Introduction

The family, and particularly the parent-child relationship, provides one of the most important social contexts for child development. Several studies have shown that a good quality parent-child relationship can affect children's well-being [1,2], while a poor quality of this relationship is associated with various forms of psychopathology [3].

Previous research has also indicated that parenting can significantly influence the development and maintenance of shyness in children. In particular, shyness in infancy has been found to be associated with a particular type of parenting. That is, the parents of shy children are overprotective, tend to control their children's lives and to discourage their independence and autonomy [4]. The experience of such parental behaviors tends to promote and reinforce children's shyness [5]. For example, Coplan and colleagues have found that shy children whose mothers were intrusive and controlling towards them were more likely to demonstrate internalizing problems and social dissatisfaction than shy children whose mothers were less overprotective. At the same time, they also have found that the relationship between shyness and psychological and social difficulties was significantly less evident for shy children whose mothers were more warm and supportive [6].

Although the importance of the parental relationship on the psychological and social development of shy children during childhood has been sufficiently analyzed, there has been a paucity of research on shy adolescents. Nevertheless, during this period, important biological, cognitive, and social changes occur, and although peers become increasingly influential during adolescence, parenting behaviors continue to assume an influential role on adolescent adjustment [7]. Therefore, the main purpose of this study is to give a contribution to literature on parenting by examining its influence on shy adolescents.

A conceptualization of shyness

Shyness has been defined as a tendency to feel anxious and to show inhibited behavior in interpersonal situations [8], for instance, to be afraid or experience discomfort upon meeting people. In particular, certain situations, such as interacting with authority figures, members of the opposite sex and strangers, are more likely to elicit shyness. Studies have also consistently found that shy people appear to be at risk for later maladjustment, such as psychological and social difficulties [9,10].

In particular, shyness has been considered to be a risk factor for the development of internalizing problems, including low self-esteem [11], excessive self-consciousness [12], fear of negative evaluation, and loneliness [13]. Moreover shy people have been found to be more likely than non-shy people to develop various forms of emotional disorders, such as depression and anxiety [14-16].

Shyness is also associated with several types of interpersonal difficulties, such as expressing one’s own opinions or talking...
in the presence of others, meeting people, and establishing and maintaining satisfying relationships [17,18]. Shy people, in comparison to people who are not shy, have fewer social relationships, and these are less intimate and supportive [11,17]. As a result, they receive less social support from their social networks than their non-shy counterparts. Moreover, both in childhood and in adolescence, shyness is associated with peer rejection, exclusion, and victimization [19].

The child-parent bond

Studies on child-parent relations have identified some basic dimensions that are related to specific aspects of child adjustment. In particular, researchers have recognized two key dimensions of parenting, namely parental care and parental control. The concept of parental care refers to a parenting style characterized by affection, emotional warmth, empathy and closeness; and it is opposed to a parenting style typified by aloofness, indifference and neglect. The other dimension, parental control, includes excessive psychological control and intrusiveness over the child [20]. The construct of parental control involves encouragement of children’s dependence on parents, and it refers to parental behaviors that limit child autonomy and freedom, and that prevent the development of their independence [21].

Extensive research has repeatedly shown a relationship between these dimensions of parenting and child adjustment, demonstrating that lack of adequate parental care is a crucial risk factor for child development. Specifically, both low levels of parental care and high levels of parental control were found to be associated with psychiatric symptoms in adolescence, such as depression and phobic anxiety [22] and with a wide range of mental disorders in adulthood [23]. On the other hand, high levels of parental care were negatively correlated with mental disorders in children, such as anxiety, depression, somatic complaints, and social maladjustment [24], and positively correlated with positive self-image [25]. Moreover, researchers have found that parental warmth is related to lower levels of externalizing and internalizing problems [26], that higher parental support and care are associated with psychological well-being, academic competence, and higher self-esteem in children and adolescents [7], and that parents’ supportive behaviors appear to promote the quality of adolescents’ friendships [27]. On the other hand, higher psychological control was found to be linked with internalizing problems, such as depression and anxiety [28,29]. Overall, research has consistently supported the notion that parenting behaviors are associated with child psychological and social adjustment.

