaps due to differences in language, wording and perception. It is evident based on the current study that distinguishing between unsociability and avoidance is crucial, as they predicted psychological outcomes entirely differently. Outcomes of preference for solitude vs preference for socialization

4.3 Outcomes of preference for solitude vs preference for socialization

In general, previous research has revealed that social withdrawal is typically associated with a low life satisfaction, high feelings of loneliness and depression (Bowker et al., 2017; Etkin et al., 2016; Findlay & Coplan, 2008; Rapee et al., 2011; Wang et al., 2013; Zhao et al., 2012). The present thesis investigates the differences between each social withdrawal subtype- preference for socialization (shyness, isolation) and preference for solitude (unsociability, avoidance)- and how these distinctions influence three psychological outcomes- life satisfaction, loneliness and depression. It was hypothesized that each category of social withdrawal would attain different results; the preference for socialization group were expected to report high feelings of depression and loneliness, and a low life satisfaction. In the preference for solitude group, unsociability was hypothesized to predict the lowest levels of loneliness and depression, and highest levels of life satisfaction. Due to inconsistencies in the literature, no hypothesis was made regarding the subtype of avoidance.

4.3.1. Preference for Socialization – Shyness and Isolation

Shyness. Results revealed that individuals who scored high on shyness reported higher feelings of loneliness, depression and an overall low satisfaction with life, compared to

unsociability. These results are consistent with the proposed hypotheses regarding shyness, and in line with previous research (Findlay & Coplan, 2008; Kagan & Moss, 1962; Karevold et al., 2011; Leck, 2006; Neto et al., 1996; Poole et al., 2017; Rapee et al., 2011; Roswell & Coplan, 2013)

This could possibly be explained by the approach-avoidance conflict: wanting to socialize but not doing so due to fear or exclusion. In an approach-avoidance conflict, one is faced with two conflicting goals (McNaughton, DeYoung, & Corr, 2016). Whereas one goal is to socialize, the other may be to avoid feelings of embarrassment/exclusion/fear, which combined can lead to socially inhibited behaviour and higher rates of negative feelings. Thus, having a preference for socialization but feeling too inhibited to do so, might lead to lower life satisfaction and higher levels of loneliness and depression symptoms.

Isolation. Individuals who scored high on isolation reported high feelings of loneliness, but did not significantly predict depression or satisfaction with life after controlling for the other subtypes. Previous studies focusing on isolation as a unique factor of social withdrawal in adulthood do not exist, which cause comparisons to prior findings to be difficult. However, researchers have suggested that being excluded and isolated from peers tends to cause negative psychological consequences (Asendorpf, 1990; Bowker et al., 2017; Rubin et al., 2009; Gazelle & Ladd, 2003; Spangler & Gazelle, 2009). Based on research examining the general motivation to socialize, isolated individuals are assumed to report higher depression and loneliness and a lower satisfaction with life than those with a preference for solitude, as they wish to socialize but are excluded (Bowker et al., 2017; Findlay et al., 2009; Zhao et al., 2012). Although significantly correlated, no significant predictions were found between isolation, life satisfaction and depression, findings from the current study are novel in regards to isolation per se.

Expecting rejection and experiencing low social support are factors shown to influence loneliness (Jackson, 2002), which may account for isolation's strong prediction of the variable. Previous research has often solely considered isolation in relation to shyness, rarely by itself as a unique subtype. However, results from the CFA show that they indeed are two different factors measuring two different constructs, which further proves its importance in social withdrawal research. A possible reason for why isolation is not included in previous studies may be that isolation is a concept more strongly present in childhood and adolescence.

Exclusion from groups could be a behaviour that fades with age, causing the young adults in this sample to not feel these outcomes as strongly as predicted. To my knowledge, research regarding this subject does not exist, but would be a highly fascinating and beneficial addition to the social withdrawal literature.

4.3.2. Preference for Solitude – Unsociability and Avoidance

Unsociability. Individuals reporting high levels of unsociability concurrently reported lower levels of loneliness and depression compared to other subgroups, in line with the proposed hypotheses and earlier research (Asendorpf, 1990; Jennings, 1975; Leary et al., 2003; Neto, 1996; Poole et al., 2017; Schmidt & Fox, 1994). Research conducted specifically on the correlation between unsociability and life satisfaction have previously found a positive correlation between the two (Neto, 1996), which is inconsistent with results from the current study. Interestingly, results from the correlation matrix differed from the regression analysis regarding all criterion variables. Unsociability was not significantly correlated to loneliness or depression, but was correlated with life satisfaction. In the correlation matrix, there was a significant negative association between unsociability and satisfaction with life, while in the regression analysis the beta value altered its predictive direction, to a positive one, although not significant. As mentioned previously, this could happen when controlling for the other variables.

As previously described, unsociable individuals do not engage in social interactions, not because of avoidance, but due to a lack of desire to be social. They have a non-fearful approach to both solitary and social activities, suggesting that they may simply be indifferent to social interactions (Coplan et al., 2004; Coplan & Armer, 2007). Based on this, it was natural to assume that unsociable individuals would report the opposite of those belonging in the preference for socialization group.

The results provide thought-provoking findings, as unsociability is insufficiently researched. First, the lack of association between unsociability and life satisfaction, although different than hypothesized and inconsistent with previous research (Neto, 1996), could be viewed as logical due to the nature of the variable. If unsociable individuals are unconcerned with socialization, it is plausible that socializing simply does not cause satisfaction nor dissatisfaction with life. Subsequently, the negative association between unsociability and

Loneliness and depression is also reasonable, and, as mentioned above, in line with previous research. To a certain extent, symptoms of depression (SMFQ) and the loneliness scale measure more extreme negative feelings, than the satisfaction with life scale (SWLS) measures positive. Satisfaction could be considered a less intense feeling, especially when compared to depression or loneliness. Therefore, although being unsociable does not necessarily predict one's satisfaction with life, it does predict less depression and loneliness, acting as a sort of a preventive guard against negative emotions. These results indicate that although all four subtypes of social withdrawal appear similar, unsociable individuals do not report experiencing depressive symptoms or loneliness as a result of their withdrawal.

