THE SHY Q, A MEASURE OF CHRONIC SHYNESS: ASSOCIATIONS WITH INTERPERSONAL MOTIVES, INTERPERSONAL VALUES AND SELF-CONCEPTUALIZATIONS.

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Abstract: Research has shown that self-blame, private self-consciousness, shame, and resentment are core cognitive and affective components of clinically significant chronic shyness (Henderson and Zimbardo, 2001). We have developed a new scale to measure these various dimensions of chronic shyness and collected data on our shyness clinic sample, several college student samples and a sample of 3500 web site respondents. Chronbach’s Alpha for six samples was between .92 and .93. Evidence for concurrent and discriminant validity is reported in terms of correlations with relevant sub-scales of the Inventory of Interpersonal Problems. (IIP) and Locke’s Circumplex Scale of Interpersonal Values. Other findings include associations with Interdependent/Independent self-construals (Kato and Markus, 1994). The value of this new measure for research on personality disorders and maladaptive interpersonal behaviors is elaborated within the framework of a social fitness model and previous research on interpersonal problems, attachment style and cultural self-construals.

Background

Social Fitness Model:
Just like physical fitness, Social Fitness (Henderson, 1994) implies a state of physiological, behavioral, emotional and mental conditioning that results in adaptive functioning and a sense of well-being. It implies satisfying interpersonal relationships, adequate emotion regulation, the proactive pursuit of personal and professional goals, and an adaptive cognitive style. Social fitness addresses both needs for emotional connection (communion) and needs for agency (influence/control). As with an individual who desires physical fitness and thereby plays sport, works out, exercises, etc., a socially fit individual is involved in frequent social exercise through meeting new people, and maintaining and cultivating close relationships with others.

Reversal of the Self-Enhancement bias and Vicious Cycles:
Adaptive thinking patterns and emotion regulation are important components of social fitness. Shy individuals reverse the self-enhancement bias in social situations (Arkin, Appelman & Burger, 1980; Buss & Scheier, 1976.); they attribute responsibility for social failure to themselves, and credit success in social situations to factors that are external, situation-bound, temporary or uncontrollable.
Infinite Loops:

In the first cycle, as the shy individual approaches or anticipates a social situation, feelings of fear and negative predictions about the outcome of the social situation are prevalent. These feelings of fear and negative cognitions increase the number of negative predictions about the social situation which, in turn, aggravate the already heightened level of fear. Leaving a social situation provides relief for the individual. However, feelings of shame and rumination take over and the person feels shame for fearing and avoiding the social challenge, moving into the second cycle where self-blame exacerbates the shame. When one experiences shame, others appear contemptuous and potentially threatening. The shy individual therefore feels anger and resentment towards others and enters the third cycle. Blaming others reduces self-blame and shame. Others are seen as refusing to be more considerate, supportive, caring, etc. Negative emotions and negative cognitions influence each other in an escalating reciprocal pattern.

**Development of the Shy Q**

One hundred items were developed through clinical observations, shyness research and interpersonal theory. These were given to an introductory psychology class and 3500 website respondents. The current 35-item version of the Shyness questionnaire produces a shyness quotient, the ShyQ, or mean rating on the Shyness Questionnaire. The ShyQ addresses interpersonal problems and negative thoughts and emotions.

Please indicate, for each of the statements below, how characteristic the statement is of you, that is, how much it reflects what you typically think, feel and do.


1. I am afraid of looking foolish in social situations.
2. I often feel insecure in social situations.
3. Other people appear to have more fun in social situations that I do.
4. If someone rejects me I assume that I have done something wrong.
5. It is hard for me to approach people who are having a conversation.
6. I feel lonely a good deal of the time.
7. I tend to be more critical of other people than I appear to be.
8. It is hard for me to say “no” to unreasonable requests.
9. I do more than my share on projects because I can’t say no.
10. I find it easy to ask for what I want from other people.
11. I do not let others know I am frustrated or angry.
12. I find it hard to ask someone for a date.
It is hard for me to express my feelings to others.
I tend to be suspicious of other people’s intentions towards me.
I am bothered when others make demands on me.
It is easy for me to sit back in a group discussion and observe rather than participate.
I find myself being unable to enter new social situations without feeling rejection or not being noticed.
I worry about being a burden on others.
Personal questions from others make me feel anxious.
I let others take advantage of me.
I judge myself negatively when I think others have negative reactions to me.
I try to figure out what is expected in a given situation and then act that way.
I feel embarrassed when I look or seem different from other people.
I am disappointed in myself.
I blame myself when things do not go the way I want them to.
I sometimes feel ashamed after social situations.
I am usually aware of my feelings, even if I do not know what prompted them.
I am frequently concerned about others approval.
I like taking risks in social situations.
If someone is critical of me I am likely to assume that they are having a bad day.
If I let people know too much about me they will gossip about me.
I think it is important to please others.
People feel superior when someone is socially anxious.
I spend a lot of time thinking about my social performance after I spend time with people.
I am satisfied with my level of social support.

