When people in close relationships are not prepared to listen to emotional disclosures. The role of social constraints in shy people's functioning

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Abstract

The following article comprises a presentation of research carried out on a group of 268 adults. The survey aimed at finding answers to questions posed about the meditative role played by social constraints in the relationship between shyness and certain aspects of emotional and social functioning. The results indicate that social constraints are a destructive factor in the everyday functioning of those facing everyday problems. Many shy people experience social constraints - people in close relationships: family, relatives, and friends react inadequately and negatively, demonstrating a lack of empathy, thus discouraging people who are shy from expressing their personal thoughts and emotions. Regression analyses, conducted in order to detect the meditative effects of social constraints, show that their destructive influence is particularly severe in the case of shy people leading to their low self-esteem, a high level of depressive symptoms and a low perception of social support.

Keywords: Shyness, social constraints, social support, help-seeking comfort, close relationships, affect, self-esteem, depression, loneliness

A great deal of evidence has been gathered during research indicating that the quality of interpersonal relationships play a significant role in people's adjustment to a given situation. For instance, good relations with other people are predictors of successful adjustment to chronic diseases (Sarason, Sarason & Gurung, 2001; Schmaling & Sher, 2000); the feeling of possessing a strong social support network acts to protect physical health (Davis, Morris & Kraus, 1998; Czapiński, 1994) and a perception of possessing social support influences well-being (Kaniasty, 2003). Conversely, difficult relations with other people (e.g. criticism, lack of social support or unwanted social support) negatively impact on people's functioning, e.g. connected with poor adjustment to chronic diseases (Revenson, Schiaffino, Majerovitz & Gibofski, 1991) or to medical patients' illnesses and deaths (Joiner, 1997). One of the numerous aspects of negative interpersonal relations is social constraints, defined by Lepore and Ituarte (1999) as a perceived inadequacy in social support that bring about a reluctance to express thoughts and feelings connected with particular stressors. This inadequacy may take various forms, for example, should people fail to show empathy during difficult times, neglect a problem or behave in a way which discourages the expression of

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feelings, react inadequately, negatively or avoid the person who tries to talk about the negative event (Lepore & Ituarte, 1999; Lepore, Silver, Wortman & Wayment, 1996).

Research, designed to determine the role of social constraints in the relationships of those suffering from trauma or severe illnesses, indicates that inability to talk about problems causes feelings of distress (Lechner; Zakowski, Antoni, Greenhawt, Block & Block, 2003), frustration (Lepore, Silver, Wortman & Wayment, 1996), difficulties with adjustment, lower levels of well-being (Cordova, Cunningham, Carlson & Andrykowski, 2001) and higher incidences of depression (Cordova, Cunningham, Carlson & Andrykowski, 2001; Lepore, Silver, Wortman & Wayment, 1996). In cases of trauma, the prospect of talking to a person in close relationship about the traumatic event, helps to make sense of this experience as the conversation helps with coping with intrusive and harmful thoughts. According to research findings, the opportunity to voice one's intrusive thoughts relating to traumatic experiences with aids people in maintaining a stable state of mental health and protects against depression (Lepore, Silver, Wortman and Wayment, 1996). This is probably due to the fact that conversation with others about one's own negative life experiences helps to understand them (Pennebaker and Harber, 1993), acts against the suppression of thoughts and feelings (Wegner, Erber and Zanakos, 1993), and social support may prevent harmful rumination (Nolen-Hoeksema, 1999).