Avoidance. Results from the current study support previous research showing that avoidant individuals tend to report high feelings of depression and loneliness, and a lower life satisfaction (Coplan & Armer, 2007; Coplan et al., 2006; Coplan et al., 2013, Nelson, 2012). These results are inconsistent with others that have found negative associations between avoidance and internalizing difficulties (Wang et al., 2013).

Researchers have speculated that avoidant individuals are particularly at risk for developing social and emotional difficulties, due to the very fact that they so vigorously avoid social interaction (Asendorpf, 1990; Coplan et al., 2013; Coplan & Armer, 2007; Coplan, Wilson, Frohlick, & Zelenski, 2006). Research regarding avoidant adults seems to be non-existent, and there are only few studies concerning avoidant children. However, one theory regarding avoidant children is that they evade social interaction as a form of self-preservation, due to an extreme fear of socialization (Coplan et al., 2006; Coplan & Armer, 2007). Avoidant children have also been shown to be more aggressive than children exhibiting other types of social withdrawal, which may be a result of this extreme fear (Asendorpf, 1990). In studies conducted in 2006 and 2013, avoidant children reported the highest levels of negative affect and depressive symptoms, and lowest levels of positive affect and overall well-being (Coplan et al., 2006; Coplan et al., 2013), which is in accordance with the current results. Low positive affect has typically been considered a factor in the etiology of depression (Clark, Watson, & Mineka, 1994; Coplan & Armer, 2007), and may therefore contribute to explain why avoidant individuals reported high levels of depression and low levels of life satisfaction.

Avoidance and motivation. It may appear that avoidant persons' preference for solitude originates from an extreme fear of socialization, causing them to actively avoid it. Avoidant individuals may actually have an even greater need for socialization than the other subtypes.

To compare, individuals classified as shy experience an approach-avoidance conflict, which may lead them to withhold from engaging in social interactions. In turn, although not researched upon, avoidant individuals may possess an *avoidance-avoidance* motivation to socialization. Thus, although the outcome of both shyness and avoidance is social withdrawal, shy individuals at least attempt to participate in social behaviours, and possibly sometimes succeed. Avoidance could therefore be seen as a more extreme version of shyness, because they hardly approach these interactions, and thus never engage in them.

Avoidant individuals express a preference for solitude by actively evading and disliking social engagements. Admitting to being lonely and depressed may cause the individual to admit their need for socialization, inducing a sense of vulnerability. This could perhaps be explained by the cognitive dissonance theory (Festinger, 1957), defined as “the subjective perception of incompatibility between two self-relevant cognitions” (Fischer, Frey, Peus, & Kastenmüller, 2008, p.189). If one cognitive process represents the wish to socialize and the other embodies behaviour resulting in the exact opposite, the individual is likely to experience feelings of unpleasantness. Similarly, wishing to socialize but fearing rejection could also be an example of two conflicting cognitive processes experienced by an avoidant individual. Thus, to reduce the discrepancy between these two cognitive mechanisms, avoiding social interaction due to a dislike of being with others would lessen the discrepancy and consequently the unpleasantness accompanying it. Therefore, it is conceivable that avoidant individuals have a need for social interaction, but due to a fear of social situations, rejection or exclusion, convince themselves that their evasion is a result of their own dislike of others. However, results from the current and previous studies suggest that avoidant individuals experience high depressive symptoms and low life satisfaction. This would indeed suggest that some avoidant individuals actually do have an unfulfilled need for social interaction.

Considering this, should avoidant be placed in the “preference for solitude” group, or is it actually closer to shyness and isolation on the social withdrawal spectrum? Notwithstanding these theories, there is far too little research regarding this type of social withdrawal, and therefore difficult to determine the exact reasons for the results found and the theory encompassing it. However, these results do provide interesting information regarding the subtypes of social withdrawal, and suggest that it may be necessary to challenge the previously assigned distinctions.

4.4 Implications

Behaviours associated with social interaction and withdrawal are present throughout life, and certainly influence most aspects of our lives. The lack of existing research on adults in the field is therefore surprising. As mentioned, researchers have been most occupied with studying social behaviours in children, yet these studies seem also to be limited. Considering social withdrawal's importance in human's lives, it is odd that so little has been done to investigate this field. One reason as to why there is too little research may be due to the lack of proper measurement tools (Coplan & Armer, 2007). Creating a scale that measures latent behaviours, like the subtypes of social withdrawal, is challenging. It was not until 2011 that a revised version of the Social Preference Scale surfaced, applicable to adults (Bowker & Raja, 2011). This scale acts as a key tool when measuring social withdrawal and social preferences, but has not been extensively utilized, due to its relatively recent adoption. The validation of the Social Preference Scale-Revised (Bowker & Raja, 2011; Coplan et al., 2004) in a Norwegian population allows for future use of the scale, hopefully encouraging researchers to further explore these aspects within social withdrawal.

Examining these subtypes and their differences is essential, not only to the social and developmental psychology field, but also for understanding possible behavioural strategies or interventions that can be executed according to what is better suited for each subgroup. Parting from the general idea that all individuals have the same need for socialization could alter the way social withdrawal research is conducted in the future.

Exploring the differences in avoidance, unsociability, shyness and isolation will add to the deficient literature regarding social withdrawal, both in childhood and adulthood. Results from this thesis revealed new, intriguing findings concerning the consequences of social withdrawal on depression, loneliness and life satisfaction in adults. In addition, these findings can be used to create appropriate interventions to aid young adults that are troubled with social relations and interactions. By mapping out the differences between each subtype and their respective underlying motivation, researchers could gain knowledge on whether to focus on inhibiting depression and loneliness by assisting with social interactions and life satisfaction, or concentrate on precluding depression and loneliness.

4.5 Strengths and Limitations

Although variations of the present study have been conducted (f.ex. Coplan et al., 2006; Coplan et al., 2013; Neto, 1996), to my knowledge, no research examining all four subtypes of social withdrawal in relation to depression, loneliness and satisfaction with life exist, neither in a Norwegian sample nor globally.

