Sometimes shyness becomes more extreme and problematic due to circumstances and life events. In this talk I will lead you through my experience of working with shyness when it is problematic and translating some of the results of personality theory and social psychology into methods that help people meet their social goals.

Shyness is Universal

Overview

Shyness is Universal
Coming to Understand,
Pathologizing shyness: CBT
Depathologizing shyness: Social Fitness
Challenging Blame and Shame
Adding Compassion
Addressing Fears of Compassion
A Vision for the Future

The Experience of Shyness

SAD FIXS

Self - Blame and Shame
Avoidance
Distress
Fear of Negative Evaluation
I Must, but I Can’t!
X-posure: Fear of both Failure & Success
Self - Sabotage

Social Fitness Model (1)

Addresses our needs for emotional connection and agency

Imples:
- satisfying interpersonal relationships,
- adequate emotion regulation,
- an adaptive cognitive style

Imples the proactive pursuit of personal and professional goals
Social Fitness Model (2)

Involves frequent social exercise.
Many situations for practice and many kinds of behaviors considered adaptive.

As golf, tennis, hiking, and jogging are means 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: Cognition and Emotion

Adaptive thinking patterns and emotion regulation are important components of social fitness.

Shy individuals reverse the self-enhancement bias in social situations

When you blame yourself you experience shame

Shame and Anger: Killer Emotions

Shame and anger are the killer emotions in shyness

When we are fearful, others look dangerous,
When we feel ashamed, others appear contemptuous,
When we feel vulnerable, others appear powerful and potentially threatening.

Negative automatic thoughts can be about others, as well as self, and related to anger as well as fear and shame.

Negative emotion and negative thoughts affect each other in an escalating reciprocal pattern.

Anger-supporting AT’s about Others (EOS): Students

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

Henderson & Horowitz, 1999

Three Vicious Cycles

Fight/Flight  Shame/self-blame  Anger/other-blame

Shame

Anger

Shame/self-blame

Other-blame

Approach  Avoidance  Retreat

negative prediction
Three Acceptance Cycles

<table>
<thead>
<tr>
<th>Accept fear</th>
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<td>act through emotion</td>
<td>acceptance of self</td>
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Accepting Experience

Accepting Self

Forgiving others

Social Fitness Training

Twenty-six Weekly Two-hour Cognitive-Behavioral Group sessions

**Daily Workouts**
- Self-Monitoring, Self-reinforcement
- Exposures with Cognitive Restructuring (currently behavioral esp, expectancy violations, Craske et al., 2014)
- Changing negative attributions, beliefs about the self and others

**Social Skills Training** - the second 13 weeks: Reaching out (Johnson, 2012)
- Communication Training - Where do I go from here?
- Building intimacy - self-disclosure, self-esteem building classes, conflict resolution of feelings
- Group - training

**Attentional Focus/Flexibility Training:** self, other, empathic response

**Social Fitness Training**

**Significant Reductions**

- IIP-Avoidant
- IIP-Hostile
- IIP-Non-assertive
- IIP-Submissive dependent
- Depression
- Brief Fear of Negative Evaluation
- Social Anxiety
- Social Avoidance and Distress
- Fearfulness

Stanford Students Reduced Self-blame and Shame in Eight-week Groups

Negative interpersonal outcomes:
- Internal, stable and global attributions
- Self-blame and state shame
- Social anxiety
- Social avoidance and distress
- Trait shame

The “Henderson/Zimbardo” Shyness Questionnaire

- 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.
- If someone rejects me I assume that I have done something wrong.
- I tend to be more critical of other people than I appear to be.
ShyQ.  
(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 .6), Cronbach’s Alpha for six samples=.92  

Correlation with the Revised Cheek and Buss Shyness Scale (college samples) = .6 and .7 (Melchior and Cheek, 1990).  