To date, many types of research have been carried out in order to specify the role of social constraints in the event of distress, frustration and the symptoms of depression in those suffering from trauma or severe disease. There is, therefore, a distinct lack of data concerning the role of social constraints in people's everyday functioning. Little is also known about the role of personal features and personality at the time of reaction to people in close relationships indifference, their reluctance to listen to disclosures or to provide support. It may be presumed that social constraints could play an essential role in the process of adjustment in shy people with a tendency to tension, anxiety, and awkwardness in interpersonal contacts and restraint during social interactions. Surveys indicate that there are a large group of shy people (Zimbardo, 1977), who have various difficulties with interpersonal relations (Cheek & Buss, 1981). Moreover, shy people suffer from poor health conditions and mental well-being caused by low self-esteem (Alfano, Joiner & Perry, 1994; Dzwonkowska, 2002, 2003), a low positive affect (Eisenberg, Fabes & Murphy, 1995; Dzwonkowska, 2003), a high negative affect (Eisenberg, Fabes & Murphy, 1995; Dzwonkowska, 2003), a high level of depressive symptoms (Anderson & Harvey, 1988; Joiner, 1997; Dzwonkowska, 2003) and a feeling of loneliness (Joiner, 1997; Dzwonkowska, 2002, 2003). Therefore, it is interesting to examine the role that social constraints play in relations with close friends and family - in other words; the role that a perceived inadequacy in social support plays in the emotional and social functioning of shy people.

The conducted study attempted to find answers to such questions as:

1. What is the relationship between shyness and social constraints?
2. Are social constraints a mediator between shyness and emotional and social functioning?
3. Do social constraints act to mediate between shyness and the predictors of emotional and social functioning?

Method

Participants and procedure

Participants included 268 undergraduate students (151 women and 117 men, aged between 19 and 49; M age = 23,74 years; SD = 7,09) who were randomly selected from an educational-psychology subject pool at a university and other higher schools in Poland. The ethnic breakdown of the sample was 100% White and every subjects were Polish. Participants filled out a set of self-report questionnaires while meeting in groups no more than 30.

Instruments

1. The level of shyness was measured with the 9-item version Cheek & Buss scale (1981). (Dzwonkowska, 2003). Examples of the questions in this scale: „I am socially somewhat awkward."„ I feel tense when I′m with people I don′t know well." „When I talk to others I am afraid to say something stupid". Answers to the questions were rated on a 1-5 scale: 1= very uncharacteristic or untrue, 2 = somewhat untrue, 3 = partly true, 4 = true, 5 = very characteristic or true. The results fluctuated between 9 (the lowest level of shyness) and 45 (the highest level of shyness). The scale's reliability for Polish population is high – Cronbach's α = 0,87.

2. The level of social constraints was measured using an 8-question Social Constraints Scale (Lepore, Ituarte, 1999; Kaniasty 1999). The scale included questions such as: "How often over the prior month did a close person change the subject of the conversation when you wanted to talk about personal matters, problems?" The answers were anchored by a 5-item scale, where 1 = never, 2 = seldom, 3 = sometimes, 4 = often, 5 = very often. The results ranged from 8 points (the lowest level of feeling social constraints) to 40 points (the highest level of feeling social constraints), Cronbach's α =0,84.

3. Self-esteem was measured using a Self-Esteem Scale (Rosenberg, 1965),consisting of 10 statements (e.g." I feel that I am a person of worth, at least on an equal footing with others.", " I feel that I have a number of good qualities". The answers ranged from 1 to 4, where 1 = I definitely agree, 2 = agree, 3 = disagree, 4 = definitely disagree. The results ranged from 10 (the lowest level of self-esteem) to 40 (the highest level of self-esteem), Cronbach's α =0,82.

4. Low self-esteem as a partner in company (Dzwonkowska, 2003) was measured using a 4-item scale, with questions e.g. "It seems to me that people make fun of my awkwardness in social situations" The answers ranged from 1 to 5, where 1= definitely untrue, 2 = somewhat untrue, 3 = partly true, 4 = true,5 = definitely true. The results ranged from 4 (the lowest level of low self-esteem) to 20 (the highest level of low self-esteem), Cronbach's α= 0,86.