The following study presents a variety of strengths. Firstly, social withdrawal research has previously mainly focused on shyness and its possible implications. It was not until the 1990's that researchers began exploring the role of motivation in socially inhibited behavior (Asendorpf, 1990). Following this, studies looking into the role of unsociability versus shyness became increasingly prevalent, although primarily focusing on children. To my knowledge, this study is the first to provide a nuanced measure of all social withdrawal subtypes (unsociability, avoidance, shyness, isolation) and the implications on various psychological consequences. The subtypes of isolation and avoidance have often been neglected in research (Bowker & Raja, 2017; Etkin et al., 2016; Özdemir, Cheah, & Coplan, 2014), due to relevancy or difficulties with understanding the terms and their possible implications. An initial step towards expanding the knowledge regarding all subtypes is presented in this thesis.

In addition, the study also has considerable methodological strengths. It was conducted on a relatively unexplored age-group with regards to social withdrawal, in a Norwegian sample, which has not been widely examined previously. This study was also the first to validate the SPS-R in a Norwegian population by conducting both an exploratory factor analysis and a confirmatory factor analysis. These robust methodological procedures further strengthen the findings from the current study. Results from this study provide pioneering information regarding the differences between each subtype and how they predict life satisfaction, loneliness and depression variously.

Despite the apparent strengths of this study, there are some limitations that must be addressed. The current study merely used self-reports through web-based questionnaires. Notwithstanding web-based questionnaires' growing popularity in research, concerns regarding their reliability and validity have been raised (Van Gelder, Bretveld, Roeleveld, 2010; Niessen, Meijer, & Tendeiro, 2016). For reasons varying from failure to understand all questions to inadequate questionnaire design, online assessments have been thought to have

greater measurement error than more traditional methods of data collection (i.e. pen and paper, telephone) (Van Gelder et al., 2010). In addition, self-reporting can lead to social desirability bias, meaning that participants can answer inaccurately based on what they assume is most favourable for themselves or the experiment. This is a common issue in all types of surveys, and is usually criticized for affecting the validity of the research (Niessen et al., 2016). However, web-based surveys are considered less prone to this type of bias, as the respondent may feel more anonymous when answering online, rather than in person (Van Gelder et al., 2010). Despite these limitations, online questionnaires continue to be prevalently utilized due to their many advantages. In general, web-based assessments have been found to be cost-effective, to provide maximum survey accessibility, and to create minimal data collection and entry errors (Ahern, 2005; Miller et al., 2002; Beling et al., 2011). Future studies should still improve the methodological procedure by including observational designs in addition to self-reports.

Further validations of the SPS-R should also be replicated in Norway, to assess the consistency of the scale validation. Prior to the CFA, the measure of unsociability had a questionable internal reliability, according to the recommended categorizations of the Cronbach's alpha value (DeVellis, 2017). This could lead to underestimated effects of these items. Although the alpha value was not unacceptable, researchers may want to create a better measure for unsociability in future studies.

A possible limitation for this thesis is issues with generalizability. Most participants were psychology students at the University of Oslo, while some were psychology students at the Inland Norway University of Applied Sciences. Although the latter is located in a considerably smaller city (Lillehammer) than Oslo, it is far from a rural area. It is known that merely collecting data from such a sample is a limitation, as most psychological research is conducted among western, industrialized, educated and economically prosperous populations (Schulz, Barahmi-Rad, Beauchamp, & Henrich, 2018). Since the overarching study collects data from several different countries, it would be fascinating to compare results to, for example, China. This was initially desirable for the present thesis, but had to be omitted due to time and space constraints.

In the case of social withdrawal, there is a consensus amongst researchers that the construct is culturally bound (Chen, Rubin, & Li, 2005; Chen, 2010; Rapee et al., 2011). Cultural norms and values may influence people's cognitive and social functioning, and thus have a role in

shaping one's social norms and perceptions (Chen, 2010). Based on this notion, there are several studies-mainly from China-that investigate the role of culture on shyness. In 1995, Chen and colleagues investigated various factors related to shyness in China, and later compared these to Western ideals. They discovered that shy-inhibited children had less problems with social adjustment than what is usually reported in Western literature (Chen et al., 1995). In fact, shy Chinese children were more accepted by their peers than the non-shy children were, suggesting that shyness perhaps could be considered a more positive trait. Results from this study indicate that shy Chinese children are considered popular, honorable and good leaders. They do not seem to be more lonely, depressed or excluded than non-shy individuals (Chen et al., 1995; Chen, 2010).

These results are quite interesting, and suggest that social withdrawal is not necessarily a universal concept that is expressed and perceived identically across cultures. East Asian and Western cultures differ in several ways, the most obvious being that Asian countries are known for being more collectivistic, while the former are known for being more individualistic. In Western, self-oriented cultures, autonomy and assertive social skills are highly valued, and social initiative is considered as a sign of social maturity. However, in more group-oriented societies (i.e. East Asia), social initiative may not be as highly valued because it may not facilitate cohesiveness in the group, which is essential for group harmony. Thus, shy behaviour may be positively valued as it may be beneficial to group organization (Chen, 2010).

Similarly, it was predicted that individuals from India might show different results than those from North America. India is typically viewed as a collectivistic country, and thus put less emphasis on personal traits and achievements. Most often, individuals are viewed in relation to their family, caste, place and interpersonal relationships (Prakesh & Coplan, 2007). It is important to keep this context in mind when examining the perspective for how social behaviour is interpreted in India, and other collectivistic countries. However, although the researchers hypothesized to find differences between North Americans and Indians, they did not. Consistent with findings from North America, results showed that individuals associate socially withdrawn children with more negative terms than others, and socially withdrawn children reported greater loneliness and depressive symptoms (Prakesh & Coplan, 2007).

