Social Fitness Training with College Students

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Overview

• Research in the Field
  • Research and Practice
• Social Fitness and Shyness
  • Shyness: definition and treatment
  • History
  • Vicious Cycles and Infinite Loops
• The most recent iteration
  • An Experiment
  • Findings
  • Discussion
• Conclusion
Perspective: from Research

reflect

question

test

theory
Perspective: from Clinical Practice

design

analyze

treatment

measure
Perspectives: Co-informing

Clinical Practice
- design
- treatment
- measure

Research
- reflect
- test
- question
- theory

analyze
Perspectives: Integrated
Shyness vs. Introversion or Natural Reserve

• Shyness implies want to be closer to people, but fear holds back. Approach/avoidance conflict.
• Relates to what people will attempt - cannot achieve what will not try
• Formal definition indicates distress and/or avoidance, inhibition.
• DISTRESS and DYSFUNCTION - INTERFERENCE with goal-directed behavior
• DSM IV - Social phobia - persistent avoidance and/or marked distress in one or more social situations that interferes with functioning (incidence 2-12%)
Four Domains of Shyness

- Cognitive - negative thoughts about self, situation, others
- Behavioral - the fight or flight syndrome: avoidance, inhibition or overactivity
- Physiological - "SUDS" - heart races, palms sweat, light-headed
- Affective - embarrassment, insecurity, shame
  - We treat all four:
    - Cognitive, attributional, self-concept restructuring
    - Social skills - coaching
    - Exposure to feared situations and practice
    - Expression of feelings - group support "I'm not alone"
Our Social Fitness Model
Twenty-six Weekly Two-hour Cognitive-Behavioral Group sessions

- Daily Workouts
  - Self-Monitoring, Self-reinforcement
- Exposures with Cognitive Restructuring
  - Attribution and Self-concept Restructuring
- Social Skills Training - meeting and conversing
  - Communication Training - Where do I go from here?
    - Building intimacy - self-disclosure, handling criticism, conflict
    - Expression of Feelings
    - Empathy - listening
- Attentional Focus Flexibility Training: self- other, empathic response
- Video Taping
Previous Research and Clinical Observation

- Doing better, feeling worse; SHAME
- Negative therapeutic reaction?
- Self-enhancement bias is reversed
- Internal attributions are made for negative social outcomes
- Shyness is negatively associated with attributions of control
- Clinical observation suggests shame and self-blame are important variables
- Self-schema research suggests negative bias
- More relevant for some than others? who?
Arnold Buss's Model (1980)

- Early developing shyness (fearful shyness)
  - fear of novelty and intrusion
  - physical reactivity
- Later developing shyness (4-6 years; self-conscious shyness)
  - excessive parental evaluation of observable aspects of a child's behavior
Shyness and Attribution-style: Our Research

• Buss's self-conscious shys predicted to be higher in self-blame and shame than fearful shys
• Added self-blaming attributions as dependent variable
• Fearfulness, not shyness, predicted self-blaming attributions for interpersonal failure
• Both fearfulness and shyness predicted internal attributions and state shame in hypothetical interpersonal failure situations and both predicted trait shame.
• Shyness was still a negative predictor of control
Private self-consciousness

- Protects against self-blame and state shame in situations with negative interpersonal outcomes at low levels of fear, but begins to exacerbate at high levels.
- Exacerbates the association of both fear and shyness with trait shame.
Vicious Cycles: Fight or Flight

fear

greater fear

greater automatic thoughts

Approach

Avoidance

automatic thoughts
Vicious Cycles: Shame & Blame

Approach

Self-blame

Shame

Avoidance
One Infinite Loop

**Fight or Flight**
- Fear
- Automatic thoughts

**Shame & blame**
- Shame
- Self-blame

**Approach**

**Avoidance**
The question: Can we change it?

- Can we educate people about:
  - reversing the self-enhancement bias
  - self-concept distortions?
- Can we develop techniques to change it?
- The next iteration:
  - 2-year study with 8-week Stanford student groups
  - Exposures with attributional and self-concept restructuring techniques
Preliminary Results with Social Fitness Training in Eight-week Groups for Students at Stanford

• Students show significant reductions in internal, stable and global attributions for negative interpersonal outcomes, and in self-blame and accompanying state shame
• Students also show significant reductions in social anxiety, social avoidance and distress, trait shame, depression, and social phobia.
Results

**Self-blame**

Interaction Bar Plot for Own self-blame
Effect: Category for Own self-blame

- 29 cases were omitted due to missing values.