5. Positive and negative affects were measured with the Positive and Negative Affect Schedule PANAS (Watson, Clark, Tellegen, 1988; ed. Dzwonkowska, 2003). This scale consists of 20 positions; 10 of them measures the positive and 10 the negative affect. The scale measures the affect of people, during the last seven days. Questions in the scale included the following: "To what extent did you feel a particular way last week?" Answers: (e.g. „I was worried", „I felt energetic") were rated from 1 to 4, where 1 = "rarely or not at all" (not longer than 1 day), 2 = "a little or for a short time" (1-2 days), 3 = "from time to time or for a certain time" (3-4 days), 4 = "most of the time or all the time" (5-7 days). The PANAS scale consists of two independent subscales: the scale of positive affect and the scale of negative affect. The ratings of both scales fluctuated between 10 (the lowest level of positive or negative affect) and 40 (the highest level of positive or negative affect). Both scales are reliable with Cronbach's a level of α = 0,87.

6. Depressive symptoms were measured by a 20-question version of the Center for Epidemiological Studies' Depression Scale CES-D (Radloff, 1977; Kaniasty, 2003). The scale measures depressive symptoms occurring in a period of seven days prior to the research. For example, „Last week, I was worried about things, which usually do not make me worried" The answers ranged from 1 to 4, where 1 = hardly or hardly ever (shorter than 1 day), 2 = a little or for a short time (1-2 days) agree, 3 = from time to time or for some time (3-4 days), 4 = most of the time (5-7 days). The results

ranged from 20 (the lowest level of depression) to 80 (the highest level of depression), Cronbach's α = 0,91.

7. Received social support is a kind of social interaction whereby people help each other (Kaniasty, 2003). In order to measure the support received Kaniasty's scale was used. It consists of 15 questions dealing with material (9 questions) informational (3 questions) and emotional (3 questions) support. The following are exemplary questions„ How many times in the last 4 months did your friends and acquaintances help you financially by giving, lending or offering you money?", "Regardless of the cause, how many times have you received such help from your acquaintances or friends?", "How many times have your relatives comforted you by hugging, embracing or expressing sympathy in any other way?" "How many times have other students helped you by giving information, tips or explaining how to deal with certain tasks?" Possible answers were rated: 1 = "never", 2 = "two or three times", 3 = "a few times", 4 = "many times." The following are exemplary questions: "How easy or difficult is it for you to turn to friends and acquaintances for help, advice, tips, explanations, suggestions or any other information?", "How easy or difficult is it for you to turn to relatives to ask for emotional support, comfort, or understanding for your feelings, moods, fears?", "How easy or difficult is it for you to turn to other students for materials or financial assistance?" Possible answers included: 1 = "very difficult", 2 = "rather difficult", 3 = "rather easy", 4 = "very easy". Each question was asked three times in the contexts of the three sources of potential help and support: family, friends and acquaintances and other students. The results for each were rated on a 15-60 scale, Cronbach's α = 0,94.

8. Perceived social support was measured using the Provisions of Social Relation Scale (Turner , Marino, 1994) utilizing the Polish version (Kaniasty, 2003). The Scale consists of three subscales:

    a. The 8-item scale of perceived social support provided by the members of family. Exemplary item: I feel I strongly relate to and am understood by the members of my family and relatives. The results were ranged from 8 (the lowest level of support) to 40 (the highest level of support), Cronbach's α =0,91.

b. The 8-item scale of perceived social support provided by friends. Exemplary item: I feel I strongly relate to and am understood by my friends and close acquaintances. The results ranged from 8 (the lowest level of support) to 40 (the highest level of support), Cronbach's α =0,92.

c. The 8-item scale of perceived social support provided by university acquaintances. Exemplary item: I feel I strongly relate to and am understood by my acquaintances studying at the same university, year. The results ranged from 8 (the lowest level of support) to 40 (the highest level of support), Cronbach's α =0.93. The answers ranged from 1 to 5, where 1=definitely untrue, 2=rather untrue, 3=partly true, 4=true, 5=definitely true. The total scale of perceived social support (provided by members of family and relatives, friends and close acquaintances, acquaintances studying at the same university, year) ranged from 24 (the lowest level of support) to 120 (the highest level of support), Cronbach's α = 0,93.

