Shyness Clinic

TI 048 - Thematic

By

Marvin France-Hadsall and Mavis Turner

The Clearinghouse for Structured/Thematic Groups & Innovative Programs
Counseling & Mental Health Center
The University of Texas at Austin
100 East 26th Street
Austin, Texas 78712 • 512-471-3515
http://www.utexas.edu/student/cmhc
Facilitating a Shyness Clinic

Introduction

The Shyness Clinic was organized in the University of Winnipeg's Student Counselling Services to meet the needs of students who felt their shyness was detrimental to their academic and personal lives.

Zimbardo's (1977) research demonstrated that at least 40% of North Americans say they suffer from shyness at the present time while at least 80% say they have suffered from shyness at some time during their lives. He found that there were no differences between number of college males and number of college females who experience shyness. However among seventh and eighth graders, more girls then boys label themselves shy.

The basic assumption of the clinic was that people learn to be shy and the main concern was to help the students to understand the origins of their shyness and to learn new behaviour patterns in order to be less shy. Brief teaching modules, discussions and exercises revolved around three main areas: building positive self esteem, learning social skills and managing anxiety. Video-taping was used to help participants with self-disclosure, listening skills and the giving and receiving of feedback. Homework assignments, keeping journals, and monitoring new social contacts and general anxiety levels were suggested as ways of further understanding their shyness and recording behaviour and behaviour change.
Goals

The goals for the participants were:

1. To understand shyness by being able to identify physical and behavioural symptoms and at least two of the origins of shyness.
2. To accept the following statements:
   a) I have control over what I feel and do.
   b) I am responsible for my feelings and actions and for creating the consequences I want.
   c) I can choose to be shy or not shy.
   d) I can unlearn old habits and learn new ones.
3. To increase self esteem by:
   a) Not saying negative things about themselves or attributing negative traits to themselves.
   b) Not tolerating people, jobs or situations that make them feel inadequate.
   c) Not allowing others to criticize them as a person.
   d) Giving themselves positive strokes, pats on the back.
4. To develop comfortable social skills by:
   a) Becoming more active in initiating social contacts.
   b) Giving and receiving compliments.
   c) Developing and practicing conversational and listening skills.
   d) Recognizing their freedom to choose what they want to do or not do.
5. To learn how to manage anxiety.
Group Design

The Shyness Clinic was designed as an intensive experience and consisted of eight weekly, one-hour sessions. The number of participants ranged from four to eight students, plus facilitator(s). It was not necessary to conduct pre-screening or interviews, although we did ask that all participants read the goals of the program before they participated (see Appendix A). All participants were asked to sign a contract (see Appendix B) before the program began, because experience has shown that people are more inclined to involve themselves if they make a commitment to do so beforehand.

Evaluation

In order to assess if changes had occurred in the participants we used the Fear of Negative Evaluation Test (Watson & Friend, 1969) as a pre and post measure. The assumption was that shy people are apprehensive about how others evaluate them, expect negative evaluation and consequently avoid evaluative situations (e.g. social situations, speaking out in class). The Stanford Shyness Survey (Zimbardo, 1977, pp. 134-142) was administered as a way of helping the participants to define and understand their shyness. To evaluate the program we developed the Shyness Clinic Evaluation (see Appendix E).

Session 1

Objectives

1. To assist the participants in understanding shyness.
2. To help participants explore the sources of their own shyness.

**Activities**

The facilitators opened the session by discussing the universality of shyness as reported by Zimbardo (1977) and cited celebrities such as Carol Burnett, Robert Young, Johnny Carson and Dick Cavett who have admitted to being shy people.

Each person was then invited to relax, close his/her eyes and get in touch with their own shyness. Each participant was asked what they were doing when they felt shy and what other feelings they experienced.

Using a flip chart, a list of physical symptoms of shyness, such as blushing and stammering, experienced by group members were recorded together with the feelings experienced (e.g. trouble getting words out related to feelings of inadequacy). The facilitators generated a discussion of the differences between being publicly shy and privately shy. It was pointed out that most publicly shy people are overly concerned about behaving badly and about what others may think about them. Privately shy people experience the same feelings and fears as the publicly shy but tend not to show it. They tend to put themselves down or to be perfectionists and keep their anxiety to themselves concealed behind well-learned social skills.

Some of the payoffs for remaining shy were itemized:

1. Limits being evaluated by others. If you don't put yourself
forward others can't say you have done a good or bad job.

2. Strong emotions are not shown. Shy people don't get into hassles as frequently as non-shy people, and are less likely to intimidate or hurt others or experience interpersonal conflicts as frequently.

