SHYNESS GROUPS

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Introduction

Current interest in psychotherapy for shyness began when Phil Zimbardo designed a research study utilizing a simulated prison. He discovered that normal students pretending to be guards and prisoners took on the characteristics of real guards and prisoners in a shocking way. Students eventually gave up basic human rights when they were punished for rebellion, acquiescing to coercive tactics and capricious rules. Zimbardo noticed that these rules and tactics no only inhibited spontaneous behavior, but the students also agreed to do things that were clearly incongruent with their values or even their welfare. He further noticed that they behaved like shy people (Zimbardo, 1986).

This research provoked Zimbardo's interest in shyness. He and his students developed a questionnaire called the Stanford Shyness Survey, which they administered to 400 other students. When 40 percent of these students reported being shy, Zimbardo revised the questionnaire, turning it into a checklist. It was eventually administered to thousands of people, cross-culturally as well as in the United States (ibid., item 4). A startling 93 percent of the population acknowledges feeling shy at some point in their lives.

People for whom shyness is an ongoing problem don't take advantage of social situations, date less, are less expressive verbally and nonverbally, and show less interest in other people than those who are not shy (Jones &

Carpenter, 1986). Although shy people are perceived as being less friendly and assertive than others (Cheek & Buss, 1981; Pilkonis, 1977), they are not viewed as negatively as they fear (Curran, Wallander, & Fischetti, 1980; Smith & Sarason, 1975). Shy people simply remember negative feedback better than less socially anxious people do (O'Banion & Arkowitz, 1977) and remember negative self-descriptions better than positive self-descriptions (Breck & Smith, 1983). They overestimate the likelihood of unpleasantness in social interaction (Lucock & Salkoviskis, 1988), and are sensitizers—that is, they deal with threat by rumination and worry (Bell & Byrne, 1978; Schmitt & Kurdek, 1984). They underestimate their own ability to cope with social situations (Edelmann, 1985; Trower & Gilbert, 1989) and are pessimistic about social situations in general, failing to expect favorable responses even when their behavior is appropriate (Maddux, Norton, & Leary, 1988). Shyness thus becomes a self-handicapping strategy—a reason or excuse for possible social failure (Snyder, Smith, Augelli, & Ingram, 1985; Snyder & Smith, 1986).

Cognitive factors are tremendously important in dealing with shy clients, because cognitive biases about social interaction and the self-inhibit social performance even when appropriate social skills are available. In fact, clients who show the most cognitive change are less likely to relapse or need further treatment (Trower & Gilbert, 1989). In some cases, however, behavioral change may precede cognitive and affective change. Hammerlie and Montgomery (1986) studied shy males who, without any other

iIntervention, participated in positively biased social interactions with friendly, facilitative confederates. Follow-up after six months showed increased dating frequency and long-term reduction in heterosexual anxiety.

Because the majority of shy people appear to lack self-confidence (Crozier, 1982) and have a negatively biased self-concept (Franzoi, 1983), they need to learn new ways of thinking about social interaction and themselves. It's important to teach shy clients self-assertion and self-expression through planning, rehearsal, and the organization of ideas in advance (Phillips, 1986). Because self-consciousness and negative evaluation interfere with shy people's ability to pay attention to social cues and the needs of others, they must also learn to actively observe other people and to attend to others' wants and needs. This facilitates social interaction and reduces anxiety (Alden & Cappe, 1986; Trower, 1989).

Ten to twenty percent of shy individuals are not only painfully shy but also lack social skills (Arnkoff, Glass , McKain, Shea, & Greenberg, 1984; Glass & Furlong, 1984). These people must be prompted, pushed gently into role-plays, and helped to practice, practice, practice.

The therapist in a shyness group must be more active, self-directed, and goal-oriented than in the usual psychotherapy group. For instance, you will find yourself frequently asking group members, "What do you want from the

group? From the situation? From yourself? What do you want from others? How do you want to be?" Shy people view themselves as reactors, without agendas. But we all have agendas and wants and needs. Shy people need help in recognizing their needs and agendas and in acting on them.

The therapist must also be aware of an important affect in shyness—shame. I learned this the hard way in 1982 when I was struggling with my first shyness group. My shy clients seldom mentioned feeling guilty, as did clients in the psychotherapy groups I had been running for ten years. Nevertheless, around the third month of the group, they began to experience tremendous pain in relation to the self. Group members resisted their homework, became furious at me when they weren't making progress, felt stuck, and refused to do the most obvious things to make themselves feel better, like checking out other group members' reactions to them, paying a compliment, or telling about their hurt feelings at another's real or imagined slight. They were touchy, angry, hurting, and unempathic with each other. They wanted my approval and pushed me away at the same time.

I finally realized that these shy clients were feeling shame—an affect that can lead to intense cognitive interference and behavioral inhibition and to the sense that the self is worthless and devalued, by oneself and by others (Tomkins, 1987; Izard, 1971; Lewis, 1979). Group members began to talk about these feelings, discussing how difficult it was to make progress when

they felt hopeless about improving. They talked about their fear of being unable to control their own destinies and their fear of expressing themselves and having no one listen.

Clients also discussed their secret feelings of superiority and their fantasies of appearing powerful and perfect. These discussions helped members begin to deal with their feelings of helplessness, powerlessness, and secret grandiosity and perfectionism. They began to experiment and find that they were not in fact helpless, that their immediate goals could become more aligned with current reality, and that they could reach them.

Selection and Screening

Candidates for a shyness group may exhibit one or all of these problems in social situations: anxiety and unpleasant somatic arousal, worry and cognitive interference, and behavioral inhibition. Occasionally clients have other psychological problems, such as a thought disorder that is extremely disruptive, borderline issues that involve acting out and an intense involvement with the therapist, or a high degree of sociopathy. You may choose to refer these clients elsewhere or work with them if they are currently in individual psychotherapy and you can consult with the therapist on an ongoing basis.

Testing

Candidates spend at least three to four hours taking tests. Because shy people fear negative evaluation, they frequently "overthink" their responses to test items or are intimidated by the testing process. Explain that there are no right answers, that the purpose of the testing is to clarify goals. You may also point out that there is homework in the structured groups, and the willingness to take tests may be an indicator of motivation to do the homework.

You may wish to use a social anxiety questionnaire (Cheek & Buss, 1981; Cheek, 1983; Jones, Briggs, & Smith, 1984), the Stanford Shyness Survey (Zimbardo, 1977), a depression inventory like Beck's, a self-esteem inventory (either Rosenberg's or Coopersmith's), the Fear of Negative Evaluation Scale and the Social Avoidance and Distress Scale (Watson & Friend, 1969). Any of these measures can be used for screening and for pre- and post-testing.

The MMPI (Minnesota Multiphasic Personality Inventory) or Millon will assess for characterological information and confounding pathology. Many clients, by the time they reach the Shyness Clinic, have psychological problems in addition to shyness and may find individual psychotherapy helpful in addition to the shyness group. A life history questionnaire of your choosing will also help to focus on problems that may not appear in the screening sessions.

A ten-item shame/guilt questionnaire called the Personal Feelings Questionnaire (Harder & Lewis, 1986) is useful because some of the most intense resistance in shy people, in terms of refusal to take risks, express feelings, and accept group support, revolves around issues of shame.

Screening Sessions

In addition to the tests, there are two screening session. Because shy clients may have difficulty talking in the first session, it's helpful to use a shyness situation questionnaire with a Likert-style response format. Ask the questions and have the clients respond with the numbers corresponding to the answers. "On a scale of one to five, how much distress or discomfort do you feel when you are at a party? Saying hello to someone of the same sex? Saying hello to someone of the opposite sex?" Develop your own questionnaire, using the most common situations that elicit shyness (social gatherings, classroom situations, dealing with an authority figure, talking on the telephone, asking for a date, and so on).

Use this first session also to explore the onset and development of a client's shyness and to define goals. "How old were you when you first noticed that you were shy? What is your earliest memory of being shy? What situations elicited shyness? How would you describe your early relationships with your mother and father?" Here you are looking for parental criticism and

"too much" attention to the child's behavior in social situations. Parental scrutiny is frequently the breeding ground for the self-consciousness and intense self-criticism so common to the shy person. Shy people think they are too fat or too thin, don't like the way they talk, don't like their noses. You name it, and they don't like it. But they are often very attractive people.

"What were your relationships with your siblings?" Here you look for bullying or teasing by a sibling. "Were you ever hospitalized or separated from your parents at an early age or later?" Often shy people have experienced early separations or losses, which contribute heavily to their current insecurity and fear in relationships. They are afraid of rejection and abandonment, as well as criticism.

"What part did your shyness play in your experiences in elementary school?" Progress through junior high school, senior high school, and college, if appropriate. "Did you have friends? What were your friendships like? Did you date? How often? Have you ever had a steady girlfriend/boyfriend? Have any of your relationships been sexual? How did your relationships start? How did they end?" You are looking for traumatic or upsetting experiences that have provided the base for fears and biased perceptions about relationships, and for continuous and supportive relationships that can be used as positive examples when the client feels insecure and hopeless.

Your next task is to determine current social functioning. "What brought you to the Shyness Clinic just now? What are your current relationships with your family like? Do you have friends? Can you express yourself freely to them? How about a boyfriend/girlfriend? How do you like your work situation? How would you say your shyness affects you at work? What is it like for you when you meet people socially?" This line of questioning is very important because it provides information about the current support system and about appropriate homework—whether you will encourage assignments such as established eye contact and starting conversations first, rather than joining clubs or finding places to meet the opposite sex. Also ask what the client has done to deal with shyness and what has helped in the past.

Next, explore past and present experiences with psychotherapy When was the client in therapy and for how long? Has therapy helped and if so, how? Clients will often say that nothing has helped. This may indicate a passive style and/or suggest the necessity for placing behavioral techniques and an *active* orientation first.

These questions should take you through the first screening session and perhaps into the second. Use the remainder of the second session to complete the history and explain the structure and activities of shyness groups. I do short-term and long-term groups. A long-term group is psychodynamic and involves here-and-now interactions within the group. A major focus is on

issues relating to attachment (Bowlby, 1988), because insecurity and self-doubt in relationships are based on early separation anxiety and fears of abandonment. Fear of evaluation and rejection, with concomitant feelings of shame, again related to early family relationships, are other major concerns of group members. Short-term groups are highly structured and didactic. They involve weekly reading, homework, daily behavioral assignments, recordkeeping, relaxation practice, and cognitive and/or behavioral exercises during each group session.

At the end of the second screening session, have the client list three goals. These goals will have to do with changing unpleasant physiological arousal or painful emotions, persistent negative thoughts and worries, and inhibited or inappropriate behavior. Goals must be specific and measurable. Ask, "How will you and I be able to tell that you have made progress toward this goal?" "Because you will say fewer negative things to yourself during a given day," or "Because you will initiate at least one conversation with another person besides your family each day." Arrange goals in a hierarchy from most to least important. Clients usually tackle the easiest goal first, rather than the most important; but their most important goal will be the motivator for long-term change, and both you and the client need to stay focused on it.