9. Help-seeking comfort is an attitude or certainty that there is a net of social support available (or not) to help and the person's propensity to ask for and receive it. This variable was measured with Kaniasty's scale (2003), which consists of 9 questions dealing with the readiness to ask for material, informational and emotional support. Questions were asked about different sources of support (family/relatives, friends/acquaintances, other students) for each type of help. Average results in particular scales fluctuated between 1 (the lowest level of help-seeking comfort) and 4 (the highest level of help-seeking comfort). The total scale) ranged from 9 (the lowest level of variable) to 120 (the highest level of variable), Cronbach's α=0,82.

10. Loneliness was measured with the „UCLA Loneliness Scale" Version 3 (Russell, 1996), (Dzwonkowska, 2003). The scale consists of 20 questions (e.g. "How often do you feel a social bond with the people around you?" " How often do you lack company and feel isolated?") Each question could have been answered with one of 4 possible answers, where 1 = never, 2 = seldom, 3=sometimes, 4 = always. The results fluctuated between 20 (the lowest level of loneliness) and 80 (the highest level of loneliness). The scale is reliable at Cronbach's level of α=0,90.

Results

Correlational Analyses

Analysis of linear correlations indicate that the dispositional shyness is linked to social constraints. The correlation is important but on a moderate level, which means that some of shy people not perceive difficulties with contact with close people in the form of inadequate support. Both shyness and social constraints are significantly related to worse emotional and social functioning in a similar way. Shy people and those who experience a high level of social constraints, suffer from low self-esteem, a high level of low self-esteem as a partner in company, a high negative affect and high level of depressive symptoms. Shy people (excluding people, who experience a high level of social constraints) suffer from a low positive affect. Both shy people and those, who experience high level of social constraints have problems asking for help, are lonely and perceive little social support (Table 1.)

Table 1. Linear correlation (r Pearson's) of shyness measured with Shyness Scale (Cheek, Buss, 1981) and social constraints measured with Social Constraints Scale (Lepore, Ituarte, 1999) and indicators of emotional and social functioning

Variables	Social constraints	Shyness
Variables of emotional functioning		
Self-esteem	-0,29***	-0,54***
Low self-esteem as a partner in company	0,25***	0,66***
Positive affect	-0,10	-0,45***
Negative affect	0,25***	0,32***
Depression	0,27***	0,40***
Variables of social functioning		
Shyness	0,15*	___
Social constraints	____	0,15*
Received social support	-0,03	-0,11
Perceived social support	-0,33***	-0,38***
Help-seeking comfort	-0,18**	-0,34***
Loneliness	0,38***	0,60***

$p < 0,05$* ; $p < 0,01$ **; $p < 0,001$***

Hierarchical multiple regression analyses

A series of hierarchical multiple regression analyses (Table 2.) prove that social constraints as well as shyness are predictors of negative emotional and social outcomes. Both variables lead to following emotional consequences: low self-esteem (R= 0,57; Adj. R^2 =

0,31; F(5,207)=20,52; p< 0,001) controlling 33% of variable variance; a high level of low self-esteem as a partner in company (R= 0,68; Adj. R² = 0,45; F(5,208)=35,76; p<0,00,1), controlling 46% of variable variance; high negative affect (R= 0,44; Adj. R² = = 0,18; F(5,208)=10,31; p<0,001), controlling 20% of variable variance; depressive symptoms (R= 0,46; Adj. R² = 0,19; F(5,209)=11,24 p< 0,001), controlling 21% of variable variance. Regression analysis indicates that social constraints act as a moderator between shyness and negative affect. Significant interaction effect between shyness and social constraints shows that, in the case of social constraints in shy people's interpersonal relations, there is a clear difference between the level of negative affect in shy and non-shy people. Self-confident people faced by a low level of social constraints experience less negative affect than shy people but in the case of a high level of social constraints, both non-shy and shy people experience the negative affect at the same level. Shy people experience a high negative affect, not only in the case of low, but also high, levels of social constraints.