3. By choosing to be shy they can spend less time with people and may spend more time with books, nature, ideas and objects and become involved in occupations such as writers, scientists, explorers, inventors and artists.

Shy people often may be valued as "good listeners," they can protect the parts of themselves they do not want to share with everyone. Shyness can be a defense against careless and insensitive intruders.

Some of the payoffs for overcoming shyness were itemized:

1. Meeting new friends, enjoying new relationships and experiences.

2. Being able to express opinions, values, rights and needs.

3. Receiving positive and negative feedback and learning from it.

4. Thinking more clearly and communicating more effectively.

5. Feeling less anxious, depressed and lonely.

6. Being more effective in shaping your world and in controlling the events of your life.

7. Having an increased capacity for love and energy for living.
8. Being able to choose to be quiet or to talk or choose to be alone or to socialize.

Homework Assignment

Keep a shyness journal or diary recording when and with whom do you experience shyness with the objective of finding out if there are recurring themes or patterns (Zimbardo, 1977, pp. 148-149). Participants were asked to keep a record of the number of social contacts they made and their general level of anxiety (see Appendix C).

Complete the Stanford Shyness Questionnaire and the Fear of Negative Evaluation (FNE) test.

Handout

"Everything You've Always Wanted to Know About Shyness" (Weekend Magazine, 1978). This handout focussed on shyness as a learned phobic reaction to social contacts.

Session 2

Objectives

1. To help participants change how they feel about themselves and to become more confident.

2. To help participants to build a better self image.

Activities

Participants were asked to reflect on what they had learned about themselves from completing the FNE test and the Stanford Shyness Survey. Many members reported that they were unaware of the extent of their fear of being negatively evaluated by others. There was
a discussion of the extreme self-consciousness and obsession with self experienced by most shy people.

When compared with our own society, Israel and China have a lower rate of shyness, while Japan has a higher rate. In Israel and China children are considered very special and much prized. Unconditional love is not confused with discipline and training in responsibility. Also these societies have common goals and are not as individualistic as North American society.

Members of the group were asked to recall any messages they may have received during their childhood that may have caused them to be shy (e.g. "Children should be seen and not heard"). In some families children are encouraged to be "yes" people, to be quiet and unquestioning, well-mannered, obedient and passive. If love from adults is contingent on performance, failures may be magnified in the child's mind and generate feelings of shame. Children sometimes develop roles such as "the clown" in order to cover up shyness and the carrying out of these roles may later lead to the development of feelings of incompetency and negative self concept.

Following this discussion the facilitators introduced an exercise dealing with the power of labels.

Exercise

Each group member was asked to think about the first time they could remember feeling shy and recount the incident. They were asked the following questions:

What was the situation?
Who was present?

What did others say at the time?

What were their feelings?

What decision did they make about themselves (e.g. inadequate, invisible, clumsy)?

Did anyone try to make them feel better?

Did any distortion, misinterpretation or missed signals occur at the time?

Self concept was the next topic for discussion and was defined as the mental image we have of ourselves, the strengths and weaknesses in our personality. In other words, what is the ratio of the positive to negative things we say about ourselves. Negative labels given to us in childhood by adults and peers tend to be recalled and often exaggerated in adulthood and cause a diminishing of positive self esteem. We also attach labels to ourselves. If we set unrealistically high standards for ourselves we can label ourselves incompetent if we don't reach those standards. If we compare ourselves with models who have better skills or more knowledge, we can be our own worst "downer". There is always someone who knows more than we do. How we think about ourselves can influence our hopes, aspirations, moods and actions. It is important that we respect ourselves.

Exercise

Group members were asked to list ten self descriptive adjectives. They were asked to assign plus, negative or neutral
signs to each adjective and total each category.

They were then asked to change each negative adjective to a positive one (e.g. quiet - to - I can be talkative, or incompetent - to - I can be capable). Participants were encouraged to put this strategy into effect 365 days a year and to believe it.

**Homework**

Each participant was invited to be aware of any negative self-talk occurring during the next week and to use "Stop Therapy" (Fensterheim and Baer, 1975) and change the negative adjective to a positive one. Stop Therapy is based on the assumption that bad habits are reinforced, thus the aim is to withdraw the reinforcement. It works in the following way:

1. Sit in a comfortable position and bring to mind the thoughts that are to be controlled.

2. As soon as the thought forms, say out loud "stop," followed by the word "calm." The muscles are then relaxed for five to ten seconds. If the thought does not leave, continue saying "stop" aloud.