Finally, ask clients to pick up four books: *How to Start a Conversation*

and Make Friends by Don Gabor, *Feeling Good, the New Mood Therapy* by David Burns, Phil Zimbardo's *Shyness: What It Is, What To Do About It,* and David Johnson's *Reaching Out: Interpersonal Effectiveness and Self-Actualization.* Have them read Don Gabor's book in its entirety because it is used during the first session. Also suggest that clients get a notebook they can carry with them to record their shyness homework.

Time and Duration

Groups meet weekly for an hour and a half. Members may come 15 minutes early to discuss their homework with each other after the group has been meeting for a few sessions.

Although the group described here is 12 weeks long, it is sometimes necessary to be more flexible. Short-term groups meet anywhere from 6 to 20 weeks, depending on the needs of the group and the participants' ability to tolerate the stress of group interaction. Because shy people are highly sensitive to criticism and are afraid of hurting others, the expression of thoughts and feelings can be a highly stressful process. If members of a group seem fragile, we contract for 6 weeks and then decide whether to continue at the end of that time. Groups usually last for at least 12 weeks, but can run up to 20 weeks.

Most shy individuals completing work in a short-term group need

additional practice in developing intimate relationships. Many want to go on to a long-term group—an experience lasting a year or more—while others find opportunities in the community to continue developing their social skills. Political action groups, service groups, and volunteer groups can be wonderfully helpful after a shy client has "kick-started" himself or herself with a structured group.

Structure

Short-term groups are closed and have three to five members, depending on clients' level of functioning and the availability of people who are ready to begin therapy. Shy people find more than four other people at a time difficult to manage.

Long-term groups are open and can involve up to eight members. When a client is added to the group, give two weeks' notice and plenty of group time for members to explore their feelings before the new person arrives. Clients are usually afraid that a new person will be critical, because they remember how critical they were when they first arrived and how much they feared criticism.

They are also usually angry at the therapist for bringing in someone new. Because shy people often see themselves as "losers," they may think that new people are being added because the group is not good enough as it is.

Eventually, though, established members of the group usually acknowledge that they are curious and even excited about having a new viewpoint and a new source of feedback in the group.

Commitment

Creating commitment is crucial for behavior change in both short- and long-term shyness groups. Shy people frequently have histories of being passive, feeling ineffectual, and waiting to be directed. Explain to clients that if change is to occur, they must have an active orientation, pay their fees, do their homework, and make their commitment to group a top priority in their lives. Otherwise they will waste their time and set themselves up for the failure that shy people expect in interpersonal situations.

Shy people tend to believe that they will not be missed if they are absent from the group. Explain that they must not miss sessions, because they are depending on each other and no one is able to take anyone else's place. Ask them to think about their feelings when someone else is absent; and to recognize that their own absence will spark these feelings in others. Constancy and commitment are of the utmost importance. Help clients take responsibility for the group by confronting each other about absences and lack of participation. By fulfilling their responsibilities, they can improve their self-esteem and enhance their feelings of self-efficacy. There are times, of

course, when someone does miss a session. If a member does this to take advantage of an important opportunity socially or at work, the group is usually pleased.

The collection of fees is the same in both long-term, unstructured groups and in the short-term groups. If someone "forgets" to pay more than once or habitually pays late, treat it as a therapeutic issue. Is the person ambivalent about group? Does he or she feel a lack of support in the group? Is it hard for the person to take responsibility for him- or herself in this manner? Is it difficult to see him or herself as a full-fledged member of the group? Does he or she want to be special or exceptional—in other words, above the routine obligations of everyday life?

Often shy children are overprotected in their families, and not enough is expected of them in terms of contribution to group life. Treat nonpayment as the kind of behavior everyone feels like engaging in now and again, stressing that it's important to fulfill responsibilities and explore the feelings and reasons behind the behavior. Talking about these feelings in safety can function as an effective agent for change, because shy people often don't understand why they feel resentful at the expectations of others.

Goals

Individual goals in shyness groups include improved social skills, better

interpersonal communication, reduced physiological arousal, cognitive restructuring of social situations including the shy person's role in social situations, and cognitive restructuring of the shy person's self-concept. Cognitive restructuring means identifying negative, illogical cognitive distortions and substituting more adaptive cognitions.

Short-Term Groups

The function of the structured short-term group is to provide instruction and opportunities for practice in social interaction through role-plays, behavioral rehearsal, and games. The short-term group also provides *in vivo* desensitization in and outside the group in the form of exercises and homework. Time set aside for spontaneous sharing builds group cohesiveness and individual self-esteem, and counteracts shame, helping members learn to express their feelings and to listen to themselves and others.

Long-Term Groups

Long-term groups are the place to practice techniques, to develop spontaneous expression of thoughts and feelings, to become a full participating member, and to assume leadership roles. The model is that of a collaborative problem-solving group. The goal for the individual is to feel safe and productive, to take risks and receive constructive feedback. Group is a playground for hypothesis testing in the development of skilled interpersonal

behavior. Clients share with new members what they have learned, and in peer tutoring, become more expert themselves.

In a long-term group, members work to build a culture free of destructive evaluation, a culture where shame arises only in small doses, occurring when clients are not pleased with their own behavior and have the immediate opportunity to try something different. Group becomes an environment for the emergence of stifled talents and self-expression, a phase that is highly rewarding for the therapist.

Group Process

As you read about the specific skills and exercises, remember that you may be flexible in your introduction of specific skills. Timing will vary, depending on the group. Each group is structured so that homework reporting and discussion come first, the concept to be learned and the exercise accompanying it next, and further discussion and conversation last. Clients design their own homework each week, continuing some tasks for several weeks and/or adding pieces as they go (for example, eye contact, then initiating conversations, continuing conversations, and so on).

Ground Rules

Confidentiality issues are among the most important in a shyness group.

Assure members that you do not discuss the group process outside of group, except for purposes of consultation. Then explain that their commitment to confidentiality is essential for group function, because shy people are especially afraid of self-disclosure. Trust will be the most important aspect of their group life. Ask individuals whether they will be able to keep this agreement with other members. You, as a therapist, are bound by ethics and the law, but clients must make a choice and promise one another to maintain confidentiality.

There are few other ground rules except, of course, for one's forbidding behavior like hitting (unlikely in a shyness group!). Interruptions are tolerated in a shyness group because they indicate that members are becoming less self-conscious and more spontaneous. When necessary, prompt and encourage them to speak up. Discuss the danger of wanting to play "therapist" to gain approval and avoid risk.

Explain that this is their laboratory in which they can take risks and try new behaviors.

Starting the Group

A shyness group has a natural starting place—getting acquainted. After the new members give their names and before they begin interacting, use a short relaxation exercise. They will be using relaxation techniques throughout

the group and this gives them practice, as well as help in beginning to interact in a relatively relaxed state.

In the exercise, have the group visualize a room and furnish it to make it safe and comfortable. Ask members to choose floor coverings—carpets, hardwood floors, oriental rugs, and so on. Ask: "What do you want to put on the walls? Your favorite painting? Wall hangings? Posters?" Tell the group that the room faces the ocean and has a huge window spanning most of one wall. Ask them to imagine a window treatment for the room. "Do you want curtains? Shades? Blinds? Shutters? Or do you want to leave the windows uncurtained and open to the view?" Then ask: "Do you want a piano or your favorite musical instrument in the room? Your computer? Your VCR? A sofa with thick down cushions that seem to melt underneath you? How about a rich wooden coffee table with a bowl of fruit? A desk, so you can write? Bookcases with your favorite books? What kind of art objects do you like?"

Use your judgment about how specific you will be. The point is that the room should be comfortable and, if clients like, luxurious—but mainly a place where they can be completely safe and at home and where they can meet their needs for peace and solitude.

Next, introduce SOFTEN—an acronym taken from *How to Start a Conversation and Make Friends* (Gabor, 1983). The acronym stands for

smiling, open posture, forward lean, touch, eye contact, and nodding, behaviors that indicate that someone is receptive to contact with others. Have members write the words on the board, along with the goal of the behavior. This gets them moving around and focused on the behaviors they will use in the first exercise. Then briefly discuss the book and their reactions to it.

Next, have members break into dyads and use the information on the board to guide their behavior. "I'll give you ten minutes for this exercise, essentially five minutes a person. I want you to get acquainted. Ask each other where you were born, what it was like when you were a child, what work your parents did, what work you do now, what hobbies and interests you enjoy, etc. You can take five-minute turns, or you can ask each other questions as you go along so that you share the ten minutes. But be sure you find out what you'd like to know about each other. I'm going to leave the room, and when I come back I will ask you to introduce each other to the group."

Although this exercise seems a little difficult for shy people, they handle it well. If they leave anything out when introducing their partners, simply ask partners to fill in the information. There is no evaluation or feedback—just practice, exposure, and support and appreciation for their efforts.

After partners introduce each other to the group, ask individuals additional questions about their childhoods. Use information from your

individual interviews to guide the questions so that clients become better acquainted with one another and see the commonalities in the development of shyness.

Main Concepts and Skills

A. Concept: Fear Reduction, New Thinking Styles, and Self-Acceptance Are Important in Dealing With Shyness

"Although many shy people do have social skills, they become anxious in social situations because they are deathly afraid of negative evaluation and rejection. Because of early family experiences with negative evaluation of themselves as social beings, and sometimes because of bullying by an older sibling or teasing in elementary school, shy people often have a shame-based self-concept. They've been criticized and devalued. Some have been physically abused, but most have suffered the emotional abuse that produces shame.

"As a result, either a feeling of shame triggered unconsciously, or a thought related to a shame-producing situation, can initiate a vicious cycle of thoughts and painful emotions that makes the shy person experience routine social situations as intensely painful and frightening.

"Shy people feel vulnerable, and they are. But they are mainly vulnerable to themselves and to their negatively biased accounts of social

situations—situations in which they seem always to fail and remain helpless to do anything about it.

"The average person has what is called a self-enhancement bias—a bias that shy people reverse in interpersonal situations. The average person blames the situation when something goes wrong and takes credit when things go well. But shy people blame themselves when the outcome of an interpersonal situation isn't what they had hoped and give credit for a successful social outcome to the situation or to luck. It will take active effort for you to interrupt your negative thoughts about yourselves and to substitute positive thoughts instead. However, it *is* possible, and you *can* learn to control your anxiety through relaxation training and practice."

B. Concept: Self-Expression and Accurate Empathy Are Essential to Help Shy People Experience Social Interaction in New Ways

"In this group, you will learn to listen accurately to yourself and others. You will also learn to check with yourself to determine whether you have said what you really think and feel or simply what you thought the group wanted to hear."