The influence of child age and gender on parenting

Even if the parental bond remains quite stable over time, the nature of the parent-child relationship changes with child age. In particular, during adolescence this relationship changes from being asymmetrical, which is typical from early to late childhood, to being symmetrical [30]. Some studies have shown that the most important dimension that changes during child development is parental control [25]. During adolescence, youths perceive their parents as more encouraging of autonomy and less psychologically controlling, but they also perceive their parental bond as less affectionate and strong [31]. Other researchers have found those adolescents’ feelings of support and cohesion that they experience from parent relationships decline during the transition from pre- to mid- and late-adolescence [32,33]. Nevertheless, van Well and colleagues have indicated that the perceived quality of the parent bond becomes less positive in the transition from early to mid-adolescence but improves in late adolescence [34].

Despite the growing body of research on the parent-child relationship, research data are rather inconsistent with respect to child gender differences. Arim & Shapka [28] reported that there were no significant differences in parental behavior between girls and boys. Nevertheless, other authors have found that child gender may affect parental education style. For example, Bonauto and colleagues found that girls perceived more protection from their father than did boys [35], while Pierro and colleagues found that girls reported higher parental control and overprotection from both parents than did boys [25]. Finally, others authors have reported that girls perceived higher levels of care both from their mothers and from their fathers, and also perceived greater control from their father than did boys [24].

Shyness and parenting

Given that parenting behavior plays an important role in the promotion of a child’s well being, the literature on shyness has devoted much attention to parenting. Studies addressing the issue of the relationship between parenting style and shyness have mainly focused on infancy and childhood. These surveys have shown that parents of shy children tend to be protective of, and intrusive toward, them [36,37].

Parents of shy children may perceive their children’s difficulties and might therefore believe that the best way to help them from potentially emotion- arousing situations is to control every aspect of their lives [4,5]. Parents may organise their child’s schedules, telling them how to do things or what to do, limiting their child’s activities and behaviors, discouraging their efforts to explore unfamiliar situations autonomously, and taking over situations in which they expect that their children might feel anxious even when it isn’t necessary [5].

Nevertheless, such parenting practices may increase and reinforce shyness, maintaining or exacerbating children’s difficulties. Since necessary opportunities to practice social skills and self-regulation are denied, these children may not learn to develop coping skills to deal with their social anxiety, and therefore they might not be able to overcome their fears. In fact, this overprotective, over-controlling parental style discourages risk taking and active exploration in unfamiliar situations. As such, it prevents the development of a belief system of self-efficacy and autonomy, and therefore perpetuates children’s feelings of insecurity [38,39].

However, certain parental behaviors may not only increase, but also decrease shy children’s difficulties. In fact, some family environmental factors might moderate the relationship between shyness and psychological and social difficulties. For example, Coplan and colleagues have found that an overprotective parenting style was strongly associated with internalizing
problems in shy children, such as anxiety, loneliness, and peer-rejection whereas supportive parenting was less associated with these psychological and social difficulties [6]. Similarly, Rubin and colleagues have found that shy children whose mothers were intrusive and controlling toward them were more likely to demonstrate inhibited behavior with peers than those shy children whose mothers were less overprotective [40]. In line with these results, other evidence has shown a strong association between maternal psychologically over-controlling behavior and higher degrees of social withdrawal and reticent behavior in shy children [41,42]. Furthermore, other researchers have highlighted that overprotective maternal behavior, as opposed to sensitive maternal behavior, is a predictor of greater stability in inhibited child behavior over time [43].

Although the relationship between shyness and parenting has been sufficiently explored in infancy and childhood, relatively little attention has been devoted to parenting style in shy adolescents. However, there is evidence that shy adolescents have a lower quality relationship with parents than do non-shy adolescents [9,44].

Based on previous findings that have emphasised that parental behavior is still important during this developmental period, it seems relevant to also closely examine the child-parent relationship in shy adolescents. Hence, the aim of this study is to investigate shy adolescents’ perceptions of their parental bond.

The Present Study

To date, few studies have investigated the relationship between shyness and the parental bond during adolescence. Moreover, very little is known about the extent to which this relationship may differ with regard to child gender and how it may change during the transition from early to late adolescence.

The purpose of this study was to examine relations between shyness and the perception of the parental bond, distinguishing maternal and paternal parenting. Indeed, some researchers have highlighted differences in adolescents’ perceptions of their mothers and fathers, suggesting the need to distinguish these. Moreover, the parent-child relationship was examined separately for males and females, in order to detect possible differences relating to child gender. Finally, considering the transformations that occur in the parent-child relationship during adolescence, it may be reasonable to assume that parenting style may change, even in relation to shy adolescents, during the passage from early to late adolescence. So, in order to explore possible parenting style changes associated with child age, perceptions of parental relationships were separately measured for early adolescents and for late adolescents.