3. Instead of yelling "stop" aloud, yell it inside yourself or snap a rubber band against your wrist as you say it.

Listening to compliments given to them by others and recording the compliments was the second part of the assignment. People with low self concept tend to ignore and not hear the positive things said to them by other people.
Handout

"My Declaration of Self-Esteem" (Satir, 1970). The purpose this handout is to assist the participant in owning all parts of themselves, e.g. being loving and friendly to the self.

Session 3

Objectives

1. To help participants feel more comfortable giving and receiving positive feedback.

2. Assist participants to have a better self-image and appreciate some of their own characteristics.

Activities

The session began with checking out with each individual their record of compliments received during the week and their being able to stop their negative self-talk. They were also asked to identify what situation had triggered the negative self statements. This was done in a "round robin" style.

"The Fifteen Steps to a More Self Confident You"(Zimbardo, 1977, pp. 158-160) was distributed and scanned. Discussion centered around discarding all negative self remembrances, replaying of old negative "tapes" only considering criticism related to behaviour not you as a person, not living out other people's scripts but determining your own goals, taking risks, making choices and being a self determiner.

Further discussion evolved around words such as "just", "never", "everyone", "nobody", and "always which require clarifica-
tion in order for communication to be meaningful. Emphasis was placed on making sure that feedback is clear and the behaviour specified.

In order to experience giving and receiving positive feedback the "Gift of Happiness" exercise was used in the group.

**Exercise**

Each member was given small label-type pieces of paper and asked to write a message to each of the others in the group. The message was intended to make the other person feel good by giving them specific positive feedback. We then moved around and "stuck" these labels on each other's backs. Each person gathered their "gifts" and read them aloud in the group.

Following this each person was invited to say one thing they liked about themselves. The aim of this exercise was for participants to recognize and to appreciate positive aspects of themselves.

**Homework**

To continue to record compliments and change negative self talk to positive, and to practice giving and receiving compliments.

**Handout**

"Value Directions for Growth and Maturity" (Carl Rogers, 1967, pp. 25-26).

"Giving and Accepting Compliments" (Zimbardo, 1977, pp. 176-177).

**Session 4**

**Objectives**

1. To assist participants to identify, own, and share their
personal strengths; to explore feelings and reactions to sharing "boasts" with other participants; to experience the enhanced sense of personal power in announcing one's strengths to others.

2. To assist the participants in building listening and conversational skills.

3. To assist the participants in giving and receiving compliments.

**Activities**

1. The facilitator read Stanley Herman's poem entitled: "Boasting" (Elkins, 1976, pp. 30-31). After leading the participants in a short discussion about positive self regard and society's notion of humility, each participant was then asked to share at least one aspect of themselves that they felt good about.

2. The participants were then asked to separate into dyads sitting back to back. Each participant was asked to tell their partner some meaningful experience they had had. After five minutes the participants came back into the large group and shared their feelings. This led into a discussion on the importance of eye contact, posture, and listening skills. It was pointed out that shy people avoid responsibility for starting social encounters and continuing social contact. Being a good conversationalist and/or assertive is a question of practice. It was pointed out that being assertive does not mean that one has to be aggressive. The principle here is action. Zimbardo, in his study, pointed out
that "... anxiety, boredom, and passivity generate more fatigue than does the heaviest labor" (p. 169). Each participant was encouraged to develop his/her own particular style and manner of interaction in each situation.

3. The group broke into new dyads. The participants were asked to start a conversation with their partner for approximately five minutes (both dyad members should have a chance to speak). The facilitator pointed out that there are several ways to begin a conversation, including:
   a) introducing yourself
   b) giving a compliment
   c) requesting help
   d) self-disclosure
   e) the usual social graces

Participants were asked to focus on starting conversations, keeping the conversation flowing, active listening, and ending a conversation. At the conclusion of this exercise, participants were asked to share with the group what was discussed by their partner and their feelings during the exercise. (The participants were given as much time as possible speaking in the large group and disclosing their feelings to others.)

**Homework**

1. The participants were asked to start a conversation with someone that they do not know, following some handout instructions.
2. For the next session they were invited to prepare a two minute speech about a personal accomplishment.

**Handout**


"Being a Social Animal" (Zimbardo, 1977, pp. 182-183).

**Session 5**

**Objectives**

1. To assist participants to be better conversationalists.
2. To help participants allay their fears of speaking in public.
3. To show participants how they appear to others.

**Activities**

The facilitators began the session by asking each participant about their homework assignment. In the previous session the participants were asked to start a conversation with someone that they did not know. Emphasis was on self-disclosure and reinforcing participants experiences in a positive way. Problems participants had with starting a conversation were brainstormed by the group and suggestions for alleviating the problem were discussed.

The facilitators then asked each participant if he/she had any negative feelings. Each participant with such a feeling was asked to change the negative into a positive, e.g. "I'm feeling really stupid" became "I can feel intelligent".