| Website respondents  | 3.6 | .6 |
| Stanford University Psychology students | 2.5 | .6 |
| Shyness Clinic sample | 3.6 | .6 |

Reliability of the Shy Q:
- Internal Consistency: Cronbach’s Alpha for six samples is between .92 and .93.
- Test-Retest reliability: (2 weeks; N=31) is .87

Concurrent validity of the Shy Q with other clinic scales:

| BFNE (Brief Fear of Negative Evaluation) | .77 | 36 | .000 |
| STAXI Anger in: | .60 | 40 | .000 |
| EOS (Estimation of Others)*see appendix A | .73 | 40 | .000 |
| EAS (Fearfulness) | .52 | 40 | .001 |
| Coopersmith S.Esteem | -.67 | 39 | .000 |
| PFQ (Trait Shame) | .75 | 40 | .000 |
| PRSC (Inner focus) | .55 | 40 | .000 |
| BDI | .56 | 40 | .000 |
| HSP (Highly Sensitive) | .49 | 40 | .001 |
| Tosca Shame | .80 | 36 | .000 |
| RCBS | .74 | 39 | .000 |

Age range: 19-65 years (mean = 35.4)
Of the clients sampled, 94% meet criteria for generalized social phobia and 70% meet criteria for Avoidant Personality Disorder as diagnosed by the Millon.

Gender categories of Shyness Clinic clients:

Current sample: Male = 73%; Female = 27%

**Concurrent and Discriminant validity:**

- Revised Cheek and Buss Scale (RCBS; Melchior & Cheek, 1990):
  Correlations in college samples between .6 and .67

- IIP(Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988):

1. **The IIP:**
A self-report inventory, the Inventory of Interpersonal Problems (IIP) (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988) was designed to identify interpersonal sources of distress. The IIP identifies interpersonal problems along a two-dimensional space that is divided into eight equal sectors (octants). Subscales of the IIP describe these octants. (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988).

Clinically shy individuals report problems in the following highlighted octants:
Correlations found with:
- Cold/Distant (.53)
- Socially avoidant (.82)
- Non-assertive (.52)
- Overly accommodating (.6)
- Self-sacrificing (.49)
- Vindictive (.58)

**Discriminant validity:**
In the clinic sample, the Shy Q is NOT associated with being domineering/controlling (PA), or with being intrusive/needy (NO).

Correlations found with:
- Cold/Distant (.46)
- Socially avoidant (.69)
- Non-assertive (.63)
- Overly accommodating (.54)
- Self-sacrificing (.36)

**Discriminant validity:**
In the student sample, the Shy Q is NOT associated with being domineering/controlling (PA), vindictive/self-centered (BC), or with being intrusive/needy (NO).

2. **Locke’s Circumplex Scale of Interpersonal Values (CSIV; Locke, 2000):**
The CSIV (Locke, 2000) is a self-report inventory designed to complement existing interpersonal circumplex measures by assessing a set of agentic and communal values.
Correlations found with:
- Putting others’ needs first (.53)
- Avoiding social humiliation (.42)
- Avoiding anger (.39)
- Feeling connected to others (.22)

**Discriminant validity:**
No correlations found with: Valuing forcefulness, Having the upper hand, Seeking revenge, or Having an impact.

### 3. Interdependence- Independence Scale:
The Interdependence/Independence Scale (II Scale; Kato & Markus, 1994) was designed to identify individuals with interdependent and/or independent self-construals which are characteristic of Eastern communal cultures vs. Western individualistic cultures. Higher scorers on the ShyQ score higher on interdependent communal concerns, but not higher on maintaining self-other bonds. They score lower than non-shy individuals on individualistic self-construals.

