

A COMPARISON OF TWO GROUP TREATMENT METHODS
OF ADOLESCENT SHYNESS

Zeynep Somer

B.A., Boğaziçi University, 1981

Submitted in Partial Fulfillment of the Requirements
for the
Degree of Master of Arts
in
Clinical Psychology

Department of Social Sciences, School of Administrative Sciences

Bogazici University Library



39001100375172

14

Boğaziçi University

1983

ACKNOWLEDGEMENTS

My special dept of gratitude is due to Doç.Dr.Güler Fişek for her guidance, support and undrestanding. Her encouraging attitude and interest have been a great help to me all through my studies and in the preparation of my thesi

I am indepted to Dr.Gökçe Cansever whose valuable suggestions and constructive criticisms have contributed a great deal to this thesis.

I would also like to express my thanks to Doç.Dr.Hami Fişek for his help and valuable advice.

I am particularly grateful to Robert Lyceé Officials, the Guidance Counselor of Orta Department and Orta III Faculty who have provided me the oppurtunity to conduct this study. I owe special thanks to all of the students who have participated in the study and cooperated enthusiastically.

I would also like to thank Alev İnan for her help in computer programming.

TABLE OF CONTENTS

	<u>Page</u>
I. ABSTRACT	iii
II. INTRODUCTION	1
A. REVIEW OF THE LITERATURE	4
1. THEORETICAL VIEWS ON SHYNESS: PSYCHOANALYSIS	4
2. THEORETICAL VIEWS ON SHYNESS: BEHAVIORISM	7
B. THERAPEUTIC APPROACHES TO SHYNESS	9
1. SYSTEMATIC DESENSITIZATION	12
2. COGNITIVE BEHAVIOR MODIFICATION	15
3. SOCIAL SKILLS TRAINING	16
4. COMPARISON OF DIFFERENT TREATMENT APPROACHES	22
5. DISCUSSION OF ADVANTAGES OF GROUP TREATMENT	23
C. ASSESSMENT OF SHYNESS	24
1. SELF-REPORT MEASURES	25
2. BEHAVIORAL MEASURES	26
3. PHYSIOLOGICAL MEASURES	29
D. THE SCOPE OF THE STUDY AND HYPOTHESES	29
III. METHOD	32
A. SUBJECTS	32
B. EXPERIMENTAL DESIGN AND PROCEDURE	34
C. PRE-AND-POST-TESTING PROCEDURE	36
IV. RESULTS	37
V. DISCUSSION	47
VI. BIBLIOGRAPHY	57
VII. APPENDICES	62

A B S T R A C T

The purpose of this study was to test the effectiveness of different group treatment procedures in reducing adolescent shyness. Subjects, ages between 15-16, were randomly assigned to one of the four groups, Cognitive Behavior Modification, Social Skills Training, Attention Control and Control. Treatment procedures in the three groups lasted for seven sessions, one forty minutes session per week. The distribution by sex was equal in each group.

In the Cognitive Behavior Modification procedure, half of each session was devoted to the discussion of self-evaluations and worries of the subjects. The basic goal was to modify their maladaptive cognitions toward a more rational assessment of their situation. The remaining half of each session was devoted to a modified version of systematic desensitization.

The Social Skills Training procedure consisted of training in basic skills of interpersonal behavior through the techniques of modeling, coaching, role-playing, homework and feedback.

To investigate the effect of a group experience on the reduction of shyness, an Attention Control Group was formed and the topic of this group experience was irrelevant to the issue of shyness.

It was hypothesized that, shyness, as indicated in the self-report measures used, and in the ratings of significant others (teachers and peers) would decrease as the result of treatment. A greater reduction was expected to be observed in the Social Skills Training Group compared to the Cognitive Behavior Modification Group.

The results indicated that different treatment procedures did not create any significant decrease. Thus, the hypotheses were not supported. The nonsignificant findings were explained by the methodological limitations of the present study.

INTRODUCTION

Shyness is an aspect of human behavior that attracts the attention of psychologists and has been the subject of numerous studies. There are many individuals experiencing high degrees of anxiety in interpersonal relations and in social situations. In our daily experiences we meet people appearing to be inhibited in social situations, having difficulty in initiating and carrying on conversations. There are individuals who continuously avoid interpersonal relations and seem reluctant to talk in social situations so that they end up spending most of their time alone.