C. Concept: Appropriate Self-Assertion and Negotiation Are Essential to Maintain Behavioral and Cognitive Gains

"It's important to learn to resolve conflict situations. Shy people are

sometimes surprised to learn that these situations can be resolved by means other than passive accommodation or fearful compliance. Because their families have used domination and manipulation, shy people often think that they must either comply with others' wishes or dominate by force and/or manipulation. One way to learn conflict resolution is by practicing ways of handling criticism. Assertiveness training and negotiating techniques give you the confidence to handle criticism and decide for yourselves what you want to change. This will lessen any tendency you have toward hypersensitivity."

D. Skill: Social Skills

Social skills refers to the ability to initiate and maintain a conversation and to deal effectively with others. This also includes giving and accepting compliments, meeting people, and taking leave of them.

E. Skill: Relaxation Training

"Tension in the stomach, shaking, sweating, breathing difficulty, the urge to urinate, and dizziness are all symptoms of anxiety. Anxiety is distracting, causing you problems in social situations and in the group.

"Research shows that others do not notice these physical symptoms as much as you think they do. Nevertheless, such symptoms are uncomfortable. Exercises involving the tensing and relaxing of muscles will help make you

aware of your bodies and better able to control your arousal level.

"Relaxation training leads not to loss of control but to increased control of the body and a sense of mental clarity. Furthermore, you remain in control of the process, able to interrupt it at any time. Some of you may leave your eyes open during the initial phases but close them after you realize that this facilitates relaxation. If your minds wander during relaxation, allow any thought to simply pass through before you go back to relaxing. It is not necessary to strain.

"A good way to estimate how tense you are is to use what we call the SUDS level, which stands for the Subjective Units of Distress Scale. This has a range from 0 to 100, with 0 representing extreme relaxation and 100 extreme tension. You may feel little change in tension the first time, which is fine; relaxation will develop naturally with practice.

"Begin the relaxation by making yourself comfortable. Close you eyes, relax into your chair [or the floor], and feel yourself heavy, sinking into the chair. Develop an awareness of your breathing. Notice it getting deeper and deeper. Allow yourself to let your breath all the way out, feeling yourself relax more deeply with each exhalation. I will direct your attention to sensations in your body and show you how to reduce those sensations. First, direct your attention to your left arm. Clench your fist tight and notice the tension in your

hand and forearm [five seconds]. Now relax your arm and let it rest comfortably. Notice the difference between the tension and the relaxation [ten seconds]. Now let's do the same with the right hand. Clench your fist tight and a little tighter. Note the tension in your hand and in your forearm [five seconds]. Now let go—relax your arm, and let your fingers relax, too. Notice the difference between muscular tension and muscular relaxation [ten seconds].

"Now bend both hands back at the wrists, tensing the muscles in the back of the hand and in the forearm. Point your fingers toward the ceiling. Study the tension [five seconds]. Now relax [ten seconds]. Enjoy the difference between tension and relaxation. Notice your muscles beginning to loosen.

"Now clench both your hands into fists and bring them toward the shoulders, tightening your biceps in your upper arms. Feel the tension in the muscles [five seconds]. Now relax—let your arms drop down to your sides, and notice the difference between the tension and the relaxation [ten seconds]. Your relaxation feels deeper and deeper. Just keep letting go.

"Now direct your attention to your shoulder area. Shrugging your shoulders, bring both shoulders up toward your ears. Notice the tension in your neck and shoulders. Hold it, study it [five seconds], and now let go. Let

your shoulders relax, noting the difference between the tension and the relaxation [ten seconds]. Keep letting go, deeper and deeper.

"Wrinkle up your forehead and brow until you feel your forehead furrowed and tight [five seconds]. Now let go, and smooth out the forehead. Feel the muscles relaxing, loosening, and again notice the difference between the tension and the relaxation [ten seconds]. Feel the relaxation spread.

"Close your eyes tight. Feel the tension around your eyes as you squint them tightly, and hold the tension [five seconds]. Now relax, and let go of the tension. Notice the contrast between the tension and the relaxation [ten seconds], leaving your eyes comfortably closed.

"Now clench your jaws, biting your teeth together." (If the client wears dentures or has tooth pain, suggest that he or she press the tongue against the roof of the mouth instead.) "Study the tension in your jaws, and hold it [five seconds]. Now relax your jaws, and note the difference between the tension and relaxation in your jaw area.

"Now press your lips together as tightly as you can, and feel the tension all around your mouth [five seconds]. Now let go, and allow the muscles around your mouth to become loose and relaxed. Let your chin rest comfortably [ten seconds]. Let go of the muscles more and more. Notice how you are becoming more deeply relaxed. "Direct your attention to your neck,

and press it back into the chair [or into the floor]. Feel the tension in the back of your neck and your upper back [five seconds]. Hold the tension. Now relax, and let your head rest comfortably, enjoying the difference between the tension and the relaxation [ten seconds].

"Now try to bury your chin in your chest. Feel the tension in the front of your neck, and study it [five seconds]. Now let go, becoming more and more relaxed [ten seconds].

"Direct your attention again to the muscles in your upper back. Arch your back, sticking out your chest and stomach [clients with back problems may simply stiffen the muscles of the upper back], feeling the tension in your upper back [five seconds]. Hold the tension. Now relax, letting your body relax, sinking into the chair. Notice the contrast between the tension and the relaxation, letting your muscles go. Continue to let your body feel looser and looser [ten seconds].

"Now take a deep breath, fill your lungs, and hold it, studying the tension in your chest and your stomach [five seconds]. Study the tension, and now relax. Notice again the difference between the tension and the relaxation [ten seconds].

"Tighten the muscles in your stomach. Make the stomach muscles tense and hard. Hold the tension [five seconds]. Now let go, allowing the muscles to

relax more and more, loosening the tension. Notice the difference between tension and relaxation [ten seconds].

"Stretch both legs straight out in front of you. Feel the tension in your thighs as you stretch them way, way out [five seconds]. Now relax. Notice the difference between the tension in the thigh muscles and the relaxation you feel now [ten seconds]. Let your muscles go loose, get rid of the tension, relax more and more deeply.

"Now point your toes toward your head, tensing your calf muscles. You can feel the pulling, tightening sensations, the contraction in your caves and thighs. Hold the tension [five seconds]. Now let go, noticing again the difference between tension and relaxation [ten seconds].

"Now I am going to go through the muscle groups with you one more time so that you can continue to notice the difference between tension and relaxation. You will learn to notice tension in your muscles and learn to let go of the tension, directing your muscles to relax." (Go through the muscle groups again.)

"As you sit in the chair [lie on the floor] relaxing, I am going to review the muscle groups with you. As I name each group, notice any remaining tension in those muscles. If you notice tension, allow the muscles to relax. Develop the image of the tension rushing away from the area, slipping away

from your body [five seconds]. Relax the muscles in your feet, ankles, and calves [five seconds]. Relax the muscles in your shins, knees, and thighs [five seconds]. Allow the muscles of your lower torso and hips to relax [five seconds]. Relax your stomach, waist, and lower back [five seconds]. Relax your upper back, chest, and shoulders [five seconds]. Relax your arms, upper arms, forearms, and hands, to the tips of your fingers [five seconds]. Loosen the muscles of your throat and neck [five seconds]. Relax your jaw and all the facial muscles, feeling your face go slack and loose [five seconds]. Allow all the muscles of your body to relax and loosen, until you are more and more deeply relaxed. Now sit quietly with your eyes closed for a couple of minutes [two minutes].

"Place yourself on the SUDS scale, from 0, complete relaxation, to 100, extreme tension. Write the number down in your notebook when you open your eyes and feel refreshed and wide awake. One...two...three...four...five. Open your eyes."

F. Skill: Developing Affirmations

"An affirmation is a short, powerful, positive emotional statement about the self. It may be said or written 20 or 30 times a day. Examples are 'I love myself the way I am,' 'I am a good person,' 'I share freely and receive freely.'

G. Skill: Systematic Desensitization

"Systematic desensitization is a technique for gaining some control over anxiety-producing situations. It consists of two parts. The first part requires developing a hierarchy of situations, ranked according to how much anxiety they provoke, from the least to the most anxiety-provoking. The second part involves using muscle relaxation and visualization to decrease the physiological arousal (anxiety) associated with each situation."

H. Skill: Behavioral Rehearsal

"Social interaction is like physical fitness. Even natural athletes have to stay in shape in order to perform at peak ability. It's possible to be out of shape socially, too, especially if you have withdrawn from social situations. That's why it's important to stay out there socially, exercising every day, or at least several times a week. If you do this, you will feel fit and happy, and both your performance and comfort level will steadily improve. With practice, social exercise becomes an enjoyable game or pastime.

"If you feel hesitant, remember that shyness is a self-handicapping strategy. Research shows that shy people use shyness as an excuse for possible negative outcomes in order to protect themselves from a sense of failure. This tactic protects self-esteem but it also makes you believe that you are not in control of thoughts and behavior related to shyness. You then continue to avoid social situations."

I. Skill: Cognitive Restructuring

"Aaron Beck (1976) indicates that it is the fear of the consequences of a given situation, not the situation itself, that causes people to avoid situations. You may fear you'll perform in a substandard fashion in a social situation and be judged negatively. The negative thoughts generated by this fear interfere with adequate social performance, are illogical, and lead to self-defeating behavior such as not attempting activities that are well within your competence. Negative, illogical thoughts can be changed, and positive, constructive thoughts substituted, leading to positive mood change and increasingly effective behavior.

"In David Burns' book, *Feeling Good, the New Mood Therapy* (1980), the author defines ten common cognitive distortions: all-or-nothing thinking, jumping to conclusions, mental filter, disqualifying the positive, magnification and minimization, emotional reasoning, should statements, labeling and mislabeling, overgeneralization, and personalization.

1. *"All-or-nothing thinking* refers to the tendency to think in black-and-white terms—'If I'm not perfect, then I'm worthless.'

2. *"Jumping to conclusions* occurs in the absence of any facts to justify the conclusions. 'They think I'm stupid.' The thinker is so certain of the conclusion that it's not checked out to test for validity.

3. "*Mental filter* involves focusing on the negative details, no matter how small, and ignoring anything positive.

4. "*Disqualifying the positive* is the tendency to take positive experiences and not just ignore them but turn them into negative ones. For example, responding to a compliment with the statement, 'They must want something.'

5. "*Magnification and minimization* refers to the tendency to exaggerate the importance of your errors and fears while minimizing the value of your positive characteristics.

6. "*Emotional reasoning* is the backwards process of inferring reality from your emotions. 'I feel nervous' translates into 'Therefore I must be incompetent.' A more accurate reflection of reality is 'I feel nervous because I'm telling myself how incompetent I am.'

7. "*Should statements* are attempts to motivate yourself that result in guilt, frustration, and resentment.

8. "*Labeling and mislabeling* refers to the tendency to label yourself based on a particular mistake, making that mistake the sum total of who you are. 'I forgot her birthday; what a thoughtless, selfish person I am.'

9. "*Overgeneralization* is the tendency to assume that if you erred once, you will always err; if a bad thing happened to you once, it will always happen.

