Measuring the Dimensions of Shyness

**Dimensions of Shyness:**
The ShyQ.

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Overview

Social Fitness: Theory and Practice

Background:
Blame, Shame and Resentment in Shyness
Vicious Cycles and Infinite Loops
An Interpersonal problem, Impact on Empathy

Questions:
How do we change behavior and reduce negative cognitions and emotions?
Can we measure these dynamics in a single questionnaire?

Goals:
Provide evidence of reliability and convergent and discriminant validity for the ShyQ.
Suggest areas for future research.
Bad Brain Day

THE

Rhymes with Orange

CHECKLIST to FEELING PATHETIC

WINNER!

Choose someone, and compare yourself unfavorably to them.

Examine your face closely in the mirror. Note all flaws.

Relive embarrassing/awful moments that occurred years ago.

You look great!

Don’t patronize me.

Disregard all compliments, especially from people who (supposedly) love you.

RESIGN YOURSELF TO BELIEVING THAT FROM NOW ON, THIS IS HOW YOU WILL ALWAYS FEEL.
Social Fitness Model

Social Fitness addresses both needs for emotional connection and needs for agency.

Social Fitness implies satisfying interpersonal relationships, adequate emotion regulation, an adaptive cognitive style, and the proactive pursuit of personal and professional goals.

Like physical fitness, Social Fitness involves frequent social exercise. There are many situations in which to practice and many kinds of behaviors that may be considered adaptive.

Just as people play golf, tennis, hike, and jog to stay physically fit, people join groups and communities, maintain close relationships, meet new people, cultivate friendships, and develop intimacy with a partner to stay socially fit.
Social Fitness: Emotion

Adaptive thinking patterns and emotion regulation are important components of social fitness. Shy individuals reverse the self-enhancement bias in social situations, assigning responsibility to themselves for failure and attributing success to external, temporary, uncontrollable, and situation bound factors while experiencing shame and other negative emotions.

When one experiences shame, others appear contemptuous, when fear, others look dangerous, when vulnerability, others appear powerful and potentially threatening.

Negative emotion and negative cognitions affect each other in an escalating reciprocal pattern.
INWARD FOCUS Moderates Self-blame in Fearful Shys

- FEAR ↓ INWARD FOCUS ↑
  self-blame and state shame ↓

- FEAR ↑ INWARD FOCUS ↑
  self-blame and state shame ↑

- FEAR ↑ SHY ↑ INWARD FOCUS ↑
  dispositional-shame (Henderson, 1992, 2001) ↑
Infinite Loops

- Fear
- Shame
- Anger

- Negative predictions
- Self-blame
- Other-blame

- Approach
- Avoidance
- Resentment
Blaming Others and Empathy: High School Sample

- Perspective-taking is associated with adaptive interpersonal functioning (Davis, 1983).

- Empathic concern for others is associated with shyness.

- Blaming others was the ONLY significant negative predictor of perspective taking and empathic concern (Henderson & Zimbardo, 1998).
# Negative Thoughts about Others

**EOS: Stanford Student Sample**

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 7 (very much).

<table>
<thead>
<tr>
<th>Shy</th>
<th>Non-shy</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5</td>
<td>2.3</td>
<td>People will be rejecting and hurtful if I let them close to me.</td>
</tr>
<tr>
<td>3.3</td>
<td>1.6</td>
<td>People do not relate to my problems.</td>
</tr>
<tr>
<td>4.6</td>
<td>2.1</td>
<td>I must not let people know too much about me because they will misuse the information.</td>
</tr>
<tr>
<td>3.5</td>
<td>1.5</td>
<td>People are more powerful than I am and will take advantage of me.</td>
</tr>
<tr>
<td>3.2</td>
<td>1.8</td>
<td>If people see my discomfort they will feel contempt for me.</td>
</tr>
<tr>
<td>2.9</td>
<td>1.7</td>
<td>People will make fun of me and ridicule me.</td>
</tr>
</tbody>
</table>
# SHYNESS CLINIC SAMPLE

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENDER</td>
<td>337</td>
<td>62% MALE; 38% FEMALE</td>
</tr>
<tr>
<td>MILLON-APD</td>
<td>154</td>
<td>70% YES; 30% NO</td>
</tr>
<tr>
<td>CLINICIAN-APD</td>
<td>149</td>
<td>55% YES; 45% NO</td>
</tr>
<tr>
<td>SOCIAL PHOBIA</td>
<td>187</td>
<td>94% YES; 6% NO</td>
</tr>
<tr>
<td>AGE</td>
<td>208</td>
<td>19 - 65; M = 35.4</td>
</tr>
<tr>
<td>BFNE</td>
<td>147</td>
<td>1 - 5; M = 3.7</td>
</tr>
<tr>
<td>SELF-ESTEEM</td>
<td>300</td>
<td>0 - 100; M = 44</td>
</tr>
<tr>
<td>RCBS</td>
<td>241</td>
<td>1 - 5; M = 3.99</td>
</tr>
<tr>
<td>H/Z SHYQ</td>
<td>19</td>
<td>1 - 5; M = 3.6</td>
</tr>
<tr>
<td>EOS</td>
<td>39</td>
<td>1-7; M = 3.9</td>
</tr>
<tr>
<td>STAXI Anger-in</td>
<td>160</td>
<td>0-100%; M = 80%</td>
</tr>
</tbody>
</table>
Factor Analyses: Clinic Scales

**First**
IIP, Interpersonal problems (Horowitz, et al, 2000), SHYQ, fear, resentment, mistrust, sensitivity

**Second**
RCBS (Cheek & Buss, 1983), depression, shame self-esteem, general anxiety, private self-consciousness (Revised SC, Lennox et al., 1987)

**Third**
SAQ, Attribution Style (Henderson, 1996)
Development of the ShyQ.

100 items developed from clinical observation, interpersonal theory, and earlier shyness surveys were given to an introductory psychology class and 3500 web site respondents.