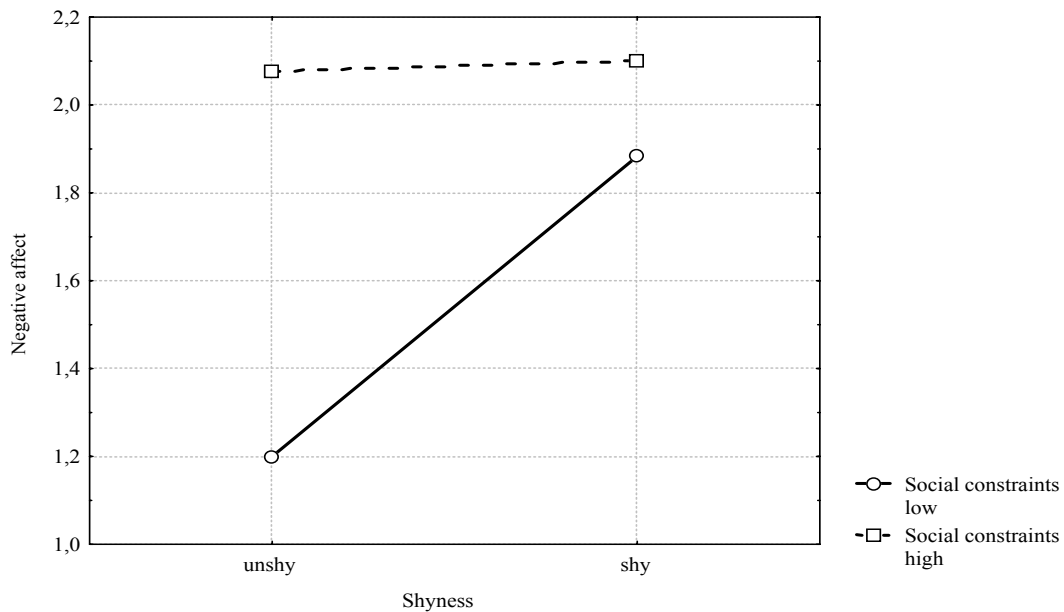Figure 1. Interaction between Shyness and Social constraints for Negative affect

Table 2. Predicators of emotional functioning: sex, age, social constraints, shyness, stress, and interaction shyness x social constraints

Criterion Predicator	Self-esteem β	Low self-esteem as a partner in company β	Positive affect β	Negative affect β	Depression β
Sex	0,087	0,079	0,239***	-0,127	-0,123
Age	0,103	-0,030	0,075	0,007	-0,007
Social constraints	-0,199***	0,134**	-0,057	0,232***	0,244***
Shyness	-0,465***	0,634***	-0,348***	0,273***	0,317***
Shyness x Social constraints	0,087	-0,087	0,095	-0,171**	-0,117

* p ?0,05;   ** p ?0,01;   *** p ?0,001

Shyness and social constraints lead to following social consequences: high levels of loneliness (R= 0,68; Adj. R² = 0,45; F(5,204)=34,957 p<0,001) (46% of variable variance); low perceived social support (R= 0,49; Adj. R² = 0,22; F(5,203)=12,68; p<0,001) (24% of variable variance) and difficulty with asking for help (R= 0,43; Adj. R² = 0,16; F(5,208)=9,28 p<0,001) (18% of variable variance) (Table 3.).