10. "*Personalization* involves assuming personal responsibility for a

negative event in the absence of any valid basis for doing so.

"Burns, who worked with Beck, has a clear, informal writing style, and includes numerous useful exercises, such as the triple column technique, for changing negative thought patterns. The exercises will improve your mood as well as reduce social anxiety."

J. Skill: Trust Building

"Shy people anticipate criticism. They seldom feel safe and secure enough to take the risks that are necessary to build satisfying relationships. They also often view trust as a gift some people have rather than as a response that people learn and work to achieve. Because shy people frequently don't recognize their own impact on others, they don't realize that they need to earn the trust of others and that others are willing to work to earn their trust. Furthermore, they need to learn to trust themselves, to be able to count on themselves to take care of themselves, to support themselves when they fail, to persist in spite of failure, and to keep their commitments to themselves and others."

Johnson (1972) describes the elements of trust as openness, sharing, acceptance, support, and cooperativeness. In order to be willing to risk sharing thoughts and feelings, group members need to feel accepted and supported. In order to be considered trustworthy, group members must

demonstrate acceptance, support, and cooperativeness. Shy clients may violate each other's trust by being judgmental, silent, or laughing nervously when someone self-discloses. They are not aware that they prevent the intimacy they crave.

Trust is a gradual, developing process. Self-disclosing too much too early may be overwhelming to another person and leave the discloser feeling vulnerable and exposed. It's important to disclose only in situations where the other person is not exploitive.

"Trust is also a self-fulfilling prophecy. If people trust each other and behave in a trustworthy manner, it increases the chances trust will be reciprocal. We will still sometimes get hurt, because that is the nature of relationships. People have conflicting needs and sometimes make mistakes or inadvertently hurt each other. But we will get hurt less often if we trust, and our experiences with people will be more enjoyable if we spend energy on trust building rather than on suspicion and guardedness."

K. Skill: Active Listening

"Active listening is the process of listening to both the verbal and nonverbal content of a person's communication. It involves listening without judgment, interpretation, or advice with the intent to understand fully the message being communicated. Active listening also involves confirming the

accuracy of the message received by a process called paraphrasing. To paraphrase, the listener restates the sender's message, including feelings and meanings, using his or her own words.

"For example, in response to someone saying, 'I'm sick and tired of cleaning up after Jim,' a paraphrase might be 'you sound frustrated and angry at Jim for not cleaning up after himself.' Alternatively, in response to 'Oh god! What if I make a fool of myself and they think I'm an idiot?' A paraphrase might be 'you seem really nervous about your performance and how you'll be judged.'"

L. Skill: Perception Checks

"Because communication is complex, human beings cannot respond to everything, and people usually pay more attention to one part of a message that to others. Needs, expectations, and beliefs influence what is attended to and heard. If negative evaluation and rejection is expected, it will be heard, and messages that do not confirm beliefs may be misperceived or not perceived at all.

"Shy people remember negative feedback better than other people, and remember negative self-descriptions better than positive self-descriptions. It's important to check your perceptions to make sure you don't misinterpret what others are saying and doing, especially when you feel negatively

evaluated or rejected."

M. Skill: *I*-Statements and Relationship Statements

"It's important to make *I*-statements. If you take responsibility for your own thoughts and feelings, you will be a strong communicator and avoid misinterpretation.

"The opposite of an *I*-statement is a *you*-statement. You-statements are usually perceived as blaming or attacking and tend to provoke defensive responses. Whereas 'I was worried when you didn't call me last night' takes responsibility for the anxiety experience, 'You never call when you say you will' simply blames. Be careful that *you*-statements don't get disguised as *I*-statements: 'I feel that you never....'

"Relationship statements are also useful either when conflicts arise or when relationships are going particularly well. For example, 'I really appreciate how well we are getting along, and the easy give-and-take I experience with you lately.' Or 'You seemed angry when I told you I didn't want to go to a movie last night, that I preferred to stay home. Is something wrong? Are you satisfied with the amount of time we spend going out?"'

N. Skill: Perspective Taking

"It's important to understand another person's perspective, because no two people have exactly the same perspective. You've all grown up in different families, and even members of the same family have different perspectives, such as that of parent or child. And men and women, youngest and oldest children, do not view the world in quite the same way. A person may also react differently at different times. Teasing may be funny at one time and hurtful at another, particularly if you are feeling vulnerable or have just been disappointed."

O. Skill: Expression of Feelings

"Because the sharing of feelings is the 'glue' that holds relationships together and provides intensity and meaning, it is one of the most important experiences in the life of the group. Feelings are internal states and are difficult to express when we fear rejection or disapproval. Fear of rejection and evaluation is constant for shy people, who habitually ignore their feelings and are frequently even unaware of them."

P. Skill: Self-Esteem and Self-Concept Restructuring

"You can improve your sense of self-efficacy by rewarding yourselves for doing your homework, using poker chips representing money, or by rewarding yourself with high-probability behaviors—that is, behaviors you

like, such as taking walks, relaxing in hot baths, listening to music, and so on. That way, you reward yourself for your own behavior, rather than letting the outcome of a given situation determine your evaluation of your behavior.

"Using attributions in a deliberate and positive manner can also improve your self-esteem. Attributions can be distinguished according to whether they are internal or external, global or specific, and stable or transient (and of course positive or negative!). An internal attribution is 'I did well on the test because I studied effectively/ while an external attribution would be 'I did well on the test because it was easy.' A global attribution is 'I fall to pieces under pressure,' whereas a specific attribution might be 'I got really anxious about that presentation yesterday.' A stable attribution is 'I'm a thoughtful person,' while a transient attribution would be 'sometimes I think about other's feelings.'

"Giving yourself credit for success by using positive stable, internal attributions increases your motivation and makes you perform better. These kinds of attributions improve your self-image and change your self-concept to one including characteristics of maturity and self-confidence. When you hear yourself using a negative adjective that is internal, global, and stable to describe yourself, you must substitute a positive adjective or at least use one that is specific and transient. For instance, 'I am inadequate. If I introduce myself to this woman, she will see that I am inferior, that I cannot assert

myself, that I lack something that others seem to have. It is no use.' This attribution is internal, global, and stable because it implies a permanent personal trait that is all-encompassing. You may substitute 'I am *nervous at the moment* (specific and transient), but I am also excited to meet this woman. I sometimes perform less well socially than I would like, but facilitative social behavior is a learned skill, and I am practicing. I feel deficient sometimes, but that is simply a cognitive label for a feeling state in which I feel a little sad and hopeless. I can choose to be optimistic and hopeful and can reinforce myself with each step I take toward self-confidence and friendly behavior. I can use meeting this woman as a learning experience. Here goes. 'Hi, I'm Andrew, I saw you at the meeting earlier about Saving the Bay. I wondered what you thought of the speaker.' Finally, use your affirmations daily to build self-esteem."

Q. Skill: Expression of Anger

"Do you ever send nonverbal messages through silence, 'forgotten' appointments, looks of boredom, gaze aversion, body tension, physical distance, or a 'spacey' demeanor? If so, you are probably angry. If you become aware of your anger, you can begin to recognize the feelings and/or frustrated needs underlying it, express these feelings and needs, and begin to negotiate with other people to get your needs met. Many shy people harbor a kind of seething resentment toward people around them because they have

not learned to be assertive and to negotiate to get their needs met.

"Confrontation involves clear communication regarding one's thoughts and feelings about a situation or conflict. It can be defined as an attempt to meet the needs of the participants in a conflict by clarifying the issues involved: it's a collaboration in creative problem solving. Confrontation is most likely to result in successful negotiation when there is adequate time, when you can communicate openly with minimal threat and fully understand the other's perspective, and when you do not demand but rather request change. Requesting change acknowledges that the other person has a choice and does not trigger a control struggle that inevitably leaves at least one person feeling like a 'loser.' As with good communication in general, use *I*-statements; express feelings about the situation and the other person; use behavioral descriptions only; acknowledge the other person's feelings and thoughts; use perception checks, practice nonthreatening feedback skills; and use statements that describe the effect of the other person's behavior on the receiver. The last item is particularly important because the intent of the sender and the message heard by the receiver are frequently different." (Adapted from Johnson, 1972.)

R. Skill: Responding to Criticism

"Do you expect criticism, fear it, avoid it, and tend to become silent or

defensive when you encounter it? In this group the only being who may truly know what is right and wrong is God, who is not available for comment. Therefore group members who criticize each other are expressing their own preferences in terms of right and wrong. Each of you may define for yourself what is right and wrong, as well as decide whom you wish to please and whom you do not care about pleasing."

Fogging

"There is a good chapter on dealing with criticism in Manuel Smith's book, *When I Say No I Feel Guilty* (1975). Smith calls the primary verbal skills he uses 'Fogging,' 'Negative Inquiry,' and 'Negative Assertion.' The first skill you will learn and practice is Fogging, which simply involves refusing to offer resistance to manipulative criticism. Criticism can be agreed to 'in truth,' in 'principle,' or one can simply 'agree with the odds.' It's possible to agree with criticism and assertively state one's intentions at the same time.

"For example, a frequent criticism of the shy person is, 'You ought to get over this shyness. Just get out there and make friends. It isn't hard; it's all in your mind.' This advice of course comes from an extroverted friend who cannot understand what all the fuss is about. The shy person may feel embarrassed, ashamed of being shy, and agree that shyness is a disgraceful, but trivial, problem. A shy person usually becomes tongue-tied or stammers

through some kind of defense—'It's easy for you to say....'

"Instead you can substitute, 'I agree with you that I am shy and that it is a problem for me. I can see how it may not be hard to make friends; most people do seem friendly. I also agree that it is in my mind that I experience discomfort. I am working on my social skills and on the way I talk to myself in social situations. I intend to make friends at my own pace, using the skills I am learning.' These simple techniques are surprisingly powerful. People are often surprised at their own sense of personal power in social situations as they practice these strategies."

Negative Inquiry

"Negative Inquiry simply involves asking the critic exactly what it is about one's behavior that the critic finds objectionable or offensive. 'There you go off to that stupid Shyness Group again. Why don't you just get up the nerve to ask someone out on your own? This could go on forever!' The responder replies: 'What exactly is it about my going to a Shyness Group that bothers you? Tell me what it would mean to you if 'I did it on my own?' If it does take me some time to ask someone out, what about that bothers you?' This response is usually sufficient to quiet the critic. Critics don't usually analyze why they are bothered or upset but prefer to analyze others. If a critic is honestly concerned, he or she will respond to the negative inquiry. If the

critic is simply manipulative, he or she usually doesn't answer, and the conversation is over. If the critic persists, the responder continues the negative inquiry."

Negative Assertion

"Negative Assertion involves agreeing honestly with someone who has criticized you about a shortcoming that you acknowledge and want to change. For example, 'You were very self-centered during our last conversation. You hardly listened to what I was saying; you didn't even look at me when I was talking.' The negative assertion in this case is simply, 'You're right; when I feel shy I become self-centered. I start criticizing myself and thinking how silly I look and sound, and I do lose track of what people are saying. I'm working on that and I appreciate your willingness to tell me how you felt about.'