Before getting into the two minute speech, participants were asked if they had any problems preparing it. Again, participants
were encouraged to talk about their feelings and fears. After hearing each participant, the facilitators asked each person to change those "negative tapes" into "positive tapes".

Each participant gave a two minute talk on a personal accomplishment(s), which was video-taped. After each presentation the facilitators complimented each one.

**Homework**

Each participant was asked to read a section from Dale Carnegie's "How to Win Friends and Influence People" and be prepared to discuss it in the next session.

**Handout**

"How to Win Friends and Influence People" (Carnegie, 1926, pp. 80-103). The purpose of this handout was to give the participants some suggestions and ideas about making social contacts.

**Session 6**

**Objectives**

1. To reinforce the positive aspects of each participant's way of speaking and suggest ways that each could be a more effective speaker.

2. To assist the participants in gaining insight into their social fears.

**Activities**

The facilitators reviewed the video-tape with the participants and critiqued them. Participants tended to be more aware of the negative aspects so the positive aspects of the presentation were reinforced by the facilitators. Group members were invited to give
feedback to each other as a way of practising giving feedback and verbalizing their thoughts and feelings.

The facilitators introduced the next activity by discussing social fears (Fensterheim & Baer, 1975). Types of social fears are:

1. That others will think you are stupid, so you avoid talking;
2. That others will reject you, so you tend to stay with people you know and with whom you feel safe;
3. Being afraid of closeness, so you keep everything at a small-talk level on a superficial basis so new friendships don't develop.

It was pointed out to the participants that according to Ellis (1960) it is irrational for them to feel:

1. That they must be loved or approved of by virtually every significant person in their life;
2. That in order to be worthwhile, they must be thoroughly competent and achieving in all respects;
3. That life is awful and catastrophic when things are not the way they like them;
4. That people have little or no ability to control their disturbances;
5. That one's past history must determine their present behaviour and because something strongly affected their life, it must affect it indefinitely.

**Homework**

Each participant was asked to begin a conversation with someone
that they normally would not speak to, e.g. an older person, authority figures.

Session 7

Objectives

1. To give participants an understanding of stress and anxiety and how it contributes to a negative self-image and a reduced social network.

2. To teach a relaxation technique to the participants.

Activities

The facilitator began the session by giving an overview of stress and its control. Selye (1974) defined stress as "... non-specific response of the body to any demand made on it" (p. 14). Stress is not:

1. Nervous tension - (because plants and animals suffer from it).

2. Nonspecific result of damage - (because it could be pleasant or unpleasant).

3. Something to be avoided

Selye's theory of

\[ G - \text{General} \]
\[ A - \text{Adaptation} \]
\[ S - \text{Syndrome} \]
Ways of fighting stress are:

1. Relaxation training
2. Expressing anger
3. Exercise
4. Diet - obesity is a stress disease
5. Growth type groups

The facilitators pointed out that it was difficult to concentrate on building a positive self image or expanding a social network when you are distracted by anxiety. The facilitators led the participants into a relaxation exercise.

The participants were asked to get into a comfortable position with their eyes closed and to follow these instructions:

a) Take a few deep breaths
b) Clench your fists
c) Bend elbows, tense biceps
d) Wrinkle forehead by raising eyebrows
e) Frown
f) Close eyes tightly
g) Bite
h) Press tongue against roof of mouth
i) Press head back
j) Shrug shoulders
k) Inhale - hold breath
l) Extend abdomen
m) Pull abdomen inward
n) Arch back

o) Tighten buttocks and thighs by pressing down heels

p) Extend feet and toes away from head

q) Draw feet and toes toward head

r) Apply pressure to all the points of the body mentioned

s) Release the tension and let a warm, soft wave flow over your body, relaxing each part in turn as it slowly moves from the top of your head down to your feet.

The participants were allowed to remain in this relaxed state for about ten minutes. Everyone was brought back by counting backwards from ten to one. The facilitators invited each participant to share their feelings about the exercise. The participants were invited to practice the relaxation exercise once a day for 20 minutes. An audio tape was made available for those who wanted it.

**Homework**

Students were asked to practice the exercise once a day for 20 minutes.

**Handout**

"Relaxation Response" (see Appendix D).

**Session 8**

**Objectives**

1. To obtain closure as a group.

2. To obtain feedback on the program.
Activities

The facilitators gave the participants feedback as a group, paying special attention to the positive aspects of the group process. After each participant had a chance to respond, the facilitators handed out the "Shyness Clinic Evaluation" (see Appendix E). Participants were asked to complete it anonymously. Also the FNE was completed by the participants.