Three Acceptance Cycles  

Face fear  
Accept self  
Accept others  

accept fear  
support self  
support others  

act through emotion  
acceptance of self  
acceptance of others  

Accepting Experience  
Accepting Self  Forgiveing others  

Compassion  

Compassion can be defined in many ways:  

“A sensitivity to the suffering of self and others with a deep commitment to try to relieve it”  
(Dalai Lama)  

Adding Compassion  

Paul Gilbert’s Compassion-Focused Therapy (CFT)  


doi: 10.1192/apt.bp.107.005264  

Humans Need Soothing  

People who have few memories/experiences of feeling lovable or soothed may struggle to feel safe and reassured by alternative thoughts.  

Compassion focused therapy therefore targets the activation of the soothing system so that it can be more readily accessed and used to help regulate threat based emotions of anger, fear, disgust and shame.  

(Paul Gilbert)  

CBT is Not Enough  

CBT helps people challenge negative thoughts and beliefs, but people often don’t feel soothed or comforted by the self-supportive thoughts even though they rationally make sense.
Evolutionary Philosophy:

People do the best they can.

Much of what goes on in our minds is not of ‘our design’ and not our fault.

We are all in the same boat.

De-pathologizing and de-labeling – understanding unique coping processes.

(Paradigm)

Old Brain Psychologies

- Emotions
  - Fear, Anxiety, Anger, Lust, Joy
- Social Motives
  - Closeness, Belonging, Sex, Status, Respect

(Paradigm)

New Brain Abilities

- Imagination, Planning, Anticipation
- Rumination, Reflection
- Purposeful focusing of the mind
- Integration
- Self Identity

(Paradigm)

Why Zebras don’t get ulcers!

When danger has passed for an animal their threat system switches off.

As humans, we can continue to scare ourselves with our imagination, worries and memories which keeps our threat system highly activated after physical danger has passed (Sapolsky, 1994).

(Paradigm)

Other animals haven’t evolved the ‘new brain’ areas that result in worrying about what will happen tomorrow or what happened yesterday.

(Paradigm)

Need compassion for a very tricky brain

Mindful Brain

New Brain: Imagination, Planning, Rumination, Integration

Old Brain: Emotions, Motives, Relationship Seeking-Creating

Compassion

(Paradigm)
Types of Affect Regulator Systems

**DRIVE system**
- Incentive/resource-focused
- Wanting, pursuing, achieving, consuming
- Activating
- Drive

**SOOTHING system**
- Non-wanting/affiliative-focused
- Safeness-kindness
- Soothing

**THREAT system**
- Threat-focused
- Protection and safety-seeking
- Activating/inhibiting
- Anger, anxiety, disgust

Between self and others: Soothing regulates threat response

Our 120 Million year evolved system to regulate threat

We are designed to have relationships

Our brain is designed to expect and respond to care, kindness and soothing from other people. This innate capacity can be enhanced or hindered from childhood, but can be developed at any age.

(Tobyn Bell)

Compassionate Mind-Self

Building and strengthening the compassionate mind by building capacity to think and feel compassionately
Three Compassionate Cycles

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Acceptance

Compassion

Forgiveness

Key Imagery Tasks

Soothing breathing rhythm

Safe ‘welcoming’ place

Compassion color

Compassionate friend

Compassionate self

Why imagery?

Imagery has been shown to be more emotionally powerful than verbal expressions

**VERBAL:** Chocolate Cake

**IMAGINAL:**

(Tobyn Bell)

Fears of Compassion

Compassion focused therapy targets the activation of the soothing system (to gain positive affect) in order to connect thoughts with the emotional experience referred to by those thoughts.

Compassion can also be threatening. Clients can be afraid of compassion not only toward the self, but also from others and for others.

Negative beliefs about compassion

Negative beliefs about the nature of compassion:
Compassion is a weakness

Negative beliefs about the value of compassion:
Not useful when times are tough

Negative beliefs about the ability to develop compassion
Would like to develop it but can’t

Jane: Fear of Compassion/Self
Expressing kindness, compassion toward self (rated 4; 0-4)

• If I really think about being kind and gentle with myself it makes me sad.
• I fear that if I start to feel compassion and warmth for myself, I will feel overcome with a sense of loss/grief.
• I fear that if I become too compassionate to myself I will lose my self-criticism and my flaws will show.