Table 3. Predicators of social functioning: sex, age, social constraints, shyness, and interaction shyness x social constraints

Criterion Predicator	Received social support β	Perceived social support β	Help-seeking comfort β	Loneliness β
Sex	-0,066	-0,086	-0,124	0,019
Age	-0,286***	-0,075	-0,191***	-0,096
Social constraints	-0,049	-0,299***	-0,147**	0,296***
Shyness	-0,135	-0,329***	-0,332***	0,554***
Shyness x Social constraints	0,055	0,078	0,098	-0,056

* p ?0,05;   ** p ?0,01;   *** p ?0,001

Mediational Analyses

A series of regression analyses was conducted in order to determine the mediation role of social constraints between shyness and the variables of emotional and social functioning (Baron, Kenny, 1986).The results indicate that shyness is a predictor of low self-esteem (R= 0,54 Adj. R² = 0,29; F(1,257)=106,27 p<0,001), as presented by path C, a predictor of high level of social constraints (R= 0,15; Adj. R² = 0,02; F(1,255)=5,64 p< 0,02), path A. Social constraints (including shyness in the equation) is a predictor of low self-esteem (R= 0,57; Adj. R² = 0,31; F(2,249)=58,86 p<0,001), path B. The level of relationship between shyness and self-esteem lowered substantially, when social constraints were introduced in the model. (β = - 0,49). The result indicates that social constraints play a mediation role in the relationship between shyness and self-esteem. The statistical significance of the model was checked using the Sobel test (Z = -1,99; p < 0,05) (Baron, Kenny, 1986; MacKinnon, Lockwood, Hoffman, West, Sheets, 2002).
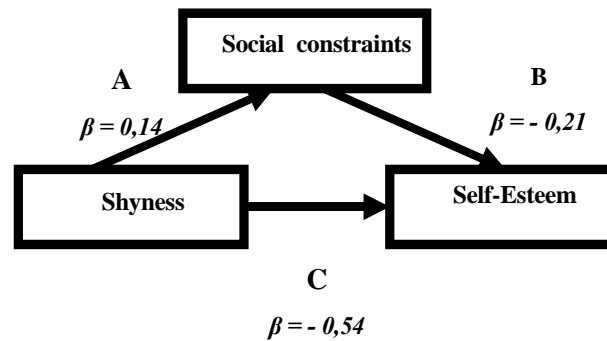
Figure 2. Social constraints as a mediator between Shyness and Self-esteem

The model presents that social constraints cause low self-esteem of shy people.

Shyness is a predictor of depressive symptoms (R= 0,40; Adj. R^2 = 0,16; $F(1,260)=49,67$; $p< 0,001$) (path C) and a high level of social constraints (path A). Social constraints are a predictor of high levels of depression (R= 0,44; Adj. $R^2=0,18$; $F(2,252)=29,72$ $p< 0,001$) (path B).The level of the relationship between shyness and depression lowered after introducing social constraints into the equation (β = 0,34), meaning that this variable is a mediator in the relationship between shyness and depressive symptoms. The statistical significance of the model was checked using the Sobel test (Z = 1,99; $p<0,05$) according to which, social constraints lead to depressive symptoms in shy people.
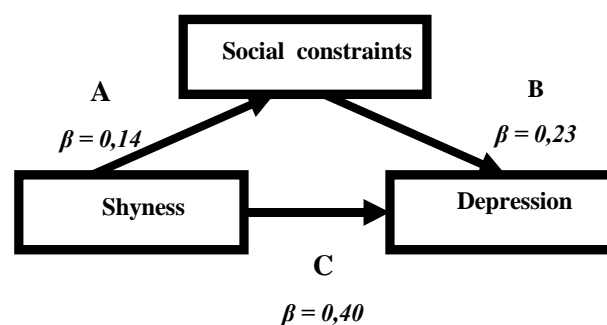