Shyness spans a wide psychological continuum: It can vary from occasional feelings of awkwardness in the presence of others to traumatic episodes of anxiety that totally disrupt a person's life. Shyness can be a preferred mode of behavior for some people since it increases personal privacy, gives an appearance of reserve, modesty, introspection, kindness and helps the individual to avoid interpersonal conflict. The social recognition it brings about is another advantage for some people. On the other hand, shyness can be a handicap

since being shy makes it difficult to meet new people and enjoy different experiences. It prevents the individual from defending his rights and expressing his opinions and feelings makes it hard to communicate effectively and increases self-consciousness.

It is due to the handicapping aspect of shyness that many individuals seeking therapy cite shyness as one of their main complaints. Thus, developing an appropriate therapeutic intervention to deal with shyness has been a concern among psychotherapists.

The primary purpose of this study is to compare the effects of different types of treatment procedures in reducing shyness and interpersonal anxiety in adolescents. Adolescents are taken as the focus of the study, since shyness is a primary symptom of that age span.

Adolescence is characterized by identity formation, adaptation to new roles and new bodily changes (Hall and Lindzey, 1978). It is one of the primary periods when individuals begin to take responsibility for developing significant relations and participating in different social situations (Haynes and Avery, 1979). Active involvement in the initiation and development of interpersonal relationships becomes increasingly important as the adolescent develops. During this difficult transition from childhood to adulthood, where dramatic changes in social and sexual demands take place

the adolescent is under the pressure of many factors, and may be very self-conscious. Behaviors of adolescents may seem inconsistent and unpredictable. During this phase of development, in which the adolescent tries to define his identity and starts interactions with the opposite sex, feelings of anxiety and apprehension are prevalent in interpersonal relations. They may lack the social skills necessary for effective interpersonal relations and their self-consciousness may increase their anxiety.

Teaching adolescents effective social skills and helping them to reduce their anxiety should increase their involvement and satisfaction in their present and future relations and decrease the probability that they will develop dysfunctional interaction patterns in the future.

For the purposes of this study, shyness is defined as feelings of discomfort and awkwardness, and debilitating anxiety experienced in social situations; negative self-evaluations regarding one's social competence and incomplete repertoire of social skills which lead to avoidance of social interactions (Twentyman and Zimering, 1979; Zimbardo, 1977). Shyness is not just low sociability. Although it has strong correlations with fearfulness and low self-esteem, it has no significant correlation with sociability (Cheek and Buss, 1981; Zimbardo, 1977). Shyness and sociability are claimed to be distinct personality dispositions.

Before going any further to a description of the scope and the hypotheses of this study, it would be meaningful to give some background material about how different theories of personality view shyness or interpersonal anxiety and the types of treatments they propose.

Review of the Literature

Most theoretical views in psychology have not addressed themselves directly to the issue of shyness; so what will be reviewed in this section are those aspects of personality theories which could be considered to give some related information about shyness or interpersonal anxiety. The two main theoretical views to be discussed are psychoanalysis and behaviorism.

Theoretical Views on Shyness: Psychoanalysis

Among the different views within the psychoanalytic school, some aspects of the theories of Freud, Jung, Adler and Sullivan will be meaningful to review briefly.

In the psychoanalytic view, any psychological disturbance is the outcome of a disharmony between the id, ego and superego. The ego serves as a moderator between the wishes of the id and demands of the superego; but such a synthesis may be very difficult at times. The instinctual urges of the id press for gratification and at the same time the superego

has rigid rules. Repressed, unrelieved wishes of the id constitute the basis of anxiety; thus, anxiety serves as a signal for the ego that id impulses may break its defensive barriers. Freud defines anxiety as "... a specific state of unpleasure accompanied by motor discharge along definite pathways... a signal of danger..." (Levitt, 1967, p.19). The ego uses all kinds of defenses to manage such an unpleasant state of being and symptoms are created in order to remove the situation of danger.

So far, psychoanalytic theory has not dealt with the problem of shyness, however Freud's conception of anxiety allows us to make hypothetical formulations concerning this issue. If the cause of anxiety is repressed impulses blocked from normal expression, then shyness can be conceived as a symptom, representing a reaction to the unfulfilled primal wishes of the id (Zimbardo, 1977). On the other hand, when the cause of the disharmony is the strict superego which has developed too many demands, shyness, then, can be conceived as social anxiety (Freud, 1959).