Jane: Fear of Compassion/Others
Responding to compassion from others (rated 4; 0-4)

• I’m fearful of becoming dependent because they might not always be available or willing to give it.
• If people are friendly and kind I worry they will find out something bad about me that will change their mind.
• When people are kind and compassionate towards me I feel empty and sad.

Countering Fear of Compassion

Acknowledging strengths:
Empathy toward her dog, the abandoned student, neighbor, her parents

Continuing to build empathy toward her own distress:
Continuing to normalize shame, encourage self-disclosure, active listening, reflecting emotions, writing exercises (Kristen Neff)

Chair Exercises

protective self
self-critical self
trusting, hopeful self
compassionate, self-correcting self
empathic self (to her own and others’ distress)

Engaging with Compassion

Compassion is not getting rid of painful feelings (e.g., fear, shame, anger) – but engaging with them and experiencing them while feeling compassion for ourselves and others

Compassion is becoming mindful and then being able to choose our behavior
Compassionate Social Fitness for All

Compassion Soothing/Affiliation

Build capacity for:

- Regulating feelings of threat
- Exploring and engaging with threat (courage)
- Empathizing with self and others
- Addressing shame
- Developing prosocial motivation

Research Findings: Social Anxiety

Pilot study tested effectiveness of CFT in six individuals with single case experimental design.

Questions:
- Can CFT lead to increases in self-compassion and reductions in shame and self-criticism?
- Do participants experience CFT as helpful in coping with social anxiety and increasing self-compassion?

Results:
- CFT effective for 3 of 6 participants, probably effective for 1, and more questionably effective for 2. Authors concluded promising.


Henderson’s Vision: Individualism Gone Awry?

Shyness may become a clinical problem because our society currently disavows and rejects sensitivity and cooperative and collaborative vs. dominant or aggressive behavior.

Shyness, particularly in males, is negatively stereotyped in the U.S. Shy females are stereotyped as traditional homemakers, not as achievers.

When someone is less competitive and more concerned about others’ evaluations, look at their motives and values as well as their behavior.

Shyness and Leadership

Jim Collins (From Good to Great) studied outstanding CEO’s, called “level five leaders”. They successfully guided companies through times of intense change and challenge. Guess what? They were diffident, shy.

I do not see many behavioral deficits in the Clinic. When clients are accepted for themselves they demonstrate skilled social behavior.

Shy individuals may be our reluctant, socially responsible leaders of the future.

Shy Leaders Study

Interview study of outstanding shy leaders:

Method: Face to face interviews which are transcribed by the author and coded by a research team to determine:

1) Interpersonal traits (Interpersonal Adjective Scale, IAS; Wiggins, 1995)
2) Interpersonal motives (Circumplex Scales of Interpersonal Values, CSIV; Locke, 2000)
3) Personality styles (Personality adjective check list, PACL; Strack, 2005)
4) Prototypical leadership styles
5) Leadership themes in interviews

Shy Leaders: Preliminary Findings

Shy leaders:
- tend to lead from behind and let others take the spotlight.
- are keen observers of people.
- listen carefully and are empathic.
- are motivated, persevering, strategic and genuine.
- appear passionate about their values and their work.
- over-prepare for public speaking tasks.
- push past shyness to get the job done.
- appear androgynous, with both masculine and feminine traits.
- are collaborative.
A Shy Revolution

Many clinicians see shyness as a disease, a belief encouraged by drug companies. I see a culture in trouble.

We need to focus on and nurture the strengths of those who are shy, starting in childhood in schools and families. We need to focus on their strengths in therapy.

We cannot afford to lose their participation in our democracy.

Vision

We need progress and growth, not through the mindset of the dominant and commanding, but rather through the mindset of the shy, through listening, empowering, and collaborating.