"Shy people are usually surprised at how freeing it is simply to acknowledge a shortcoming. They may experience a good deal of shame and thus think that acknowledging a behavioral deficiency or excess is tantamount to acknowledging that they are inferior or bad people. You may be relieved to discover that you can simply acknowledge a behavior that you may change if you choose to do so. This discovery will help you view social situations as areas for experimentation and as places where you can learn from the consequences of your behavior and make choices as you go along."

Main Interventions

Week 1

Getting Acquainted, Getting Moving

See Starting the Group.

A. Concept: Fear Reduction, New Thinking Styles, and Self-Acceptance Are Important in Dealing With Shyness

Intervention 1: Didactic Presentation (See Concepts and Skills section)

B. Concept: Self-Expression and Accurate Empathy Are Essential to Help Shy People Experience Social Interaction in New Ways

Intervention 1: Didactic Presentation (See Concepts and Skills section)

It's important that social interactions become less an area for evaluating social performance and more simply an avenue to intellectual and emotional sharing, and growing self-expression.

C. Concept: Appropriate Self-Assertion and Negotiation Are Essential to Maintain Behavioral and Cognitive Gains

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Be prepared for the ingenious passive aggressive techniques used by shy people, as well as the mind-reading games they play.

Shy people also seem "touchy" because they are hypersensitive to criticism and hyper-vigilant in recognizing even mildly negative evaluation in social situations. In other words, they take things personally and sometimes have a hard time processing even constructive feedback.

Homework

- "I want each of you to begin a social interaction diary in which you'll record each social interaction: what occurred, how you felt, what you said to yourself, and your physiological responses. Bring the diary next week and we'll discuss it.

- "Also finish *How to Start a Conversation and Make Friends* by Gabor (if you've not already done so), and Phil Zimbardo's chapter, "Developing Social Skills," in his book *Shyness: What Is It, What to Do About It* (1977).

- "Finally, begin reading at least one newspaper or weekly news magazine so you have topics of conversation at hand."

Week 2

Review Homework

Clients' awareness of their own interfering cognitions should be beginning to grow. These interfering thoughts can be used as examples of cognitions amenable to positive thought substitutions. Suggest that they begin using a thought-stoppage technique when they find themselves engaging in negative self-talk during social interactions. They simply yell "Stop!" to themselves whenever they hear themselves describing or labeling their behavior in a negative manner. Model the exercise for them, even slamming your hand down for emphasis. Stress the importance of doing the exercise consistently, every time negative self-talk occurs.

D. Skill: Social Skills

Intervention 2: Strategy Planning

Have clients strategize new behaviors to try. Refer back to the reading, and encourage them to share their strategies and rationales with one another. Emphasize their ability to choose to incorporate those strategies that make sense, and reject those that seem unworkable. Clients then learn that they can make their own decisions and do not have to look to others to tell them what to do.

For example, a client might say, "I don't like the way the author suggests that in the library, you approach so directly a person you don't know. I think I might stand next to them at the checkout desk for a few moments before I

started a conversation. That would give the person time to get used to my presence." Shy people can often be quite considerate when they pay attention to others because they're sensitive to intrusion themselves and often approach people in a nonthreatening and gentle way.

Intervention 3: Exercise—Meeting People

"We're going to have a small 'party' in the waiting room. This will help you get further acquainted and give you practice in meeting people." Provide coffee, tea, soft drinks, and snacks so clients may practice juggling a glass, a napkin, and food while they interact. This exercise last 20 to 30 minutes, depending on how easily clients can keep conversations going.

Intervention 4: Discussion

Example

> *Fred:* I didn't know what to say to Bob after I asked him how he was and he said "Fine." My heart started to pound, I heard myself saying what a stupid idiot I was that I couldn't even converse, and I felt myself blushing and just wanting to run out of the room.

> *Therapist:* What happened then?

> *Fred:* Well, we stood there a minute and I remembered I could just try anything, so I asked him about his job as a forest ranger. I was kind of interested in what he said about his job in the last meeting.

Talk about the rewards of continuing a conversation in spite of nervousness, the self-supportive feeling of being able to experiment socially, and the ease of picking up on free information (further information about the self that a person shares in the context of the current topic of conversation) to follow up in the next encounter. Often shy people are surprised at how well they recover when they don't allow themselves to bolt from a situation.

Homework

- "I want you to assign yourselves a behavioral task like making eye contact, initiating conversations, sustaining conversations, asking someone over for coffee, and so on. Do this behavioral task at least once a day and reward yourselves with tokens worth money, with food, or with activities you enjoy each time you do the homework. Record your performance in a homework notebook.

- "Second, read the rest of Zimbardo's book, *Shyness: What Is It, What to Do About It* (1977).

- "Third, write down 15 positive characteristics about yourself. You'll use these to begin practicing affirmations." (Although there is no exercise more cognitively simple than this one, this particular exercise illustrates clients' difficulty with self-esteem. They may not understand what is expected and may ask for an example. Or they want to know the definition of characteristics. If so, ask them to use 15 positive *adjectives* to describe themselves, explaining that if they have difficulty,

they may ask family and friends for help.

- "Finally, list ten things you do well." (Interestingly, they do not usually ask questions about this exercise and are able to recite many things they do well.)

Week 3

Review Homework

Review behavioral homework including clients' cognitions associated with each performance, and their success with thought stoppage. Then review the 15 positive characteristics they have listed and the 10 things they do well. If they have fewer than the required number, help them add to their lists by sharing others' lists and by suggesting characteristics.

E. Skill: Relaxation Training

Intervention 1: Didactic Presentation (See Concepts and Skills section)

It's important to begin muscle relaxation by the third week, when many clients have begun to struggle with intense autonomic arousal. This arousal can distract them during ongoing social interaction and the group process. Group muscle relaxation training begins in a quiet room with relatively low lighting. (No one should have a light shining in his or her eyes.) Clients may sit

in chairs or lie on the floor. They may want to remove contact lenses and loosen clothing. For a discussion of physical symptoms and how to cope with them, refer members to Johnathan Cheek's *Conquering Shyness* (1989).

Intervention 4: Discussion

Check to see whether clients are aware of the reasons for relaxation. Shy people fear a loss of control, particularly in situations that seem threatening.

Reassure clients who experience increased anxiety as they use relaxation techniques that they are simply becoming more aware of their anxiety and that it will dissipate with practice.

Intervention 3: Exercise—Letting-Go Induction

After a couple of weeks of practice or when clients begin to relax fairly easily (dropping to 20 or below on the SUDS scale), introduce a letting-go induction. Go through the muscle groups in the group session, simply suggesting relaxation, but not muscle tension. You may include suggestions to relax more and more deeply, further and further, heavier, looser, and calmer. You may want to provide tapes again for practice. When SUDS levels again drop to 20 or below, have clients begin to practice on their own before they turn on the tape.

Intervention 3: Exercise—Differential Relaxation

When clients have learned to relax consistently, add differential relaxation, in which you help them learn to relax muscles not in use at a given moment. When clients are engaging in role-plays, suggest that they become aware of the muscles they use to maintain a standing position. Then suggest they attempt to relax the muscles not needed at the moment, such as facial muscles. This kind of cueing during role-plays helps them become aware of the tension they hold during their daily activities and helps them remember to use their relaxation skills in other situations. Goldfried and Davison have an example of a letting-go induction and a differential relaxation procedure in their book, *Clinical Behavior Therapy* (1976).

F. Skill: Developing Affirmations

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Affirmations practiced in the context of relationships often generate positive emotional states that carry over into social situations.

Intervention 3: Exercise—Writing Affirmations

"You may take your affirmations from the list of positive characteristics and the thing you do well that you wrote down in your notebooks for your homework exercise."

Intervention 3: Exercise—Relaxation With Affirmations

"As you practice relaxation, visualize yourself saying affirmations. Visualize your facial expressions in great detail as you remember your affirmations (about feeling loved, knowing you are good, sharing and receiving, and so on)."

Intervention 3: Exercise—Practicing Affirmations

Suggest to clients that they may also use their special room as a setting in which to practice their affirmations, visualizing themselves letting go of old negative self-descriptions and substituting positive self-descriptions. They may write their affirmations across the blue sky visible from the window of their special room. Or they may project themselves on the screen of a videotape monitor or home movie screen they keep in their special room On the screen, they may see themselves enjoying social interactions, looking self-confident and happy, socializing with people they want to know, and so on.

Homework

- Provide clients with audiotapes of the relaxation exercise. "Practice at home once or twice a day for up to 30 minutes in a quiet place. Use your notebooks to record your SUDS level before and after each session and to note any difficulties you notice in the session.

- "Practice your affirmations at the end of the relaxation practice session, while you're still in a relaxed state.

- "Finally, choose new behavioral homework, building on the skills you've already mastered, or continuing to work on the same tasks if you're having difficulty. One excellent piece of homework involves specifically focusing on aspects of the person you're interacting with. What color are their eyes, what is their facial expression? What are they feeling?" (They often have difficulty with this one: it is good practice in empathy training and taking the focus away from the self.) "Be sure that you're using your reward system. Reward your own behavior as soon as possible after the behavior occurs, or at least imagine the reward you'll give yourself immediately after the homework."

Week 4

Review Homework

G. Skill: Systematic Desensitization

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 3: Exercise—Construction of a Hierarchy

Pass out 3-by-5-inch cards, and have clients describe in detail one anxiety-arousing situation on each card. If, for example, they are fearful of

public speaking, have them write down items, or situations, leading up to the actual speaking experience, from least to most anxiety-producing. Situation I may, for example, involve receipt of an invitation to speak at an organizational meeting or a request to give an oral report at the next staff meeting at work. Situation 2 may involve sitting down to prepare the talk. Situation 3 may be practicing, with notes, in front of a mirror at home. Situation 4 may involve listening to a tape recording made of the talk; situation 5, listening to the introduction of the talk; situation 6, approaching the podium; situation 7, placing the notes on a table or podium and looking at the audience; and so on. Clients reshuffle the cards and add situations as they occur.

Some clients may choose to write down situations that are graduated in terms of arousal level but do not build to an eventual goal, like giving a talk or asking for a date. Instead, they write a series like this: 1) "Starting a conversation with another person of my own sex," 2) "Starting a conversation with someone of the opposite sex," 3) "Starting a conversation with someone I'm attracted to." What is important is that the hierarchy begin with items lower in anxiety arousal and build to items that are higher in arousal. Emphasize that clients should include the details of each situation; the finer the detail, the more effective the exercise.

Intervention 3; Exercise—Visualization

Have clients imagine their first, or least, anxiety-producing situation in fine visual detail, including colors. Also ask them to include sounds, body sensations, and even touch, taste, and smell. Ask them to rate their SUDS levels on a scale of 0 (no distress) to 100 (extreme distress).