In Jung's theory of personality, although there are no direct references to it, shyness can be explained by the two major attitudes or orientations of personality: Extraversion and Introversion. According to Jung, these two different attitude types are distinguished by the direction of the movement of libido to external objects. Introversion, and extraversion are individual dispositions which are inborn (Jung, 1971).

The two major attitudes "... are two modes of adaptation which work equally well though one achieves its end by monopoly, the other by multiplicity of relations" (Jung, 1971, p.329). Jung describes an extraverted person as "open, sociable, jovial, friendly, approachable" whereas he describes an introverted person as "reserved, inscrutable and shy" (Jung, 1971, p.330).

In introversion, there is an inward turning of psychic energy; so relations of subject to object are negative. Thinking processes, feelings, sensations and actions are primarily motivated by subjective factors (Jung, 1971). Jung describes introverted individuals as silent, inaccessible, hard to understand, not revealing themselves, having no desire to affect or impress or change others. Their feelings are intensive rather than extensive. In Jung's typology, introverted individuals feel lonely and lost in crowded places are apt to appear awkward and inhibited, may suffer from inferiority feelings and are worried and pessimistic (Jung, 1971).

Shyness does not constitute a separate area of interest in the theories of Adler and Sullivan, either. In Adler's theory of personality, the major assumption is that humans are motivated primarily by social urges. Unlike Freud and Jung, Adler emphasizes the social determinants of behavior. Although social interest is inborn, the specific types of relations with people are determined by the environment (Hall

and Lindzey, 1978). Another major concern in Adler's theory is feelings of inferiority which arise from a sense of incompleteness or imperfection in any area of life (Hall and Lindzey, 1978). According to Adler, one of the specific behaviors indicating feelings of inferiority is escaping from people or avoiding people. Feelings of inferiority or inadequacy may result in shy behavior (Adler, 1977).

Sullivan defines anxiety in terms of interpersonal relations. Anxiety is defined as an "intensely unpleasant state of tension arising from experiencing disapproval in interpersonal relations" (Spielberger in Spielberger, 1966, p.11). Sullivan emphasizes the need for security (the approval of significant others) as the most important source of anxiety (Munroe, 1967). Individuals adopt security measures to avoid or minimize actual or potential anxiety; and consequently some behaviors are sanctioned while certain others are forbidden. Sullivan's interpersonal view of anxiety can be said to explain shyness as arising from fear of disapproval and insecurity. When this anxiety is in large amounts, it inhibits effectiveness in interpersonal relations, confuses thinking processes and distorts perceptions.

Theoretical Views on Shyness: Behaviorism

Behavioristic theories explain shyness as a learned phobic reaction to social events and interpersonal relations. It can be a result of conditioned anxiety, skills deficit and

cognitive distortions (Levitt, 1967; Zimbardo, 1977).

Prior history of negative experiences with people in certain situations either by direct contact or by watching others may result in conditioned interpersonal anxiety. Anxiety is, then, aroused when anticipating or responding to related situations and it results in impaired performance, avoidance or escape (Levitt, 1967).

Learning to act in inappropriate ways in the presence of others and lack of knowledge of appropriate social skills result in skills deficit. Such impaired performance may lead to reactive anxiety, avoidance and escape, too, since inadequate development of a response repertoire leads to low adaptation (Twentyman and Zimering, 1979).

Some people, although they are capable of emitting competent responses in social situations, have difficulties in interpersonal relations because of their negative self-evaluations, high standards, irrational beliefs and faulty perceptions. Such a cognitive deficit leads to inadequate performance which results in further anxiety, avoidance and escape. Meichenbaum emphasizes the role of cognitive factors and proposes that what the individual says to himself about environmental events influences his behavior (Meichenbaum, 1978).

The role of cognitive factors in producing social anxiety have been shown by many studies. Clark and Arkowitz, in

investigating the contribution of self-evaluations to the anxiety levels of individuals found that individuals with high anxiety levels had very high standards for their own performance and selectively recalled more negative aspects (Galassi and Galassi in Bellack and Hersen, 1979). Schwartz and Gottman made a study with low assertive and high assertive individuals to discriminate the role of cognitive factors. They found that these two groups of subjects did not differ with regard to knowledge of appropriate responses but high assertive subjects had significantly more positive than negative self-statements whereas low assertive subjects did not differ in their positive and negative self-statements (Meichenbaum, 1978).

