

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?

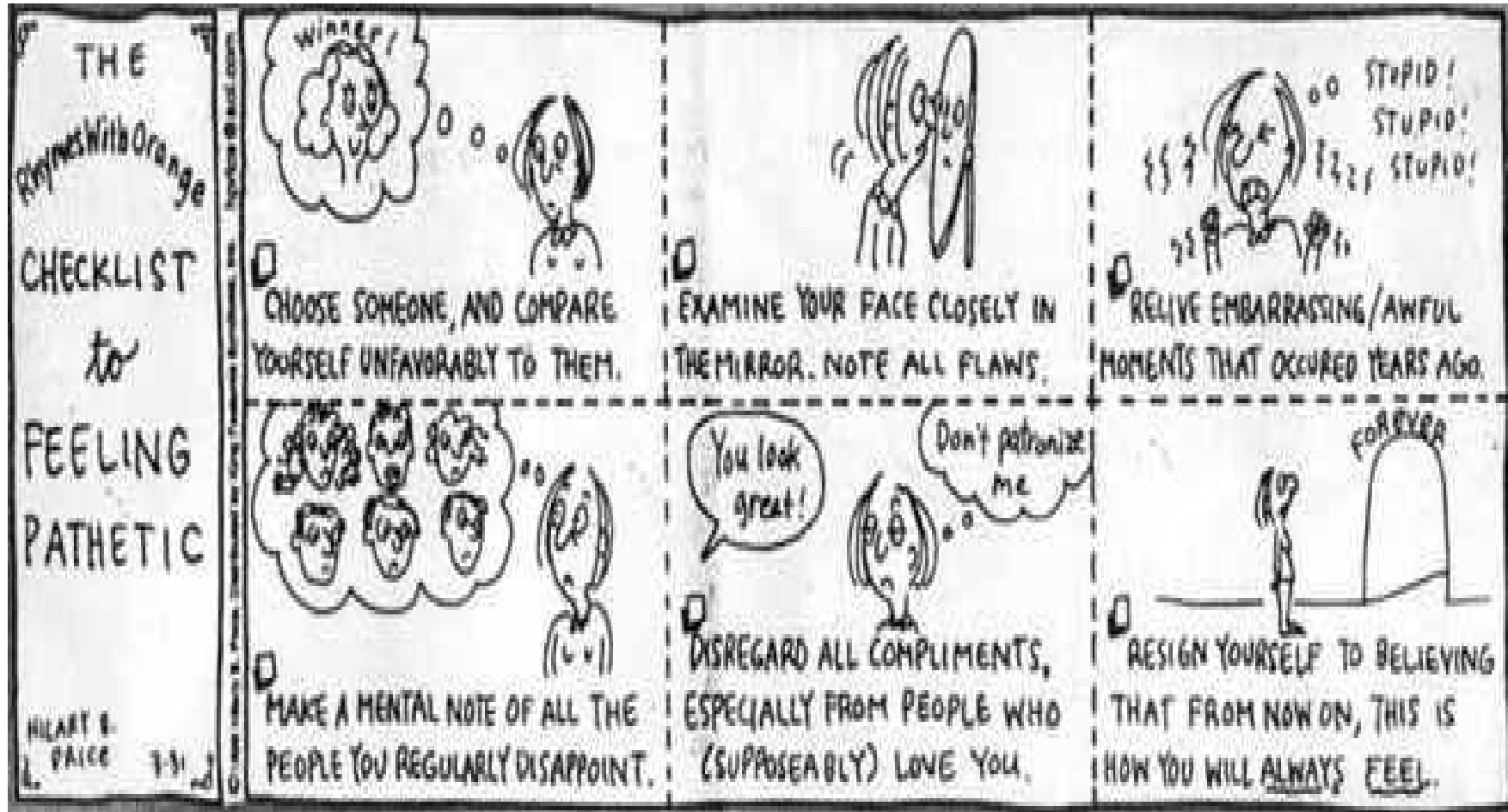
Can we measure these dynamics in a single questionnaire?

### **Goals:**

Provide evidence of reliability and convergent and discriminant validity for the ShyQ.

Suggest areas for future research.