When clients have reached SUDS levels of 60 or above, give them instructions to relax each muscle group according to the relaxation training described in the Concepts and Skills section. Do not include suggestions to tighten their muscles. They relax while they are visualizing the scene. When all clients' SUDS levels have come down to 30 or below, have them click off their scene from the hierarchy and relax, using a pleasant image if they wish. They may use a relaxation image (like that described in Starting the Group).

Homework

- "Because the next session will be devoted entirely to desensitization, continue working on your hierarchies at home. Continue practicing your affirmations as well, using your growing collection of relaxation techniques.

- "Choose another behavioral task for this week and remember to reward yourself as soon as possible following the performance of your desired behavior."

Week 5

Review Homework

Ask about experiences with affirmations as well as with the thought-stoppage technique. Ask clients to report one thing they felt proud of this week. Check to see that they are rewarding themselves for their behavioral homework.

Also check that clients have finished developing their hierarchies for the desensitization exercises.

G. Skill: Systematic Desensitization (continued)

Intervention 3: Exercise—Systematic Desensitization

Ask clients to visualize their first anxiety-arousing situation in careful detail. When they are aroused, at SUDS levels of 60 or above, have clients signal arousal by raising one finger. When the last person raises a finger, begin using relaxation suggestions, such as "You are now beginning to feel your muscles relax and loosen, your breathing deepen, your heart rate slow down, and your limbs and body becoming more and more deeply relaxed." Or you may use, from the relaxation training exercise in the Concepts and Skills section: "Feel your feet, ankles, and calves loosen; let the tension slip away from your shins, knees, and thighs...." Have clients proceed through their hierarchies, reporting their SUDS levels at the end of the exercise.

Intervention 4: Discussion

Encourage clients to discuss their experiences with reducing their levels of anxiety.

Homework

- Choose another behavioral task for this week.

- Have clients read Chapter 11, "Visualization," from McKay and Fanning's book, *Self-Esteem.* Ask clients to read the chapter and do the exercise where they visualize performing their chosen behavioral task, and then visualize their overall goals.

Week 6

Review Homework

By now, many clients should be asking someone to lunch or a movie, or calling a singles' group, attending meetings of volunteer organizations, and so on. Have clients brag about one thing they have done in the past week. Check that they are rewarding themselves consistently.

H. Skill: Behavioral Rehearsal

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 5: Role-Plays

Once systematic desensitization is under way, clients may begin behavioral rehearsal of the situations they wish to master. Have members choose a situation from their hierarchy to rehearse, selecting another group member to role-play with them. The situation may be a conversation they would like to initiate with someone at work, a friend they would like to ask out for coffee, or a phone call to ask someone for a date. The clients describes the situation in detail, including what the other person might be likely to say and what it is that the clients would like to say and do. Ask the client to state the SUDS level as the interaction begins and when it is finished.

Example

> *Sam:* Let's try an easy one first. I'll ask John to have coffee after our computer programming class this evening. I've started several conversations with him in the last two weeks, and he seems very friendly. We're both looking for jobs as technical writers, so we can talk about changing careers and job searches. Alan, will you please play John? We talked about job interviewing last week and I'll start the conversation there. Just act friendly and please say yes!"

> *Alan:* Okay, I'll play John. Is there a particular interview you talked about?

> *Sam:* Oh yes, I forgot. I told him I was interviewing at HiTech this week and that I would let him know how it turned out.

> *Alan: (as John)* Okay. Hi, Sam.

> *Sam:* Hi, John. Interesting class tonight.

Alan: Yeah, I'll be sorry when the course is over.

Sam: Me too. By the way, remember I told you I had the interview at HiTech this week? I've got some more thoughts about what companies are looking for in tech writers. Would you like to go out for coffee and kick some ideas around?

Alan: Sure, Sam. That's uppermost on my mind now. Where would you like to go?

Sam: I discovered a place just around the corner last week that's pretty good. Let's go there.

Alan: Great.

Stress that the purpose of initial role-plays is exposure and practice in learning to relax while interacting. If group members' SUDS levels are still high after a role-play or if they are dissatisfied with the interaction, they may do it again, several times if they wish. If they ask specifically for feedback, offer a suggestion, but do not focus on it; these first practice times are tough enough without fine-tuning. That can be done later during communication training. Give each member of the group at least one chance, and more if possible. Allow for more than one session, if necessary; but if the role-plays run a great deal longer than expected, break up the group and move around the room to help people who need it.

Intervention 3: Exercise—Paradoxical Intention

Ask each member to describe the symptom that is the most troublesome

in social situations. It may be a physiological symptom, a behavioral pattern, or a thought pattern. For example, "My heart thumps faster and faster when I walk into a room filled with people"; "I begin to shake before a job interview"; "I blush when people look at me."

Ask each member to demonstrate and experience their pattern in front of the group. This task functions as an iIntervention using paradoxical intention. If the symptom is a fast heart rate, ask the member to exaggerate it to make the heart beat even faster. As the person concentrates on the task, the heartbeat, of course, begins to slow down. A client who usually becomes silent in a situation is asked to become silent sooner and stay silent longer. Most clients have trouble maintaining an even greater silence and begin to think of things they want to say. Discuss the experience afterward and allow some free interaction. Suggest that they also try this during the week.

This exercise shows clients that they have more control than they think they do, which is useful during behavioral rehearsal in the group and during *in vivo* desensitization outside the group in their behavioral homework exercise.

Homework

- "Read David Burns' book, Feeling Good: The New Mood Therapy.

- "Also, continue with your behavioral tasks [assigning themselves a new task as the previous one is mastered]."

Week 7

Review Homework

Ask clients to brag about one behavior they feel proud of. Check that they are rewarding themselves consistently. Stress the importance of control of one's own reinforcement.

I. Skill: Cognitive Restructuring

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 6: Soliciting Individual Examples

While subjects are using behavioral rehearsal to continue desensitizing to threatening social situations, it's a good time to begin work with the cognitive distortions discovered by Aaron Beck in his pioneering work with depression (1979). David Burns' book includes numerous useful exercises for changing negative thought patterns. Shy people, by the time they come to a shyness clinic, are often depressed as well as socially anxious and avoidant, so that their cognitive distortions are typical of those of both depression and anxiety. Review cognitive distortions in the group session, and have group

members write their automatic thoughts, cognitive distortions, and rational responses on the board. Have members help each other to identify common cognitive distortions and to come up with rational responses.

Example 1

Automatic thought:	I'm making a total fool of myself.
Cognitive distortion:	All-or-nothing thinking.
Substitutive thought:	Even if I seem a little awkward, I can work on it, I can learn.

Example 2

Automatic thought:	I'm hopeless, I can *never* act right in social situations.
Cognitive distortion:	Overgeneralization.
Substitutive thought:	People are generally supportive, and no one is perfect.

Homework

- "Use Burns' triple-column technique as homework for the next two-week period. (The mood of the group shifts perceptibly when members are faithful in doing this piece of homework.)

- "Read the chapters from Johnson's book *Reaching Out: Interpersonal Effectiveness and Self-Actualization* (1972) on

trust, self-disclosure, and listening.

• "Continue working on behavioral tasks."

Week 8

Review Homework

Review progress on the continuing behavioral homework, as well as reading assignments. Have each member brag about one behavior this week. Review, in detail, examples of the triple-column technique, giving feedback on the examples. Answer questions.

J. Skill: Trust Building

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 4: Discussion

Ask questions about the extent to which group members self-disclose, are honest with each other, are supportive, listen carefully, and so on. Ask members to discuss the ten most important things they can do to develop trust within the group.

Intervention 3: Exercise—Trust Walk

Have the group do an old-fashioned "trust walk," in which one person leads another "blind" person (eyes closed) on a brief excursion through the office and the waiting room. The person leading helps the "blind" person explore the surroundings by using all senses except sight. The "blind" person can touch furniture and books, listen to the office noises, smell fresh flowers, and the like. When group members discuss the experience, they usually discover how difficult it is for them to rely on another person, to relinquish their sense of control.

Intervention 3: Exercise—Self-Disclosure and Trust Building

Depending on the level of trust established, ask group members to pair up with the person they trust the least, share their thoughts about the reasons for the low trust level, and make suggestions for improvement. Have them be aware of the level of self-disclosure and the degree of acceptance and support. Next have them choose the person they trust the most and discuss why the trust level is high.

These exercises function to build awareness and to establish a context for interpersonal skills training. Because shy people are asked to do things that they find extremely frightening, they must be highly motivated and understand the rationale for the exercises in order to be willing to participate.

K. Skill: Active Listening

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 4: Discussion

Have group members discuss the effect of childhood experiences on their communication patterns, and name one behavioral pattern involving listening that they want to change.

Intervention 3: Exercise—Paraphrasing

In dyads, have one partner make a statement (it needs to be personally meaningful) to the other and have the listener paraphrase the statement. The sender makes five statements which are paraphrased by the listener, and then the roles are reversed. After paraphrasing the first five statements, the original sender makes one more set of five statements, and then the roles are again reversed.

Example 1

Susan: The boss was uptight today and bugged me all day about a report that is due tomorrow.

Andrew: Sounds like your boss was stressed and made your life stressful today too.

Example 2

David: I'm attracted to a woman I work with but I avoid talking to her. It makes me nervous.

Sam: You like a woman at work but you feel nervous and scared about talking to her.

Following the exercise, group members discuss how they felt listening and being listened to, and whether they had difficulty paraphrasing without evaluation.

Intervention 3: Exercise—Listening for Meaning

On the board, list common problems in communication that interfere with attending to the meaning of the communication. These include lack of organization, too many or incomplete ideas on the part of the sender, thinking of your reply rather than the other person's message, evaluating, and excessive focusing on details.

Following a brief discussion of these communication problems, have members repeat the paraphrasing exercise, this time listening specifically for meaning. The sender makes a statement about himself or herself, about the receiver, or about the relationship. The receiver responds by saying, "I think you mean...." The sender agrees or corrects the receiver until they are in

agreement. They each make five statements in all.

Intervention 4: Discussion

"What did you notice about your own communication and listening skills and about those of your partner?"

Homework

- "Continue to work on the cognitive restructuring assignment given at the end of Week 7.

- *"Read communications skills chapters from Johnson's Reaching Out: Interpersonal Effectiveness and Self-Actualization (1972).*

- "Continue with behavioral tasks."

Week 9

Review Homework

Review, in detail, examples of the cognitive restructuring homework. Review behavioral homework. Individual group members can add new homework assignments of increasing difficulty and risk level as their anxiety decreases and skill improve. If they have initiated more conversation during the week, they may extend them, ask more questions, and increase self-

disclosure.

L. Skill: Perception Checks

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 3: Exercise—Perception Checks

Have group members check perceptions of evaluation from each other and use examples from their lives.

Example

Alan: When I walked in the waiting room tonight and said hello to you, you looked angry.

Kathy: Oh really? What I was really feeling was nervous. I think I frown sometimes when I'm nervous.