Therapeutic Approaches to Shyness

The psychoanalytic approaches deal with shyness in the same way as they would with other symptoms, and as such will not be discussed here. Behavioristic therapies, however, have developed specific approaches to deal with shyness or interpersonal anxiety. Of these approaches, systematic desensitization, cognitive behavior modification and social skills training will be discussed here.

Systematic desensitization is a method for breaking down anxiety-response habits in piecemeal fashion (Wolpe, 1973). This approach has its roots in classical Pavlovian

conditioning. Wolpe's perspective of anxiety as the critical factor in the production and maintenance of maladaptive behaviors and his assumption that anxiety prevents the individual from employing appropriate skills led to a therapeutic method which is directed at reducing anxiety. Once the anxiety is removed, the individual is expected to emit the adaptive responses. The principles of counter-conditioning and reciprocal inhibition are basic conceptual tools used in reducing anxiety (Wolpe, 1973). The presence of the requisite skills within the repertoire of the individual is implicitly accepted in this view.

Systematic desensitization has been shown to be an effective approach in the treatment of neuroses, phobias, addictions and other maladaptive habits (Wolpe, 1973).

While Wolpe's perspective considers conditioned anxiety as the cause of maladaptive behaviors, a more recent perspective which is put forward by Meichenbaum hypothesizes that maladaptive behaviors may be a result of cognitive factors such as the production of negative or unrealistic self-evaluative statements (Meichenbaum, 1977). Maladaptive beliefs, self-statements and faulty expectations may interfere with performance of effective social interactions.

Anxiety as conceptualized by Liebert and Morris is parallel to the perspective of Meichenbaum. Liebert and Morris have suggested that anxiety is composed of two major

components, worry and emotionality (Liebert and Morris, 1967). The worry component is described as cognitive concern about performance and emotionality as the autonomic arousal. Worry causes reduction in performance because of the interference of irrelevant thoughts; and the person becomes increasingly self-conscious.

Meichenbaum attempts to reduce anxiety by challenging both the worry and the emotionality components. In cognitive behavior modification the cognitive factors as well as the conditioned anxiety are the areas of interest in treatment.

In contrast to models which explain treatment effects in terms of anxiety reduction or cognitive factors, models have been proposed which emphasize response acquisition in behavioral training. This very recent perspective called social skills training has been emphasized especially by McFall, Twentyman, Bellack, Hersen, Curran, Liberman, Goldsmith, Authier, Gustafson and Zimering (Authier et al, 1981; Bellack and Hersen, 1979; Hersen and Eisler, 1976; Twentyman and Zimering, 1979). In this model, maladaptive behaviors are hypothesized to be a result of a deficit in the response repertoire (Twentyman and Zimering, 1979). The therapeutic objective is to provide the individuals with direct training in those skills lacking in their repertoire and such training is based on basic learning principles.

This model differs from the anxiety reduction models in

its implications for treatment. If an individual cannot demonstrate a specific skill, it is not automatically assumed that anxiety prevents the competent response. The treatment is directed at introducing new responses rather than reducing or inhibiting maladaptive behaviors.

Social skills training has been used with a wide variety of populations, including psychiatric patients, heterosocially anxious individuals, children, adolescents and couples (Bellack and Hersen, 1979).

One of the major issues in this perspective is the question of "What is a skillful response?". The definition of a social skill depends on the particular culture as well as on the situational and individual variables. So, for the training program to be effective, one must consider these variables very carefully.

In the following section, the methods of the three different treatment approaches, systematic desensitization, cognitive behavior modification and social skills training will be examined.