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<td><strong>COE</strong></td>
<td><strong>Mean</strong></td>
<td><strong>Standard Deviation</strong></td>
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<td>NON SHY</td>
<td>5.8600</td>
<td>1.03494</td>
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<td>SHY</td>
<td>6.5046</td>
<td>1.17131</td>
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| **SOD** | **Mean** | **Standard Deviation** | **p** |
| NONSHY | 6.4202 | .75642 | <.001 |
| SHY | 5.7344 | .96425 |   |

| **SK** | **Mean** | **Standard Deviation** | **p** |
| NON SHY | 7.0714 | .91953 | <.05 |
| SHY | 6.3571 | 1.46112 |   |

| **MB** | **Mean** | **Standard Deviation** | **p** |
| NON SHY | 5.6000 | .91234 | n.s. |
| SHY | 5.9762 | 1.06378 |   |

### Attachment Style and Shyness
Attachment theory (Bowlby, 1973) proposed that mental representations of the self and others are formed through interactions with attachment figures that organize the individual's affect, cognitions and behavior in close relationships.

Interpersonal problems often reflect a conflict between an individual's desire to express a behavior and the individual's feared consequence of expressing that behavior. These conflicts stem from the individual's interpersonal learning history that is in part, demonstrated by the individual's attachment history and attachment style (Horowitz, Rosenberg, & Bartholomew, 1993).

According to Bartholomew (1990; Bartholomew & Horowitz, 1991) individuals have two classes of mental representations that affect their interpersonal behavior. One mental representation is the individual's generalized impression of others; the other representation is the individual's image of the self. A 2 by 2 matrix crossing the image of others with the image of the self produces four prototypic styles of Attachment (Bartholomew, 1990). These resulting styles of attachment are Secure, Preoccupied, Fearful and Dismissing.
The Fearful person has both a negative image of the self and others, and, according to this model, should display hostility towards other individuals and have a deficient sense of autonomy. When related to interpersonal problems, problems of fearful people are primarily reflected in problems of hostile submissiveness (Bartholomew & Horowitz, 1991.) However, shy clients who are also high in a general measure of fearfulness (EAS; Buss & Plomin, 1984) score significantly higher than those who are less fearful both in the friendly preoccupied (JK) and FG (socially avoidant) octants of the circumplex reflecting friendly submissive behavior as well as hostile submissiveness.

Insecurely attached individuals recall more negative and less positive relationship episodes than their securely attached counterparts (Collins & Read, 1994; Mikulincer, 1998.) Thus, although the shy person may desire connection with another individual, if his/her "trust-related memories" are more negative, the shy person enters the social situation feeling more suspicious and afraid.

The shy individual therefore becomes alienated from the self through the shame state (see Infinite Loops) and may also become alienated from others (as indicated by negative thoughts about others; Henderson & Horowitz, 1998) who could potentially be a source of comfort, support and connection that the shy individual seeks. This interpersonal conflict is apparent in the correlations between the Shy Q and the IIP where, for both student and clinic samples, individuals report problems of being cold/distant, socially inhibited, non-assertive, overly accommodating, and too self-sacrificing.

Discussion
• Initial evidence for concurrent and discriminant validity for the Shy Q quotient has been demonstrated through correlational studies with interpersonal measures such as the IIP and the CSIV.

• The Shy Q addresses both interpersonal problems and the experience of shyness.

Future research:
- Continued data collection on the Shy Q
- Observation of particular behaviors in the shy population related to specific interpersonal orientations
- Examination of the effects of cultural influences and how different cultural orientations relate to interpersonal styles
- Continued investigation of communal versus individualistic self-construals

References


Appendix A:

Estimations of Others Scale (EOS):

To what extent do you relate to each of these statements? Please make a rating on a 7 point scale from 1 (not at all) to 4 (moderately) to 7 (very much).

1. People are more powerful than I am and will take advantage of me.
2. If I’m not watchful and careful people will take advantage of me.
3. I must not let people know too much about me because they will misuse the information.
4. If I let people know too much about me they will say hurtful things to me, or talk about me behind my back to others.
5. People do not care about me.
6. People are indifferent to my feelings and don’t want to know about me.
7. People will be rejecting and hurtful if I let them close to me.
8. If people see my discomfort they will feel contempt for me.
9. People do not relate to my problems.
10. People do not identify with me when I am uncomfortable.
11. When people see my discomfort they feel superior.
12. People will make fun of me and ridicule me.