Figure 3. Social constraints as a mediator between Shyness and Depression

Shyness is a predictor of loneliness (R= 0,60; Adj. R² = 0,36; F(1,253)=143,08 p<0,001) (path C), and, at the same time, a high level of social constraints (path A). Social constraints are a predictor of a high level of loneliness (R= 0,66; Adj. R² = 0,43; F(2,245)=95,73; p<0,001) (path B). Because the level of relationship between shyness and loneliness lowered after introduction of the "social constraints" variable into the equation (β = 0,55), it implies that the relationship between shyness and loneliness is partly mediated by social constraints. The statistical significance of the model was verified using the Sobel test (Z = 2,20; p<0,05). The model shows that shyness leads to loneliness through a partial mediation of social constraints.
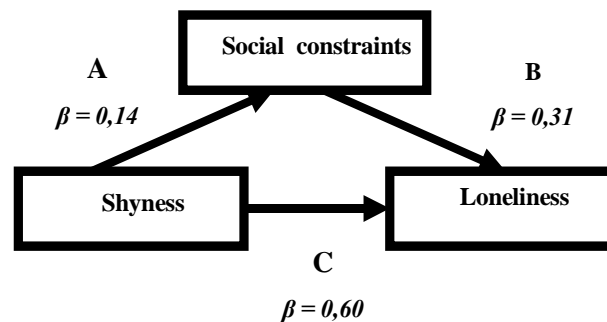

Figure 4. Social constraints as a mediator between Shyness and Loneliness

Shyness is a predictor of a low perception of social support. (R= 0,38; Adj. R² = 0,14; F(1,255)=42,69 p<0,001), path C, and a predictor of a high level of social constraints (path A). Social constraints are a predictor of a low perception of social support (R= 0,45 Adj. R²; F(2,247)=32,23 p< 0,001), path B. The level of the relationship between shyness and perceived social support lowered substantially after introducing the "social constraints" variable in the model (β = –0,32). The results imply that social constraints are a mediator in the relationship between shyness and perceived social support. The statistical significance of the model was verified using the Sobel test (Z = 2,099; p<0,05). The model shows that in the case of shy people, social constraints lead to even lower perceived social support than usual.
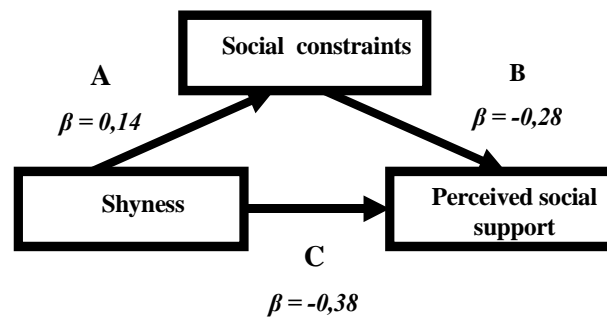
Figure 5. Social constraints as a mediator between Shyness and Perceived social support

Discussion

The results of the research presented above indicate that a lot of shy people experience social constraints, i.e. they perceive close people as providing them with inadequate social support. Shy people tend to believe that close people do not show compassion in difficult moments, neglect the importance of their experiences, behave in a way which discourages them from expressing feelings, react negatively or avoid shy person when he/she wishes to talk about their own personal experiences. Such situations lead to shy people suppressing their thoughts and feelings.

That findings suggest that social constraints are a destructive factor in people's emotional functioning, equally when faced with difficulties or with everyday life. The research shows that this leads to low self-esteem, feeling of worthlessness in company, high levels of depressive symptoms, difficulty with asking for help, loneliness and a belief that people are not helpful in a times of need, i.e. a low level of social support. Social constraints bring about a particularly high level of negative affect in self-confident people, who normally experience a low negative affect. It may be the effect of frustration caused by self-confident people's unsatisfied needs and expectations concerning adequate support provided by those people who are in a close relationship. Shy people experience a high negative affect on a similar level to the self-confident people, regardless of the level of social constraints. This indicates that the negative affect, which shy people experience, may also have other sources besides the impact of people's in close relationship behaviour discouraging them from self expression about problems, thoughts and feelings.