M. Skill: I-Statements and Relationship Statements

Intervention I: Didactic Presentation (See Concepts and Skills section)

Intervention 6: Soliciting Individual Examples

Have group members practice making personal statements (*I*-statements) about their strengths and weaknesses and their wants and needs.

Intervention 3: Exercise—Practicing Relationship Statements

Have group members practice relationship statements in dyads. For example, "I've been wondering how our relationship is going. You were quiet when we went out for coffee and you didn't return my last phone call. Have I done something that upsets you?" Or "I'm enjoying our relationship so much lately. Having a friend to talk to makes a big difference in my life."

N. Skill: Perspective Taking

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 5: Role-Play

"We're going to role-play a communication exercise to different receivers. You have just successfully completed a shyness homework exercise that you've been working toward for weeks. There's a person in your pottery class that you're attracted to. You've been initiating conversations with him or her for a month and have finally extended an invitation to go out for coffee after class next week. The person has just accepted. Communicate this news to a) a fellow group member, b) your father, who is critical of your shyness, and c) a co-worker."

Intervention 4: Discussion

Have members discuss how they communicated differently with each person, depending on the perspective. Ask them to describe the perspectives of the group member, the father, and the co-worker.

Intervention 5: Role-Play

"We're going to role-play both senders and receivers in the following scenario. You're having difficulty completing a report at work because your boss expected you to complete several other important projects as well. You just haven't had sufficient time to put into the report, even though you worked until nine o'clock every night last week. You are also having difficulty getting some information you need from your counterpart in another department, who was directed by his or her manager to have it to you two weeks ago. Your boss calls and complains, your counterpart reminds you that you are well behind schedule, and your counterpart's manager asks you why the report hasn't appeared on his or her desk for next week's meeting. Consider, in each case, the role of the person, the nature of the relationship, and the possible consequences of communication." (Johnson, 1972)

Have group members discuss their thoughts and feelings, and describe the perspectives of each participant.

Intervention 5: Role-Play

Have group members practice real-life examples:

> *Sam:* Mary, last week when you said I talked too much when I was nervous, I felt hurt and misunderstood. You don't seem to want to hear what I have to say and are accusing me of hogging attention.

Mary has an opportunity to hear how she affected Sam and to correct a misperception.

> *Mary:* I'm sorry I hurt your feelings last week. I just meant that you seem to talk more and repeat yourself when you're nervous. I feel pushed away when you do that, but I do want to hear your feelings. You've said some things that have helped me a lot. I don't think you are hogging attention on purpose, but I want to have time to talk, too.

Sam can learn to repeat himself less (people in fact react negatively when he does, and he feels hurt) and Mary can refine her feedback skills.

O. Skill: Expression of Feelings

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 5: Role-Play

Have group members role-play situations in which they express their feelings (angry, sad, hurt, happy, joyful, and afraid). Shy people, in an exercise where they simply tell another person they are scared of being judged or of being close, will often experience a transformational experience and say,

"Gosh, that wasn't so bad! I've never told another human being that I'm scared of rejection or of being close! It doesn't seem so scary or so insurmountable, or even so unusual. Actually, John said he was scared, too. I knew that I wouldn't purposefully hurt him, so what was I so scared of? He probably wouldn't intentionally try to hurt me either!"

Homework

- "Continue using your relaxation technique in social situations.

- *"Finish reading Johnson's Reaching Out: Interpersonal Effectiveness and Self-Actualization (1972)."*

Week 10

Review Homework

Check to see whether clients are rewarding themselves consistently for their behavioral homework. Have them brag about one behavior that week.

P. Skill: Self-Esteem and Self-Concept Restructuring

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Shy clients sometimes have shame-based self-concepts that cause them

to feel badly about themselves in a global way. They may believe that they are inadequate or inferior and that simply changing their behavior and thinking patterns will not be sufficient to change "who they really are." These kinds of thinking patterns are motivation killers. Some clients change, become more expressive and assertive, and still claim that they are not doing better or even that they are doing worse. Some will effectively role-play an assertiveness situation, demonstrating clearly to the group that they have the capacity and the know-how for effective interpersonal performance; and then shrink from praise and applause, reaffirming loudly that they could not possibly repeat their performance in real life, that they are really hopeless, and so on. Some of their strongest assertions will involve their insistence that they are indeed inadequate. In these situations, prod them gently to affirm their effective performances, to acknowledge themselves for good work, and to use positive adjectives to describe themselves and their behavior.

Intervention 6: Soliciting Individual Examples

Have each member practice restructuring his or her internal cognitions about the self with two examples from his or her own life. Also ask clients to brag for several minutes at a time about something that made them proud of themselves during the week. They may brag about completing homework, changing a thought pattern, finding good positive substitutes for negative thoughts, or gradually changing their attitudes. Ask them to stand up for

emphasis or shout how proud they are of themselves and how pleased they are with their own behavior, their thoughts, or even their physiological well-being. They have been practicing this during homework review, which makes it a bit easier to do.

Intervention 4: Discussion

Have clients increase their self-esteem, as well as build a sense of expertise, by sharing their problem-solving techniques and coping mechanisms with each other.

Q. Skill: Expression of Anger

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 5: Role-Play

Put a list of questions on the board. What do you want to achieve? On a scale from one to ten, how important is your goal to you? How important is this relationship to you? What is the best way to reach an agreement? What can you learn about your communication skills that you can use in the next conflict situation? Have you asked for feedback? Is this a situation in which an agreement can be reached? If not, what can you live with? Can you agree to disagree? Ask members to consult the board as they role-play, and hold a

discussion after the exercises. In the discussion, group members may share strategies that worked and consult each other for additional ideas. You may make up vignettes that are relevant to group members' daily lives, or ask them to volunteer recent situations that are applicable.

For example: "I sense that you are angry at me for resisting going to the movie. Actually, I would rather stay home. I realize that I am angry at you because we have gone out at your suggestion the last three nights and you haven't asked me what I want to do. I would like to stay home tonight and perhaps go to the movie tomorrow. Flow do you feel about it?"

Homework

"Read Chapters 5 and 7 of *Asserting Yourself* by Sharon and Gordon Bower (1976).

"People profit from planning and organizing their thoughts before they encounter a situation that requires assertive behaviors and responses. Choose two real-life situations in which you want to be more assertive—one situation that is work- or school-related, and the other involving a more intimate relationship, either a friendship or a love relationship. Write scripts for these situations following the examples in *Asserting Yourself,* and plan to role-play them next week.

"The Bowers use the acronym *DESC* to describe their scripts. Use this acronym, writing scripts that first

DESCRIBE the problem, then EXPRESS your thoughts and feelings about it, next SPECIFY what you want, and finally that state the positive and/or negative CONSEQUENCES of getting or not getting what you want.

"During desensitization training, you visualized scenes that evoked anxiety for you, and learned to use visual detail and all five senses to create anxiety-provoking scenes in your imagination. Use these same skills in writing your scripts in order to make them as lifelike as possible." The role plays that follow script-writing thus will serve as desensitization exercises as well as behavioral rehearsal for increased assertiveness.

Week 11

Review Homework

Have clients read their usual and revised attributions out loud. Give clients additional ideas and ask them to rehearse one or two adaptive attributions aloud in group. Ask them for examples of cognitive restructuring in relation to their self-concepts.

Homework

Role-play DESC situations that members have written. If you haven't done so previously, it's a good time to use a video camera to give members

feedback and to build confidence. At the end of the role-play, have clients practice two or three affirmations in front of the camera.

Week 12

Review Homework

Ask about behavioral homework. Check to see if clients are using rewards.

R. Skill: Responding to Criticism

> *Intervention 1: Didactic Presentation—Fogging (See Concepts and Skills section)*

> *Intervention 3: Exercise—Practicing Fogging*

Have group members practice fogging, using situations from their own lives.

> *Intervention 3: Exercise—Responding to Continuing Criticism*

As group members practice and become more confident, have them take part in an exercise in which there is continuing pressure. When they respond to the first criticism, come up with another. Criticize the way they respond at

each moment as they continue the fogging response. At some point, the exercise usually becomes funny, and they begin to laugh at the absurdity of the underdog position.

Intervention 1: Didactic Presentation—Negative Inquiry (See Concepts and Skills section)

Intervention 3: Exercise—Practicing Negative Inquiry

Have group members role-play situations from their own lives and then role-play with the therapist (if they want a tougher critic) continuing their practice of negative inquiry for a longer time.

Intervention 1: Didactic Presentation—Negative Assertion (See Concepts and Skills section)

Intervention 3: Exercise—Practicing Negative Assertion

Allow as much group time as possible for role-playing these kinds of interactions, again taking examples, that are pertinent to shy people or using examples from group members' lives.

Intervention 4: Discussion

Ask group members what it was like to be criticized and to criticize others.

Termination Discussion

Hold a wrap-up discussion in which members express their feelings about leaving, talk about their original goals and the extent to which they met them, and discuss how they will continue on their own. Have them be specific about changes in thoughts, behaviors, and feelings. Ask for feedback about techniques that were helpful and those that were not. Encourage group members to express any negative feedback to you about the group. (This serves as further practice in giving negative feedback in general.)

Criteria for Measuring Change

Measurable behavioral goals were set in the second screening session. Criteria for measuring change are: reduced physiological arousal; new, more positive, and hopeful thinking patterns about social situations and the self; and new behaviors that were not evident previously. Increased self-esteem and self-expression are usually present.

Relapse

Shy clients relapse if they do not practice or keep themselves in social situations, just as people get out of shape physically if they don't exercise. Explain this phenomenon to the group. To prevent getting out of "social shape," recommend and encourage them to get into community groups,

dating services, and church activities. If they do relapse, they can come back for individual booster sessions or another group experience without further screening.

Resistance

Shy people resist change in general more than most people—so you should expect a good deal of resistance in shyness groups. Clients will hesitate to try new behaviors in group, and resist doing their homework. This of course varies within the group, because shy people are also conscientious and want to please you. This counterforce aids them in carrying out their behavioral and cognitive assignments.

Passive aggression is the dominant style among shy people, who are highly creative in finding methods to defeat themselves and you. Shy clients can try your patience beyond anything you have experienced in working with other therapy groups. Confront group members about passive aggressive techniques, and share your feeling about these maneuvers. Confront their use of shyness as an excuse not to assume the ordinary risks and responsibilities of everyday living. Confront also the arrogance that assumes that everyone is watching and evaluating them, the shy people. They are shocked to discover the hidden arrogance in the shy position. They are surprised to find that they often expect to be treated as exceptions, as special. They expect others to

initiate, contact, to seek them out, and to lead and take care of them. Acknowledging these aspects of themselves to the group, and working on them together, makes it less painful for clients to confront their attitudes. People do not feel singled out and can hear others acknowledge these tendencies in themselves.