Unsociability has rarely been studied in terms of cultural differences. However, Liu and colleagues were the first to investigate shyness and unsociability related to indexes of

adjustment in Canadian and Chinese children (Liu et al., 2015). On the one hand, they found that shyness and adjustment did not differ across these countries, supporting the notion that shyness may no longer be as valued as it used to be in Eastern societies. On the other hand, results demonstrated a stronger positive association between unsociability and adjustment issues in China than in Canada. Unsociable Chinese children displayed greater loneliness, feelings of depression, poorer peer acceptance and lower academic achievement than the Canadian sample (Liu et al., 2015). Chinese culture is known for being more group-oriented, and values cooperation and pro-social behaviour. This may be the reason for the differing results between shyness and unsociability. A shy person usually displays conflicting behaviour, but usually wants to socialize and be a proactive member of a certain group. However, if an individual has a preference for solitude, they may not display any behaviour consistent with the Chinese traditional group values, which in turn can cause the aforementioned negative outcomes (Liu et al., 2015). These results suggest that cultural differences in social withdrawal still exist, and should be considered when collecting and analyzing research.

4.6 Future directions and Conclusion

The validation of the SPS-R provided a valuable measurement tool which can be employed in future studies investigating social withdrawal as a multi-dimensional construct. Although the validation was acceptable, researchers are encouraged to add more items to each subgroup to ensure its optimality.

The results from the regression analyses showed correlations that were expected, but also revealed some unexpected, yet substantial findings. Results regarding shyness in relation to life satisfaction, depression and loneliness added to existing information on the topic. This is consistent with the general notion that those who wish to socialize but do not, have a higher risk of developing and experiencing psychological problems (Asendorpf, 1990; Coplan et al., 2004). Prior to this study, isolation and avoidance were rarely found in the literature. This study uncovered reasons as to why the inclusion of these subtypes is crucial. Interestingly, the subtype of isolation did not act as expected according to hypotheses and previous research, which provides novel findings regarding this dimension of social withdrawal. Future studies should investigate the differences between shyness and isolation, which previously have been categorized similarly. Two major findings from this thesis include the categorization of avoidance, and the implications of unsociability. Firstly, results uncovered that the subgroup

of avoidance may not belong to “preference for solitude”. Although avoidant individuals in principle prefer to be alone, the underlying reason may be fear of socialization (Coplan et al., 2015). Avoidance is still a relatively unexplored sub-dimension of social withdrawal, which is why it is especially important to thoroughly investigate the construct in future studies. Secondly, unsociability showed to not significantly predict one’s satisfaction with life, but rather predicted lower reports of depression and loneliness than other subgroups. These findings add to the existing literature regarding unsociability and the importance of motivation for solitude or socialization. These results should be used when discussing the consequences of different types of social withdrawal, and for improving the research and interventions applied to address withdrawn behaviours.

To conclude, there is far too little information on the topic of social withdrawal, across all ages and cultures. Although this phenomenon affects us all, the distinctions that constitute social preferences are almost unheard of-besides shyness and unsociability, which have been studied more extensively. To increase the knowledge surrounding this topic, it is necessary to explore and examine all constructs that constitute social withdrawal. Challenging what has already been studied and exploring what has not, is the only way to discover innovative findings that are relevant.

5 References

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6 Appendix

Beliefs about Social Withdrawal Questionnaire

Oppfatninger om sosial tilbaketrekning

Side 1

Informasjonsbrev og samtykkeskjema

INVITASJON TIL DELTAKELSE I STUDIE OM SOSIAL TILBAKETREKNING

Du er invitert til å delta i en studie som søker informasjon om hvordan studenter tenker på sjenanse og andre typer for sosial tilbaketrekning, hva de føler og hvordan de oppfører seg. Funn fra denne studien vil hjelpe oss til å bedre forstå hvordan mennesker tenker på seg selv og på sin sosiale verden, og hvordan disse tankene påvirker både psykisk helse og væremåte. Denne studien gjennomføres i samarbeid med Professor Robert Coplan ved Carleton University i Ottawa og Julie Bowker ved State University i New York.

Hva innebærer det?

Det vil ta mellom 30 og 45 minutter å fylle ut spørreskjemaene. Som deltaker vil du bli bedt om å fullføre en online undersøkelse med mange ulike spørsmål. Noen av disse spørsmålene vil undersøke dine tanker og oppfatninger om mennesker som er sjenerte og som foretrekker å tilbringe tid alene. Andre spørsmål vil undersøke trekk ved deg selv (f.eks. sjenanse), velvære (f.eks. tilfredshet med livet, ensomhet) og negative følelser (f. eks. engstelse eller tristhet).

Frivillig deltakelse

Deltakelse i denne studien er frivillig. Om du ønsker kan du velge å ikke besvare spørsmål eller delta i noen deler av studien. Du har også rett til å trekke deg fra studien når du måtte ønske uten at kompensasjonen trekkes tilbake, dersom du føler at du ikke kan fortsette. På hver side i studien vil du derfor finne et valgalternativ merket "avbryt" som vil føre deg direkte til debriefinginformasjonen.

Deltakelse i denne studien vil bidra til fullføring av arbeidskravet Research Participation Exercise i PSY1101/PSYC1204 dersom du er registrert på dette emnet. Denne studien vil gi 3 quarters. Alle deltakere i denne studien er med i trekningen av 5 universalgavekort med verdi kr 1000,- per gavekort. **NB! For å være med i trekningen må man registrere sin e-post. E-posten blir ikke koblet opp mot svarene i denne spørreundersøkelsen. Følg instruksene på kvitteringssiden.**

Kontaktinformasjon og etisk godkjenning

Dersom du har spørsmål rundt studien eller ønsker mer informasjon kan du kontakte Evalill Bølstad Karevold ved å bruke kontaktinformasjonen nedenfor. Denne studien er gjennomgått og etisk godkjent av etikkomiteeen ved PSI(UiO). Om du har noen etiske betenknninger vedrørende denne studien kan du kontakte prosjektleder Evalill Bølstad Karevold ved Psykologisk institutt Universitetet i Oslo, e-post: e.b.karevold@psykologi.uio.no.