35 items from the original questionnaire given to introductory psychology classes and a clinic sample.

The questionnaire and the summary of results for individual samples is posted at www.shyness.com.
(Rating scale from 1, not at all characteristic of me to 5, extremely characteristic of me)

Web site respondents: M=3.6 (SD=.6)
Stanford students: M=2.5 (SD=.6)
Clinic Sample: M=3.6 (SD .56).
Chronbach’s Alpha for six samples=.92

Correlation with the Revised Cheek and Buss Shyness Scale (college samples) = .6 and .67 (Melchior and Cheek, 1990).
# ShyQ, Convergent Validity: Correlations: Clinic Scales

<table>
<thead>
<tr>
<th>Correlation</th>
<th>N</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>BFNE</td>
<td>.77</td>
<td>36</td>
</tr>
<tr>
<td>STAXI Anger in:</td>
<td>.60</td>
<td>40</td>
</tr>
<tr>
<td>EOS</td>
<td>.73</td>
<td>40</td>
</tr>
<tr>
<td>Fearfulness (EAS)</td>
<td>.52</td>
<td>40</td>
</tr>
<tr>
<td>Coopersmith SE</td>
<td>-.67</td>
<td>39</td>
</tr>
<tr>
<td>Trait Shame (PFQ)</td>
<td>.75</td>
<td>40</td>
</tr>
<tr>
<td>Inner focus (PRSC)</td>
<td>.55</td>
<td>40</td>
</tr>
<tr>
<td>BDI</td>
<td>.56</td>
<td>40</td>
</tr>
<tr>
<td>Highly Sensitive (HSP)</td>
<td>.49</td>
<td>40</td>
</tr>
<tr>
<td>Tosca Shame</td>
<td>.80</td>
<td>36</td>
</tr>
<tr>
<td>RCBS</td>
<td>.74</td>
<td>39</td>
</tr>
</tbody>
</table>
## Avoidant Personality Disorder

<table>
<thead>
<tr>
<th>N = 16</th>
<th>APD (14)</th>
<th>Non-APD (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shy Q.</td>
<td>3.6</td>
<td>2.3</td>
</tr>
<tr>
<td>EOS</td>
<td>3.8</td>
<td>2.3</td>
</tr>
<tr>
<td>Anger-in</td>
<td>82%</td>
<td>47%</td>
</tr>
<tr>
<td>Post-ang-in</td>
<td>76%</td>
<td>25%</td>
</tr>
<tr>
<td>JK</td>
<td>16.4</td>
<td>6.5</td>
</tr>
<tr>
<td>Post JK</td>
<td>14.0</td>
<td>7.0</td>
</tr>
<tr>
<td>Post LM</td>
<td>10.9</td>
<td>3.0</td>
</tr>
</tbody>
</table>

**ShyQ. Score differences pre- and post-**

N = 27

\[
F = 18.86; \ p. \ 000
\]

Goal attainment (1-10) post-group EOS only negative predictor
Correlations with IIP scales: Clinic Sample

The Inventory of Interpersonal Problems (IIP) based on Interpersonal Theory (Horowitz, et al 2000; Sullivan, 1953; Wiggins, 1980).

Salient interpersonal difficulties are related to frustrated fundamental needs:

security and self-esteem

ShyQ. (N=40) In Clinic clients is correlated with:

being cold or distant (.53), socially inhibited (.82), non-assertive (.52), overly accommodating (.60), self-sacrificing (.49), and vindictive/self-centered (.58).

The ShyQ. is NOT associated with being domineering or controlling, or with being intrusive and needy.
Correlations with IIP scales: Student Sample

N = 79

ShyQ. scores in **college students** are associated with being cold or distant (.46), socially inhibited (.69), non-assertive (.63), overly accommodating (.54), and self-sacrificing (.36).

The ShyQ. is **NOT** associated with being domineering/controlling, vindictive/self-centered, or intrusive/needy.
Shyness and Communal Values
Correlations with CSIV scales

Locke’s Circumplex Scale of Interpersonal Values,
Student Sample

N = 77
ShyQ. scores are associated with putting others’ needs first (.53),
avoiding social humiliation (.42), avoiding anger (.39), and with
feeling connected to others (.22).

The ShyQ. is NOT associated with valuing forcefulness, having the
upper hand, seeking revenge, or having an impact.
POST EOS scores were the only negative predictor of goal attainment - mistrust and powerlessness

Limitations:
Comorbidity and high distress
External validity - collect data in normal samples

Future Research:
Measure shame, mistrust, and resentment
More evidence of discriminant validity of ShyQ.
Study interpersonal motives in relation to outcome
Design ecologically valid behavioral measures of outcome
Study situational and cultural influences