The single biggest contributor to resistance in the Shyness Group is the effect of shame. Talk about it early on during the course of the group, describing shame and how it manifests itself in such cognitions as "I am inadequate and inferior." Feelings influence cognitions and cognitions influence feelings, often creating a vicious circle. Saying that "I am inadequate" simply creates additional feelings of shame. It's better to express the feelings themselves rather than the cognitions, because feelings pass and people can be comforted and reassured when they express them. Encourage group members to say aloud that they feel ashamed when these feelings come up. Encourage them to express the behaviors, thoughts, and feelings that cause shame. They find that others experience similar feelings and that they are not as unique or deficient as they thought they were. Shy people frequently are moralistic, perfectionistic, and naive about ordinary behavior, thoughts, and feelings because they have not had opportunities to share in an intimate way with other people. Sharing in this manner is one of the most powerful healing experiences in the life of a Shyness Group.

Group members will sometimes be absent because they are ashamed of the way they are feeling or behaving, or because they haven't done their homework. Respect their right to choose, but stress that it is only through taking the risk of acknowledging who they really are and through sharing and mutual support that they will change. The choice is theirs, but it is a choice, acknowledged or not.

Termination

Termination is an experience of separation, difficult for shy people because they feel insecure in interpersonal relationships. In long-term groups, ask members who are leaving to give the group three months' notice so that they can take the time to complete unfinished business and say goodbye. Group members explore their feelings about the termination and associate this loss with previous losses. The process is powerful. Group members recover forgotten experiences and connect the memories and feelings with their reluctance to become intimate with others as well as their reluctance to say goodbye to someone with whom they have become close.

Group members share whatever unexpressed thoughts and feelings they have toward the departing person, often finding the courage to say things they may not have dared to say before, such as how close they felt, how angry they were during an interaction, or that they were sexually attracted to

the departing member.

In short-term structured groups, mention termination several weeks before the group is due to end. Encourage clients to use the impending termination to motivate themselves to take risks that they might not otherwise take and to allow their feelings about separation to emerge. Emphasize in shyness groups that clients may come back for booster sessions and that more work is not a sign of failure but is usually a sign of another growth spurt or of the readiness to tackle a new developmental task. They may also join another group later or a long-term group if they like, without further screening. Encourage them to check in, to let you know how things are going, and just to touch base if they like. These groups are springboards to increased association and intimacy with others, and you may become a bit of a home base for some of these people, who come back off and on for years. Sometimes they agree to continue seeing each other socially or to telephone each other when they need someone to talk to. These negotiations are best left to the individuals in the group.

References

Adler, R.B., and Towne, N. *Looking Out/Looking In.* New York: Holt, Rinehart, and Winston, 1970.

Alden, L., and Cappe, R. "Interpersonal process training for shy clients." In *Shyness: Perspectives on Research and Treatment.* Edited by W.H. Jones, J.M. Cheek, and S.R. Briggs. New York: Plenum Press, 1986, 343-356.

Anderson, C.A. "The causal structure of situations: The generation of plausible causal attributions as a function of type of event situation." *Journal of Experimental Social Psychology,* 1983, 19, 185-203.

Arnkoff, D.B.; Glass, C.R.; McKain, T.; Shea, C.A.; and Greenberg, J.M. "Client predispositions to respond to cognitive and social skills treatments for shyness." In *Shyness: Personality Development, Social Behavior, and Treatment Approaches.* Symposium conducted at the meeting of the American Psychological Association, Toronto, 1984.

Beck, A.T.; Rush, A.J.; Shaw, B.F.; and Emery, G. *Cognitive Therapy of Depression.* New York: Guilford Press, 1979.

Bell, P.A., and Byrne, D. "Regression-sensitization." In *Dimensions of Personality.* Edited by H. London and J.E. Exner. New York: 1978, 449-485.

Bowlby, J. *A Secure Base.* New York: Basic Books Inc., 1988.

Bower, S.A., and Bower, G.H. *Asserting Yourself.* Menlo Park, California: Addison-Wesley, 1976.

Breck, B.E., and Smith, S.H. "Selective recall of self-descriptive traits by socially anxious and non-anxious females." *Social Behavior and Personality,* 1983, 11(2), 71-76.

Burns, D.D. *Feeling Good, the New Mood Therapy.* New York: New American Library, 1980.

Cheek, J.M. *Conquering Shyness.* New York: Basic Books, 1989.

---- . The Revised Cheek and Buss Shyness Scale. Unpublished manuscript, Wellesley College, 1983.

----. and Buss, A.H. "Shyness and sociability." Journal of Personality and Social Psychology, 1981, 41, 330-339.

---- . Carpentieri, A.M.; Smith, T.G.; Rierdan, J.; and Koff, E. "Adolescent shyness." In Shyness: Perspectives on Research and Treatment. Edited by W.H. Jones, J.M. Cheek, and S.R. Briggs. New York: Plenum Press, 1986, 105-115.

----. Emotional Disorder and Psychotherapy. New York: Plenum Press, 113-131.

Crozier, W.R. "Explanations of social shyness." Current Psychological Reviews, 1982, 2, 47-60.

Curran, J.P.; Wallander, J.L.; and Fischetti, M. "The importance of behavioral and cognitive factors in heterosexual-social anxiety." Journal of Personality, 1980, 43, 285-292.

Edelmann, R.J. "Individual differences in embarrassment: Self-consciousness, self-monitoring, and embarrassibility. Personality and Individual Differences, 1985, 6(2), 223-230.

Franzoi, S.L. "Self-concept differences as a function of private self-consciousness and social anxiety." Journal of Research in Personality, 1983, 17, 275-287.

Gabor, D. How to Start a Conversation and Make Friends. New York: Fireside Books, 1983.

Glass, C.R., and Furlong, M.R. "A comparison of behavioral, cognitive, and traditional group therapy approaches for shyness." In Shyness: Personality Development, Social Behavior, and Treatment Approaches. Symposium conducted at the meeting of the American Psychological Association, Toronto, August 1984.

Goldfried, M.R., and Davison, G.C. Clinical Behavior Therapy. York York: Holt, Rinehart, and Winston, 1976.

Hammerlie, F.M., and Montgomery, R.L. "Self-perception theory and the treatment of shyness." In Shyness: Perspectives on Research and Treatment. Edited by W.H. Jones, J.M. Cheek, and S.R. Briggs. New York: Plenum Press, 1986, 329-342.

Harder, D.W., and Lewis, S.J. "The assessment of shame and guilt." In Advances in Personality Assessment, 6. Edited by J. Butcher and C. Spielberger. Hillsdale, New Jersey: Lawrence Erlbaum, 1986.

Izard, C.E. The Face of Emotion. New York: Appleton-Century-Crofts, 1971.

Johnson, D.W. Reaching Out: Interpersonal Effectiveness and Self-Actualization. Englewood Cliffs, New Jersey: Prentice-Hall, 1972.

Jones, W.H.; Briggs, S.R.; and Smith, T.G. "Shyness: Conceptualization and measurement." Journal of Personality and Social Psychology, 1986, 51(3), 629-639.

----, and Carpenter, B.N. "Shyness, social behavior, and relationships." In *Shyness: Perspectives on Research and Treatment.* Edited by W.H. Jones, J.M. Cheek, and S.R. Briggs. New York: Plenum Press, 1986, 329-342.

Kroger, W.S., and Fezler, W.D. Hypnosis and Behavior Modification: Imagery Conditioning. Philadelphia: J.B. Lippincott Company, 1976.

Lewis, H.B. Shame and Guilt in Neurosis. New York: International Universities Press, 1971.

----. "Shame in depression and hysteria." In Emotions in Personality and

Psychopathology. Edited by C.E. Izard. New York: Plenum Press, 1979, 371-398.

Lucock, M.P., and Salkoviskis, P. "Cognitive factors in social anxiety and its treatment." Behavior Research and Therapy, 1988, 26(4), 297-302.

Maddux, J.E.; Norton, L.W.; and Leary, M.L. "Cognitive components of social anxiety: An investigation of self-presentation theory and self-efficacy theory." Journal of Social and Clinical Psychology, 1988, 6(2), 180-190.

McEwan, K.L., and Devins, G.M. "Is increased arousal in social anxiety noticed by others?" Journal of Abnormal Psychology, 92, 417-421.

McKay, M., and Fanning, P. Self-Esteem. Oakland, California: New Harbinger Publications, 1987.

O'Banion, K., and Arkowitz, H. "Social anxiety and selective memory for affective information about the self." Social Behavior and Personality, 1977, 5, 321-328.

Phillips, G.M. "Rhetoritherapy: The principles of rhetoric in training shy people in speech effectiveness." In Shyness: Perspectives on Research and Treatment. Edited by W.H. Jones, J.M. Cheek, and S.R. Briggs. New York: Plenum Press, 1986, 357-374.

Pilkonis, PA. "Shyness, public and private, and its relationship to other measures of social

behavior." Journal of Personality, 1977a, 45, 585-595.

----. "The behavioral consequences of shyness." Journal of Personality, 1977b, 45, 596-611.

Schmitt, J.P., and Kurdek, L.A. "Correlates of social anxiety in college students and homosexuals." Journal of Personal Assessment, 1984, 48(4), 403-409.

Schutz, W. The Interpersonal Underworld. Palo Alto, California: Science and Behavior Books, 1966.

Smith, M.J. *When I Say No I Feel Guilty.* New York: Bantam Books, 1975.

Smith, R.E., and Sarason, I.G. "Social anxiety and the evaluation of negative interpersonal feedback." *Journal of Consulting and Clinical Psychology,* 1975, 43, 429.

Smith, T.W.; Ingram, R.E.; and Brehm, S.S. "Social anxiety, anxious self-preoccupation and recall of self-referent information." *Journal of Personality and Social Psychology,* 1983, 44, 1276-1283.

Snyder, C.R., and Smith, T.W. "On being "shy like a fox": A self-handicapping analysis." In *Shyness: Perspectives on Research and Treatment.* Edited by W.H. Jones, J.M. Cheek, and S.R. Briggs. New York: Plenum Press, 1986, 161-172.

----. Smith, T.W.; Augelli, R.W.; and Ingram, R.E. "On the self-serving function of social anxiety: Shyness as a self-handicapping strategy. *Journal of Personality and Social Psychology,* 1985, 48, 970-980.

Tomkins, S.S. "Shame." In *The Many Faces of Shame.* Edited by D.L. Nathanson. New York: Guilford Press, 1987.

Trower, P., and Gilbert, P. "New theoretical conceptions of social anxiety and social phobia." *Clinical Psychology Review,* 1989, 9, 19-35.

Watson, D., and Friend, R. "Measurement of social-evaluative anxiety." *Journal of Consulting and Clinical Psychology,* 1969, 33(4), 448-457.

Zimbardo, P.G. *Shyness: What It Is, What to Do About It.* Reading, Massachusetts: Addison-Wesley, 1977.

----. "The Stanford shyness project." In *Shyness: Perspectives on Research and*

Treatment. Edited by W.H. Jones, J.M. Cheek, and S.R. Briggs. New York: Plenum Press, 1986, 17-25.