SAMTYKKE

Jeg bekrefter min deltakelse i studien slik den er beskrevet her. Jeg forstår at jeg kan trekke meg fra studien når jeg måtte ønske det. Det er best dersom undersøkelsen i sin helhet gjennomføres sammenhengende, siden dine besvarelser kan slettes om din søkemotor benyttes for å oppsøke et annet nettsted.

Trykk "Neste" dersom du ønsker å delta og du vil påbegynne undersøkelsen

Trykk "Avslutt undersøkelsen" om du har lest informasjonen ovenfor og IKKE ØNSKER å delta.

Sideskift

Side 2

Bakgrunnsinformasjon

Våre første spørsmål gjelder deg som individ. Disse spørsmålene vil hjelpe oss å gi en generell beskrivelse av gruppen som deltar i denne undersøkelsen

Kjønn *

Hva er din alder?

Hvilket år er du på universitetet/høgskolen? *

Hvilken utdanningsinstitusjon tilhører du? *

Etnisitet *

Sideskift

Side 3

Spørsmål om sosiale preferanser

De neste spørsmålene fokuserer på dine sosiale preferanser . Velg det svaralternativet som beskriver deg best. Det er ingen rette eller gale svar. Marker det tallet som best beskriver hvordan du er mesteparten av tiden.

1 = Passer ikke i det hele tatt

5 = Passer veldig godt

	1 (Passer ikke i det hele tatt)	2	3	4	5 (Passer veldig godt)
Jeg har ikke noe imot å være alene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg vil gjerne være sammen med andre, men noen ganger føler jeg meg engstelig.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg liker egentlig ikke å være sammen med andre og foretrekker å være alene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg har det like bra om jeg er alene som når jeg er sammen med andre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg vil gjerne være sammen med andre, men jeg blir ofte ekskludert/utestengt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg har det best når jeg er sammen med andre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noen ganger velger jeg å ikke være sammen med andre fordi jeg føler meg sjenert.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg liker bedre å være alene enn jeg liker å være sammen med andre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg vil gjerne være sammen med andre,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 (Passer ikke i det hele tatt)	2	3	4	5 (Passer veldig godt)
men ofte vil ikke de være sammen med meg.					
Jeg har ikke et sterkt behov for å være sammen med andre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 (Passer ikke i det hele tatt)	2	3	4	5 (Passer veldig godt)
Jeg oppholder meg ofte i nærheten av andre, men uten å slutte meg til dem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Når jeg kan bestemme, velger jeg alltid å være alene fordi jeg ikke liker å være sammen med andre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noen ganger vil ikke andre være sammen med meg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg vil gjerne spørre om å være med de andre, men føler meg ofte engstelig eller redd for å spørre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Når jeg selv får velge, foretrekker jeg å være sammen med andre fremfor å være alene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg prøver å unngå å være med andre mennesker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg ønsker å være mer sammen med andre, men de lar meg ikke.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg ser ofte at andre er sammen, men jeg prøver ikke å slutte meg til dem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1 (Passer ikke i det hele tatt) 2 3 4 5 (Passer veldig godt)

Selv om jeg ønsker å være sammen med andre, føler jeg meg redd for å være sammen med dem.

Det er sjelden jeg tar initiativ til å være sammen med andre fordi jeg trives med å være alene.

Jeg prøver ofte å være for meg selv fordi jeg ikke liker å være sammen med andre.

Sideskift

Side 4

Spørsmål om sjenanse

Enkelte individer føler seg av og til nervøse eller sjenerte, mens andre ikke gjør det. Velg det svaralternativet som beskriver deg best. Det er ingen rette eller gale svar. Marker det tallet som best beskriver hvordan du er mesteparten av tiden.

1 - Ikke i det hele tatt

2 - Av og til

3 - Nesten alltid

4 - Alltid

1 (Ikke i det hele tatt) 2 (Av og til) 3 (Nesten alltid) 4 (Alltid)

	1 (Ikke i det hele tatt)	2 (Av og til)	3 (Nesten alltid)	4 (Alltid)
Jeg er litt utilpass sosialt sett	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg liker å være sammen med andre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg synes ikke det er vanskelig å snakke med fremmede.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg føler meg anspent når jeg er sammen med folk jeg ikke kjenner så godt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg foretrekker å samarbeide med andre fremfor å jobbe alene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg betviler ikke min sosiale kompetanse (eller hvor god jeg er i sosiale settinger).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg synes mennesker er mer stimulerende enn noe annet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg blir nervøs når jeg snakker med autoritetspersoner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg ville ikke være fornøyd dersom noe eller noen hindret meg i å få nye bekjentskaper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg føler meg ofte ukomfortabel på fest eller i andre sosiale anledninger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 (Ikke i det hele tatt)	2 (Av og til)	3 (Nesten alltid)	4 (Alltid)
Jeg føler meg hemmet i sosiale situasjoner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Det er vanskelig for meg å se noen direkte i øynene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 (Ikke i det hele tatt)	2 (Av og til)	3 (Nesten alltid)	4 (Alltid)
Jeg er mer sjenert overfor mennesker av det motsatte kjønn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg synes ikke det er vanskelig å spørre andre om informasjon.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Når jeg er i en gruppe med mennesker er det vanskelig å vite hva jeg skal snakke om.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Det tar ikke lang tid å overkomme min sjenanse i nye situasjoner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Det er vanskelig for meg å oppføre meg naturlig når jeg treffer nye mennesker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sideskift

Side 5

Oppfatninger om sosial tilbaketrekning

De følgende spørsmålene undersøker hva du tenker om enkelte atferder, om de er gale eller ok. Marker det svarealternativet som best beskriver hva du mener.

Svaralternativer: 1= "Det er virkelig galt", 2= "Det er litt galt", 3= "Det er egentlig ok", 4= "Det er helt ok"

Anta at Jon vil være sammen med andre mennesker, men at han noen ganger er for nervøs

1(Det er virkelig galt)	2(Det er litt galt)	3(Det er egentlig ok)	4(Det er helt ok)
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1(Det er virkelig galt) 2(Det er litt galt) 3(Det er egentlig ok) 4(Det er helt ok)

Synes du det er ok at Jon bare ser på de andre som er sammen?