The facilitators then asked the group to join hands and form a circle. The facilitators then thanked each person for their participation.


Appendix A

GOALS FOR SHYNESS CLINIC MEMBERS

1. To understand my shyness by being able to identify my physical and behavioural symptoms and at least two of the origins of my shyness.

2. To accept the following statements:
   (a) I have control over what I feel and do.
   (b) I am responsible for my feelings and actions and for creating the consequences I want.
   (c) I can choose to be shy or not shy
   (d) I can unlearn old habits and learn new ones.

3. To increase my self esteem by:
   (a) not saying negative things about myself or attributing negative traits to myself.
   (b) not tolerating people, jobs or situations that make me feel inadequate.
   (c) not allowing others to criticize me as a person.
   (d) giving myself positive strokes, pats on the back

4. To develop comfortable social skills by:
   (a) becoming more active in initiating social contacts
   (b) giving and receiving compliments.
   (c) developing and practicing conversational and listening skills.
   (d) recognizing my freedom to choose what I want to do or not do.
Appendix B

CONTRACT

1. I AGREE TO ATTEND ALL SCHEDULED SESSIONS OF THE SHYNESS CLINIC.

2. I AGREE TO NOT SCHEDULE SOCIAL ACTIVITIES AT THE TIME OF OUR SESSIONS.

3. I AGREE TO ARRANGE MY STUDY SCHEDULE SO THAT IT TOO WILL NOT INTERFERE WITH THE SCHEDULED MEETING OF THE SHYNESS CLINIC.

4. I AGREE TO DO ALL THAT I CAN WITHIN MY POWER TO BE IN ATTENDANCE AT EACH MEETING AND TO COMPLETE THE ACTIVITIES REQUIRED.

5. I AGREE TO DO ALL THE READINGS AND ASSIGNMENTS OF THE SHYNESS CLINIC.

SIGNATURE__________________________
Appendix C

INVENTORY OF FEELINGS AND BEHAVIOR

ANXIETY LEVEL IN DEALING WITH OTHERS

PART I

MAKING SOCIAL CONTACT

NUMBER OF SOCIAL CONTACTS

PART II
Appendix D

ELICITING THE RELAXATION RESPONSE

1. Sit quietly in a comfortable position.

2. Close your eyes.

3. Deeply relax all your muscles, beginning at your feet and progressing up to your face. Keep them relaxed.

4. Breathe through your nose. Become aware of your breathing. As you breathe out, say the word "ONE", silently to yourself. For example, breathe IN...OUT, "ONE"; IN...OUT, "ONE"; etc. Breathe easily and naturally.

5. Continue for 10 to 20 minutes. You may open your eyes to check the time, but do not use an alarm. When you finish, sit quietly for several minutes, at first with your eyes closed and later with your eyes opened. Do not stand up for a few minutes.

6. Do not worry about whether you are successful in achieving a deep level of relaxation. Maintain a passive attitude and permit relaxation to occur at its own pace. When distracting thoughts occur, try to ignore them by not dwelling upon them and return to repeating "ONE". With practice, the response should come with little effort. Practice the technique once or twice daily, but not within two hours after any meal, since the digestive processes seem to interfere with the elicitation of the Relaxation Response.
Appendix E

SHYNESS CLINIC EVALUATION

Part I: Please rate yourself on the following statements by circling the appropriate response.

1. I can identify the physical symptoms of my shyness.  
2. I can identify two behavioural symptoms of my shyness.  
3. I am responsible for my feelings and actions and for creating the consequences I desire.  
4. I can unlearn old habits and learn new ones.  
5. I can stop saying negative things about myself.  
6. I know I do not have to tolerate people, jobs or situations that make me feel inadequate.  
7. I can give myself positive strokes or pats on the back.  
8. I can initiate social contacts.  
9. I can give and receive compliments.  
10. I can initiate a conversation.  
11. I can continue a conversation once it has started.  
12. I can terminate a conversation when I want to.  
13. I can manage my anxiety in a social situation.  
14. I can make a speech in front of a group.

Part II: Please answer the following questions with short answers.

1. What were your expectations of the Shyness Clinic?
2. Were your expectations met?

3. How were your expectations met?

4. In what way do you feel that you have changed or benefitted?

5. Which was the most memorable topic for you?

6. In your opinion, were any topics or issues dealt with:
   a) too much?
   b) too little?

7. In your opinion was one hour a sufficient time period for each meeting?

8. In your opinion were 8 sessions sufficient?
9. What did the leaders do that was most helpful to you?

10. Which of the handouts were most helpful for you?

11. What specific recommendations would you make to improve the program?