The correlation between shyness and social constraints is significant but on moderate level, meaning that some shy people do not perceive their relationships with family, relatives, and friends as characterized by social constraints. In other words, some shy people perceive their interpersonal relations as adequate in the context of social support. Therefore, it was interesting to note the influence of social constraints upon shy people's functioning. Analyses testing the mediation role of social constrains show that they are a particularly destructive factor in the lives of shy people as they lead to feelings of low self-esteem, high levels of depressive symptoms, loneliness and a perception of low social support.

The social constraints may gradually worsen disorders in the emotional and social functioning of shy people, who are exposed to „lack of psychological safety". Reviews of research suggests that shyness correlates with a high level of negative emotionalism (Eisenberg, Fabes, Murphy, 1995; Jones, Briggs, Smith, 1986; Dzwonkowska, 2003), low positive affect (Eisenberg, Fabes, Murphy,1995; Dzwonkowska, 2003), depression (Anderson, Harvey, 1988; Alfano, Joiner, Perry, 1994; Cheek, Busch, 1981; Joiner, 1997; Dzwonkowska, 2003), low self-esteem (Buss, 1986; Alfano, Joiner, Perry, 1994; Jones, Briggs, Smith, 1986; Cheek, Buss, 1981; Joiner, 1997; Dzwonkowska, 2002, 2003), loneliness (Eisenberg, Fabes, Murphy, 1995; Anderson , Harvey, 1988; Alfano, Joiner, Perry, 1994; Cheek, Busch, 1981; Joiner, 1997; Dzwonkowska, 2002, 2003), a lack of ability to constructively handle problems (Eisenberg, Fabes, Murphy., 1995;)), hostility (Jones, Briggs, Smith, 1986), severe illnesses, alcoholism, drug addiction and suicides (Cheek, Busch, 1981). The feeling that relations with people in close relationship are difficult and demand effort may increase the level of shy people's social difficulties, who in social interactions: tend to have thoughts that act to destroy their own self-esteem (e.g. thoughts about escape, failed autopresentation, being negatively estimated by others) (Jones and Briggs, 1984; Pilkonis, 1977; van der Molen, 1990), overestimating the possibility of making mistakes, while underestimating the possibility of achieving social success (Teglasi, Hoffman, 1982), are more likely to accept negative rather than positive social „feedback" or even doubt others' positive estimations of themselves. (Alden, 1987; Asendorpf, 1987).

The results of the research prove that social constraints lead shy people to perceive a low level of social support available, in turn depriving them of important protection in both physical health (Davis, Morris, Kraus, 1998; Czapiński, 1994), and mental well-being (Kaniasty, 2003). People who receive support from others experience lower negative affects, lower levels of loneliness (Davis, Morris, Kraus, 1998), suffer from a smaller number of depressive symptoms (Stice, Ragan, Randall, 2004; Symister, Friend,2003) while at the same time enjoying higher self esteem (Symister, Friend, 2003).

To date, analyses conducted in order to specify the role of social constraints have all focused on the functioning traumatic stress sufferers: patients suffering from cancer (Lechner; Zakowski, Antoni, Greenhawt, Block & Block 2003; Cordova, Cunningham, Carlson, Andrykowski, 2001) people experiencing the death of a close one (Silver, Boon & Stones, 1983), bereaved mothers (Lepore, Silver, Wortman & Wayment, 1996). The research presented above shows that social constraints are a destructive factor - not only in circumstances involving traumatic stress, as it is also a harmful factor bearing on the mental health and well-being of people coping with everyday problems. Lack of interest by close friends and family in everyday problems, thoughts, and feelings of a particular person may worsen the functioning of such a person, especially shy one. Equally, social constraints may even damage the mental health and well-being of self-confident, well-adjusted people. The role of personality should also be taken into consideration in conducting research specifying the psychological effects of social constraints in interpersonal relations.

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