**State-shame**

Interaction Bar Plot for State shame
Effect: Category for State shame

- 28 cases were omitted due to missing values.
Results

Internal

Interaction Bar Plot for Own internal failure
Effect: Category for Own internal failure
29 cases were omitted due to missing values.

Global

Interaction Bar Plot for Own global failure
Effect: Category for Own global failure
29 cases were omitted due to missing values.

Stable

Interaction Bar Plot for Own stable failure
Effect: Category for Own stable failure
29 cases were omitted due to missing values.
Results

• Fear (N=25) F 4.52, p.044
• Depression (N=27) F 8.86, p.006
• Fear of neg eval (N=26) F 28.48, p.<.0001
• Social Anxiety (N=25) F 19.82, p.0002
• Social Avoidance and distress (N=26) F 23.02, p.<.0001
• Trait Shame (N=26) F 17.76, p.0003
• Trait Guilt (N=26) F 6.96, p.0142
• Mattick social phobia (N=26) F 15.65, p.0006
Conclusion

• Attribution style can be changed.
  • Question: How do we maintain these changes?
    • booster sessions
    • on-going "workouts"
• Challenged self-concept distortions
  • Questions:
    • how long will it take to change them?
    • how do we measure the changes?
Thank you

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----- Early and Alternative slides ------
Research: Analysis

Analysis

data → view → perspective → account / representation → evaluate
Research: In service of Clinical Practice

Treatment

- observe
- records
- treatment
- intervene
- understanding

Analysis

- view
- account / representation
- perspective
- evaluate

Intervention: Understanding and Representing Clinical Practice
The Experience of Shyness

SAD FIX'S

- Self-Blame and Shame
- Avoidance
- Distress
- Fear of Negative Evaluation
- I Must, but I Can't!
- Exposure: fear of both failure & Success
- Self-Sabotage
Chronic debilitating shyness may be a nature/nurture interaction

- Approximately 15% of the population may have genetic tendency or constitutional vulnerability (Jerome Kagan, Harvard; Arnold Buss, U. of Tex.)
- However, learning (conditioning) is considered a large part of variance
CAPS Outcome Data

Interaction Bar Plot for Fear
Effect: Category for Fear * Treatment

Interaction Bar Plot for Depression
Effect: Category for Depression * Treatment

Interaction Bar Plot for Fear neg eval
Effect: Category for Fear neg eval * Treatment

Interaction Bar Plot for Social Anx
Effect: Category for Social Anx * Treatment

21 cases were omitted due to missing values.

19 cases were omitted due to missing values.

20 cases were omitted due to missing values.

21 cases were omitted due to missing values.
CAPS Outcome Data (Con't)

Interaction Bar Plot for Social Avoidance and Distress
Effect: Category for Social Avoidance and Distress * Treatment

Interaction Bar Plot for Trait-shame
Effect: Category for Trait-shame * Treatment

Interaction Bar Plot for Mattick social phobia
Effect: Category for Mattick social phobia * Treatment

20 cases were omitted due to missing values.
Let's start with Adolescents: Four Studies of High School Samples

• High School Health Fairs
• 100-150 students come to our shyness booth
• Self-report of responses in an imagined situation of communication "failure"
• How shy are they? How self-aware? How empathic? What is impact of self-blame?
Study 1: Self-blame: Regression Results

Both self-blame and private self-consciousness predicted social anxiety and fear of negative evaluation, accounting for approximately 22% and 21% of the variance.