In light of the research on parenting in the area of shyness, the parental bond has been measured on three dimensions: care, encouragement towards autonomy, and overprotection. Based on the previously discussed literature, it was expected that shy subjects would perceive a poor quality parent relationship. Drawing upon previous research in this area, it was also hypothesized that shy adolescents would report their parents to be more overprotective and less encouraging of autonomy than their non-shy peers. Nevertheless, given the scarcity of data, no hypothesis was formulated about gender differences for shy adolescents’ perceptions of the parental bond, or about changes occurring in the parent–shy-child relationship from early to late adolescence.

Methods

Participants and procedure

Research participants were recruited from six public schools in Florence, Italy. Participants were recruited while they were in class during school hours. Formal consent from parents and educational authorities was obtained prior to starting data collection.

Subjects completed a battery of questionnaires designed to gather information about personal and demographic data (i.e., age, gender, grade, and origin), and information about mothers’ and fathers’ school attendance and occupations. Moreover, the battery included a measure of the perceived parental bond from both mother and father and a measure of shyness.

A total of 595 students were recruited for the present study. These included a group of 11- to 13-year-old early adolescents (N = 278) who were attending one of three different secondary schools, and another group of 17- to 19-year-old late adolescents (N = 317) who were attending one of three high schools.

Ninety-nine participants came from the centre of Italy, particularly the area around Florence. Participants came from families of a middle to high socioeconomic background and more than 70% of the parents had a high school diploma or university degree.

After data collection, participants were selected based on a shyness scale score. Using the 40th and 60th percentile as cut-off points, subjects were identified as non-shy and shy, respectively. On the basis of these criteria, adolescents who weren’t either shy nor non-shy were excluded from the analyses. The final total sample comprised 475 subjects. This included 227 early adolescents with a mean age of 12.40 (SD = .69), of whom 134 were classified to be shy (73 males and 61 females), and of whom 93 were categorised as non-shy (52 males and 41 females). The late-adolescent group was composed of 248 participants with a mean age of 17.71 (SD = .65), of whom 104 were categorised to be shy (35 males and 69 females) and 144 were classed as non-shy (74 males and 70 females).

Measures

Shyness

Shyness in participants was measured using the Revised Cheek and Buss Shyness Scale (Cheek, 1983). This scale is a unifactorial measure of shyness consisting of 13 items that measure discomfort and inhibition in social situations. Examples of items are: “I feel tense when I’m with people I don’t know well” and “When in a group of people, I have trouble thinking of the right thing to say”.

Items were measured on a 5-point scale ranging from 1 (very uncharacteristic) to 5 (extremely characteristic) with a maximum
possible score of 65; the higher the score, the higher the shyness. Participants are requested to respond to each item according to the following instructions “Read each item carefully and decide to what extent it is characteristic of your feeling and behavior. Answer each question by choosing a number from the scale below”.

This scale is a widely used measure of shyness and has shown good psychometric properties. Cheek (1983) reported a Coefficient alpha of .90 and other investigators have found Coefficient alphas of .81 [46], .86 [47,48]; .88 [49] and .90 [50]. Moreover, the scale has shown high test-retest reliability. Some authors have reported a 45-day retest reliability of .88 [45,50].

In this study, the Italian version of RCBS [51] was used. The results of the Italian adaptation have confirmed a unidimensional factorial structure. Confirmatory factor analytic procedures were used to assess the adequacy of the model, and the fit index indicated an adequate fit to the data (CFI = .91; SRMR = .06). Moreover, the internal reliability of the scale in this sample was .86.

Parental bonding

Parental bonding was assessed via subjects’ responses to the Parental Bonding Instrument by Parker et al. [20]. The Parental Bonding Instrument is a 25-item, self-report questionnaire designed to measure an individual’s perceptions of his or her parents’ parenting style. There are two parallel versions, one for each parent, and each assesses two dimensions, parental care (12 items, for example “Appeared to understand my problems and worries”) and parental overprotection (13 items, for example “Tended to baby me”).