Synes du det er ok at Jon tilbringer tid alene?

Anta at Mari både liker å være alene og å være sammen med andre. Hun liker å arbeide alene (f.eks. lese, jobbe på datamaskinen) og hun er ikke redd eller nervøs. Men hun har heller ikke noe imot å være sammen med andre.

1(Det er virkelig galt) 2(Det er litt galt) 3(Det er egentlig ok) 4(Det er helt ok)

Synes du det er ok for Mari å arbeide alene?

Synes du det er ok at Mari tilbringer tid alene?

Anta at Phillip ikke liker å være sammen med andre. Når han kan velge selv, velger han alltid å arbeide alene og han har det best når han ikke er sammen med andre mennesker.

1(Det er virkelig galt) 2(Det er litt galt) 3(Det er egentlig ok) 4(Det er helt ok)

Synes du det er ok at Phillip unngår andre mennesker?

Synes du det er ok at Phillip tilbringer tid alene?

Anta at Beate ønsker å være sammen med andre mennesker, men at hun noen ganger er for nervøs.

1(Det er virkelig galt) 2(Det er litt galt) 3(Det er egentlig ok) 4(Det er helt ok)

Synes du det er galt at Beate bare ser på at andre er sammen?

Synes du det er galt at Beate er mye alene?

Anta at Mats ikke har noen sterk preferanse for å være sammen med andre mennesker eller å være alene. Han liker å arbeide alene (f.eks. lese, arbeide med datamaskin) og han er ikke nervøs eller engstelig. Men han synes også det er greit å være sammen med andre.

1(Det er virkelig galt) 2(Det er litt galt) 3(Det er egentlig ok) 4(Det er helt ok)

Synes du det er galt at Mats arbeider alene?

Synes du det er galt at Mats tilbringer tid alene?

Anta at Synne ikke liker å være sammen med andre mennesker. Når hun selv kan velge, velger Synne alltid å arbeide alene og har det best når hun ikke er sammen med andre mennesker.

1(Det er virkelig galt) 2(Det er litt galt) 3(Det er egentlig ok) 4(Det er helt ok)

Synes du det er galt at Synne unngår andre mennesker?

Synes du det er galt at Synne tilbringer tid alene?

	1(Det er virkelig galt)	2(Det er litt galt)	3(Det er egentlig ok)	4(Det er helt ok)
Generelt er det galt å unngå andre på grunn av engstelighet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dersom du liker å gjøre ting alene, så er det ok å ikke være sammen med andre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generelt er det ok å tilbringe tid alene dersom du ikke liker å være sammen med andre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Det er vanligvis ok å takke nei til å være sammen med andre mennesker fordi du føler deg for sjenert.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Det er galt å ikke ha en preferanse for å enten være sammen med andre eller å være alene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Det er galt å ikke like andre og å foretrekke å være alene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sideskift

Side 6

Engstelse rundt sosial interaksjon

For hver uttalelse skal du markere det nummeret som indikerer i hvilken grad du føler at uttalelsen er typisk for deg. *Skalaen er som følger:*

1 = Ikke typisk for meg i det hele tatt

2 = Ganske typisk for meg

3 = Veldig typisk for meg

4 = Svært typisk for meg

	1(Ikke typisk for meg i det hele tatt)	2(Ganske typisk for meg)	3(Veldig typisk for meg)	4(Svært typisk for meg)
Jeg blir nervøs når jeg må snakke med noen med autoritet (sjef, lærer).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Det er vanskelig å møte andres blikk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg blir anspent når jeg må snakke om meg selv eller følelsene mine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg synes det er vanskelig å omgås med arbeidskolleger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg synes det er lett å bli kjent med mennesker på min egen alder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg blir anspent når jeg møter en bekjent på gata.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg føler meg utilpass når jeg må være sosial.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg føler meg anspent når jeg er alene med en annen person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Det er lett for meg å møte mennesker på fest etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Det er vanskelig for meg å snakke med andre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1(Ikke typisk for meg i det hele tatt) 2(Ganske typisk for meg) 3(Veldig typisk for meg) 4(Svært typisk for meg)

mennesker.

1(Ikke typisk for meg i det hele tatt) 2(Ganske typisk for meg) 3(Veldig typisk for meg) 4(Svært typisk for meg)

Jeg synes det er lett å finne noe å prate om.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg er urolig for å si noe pinlig når jeg er sammen med andre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg synes det er vanskelig å si meg uenig med andre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Det er vanskelig å snakke med en tiltrekkende person av motsatt kjønn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg er ofte bekymret for at jeg ikke skal vite hva jeg skal si i sosiale situasjoner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg er engstelig for å være sammen med mennesker jeg ikke kjenner godt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg føler jeg vil si noe pinlig når jeg snakker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Når jeg er i en gruppe mennesker er jeg bekymret for at de skal ignorere meg.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Ikke typisk for meg i det hele tatt)	2(Ganske typisk for meg)	3(Veldig typisk for meg)	4(Svært typisk for meg)
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Jeg er anspent når jeg er sammen med flere andre.

Jeg er usikker på om jeg skal hilse på noen jeg bare såvidt kjenner.

Sideskift

Side 7

Spørsmål om sensitivitet

Svar på hvert spørsmål med tanke på hvordan du selv føler at du er, med bruk av følgende skala:

1=Ikke i det hele tatt

2=I noen grad

3=I middels grad

4=I ganske stor grad

5- I svært stor grad

1(Ikke i det hele tatt)	2(I noen grad)	3(I middels grad)	4(I ganske stor grad)	5(I svært stor grad)
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Blir du lett overveldet av sterke sanseinntrykk?