<table>
<thead>
<tr>
<th>Criterion variable</th>
<th>Predictor variables</th>
<th>sr²</th>
<th>b</th>
<th>T test</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Anxiety</td>
<td>Self-blame</td>
<td>.12</td>
<td>.69</td>
<td>3.66</td>
<td>.000</td>
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<td>Private sc</td>
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F (2, 84) = 15.47; p < .001

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<tr>
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<th>b</th>
<th>T test</th>
<th>p</th>
</tr>
</thead>
<tbody>
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<td>Fear Neg. Eval.</td>
<td>Self-blame</td>
<td>.13</td>
<td>.73</td>
<td>3.81</td>
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<tr>
<td></td>
<td>Private sc</td>
<td>.08</td>
<td>.29</td>
<td>2.99</td>
<td>.004</td>
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</tbody>
</table>

F (2, 84) = 14.24; p < .001
## Study 1: Self-blame: MANOVA

Mean Social Anxiety, Fear of Neg. Eval., and Self-conscious Scores

<table>
<thead>
<tr>
<th></th>
<th>Self-blame</th>
<th>Non-self-blame</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Shy (n = 34)</td>
<td>Non-shy (n = 11)</td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>M</td>
<td>.69a</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>.85</td>
</tr>
<tr>
<td>Fear neg eval</td>
<td>M</td>
<td>.66a</td>
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<td></td>
<td>SD</td>
<td>.66</td>
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<tr>
<td>Private Self-con</td>
<td>M</td>
<td>.16a</td>
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<td></td>
<td>SD</td>
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<tr>
<td>Public Self-con</td>
<td>M</td>
<td>.13ab</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>1.01</td>
</tr>
</tbody>
</table>

Note M and SD standardized; p < .05
Study 2: Self-blame, not control, predicted social avoidance and distress

Table 3.

SOCIAL AVOIDANCE AND DISTRESS

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>coefficient</th>
<th>std error</th>
<th>P(2tail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>constant</td>
<td>4.90</td>
<td>2.18</td>
<td>.026</td>
</tr>
<tr>
<td>SHY</td>
<td>2.17</td>
<td>0.63</td>
<td>.001</td>
</tr>
<tr>
<td>OUTGOING</td>
<td>-1.10</td>
<td>0.59</td>
<td>.063</td>
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<tr>
<td>SHY*SBLAME</td>
<td>.76</td>
<td>0.18</td>
<td>.000</td>
</tr>
</tbody>
</table>

Self blame increasingly predicts social avoidance and distress at higher levels of shyness (shyness and outgoing tendencies held constant).
Study 3: Self-blame, Control, "Second Effort"

- Social Anxiety

51% of variance in social anxiety is accounted for by:

<table>
<thead>
<tr>
<th></th>
<th>partial $R^2$</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ shyness</td>
<td>0.28</td>
<td>0.000</td>
</tr>
<tr>
<td>+ self-blame</td>
<td>0.06</td>
<td>0.000</td>
</tr>
<tr>
<td>+ private self-consciousness</td>
<td>0.02</td>
<td>0.037</td>
</tr>
<tr>
<td>- second effort</td>
<td>0.05</td>
<td>0.002</td>
</tr>
<tr>
<td>- other-blame</td>
<td>0.04</td>
<td>0.005</td>
</tr>
<tr>
<td>- impression control</td>
<td>0.06</td>
<td>0.005</td>
</tr>
</tbody>
</table>
Fourth High School Study: Shyness, Self-blame, and Empathy, and the Continuing Importance of "Second Effort"

- Self-blame, like shyness, is associated with empathic concern for others, but not with perspective taking.
- Self-blame is negatively correlated with "second effort" and a non-blaming attribution style.
- Private self-consciousness is associated with taking others’ perspectives, except when one is shy and self-blaming.
Adaptation

- Develop awareness of self and others, test hypotheses, and make choices
- Inhibited exploration of self and others interferes with contributions to society and personal happiness
Can we create an atmosphere that engenders self-confidence as opposed to increasing shyness and social insecurity?

• Absolutely it is attainable if we are willing to work toward common human goals
  • Create emotional safety through empathy
  • Create an accepting, supportive environment where experimentation is sanctioned, mistakes are a given, and many truths are allowed
  • Adhere to idea that there are multiple pathways to similar goals
  • Promote practice and sense of mastery that is not competitive in nature
  • Exemplify the importance of commitment with simultaneous openness to change and diversity