Participants were requested to respond to each item on a 4-point scale ranging from 0 (Very like) to 3 (Very unlike). The PBI subscales were scored separately. The “care” subscale has a maximum possible score of 36, and the “overprotection” subscale has a maximum possible score of 39. The higher the score, the higher the parental care and overprotection. Respondents were asked to read each item and to assess their parent’s behaviors and attitudes, answering each question by placing a cross in the most appropriate box next to each question.

The PBI scale has good internal consistency. For example, some authors found a Coefficient alpha of .92 and .87 for the paternal care and overprotection subscale, respectively; and of .94 and .88 for the maternal care and overprotection subscales, respectively [52]. Rigby and colleagues found α-values of .86 and .86 for the mother care and overprotection subscale, and of .87 and .84 for the father care and overprotection subscale [24]. Moreover, the Parental Bonding Instrument has demonstrated acceptable reliability over time with a Pearson correlation coefficient of .76 for the care subscale and of .63 for the overprotection subscale over a three-week period [20]. In a longitudinal study, Wilhelm and colleagues [53] confirmed the stability of the scale over a 20-year period. Retest coefficients varied from .64 to .83 for maternal care, and from .74 to .82 for paternal care; from .67 to .77 for maternal overprotection, and from .59 to .78 for paternal overprotection.

In this study, the Italian version of the Parental Bonding Instrument devised by Bonaiuto and colleagues [35] was used. This version consists of 21 items. Four items were eliminated because their load factor was lower than .40 or loaded significantly on multiple factors (item 9, “Try to control everything I do”; item 16, “Make me feel I’m not want”; item 19, “Try to make me feel dependent on her/him”; and item 23, “Is overprotective of me”). Analyses conducted by Bonaiuto et al. have highlighted a three factor model, showing the same structure both for the mother and for the father, which accounts for a total of 47.2% of variance for the mother scale, and 50.9% for the father scale. The first factor that was extracted was “care and affectionate bond”. It represents 24.8% of the overall variance for the mother scale and 28% of the overall variance for the father scale and it consists of 11 items. The second factor that was extracted was “encouragement towards autonomy and independence”. It accounted for a further 13.6% of variance for the mother scale and 14.5% for the father scale, and it consists of 6 items. The last factor was “overprotection” which explained 8.9% of the variance for the mother scale and 8.4% of the variance for the father scale, and it consists of 4 items. In the Italian version, answers to items range on a 4-point scale from 1 = I don’t agree at all, to 4 = I fully agree. So, the care subscale has a maximum possible score of 44; the encouragement towards autonomy subscale has a maximum possible score of 24; and the highest possible score for the overprotection subscale is 14.

Results

Descriptive analysis

The means and standard deviations of the three dimensions of the Parental Bonding Instrument for both the mother and father, namely “care”, “autonomy and independence”, and “overprotection”, for early and late adolescent groups are presented in Table 1 & Table 2, respectively.

Parental bonding as a function of Shyness, Age, and Gender

A multivariate analysis of variance (MANOVA) was conducted to assess the differences between groups in the perception of the parental relationship. A follow-up univariate ANOVA was conducted when the MANOVA results were significant. The independent variables were Group (shy and non-shy), Age (early adolescents and late adolescents), and Gender (males and females); and the dependent variables were the six parental bonding subscales, three for the mother scale and three for the father scale.

The overall MANOVA test revealed a significant difference between groups with respect to the dependent variables, Wilk's lambda $F(6, 462) = 13326.14, p < .001, η^2 = .99$. In particular, there was a significant main effect for both Group, $F(6, 462) = 481, p < .001, η^2 = .06$; Age, $F(6, 462) = 25.47, p < .001, η^2 = .25$; and Gender, $F(6, 462) = 5.10, p < .001, η^2 = .06$. In contrast, there was no significant interaction effect for Group x Age, $F(6, 462) = .40, ns$, Group x Gender, $F(6, 462) = .40, ns$, and Group x Age x Gender $F(12, 924) = .58, ns$. 

Shyness and parental bonding

Subsequent univariate analyses revealed that shyness was a significant factor for every parental bonding dimension, both in maternal and paternal scales. The means and results of the univariate F tests can be seen in Table 3. In particular, adolescents in the shy group perceived less care than did their non-shy peers, both from their fathers, $F(1, 467) = 16.98, p < .001, \eta^2 = .04$ and from their mothers, $F(1, 467) = 9.18, p = .003, \eta^2 = .02$. Furthermore, shy participants were more likely to perceive higher overprotection, from their fathers, $F(1, 467) = 9.98, p = .002, \eta^2 = .02$, and from their mothers, $F(1, 467) = 13.19, p < .001, \eta^2 = .03$, than did those in the non-shy group.