# Bad Brain Day



# 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.

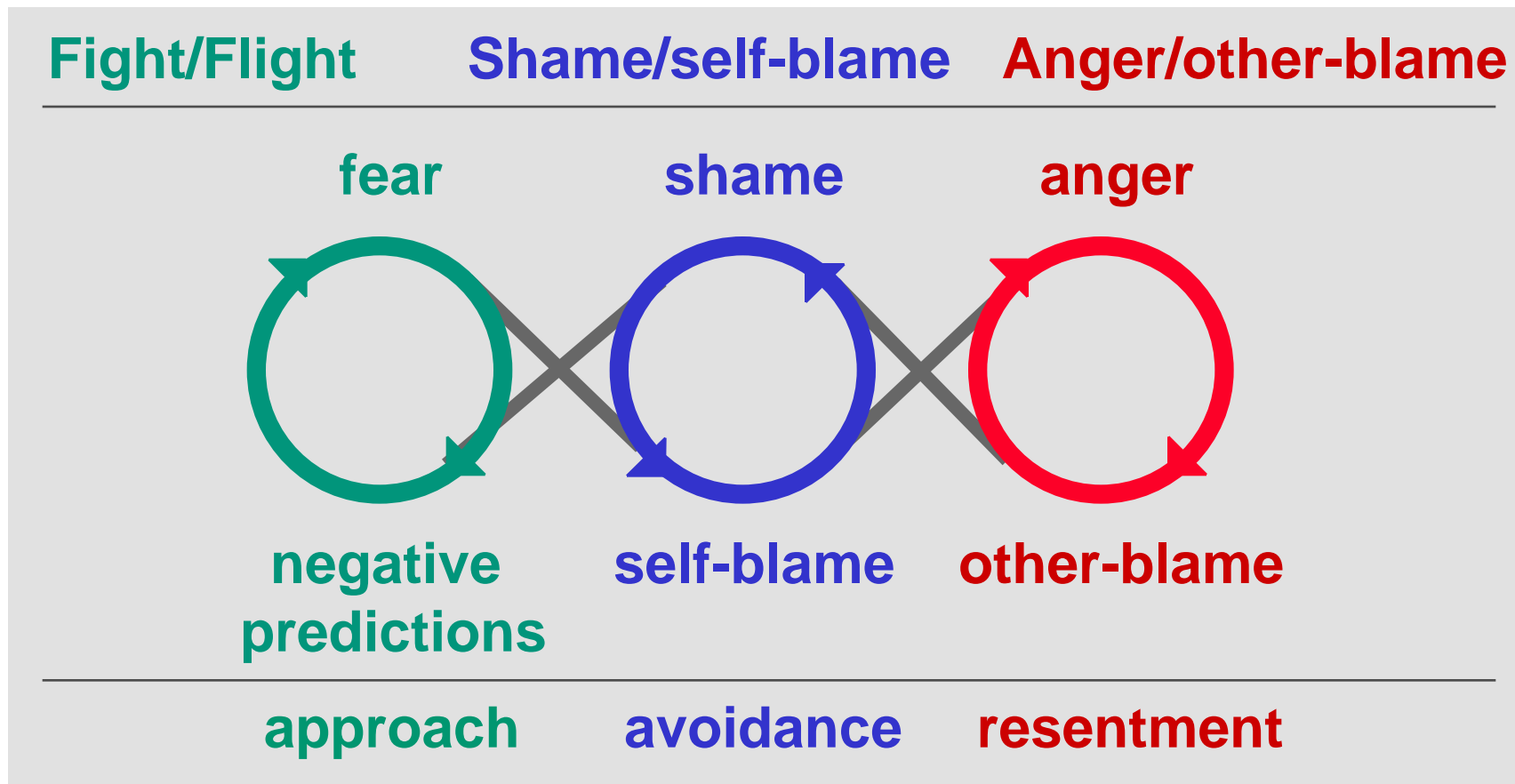
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# INWARD FOCUS

## 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



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# 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).

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

# SHYNESS CLINIC SAMPLE

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

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# 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](http://www.shyness.com)**.

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# ShyQ.

## (at [www.shyness.com](http://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

	<u>Correlation</u>	<u>N</u>	<u>p</u>
<b>BFNE</b>	<b>.77</b>	<b>36</b>	<b>.000</b>
<b>STAXI Anger in:</b>	<b>.60</b>	<b>40</b>	<b>.000</b>
<b>EOS</b>	<b>.73</b>	<b>40</b>	<b>.000</b>
<b>Fearfulness (EAS)</b>	<b>.52</b>	<b>40</b>	<b>.001</b>
<b>Coopersmith SE</b>	<b>-.67</b>	<b>39</b>	<b>.000</b>
<b>Trait Shame (PFQ)</b>	<b>.75</b>	<b>40</b>	<b>.000</b>
<b>Inner focus (PRSC)</b>	<b>.55</b>	<b>40</b>	<b>.000</b>
<b>BDI</b>	<b>.56</b>	<b>40</b>	<b>.000</b>
<b>Highly Sensitive (HSP)</b>	<b>.49</b>	<b>40</b>	<b>.001</b>
<b>Tosca Shame</b>	<b>.80</b>	<b>36</b>	<b>.000</b>
<b>RCBS</b>	<b>.74</b>	<b>39</b>	<b>.000</b>

# Avoidant Personality Disorder

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

ShyQ. Score differences pre- and post-

N = 27

**F = 18.86; p. 000**

**Goal attainment (1-10) post-group EOS only negative predictor**

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# 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.



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# 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.

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# 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.

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# Future Research

**POST EOS** scores were the only negative predictor of goal attainment - **mistrust and powerlessness**

## **Limitations:**

Bias in **clinical samples** (Du Fort, G. G., Newman, S. C., & Bland, R. C., 1993).

**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