	1(Ikke i det hele tatt)	2(I noen grad)	3(I middels grad)	4(I ganske stor grad)	5(I svært stor grad)
Synes du å være oppmerksom på detaljer i miljøet omkring deg?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er du bevisst subtile elementer i miljøet rundt deg?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blir du påvirket av andres humør?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tenderer du til å være mer sensitiv for smerte?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
På travle dager, har du behov for å trekke deg tilbake til sengs, til et mørkt rom eller til et sted der du kan være mer privat og bli mindre stimulert?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er du spesielt sensitiv for effekten av koffein?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blir du lett overveldet av ting som sterkt lys, sterke lukter, grove tekstiler eller lyden av sirener i nærheten?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Har du et rikt og komplekst indre liv?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gjør høye lyder deg ukomfortabel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1(Ikke i det hele tatt)	2(I noen grad)	3(I middels grad)	4(I ganske stor grad)	5(I svært stor grad)
Blir du beveget av kunst og musikk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Ikke i det hele tatt)	2(I noen grad)	3(I middels grad)	4(I ganske stor grad)	5(I svært stor grad)
Er nervesystemet ditt av og til så frynsete at du må trekke deg tilbake og være alene?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er du samvittighetsfull?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er du skvetten?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bli du oppkavet når du har mye å gjøre på kort tid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Når andre er ukomfortable i et fysisk miljø, vet du da hva som trengs for å gjøre det mer komfortabelt (f.eks. endre belysningen eller sitteplasser?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bli du irritert når andre skal ha deg til å gjøre for mange ting samtidig?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jobber du hardt for å unngå å gjøre feil eller glemme ting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gjør du et poeng av å unngå voldelige filmer og TV-programmer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bli du negativt aktivert av at det foregår mye rundt deg?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1(Ikke i det hele tatt)	2(I noen grad)	3(I middels grad)	4(I ganske stor grad)	5(I svært stor grad)
Når du er veldig sulten, får du da en sterk reaksjon som ødelegger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Ikke i det hele tatt)	2(I noen grad)	3(I middels grad)	4(I ganske stor grad)	5(I svært stor grad)
konsentrasjonen eller humøret ditt?					
Blir du rystet av endringer i livet ditt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legger du merke til og nyter delikate og subtile lukter, smaker, lyder og kunst?					
Er det ubehagelig for deg når det skjer mye på en gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er det viktig for deg å organisere livet ditt slik at du unngår uro eller overveldende situasjoner?					
Blir du plaget av intense stimuli, som for eksempel høye lyder eller kaotiske situasjoner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Når du må konkurrere eller blir observert mens du utfører en oppgave, blir du da så nervøs eller skjelven at du gjør det mye dårligere enn du ellers ville ha gjort?					
Da du var barn, virket det som om foreldre og lærere oppfattet deg som sensitiv og sjenert?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sideskift

Side 8

Spørsmål om personlighet

Her er et sett av kjennetegn som kan stemme, eller ikke stemme, for deg. For hvert utsagn, marker det tallet som best indikerer i hvor stor grad utsagnet passer med slik du generelt opplever deg selv.

1=Passer ikke

5=Passer helt

Jeg ser meg selv som en som...

	1(Passer ikke)	2	3	4	5(Passer helt)
Er pratsom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Har en tendens til å finne feil ved andre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gjør en grundig jobb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er deprimert, nedstemt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er original, kommer med nye ideer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Passer ikke)	2	3	4	5(Passer helt)
Er reservert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er hjelpsom og uegoistisk overfor andre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kan være uforsiktig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er avslappet, takler stress godt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er nysgjerrig på mange ting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Passer ikke)	2	3	4	5(Passer helt)
Er full av energi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er en kranglefant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er pålitelig i arbeidet mitt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kan være anspent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er skarpsindig, tenker dypt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Passer ikke)	2	3	4	5(Passer helt)
Skaper mye entusiasme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er tilgivende av natur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Har en tendens til å være ustrukturert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bekymrer meg mye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Har livlig fantasi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Passer ikke)	2	3	4	5(Passer helt)
Har en tendens til å være stillferdig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er tillitsfull	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Passer ikke)	2	3	4	5(Passer helt)
Har en tendens til å være lat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er følelsesmessig stabil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er oppfinnsom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Passer ikke)	2	3	4	5(Passer helt)
Er selvhøvdende	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kan være kald og fjern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Står på til oppgavene er gjennomført	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kan være humørsyk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setter pris på skjønnhet og kunst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Passer ikke)	2	3	4	5(Passer helt)
Kan være sjenert og hemmet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er hensynsfull og vennlig overfor de fleste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gjør ting effektivt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beholder roen i spente situasjoner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foretrekker rutinearbeid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Passer ikke)	2	3	4	5(Passer helt)
Er utadvendt og sosial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kan noen ganger være uhøflig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legger planer og gjennomfører dem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blir lett nervøs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liker å tenke, leke med ideer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Passer ikke)	2	3	4	5(Passer helt)
Har få kunstneriske interesser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liker å samarbeide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blir lett distraheret	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Har kunnskaper om kunst, musikk eller litteratur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sideskift

Side 9

Spørsmål om tilfredshet med livet

Nedenfor står fem utsagn om tilfredshet med livet som et hele. Vis hvor godt eller dårlig hver av de fem påstandene stemmer for deg og ditt liv ved å markere det tallet som du synes stemmer best for deg.

1=Helt uenig

2=Uenig

3=Litt uenig

4=Verken enig eller uenig

5=Litt enig

6=Enig

7=Helt enig

	1(Helt uenig)	2(Uenig)	3(Litt uenig)	4(Verken enig eller uenig)	5(Litt enig)	6(Enig)	7(Helt enig)
På de fleste måter er livet mitt nær idealet mitt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mine livsforhold er utmerkede	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg er tilfreds med livet mitt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Så langt har jeg fått de viktige tingene jeg ønsker i livet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvis jeg kunne leve livet på nytt, ville jeg nesten ikke forandret på noe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sideskift

Spørsmål om ensomhet

Marker et nummer for å indikere hvor ofte du føler deg som beskrevet i følgende utsagn. Det er ingen svar som er riktige eller gale.