Table 1: Means and standard deviations of parental bonding dimensions for early adolescents.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Shy Male</th>
<th>Shy SD</th>
<th>Shy n</th>
<th>Non-Shy Male</th>
<th>Non-Shy SD</th>
<th>Non-Shy n</th>
</tr>
</thead>
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<tr>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Care</td>
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<td>6.40</td>
<td>73</td>
<td>35.20</td>
<td>6.18</td>
<td>61</td>
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<tr>
<td>Autonomy</td>
<td>16.45</td>
<td>4.06</td>
<td>73</td>
<td>15.46</td>
<td>3.55</td>
<td>61</td>
</tr>
<tr>
<td>Overprotection</td>
<td>7.41</td>
<td>2.90</td>
<td>73</td>
<td>7.62</td>
<td>2.94</td>
<td>61</td>
</tr>
<tr>
<td>PBI-Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care</td>
<td>36.12</td>
<td>5.46</td>
<td>73</td>
<td>37.45</td>
<td>5.58</td>
<td>61</td>
</tr>
<tr>
<td>Autonomy</td>
<td>16.53</td>
<td>3.26</td>
<td>73</td>
<td>15.17</td>
<td>3.13</td>
<td>61</td>
</tr>
<tr>
<td>Overprotection</td>
<td>7.60</td>
<td>2.39</td>
<td>73</td>
<td>7.57</td>
<td>2.21</td>
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Table 2: Means and standard deviations of parental bonding dimensions for late adolescents.

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<th>Shy SD</th>
<th>Shy n</th>
<th>Non-shy Males</th>
<th>Non-shy SD</th>
<th>Non-shy n</th>
</tr>
</thead>
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<td></td>
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<tr>
<td>Care</td>
<td>31.88</td>
<td>6.20</td>
<td>35</td>
<td>31.99</td>
<td>7.45</td>
<td>69</td>
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<tr>
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<td>35</td>
<td>17.73</td>
<td>3.43</td>
<td>69</td>
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<tr>
<td>Overprotection</td>
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<td>6.96</td>
<td>2.41</td>
<td>69</td>
</tr>
<tr>
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<tr>
<td>Care</td>
<td>34.26</td>
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<td>35</td>
<td>35.99</td>
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<td>69</td>
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<td>Autonomy</td>
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<td>18.55</td>
<td>2.84</td>
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Table 3: Means, standard deviations and ANOVA F values by Group.

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<th>Non-Shy</th>
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<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>n</td>
<td>M</td>
<td>SD</td>
<td>n</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Care</td>
<td>33.76</td>
<td>6.79</td>
<td>238</td>
<td>35.85</td>
<td>6.83</td>
<td>237</td>
<td>16.98***</td>
<td></td>
</tr>
<tr>
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<td>3.77</td>
<td>238</td>
<td>18.32</td>
<td>3.74</td>
<td>237</td>
<td>6.40*</td>
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<tr>
<td>Overprotection</td>
<td>7.17</td>
<td>2.68</td>
<td>238</td>
<td>6.25</td>
<td>2.26</td>
<td>237</td>
<td>9.98**</td>
<td></td>
</tr>
<tr>
<td>PBI-mother</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care</td>
<td>36.15</td>
<td>5.75</td>
<td>238</td>
<td>37.37</td>
<td>6.08</td>
<td>237</td>
<td>9.19**</td>
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<tr>
<td>Autonomy</td>
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<td>8.78**</td>
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<td>2.49</td>
<td>237</td>
<td>13.19***</td>
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</table>

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

Age and parental bonding

Follow-up univariate analyses revealed that age was significant for all dependent variables, except maternal overprotection (Table 4). Results indicated that early-adolescents perceived higher care than did late-adolescents from their fathers, $F(1, 467) = 25.15, p < .001, \eta^2 = .05$ and mothers, $F(1, 467) = 12.50, p < .001, \eta^2 = .03$. Older adolescents reported greater encouragement towards autonomy and independence both from their fathers, $F(1, 467) = 38.43, p < .001, \eta^2 = .08$, and from their mothers, $F(1, 467) = 68.62, p < .001, \eta^2 = .13$. Finally, younger adolescents perceived greater overprotection only from their fathers, $F(1, 467) = 9.79, p = .002, \eta^2 = .02$, while no significant differences between early- and late-adolescents on perceived maternal overprotection, $F(1, 467) = .03, ns$ emerged.

