

Shyness as a Clinical Condition: The Stanford Model

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Henderson, L., & Zimbardo, P. (in press). Shyness as a clinical condition: The Stanford Model. In L. Alden & R. Crozier (Eds.), International Handbook of Social Anxiety . Sussex, England: John Wiley & Sons.

SOCIAL FITNESS TRAINING

Treatment Philosophy

The distinctive feature of our treatment philosophy is the concept of social fitness. Social fitness, like physical fitness, is a state of physiological, behavioral, emotional, and mental conditioning that implies adaptive functioning and a sense of well being.

Four domains of shyness:

- 1) **behavior**, which is either inhibited or overactive;
- 2) **physiological arousal** that manifests in sweating, trembling, and increased heart rate
- 3) **maladaptive thinking patterns**
- 4) **negative emotions**, such as embarrassment, shame and guilt

Group therapy is the treatment of choice for chronic shyness.

Educational approach

Emphasize **goal formation**, testable hypotheses and specific skill-building.

Role-play desired behaviors in feared situations.

Challenges to habitual negative thinking patterns

A unique feature of our program is that we incorporate elements of an **interpersonal short-term dynamic approach** into an intimacy-building component.

Therapists link maladaptive behavioral patterns to early experiences, thereby helping clients gain insight into particular coping styles

Treatment Procedures

Improving Behavioral Fitness

Self-monitoring

Clients record automatic thoughts in stressful situations and rate how positive or negative the outcome of a social situation was and how they assigned responsibility for the outcome.

Clients monitor their avoidance behavior and its relationship to their negative thoughts and beliefs.

Behavioral Fitness Homework and Self-rewards for

Workouts

Homework is reviewed at the beginning of each group session and is assigned at the end of each session. Bragging. Chunking homework.

Telephone Calls

Clients are assigned two telephone calls each week to other group members.

Motivation and Compliance with an Optimal Training

Schedule

Always salient, motivation and compliance are crucial in workouts.

It is like interval training in running or cycling.

Interpersonal Skill Training

Interpersonal skill training includes verbal and nonverbal communication, skillful listening, self-disclosure, trust-building, handling criticism, negotiation, and managing and expressing anger constructively.

Empathy

Empathy for the self and others is an ongoing focus in therapy.

A critical focus on one's performance or an excessive focus on inner processes interferes with accurate perspective taking, i.e. seeing another's point of view or frame of reference

Improving Mental Fitness

Attributional and Self-concept Restructuring.

Specific restructuring of maladaptive attributions and negative biases about the self (Henderson, Martinez & Zimbardo, 1997).

Emphasize attributional and self-concept restructuring to enable clients to recognize the tendency to blame the self in the face of negative social outcomes and to challenge negative self-schemas that operate outside awareness.

Attributional and self-concept restructuring are particularly suited to self-defeating thinking patterns.

It is important to **distinguish** between thoughts that are **hypotheses** that can be tested immediately, such as, "I won't be able to think of anything to say" from **basic beliefs** about the self.

If behavior changes, but **beliefs about the self** do not, clients return to a **process of self-blame and shame** at the first sign of frustration or disappointment, leaving them convinced that maladaptive self-schemas are accurate depictions of their personalities.

Therapists take emotional risks, at times explicitly disclosing their own negative attributions and beliefs about the self, acknowledging to clients the embarrassment or shame that accompanies these revelations.

The therapist modeling and the group dialogue helps change these beliefs.

These restructuring techniques are probably more applicable to shy individuals with **long-standing difficulties** than to those with more reactive and specific problems.

Termination

The therapist and client assess attributional style, shame, and current goal attainment and **plan future goals**.

Anticipate getting out of "social shape" and formulate plans to restart "work-outs" on their own, or with support.

In 26 weeks of treatment, we typically see at least one significant relapse

Predict the relapses during the initial evaluation, and pinpoint general discouragement in the group to about the 13th or 14th week of treatment, clients are better able to "climb back on their horses" and **continue their social fitness workouts**.

Common Problems

Medication to Enhance Social Performance and Comfort

Level

Our clients sometimes use **medication**: benzodiazepines (e.g. Ativan, Xanax, and Klonopin), beta blockers (e.g., Inderol) or antidepressants (generally

selective serotonin reuptake inhibitors). Analogous to athletes taking **steroids** to improve performance, shy clients are afraid to be without it, hampering their faith in themselves and their long-term success

Substance Use

We have a **low incidence of substance dependence** among our clients, but some clients use alcohol or cannabis to reduce social anxiety, often in relatively small quantities.

They are educated about the **effects of alcohol and caffeine** on social anxiety and performance.

Pessimism and Passivity

Learned pessimism and learned passivity is a hallmark of the chronically shy. Clients will seduce therapists into doing all the work.

Difficulty Simulating Real-life

Sometimes it is difficult to simulate the exact experience a person is having at work or in social settings. For instance, a dominating male boss may be difficult.

When a person complains that the SUDS level is low, they often have **subtle habits of avoidance**.

Sometimes the instruction to make more **eye contact** or to be more "present" helps.

Intensifying the challenges during cognitive-restructuring may undermine defense mechanisms and reveal the underlying anxiety.

Secondary Gains That Accompany Passivity and Pessimism

Others **protect** you, do things for you, **pamper** you, and are reluctant to exert pressure.

Shame and guilt in small quantities stimulate growth.

"Tough love" usually develops in the group culture.

Summary

Program is firmly based on the notion of constructive collaboration.

Together, students and instructors create a sense of community, the best antidote to shyness.