1=Aldri

2=Sjelden

3=Av og til

4=Ofte

	1(Aldri)	2(Sjelden)	3(Av og til)	4(Ofte)
Hvor ofte føler du at du mangler selskap av andre?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvor ofte føler du deg utelatt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvor ofte føler du deg isolert fra andre?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hvor ofte føler du deg ensom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sideskift

Spørsmål om plagsomme følelser og tanker

Her følger en liste over forskjellige følelser og tanker man av og til kan ha. Tenk på **de to siste ukene** og kryss av for om du har følt eller tenkt noe av det som står nedenfor (sett **kun ett** kryss på hver linje).

	Stemmer ikke	Stemmer noen ganger	Stemmer
Jeg var lei meg eller ulykkelig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg så trøtt at jeg bare ble sittende uten å gjøre noen ting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg var veldig rastløs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg var ikke glad for noe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg lite verdt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg gråt mye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg tenkte at livet ikke var verdt å leve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg synes det var vanskelig å tenke klart eller konsentrere meg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg hatet meg selv	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg tenkte at jeg aldri kunne bli så god som andre ungdom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg ensom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg tenkte at ingen egentlig var glad i meg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg som et dårlig menneske	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg syntes jeg gjorde alt galt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg tenkte at fremtiden ikke hadde noe positivt å by meg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sideskift

Spørsmål om angst

Les gjennom alle utsagnene og kryss av for å vise i hvor stor grad du føler at utsagnet passer for deg den siste uken. Det er ingen svar som er riktige eller gale.

1=Passer ikke i det hele tatt

2=Passer til en viss grad, eller noe av tiden

3=Passer godt, eller en god del av tiden

4=Passer best, eller mesteparten av tiden

	1(Passer ikke i det hele tatt)	2(Passer til en viss grad, eller noe av tiden)	3(Passer godt, eller en god del av tiden)	4(Passer best, eller mesteparten av tiden)
Jeg merket at jeg var tørr i munnen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg hadde pustevansker (f.eks. pustet altfor fort, eller ble andpusten uten fysisk anstrengelse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte meg skjelven (f.eks. følte at bena kom til å gi etter under meg)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte at jeg kom til å besvime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg svettet mye (f.eks. i hendene) uten at det var varmt og uten fysisk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1(Passer ikke i det hele tatt)	2(Passer til en viss grad, eller noe av tiden)	3(Passer godt, eller en god del av tiden)	4(Passer best, eller mesteparten av tiden)
anstrengelse				
Jeg følte meg redd uten å ha særlig grunn til det	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg hadde problemer med å svelge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg var oppmerksom på hjerterytmen min uten at jeg hadde vært i fysisk aktivitet (f.eks. følelse av økt hjerterytme, eller at hjertet hoppet over et slag)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg følte at jeg var nær ved å få panikk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg var redd for at selv en enkel, triviell oppgave kunne bringe meg ut av fatning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg var livredd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg bekymret meg for å komme opp i situasjoner der jeg kunne få panikk og dumme meg ut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg skalv ofte (f.eks på hendene)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jeg unngikk aktiviteter hvor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1(Passer ikke i det hele tatt)	2(Passer til en viss grad, eller noe av tiden)	3(Passer godt, eller en god del av tiden)	4(Passer best, eller mesteparten av tiden)
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jeg var i sentrum for andres oppmerksomhet

Jeg unngikk å gjøre ting eller snakke til andre av redsel for å bli flau



Sideskift

Side 13

Debrief

Oppfatninger om sosial tilbaketrekning

Takk for din deltakelse i dette studiet!

SONA KODE: 3603872

Du har deltatt i en studie som undersøker sjenanse, oppfatninger om sjenanse og psykologisk velvære blant unge voksne. Dette er en viktig studie fordi lite er kjent om hvordan unge menneskers oppfatninger om sjenert atferd påvirker deres psykiske helse og væremåte. Mange sjenerte individer har ikke problemer med tilpasning. På den annen side kan tidligere studier tyde på at sjenerte ungdommer har noe økt risiko for å internalisere problemer (f.eks. symptomer på angstelse, ensomhet, lav selvtillit), samt oppleve vanskeligheter i sosiale relasjoner i forhold til annen ungdom (f.eks. sosial utestengning, følelse av å være et offer). Det har vært foreslått at slike tanker om sjenanse kan medvirke til å forklare hvorfor unge mennesker som er sjenerte, tilbakeholdne og skeptiske ovenfor andre er mer utsatt for risiko. Din deltakelse i dette studiet er derfor sentralt fordi det vil muliggjøre forskere å lære om betydningen av sjenanse-relaterte tanker for psykologisk og atferdsmessig tilpasning som ung voksen.

Om du er interessert i å lære mer om dette forskningsområdet foreslår vi følgende lesestoff:

Bowker, J. C., & Raja, R. (2011). Social withdrawal subtypes during early adolescence in India. *Journal of Abnormal Child Psychology*, 39, 201-212.

Prakash, K., & Coplan, R. J. (2007). Socioemotional characteristics and school adjustment of socially withdrawn children in India. *International Journal of Behavioral Development*, 31(2), 123-132.

Rubin, K. H., Coplan, R. J., & Bowker, J. C. (2009). Social withdrawal in childhood. *Annual Review of Psychology*, 60, 141-171.

Om du har noen spørsmål og/eller forbehold med hensyn til dette studiet, kan du kontakte Evalill Bølstad Karevold direkte på telefon 91616675 eller per e-post: e.b.karevold@psykologi.uio.no).

Tusen takk for din deltakelse!

Vennlig hilsen,

Evalill Bølstad Karevold, Ph.D.

Førsteamanuensis, Psykologisk institutt

Universitetet i Oslo

Tlf: (47) 22845166, 91616675

e-post: e.b.karevold@psykologi.uio.no

Forskningskoordinatorer:

Nora Braathu, MSc student

Psykologisk institutt

Universitetet i Oslo

e-post: norabraa@student.sv.uio.no

og

Marit Bredeesen, profesjonsstudent

Psykologisk institutt

Universitetet i Oslo

e-post: marbred@student.sv.uio.no