Gender and parental bonding

Significant between-subject effects indicated that child gender was influential in all the dimensions of parental bonding, except paternal care and maternal overprotection (Table 5). Girls perceived higher levels of maternal care than did boys, $F(1, 467) = 4.20, p = .041, \eta^2 = .01$; while no differences emerged between boys and girls in relation to perceived levels of paternal care, $F(1, 467) = .17, ns$. However, boys perceived higher levels of encouragement towards autonomy and independence than did girls, both from their fathers, $F(1, 467) = 16.41, p < .001, \eta^2 = .03$ and mothers, $F(1, 467) = 4.67, p = .031, \eta^2 = .01$. Furthermore, girls reported their fathers as being more overprotective than did boys, $F(1, 467) = 8.84, p = .003, \eta^2 = .02$, but no differences emerged between the two genders for maternal overprotection, $F(1, 467) = .02, ns$.

Discussion

The goal of this study was to examine the relationship between shyness and specific parenting practices (i.e., care, encouragement towards autonomy and independence, and overprotection) during adolescence. This relationship was investigated by examining the differences between shy and non-shy young people’s perceptions of their parents’ behaviors. Moreover, such perceptions were examined in relation to gender and age. Overall, the results of the present study have shown significant differences on participants’ perceptions of parental bonding.

In particular these findings support the results of previous investigations on the influential role of parents in the development of shyness in their children. Youths who reported experiencing high levels of shyness perceived their parents differently than youths who reported experiencing low levels of shyness.

As predicted, results showed that the shy group of adolescents perceived their parents to be less warm and close, and less encouraging of their independence than did the non-shy group. Shy adolescents also reported greater levels of overprotection from both parents than did non-shy adolescents. These results are consistent with the findings of previous studies on parenting style in shyness during childhood [9,41,42], and during adolescence [9,44]. Specifically, researchers have found that parents who have shy children tend to be intrusive and overprotective. Moreover, these parents may respond to shyness in their children with behaviors that tend to restrict their children’s freedom and autonomy in an attempt to help them [5].
The present findings highlight the fact that parental use of psychological control and intrusiveness in the lives of shy children tends to continue even after childhood. Moreover, these results can extend knowledge about the role of the parenting bond in shyness, especially during a stage that has received little attention in the shyness literature. In fact, as previously discussed, most of the investigations on parenting style in children’s shyness have focused on infancy and childhood, and the adolescent period has been largely neglected. However, our results suggest that during this developmental period, shy adolescents continue to perceive their parents as more protective and intrusive than of non-shy children do. Shy adolescents also perceived their both mother and father to be neglectful and aloof, while non-shy adolescents perceive their parental relationships as characterized by higher levels of closeness and emotional support.

Moreover, the results of the current study show no significant differences between shy boys’ and girls’ perceptions of parental care. From this point of view, our results are not consistent with the ones of previous study carried out on infancy. For example, Engler [54] has found that shyness in girls during infancy and childhood was associated with positive aspects of the child-parent relationship, while the reverse was the case for shyness in boys. On adolescence this difference seems not to be present. This result, however, needs further investigation.

In relation to age, results indicated no differences between shy early and late adolescents in their perceptions of the parental bond. Both younger and older shy adolescents’ perceptions of care, encouragement towards independence, and overprotection from their parents weren’t significantly different in both age
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groups. Hence, possible changes in perceptions of parental behaviors during adolescence do not seem to depend on whether a subject is shy or not.

There were several limitations in the present work. First, the cross-sectional study design limits the possibility to understand the development trajectories of the child-parent relationship from early to late adolescence. Other more rigorous designs, like longitudinal projects, would be needed to better understand this relation. Moreover, all data were collected via self-report measures. Although these instruments represent an important source of information, the use of multiple methods to integrate the subjective point of view with other source of external information, for example maternal and paternal evaluation, would be appropriate.

Despite these limitations, the present study adds to our understanding of the links between parental bond and shyness during adolescence, highlighting important differences in parenting style between shy and non-shy adolescents. Such knowledge will provide useful information for clinicians that are interested in developing interventions for shy individuals.

References