Systematic Desensitization

When shyness or interpersonal anxiety is conceptualized as a classically conditioned response to social situations in general, the basic treatment procedure is systematic desensitization technique. Systematic desensitization is the

application of the principles of counterconditioning and reciprocal inhibition. Wolpe states that "if a response inhibiting anxiety can be made to occur in the presence of anxiety-evoking stimuli, it will weaken the bond between these stimuli and the anxiety" (Wolpe, 1973, p.17). In systematic desensitization, through muscle relaxation, a physiological state inhibitory of anxiety is induced in the individual. The autonomic effects that accompany relaxation are diametrically opposed to those characteristics of anxiety (Wolpe, 1973). The individual, then, is exposed to a weak anxiety arousing stimulus for a few seconds. If exposure is repeated several times, then stimuli progressively lose their ability to evoke anxiety. During the treatment procedure, stronger stimuli are introduced in a hierarchical order which is prepared by the individual. In standard desensitization treatment the individual is instructed to imagine an anxiety-provoking scene while relaxed. If he experiences anxiety, he signals the therapist, who then instructs him to terminate the image and continue relaxing. This procedure which is repeated several times until the individual experiences no anxiety is called the mastery imagery. It does not include any suggestions to the individual to cope with the anxiety (Meichenbaum, 1978).

Systematic desensitization is a highly structured and graded process; success in all preceding steps is necessary to move onto the next step of the hierarchy. Graded

imagined exposures as well as real life exposures can be used as stimuli.

In a statistical survey, Wolpe found successful treatment outcomes with phobic subjects, test anxious subjects and subjects with fears of criticism disapproval and rejection (Wolpe, 1973). On the other hand, Lazarus states that fears of criticism, rejection, disapproval, censure, ridicule, devaluation, failure and authority figures are better treated by methods of rehearsal and role-playing rather than systematic desensitization which only reduces anxiety without teaching any additional skills (Lazarus, 1971).

Working with heterosocially anxious individuals

Hohansan, Mitchell and Orr applied the systematic desensitization technique and their results showed that there was an increase in dating patterns and decrease in dating anxiety of the subjects; but Taylor found no differences between a systematic desensitization group, an attention-placebo group and no-treatment controls when working again with heterosocially anxious subjects (all cited in Galassi and Galassi in Bellack and Hersen, 1979).

Systematic desensitization is a procedure which can be applied as both individual and group treatments. Successful treatment in group settings has been reported for a variety of phobias and social evaluative anxiety in college students (Wolpe, 1973). Group desensitization is especially recommended

when dealing with special problems in personal interactions.

Cognitive Behavior Modification

The systematic desensitization procedure deals only with the emotionality component of anxiety and neglects the worry component. Cognitive behavior modification (CBM) deals with both components of anxiety (Meichenbaum, 1978). When interpersonal anxiety or shyness is conceptualized as a result of faulty styles of thinking and cognitive distortions, CBM would be expected to give successful treatment outcomes.

The CBM procedure utilizes an insight oriented therapy fostering an awareness of anxiety-maintaining thoughts, combined with a modified desensitization procedure (Meichenbaum, 1972). The insight procedure aims at increasing the awareness of anxiety-evoking self-instructions and helping subjects to avoid such thoughts.

The second component of the CBM treatment procedure is a modification of Wolpe's systematic desensitization technique. This modified version includes a "coping" imagery procedure rather than mastery imagery. Meichenbaum, rather than involving the counterconditioning explanation for the procedure, views the desensitization technique from a cognitive viewpoint. He proposes that during the imagery scenes, subjects are in fact providing themselves with a covert model for their own behavior (Meichenbaum, 1972). In the coping imagery procedure,

subjects visualize themselves coping with anxiety by means of slow, deep breaths, relaxation and self-instructions; that is, not only the experience of anxiety is visualized, also ways for handling and reducing this anxiety are dealt with. In this way, the subject tends to view the experience of anxiety as positive rather than debilitating since it serves as a cue for employing coping mechanisms.

Meichenbaum reviewed the literature and found that several investigators including Debus, Kazdin, Wolpin and Raines have provided evidence that such coping procedures are more effective than mastery based approaches (Meichenbaum, 1978). In his 1972 study, Meichenbaum found that CBM was more effective than the standard desensitization technique in reducing test-anxiety. Wine and Sarason applied the CBM approach to the treatment of test-anxious subjects, too. Schwartz and Gottman applied it to a group of subjects with interpersonal anxiety; and Christiensen used this technique with a group aiming to improve interpersonal behavior. The effectiveness of the CBM treatment was confirmed in all these studies (Meichenbaum, 1976).

Social Skills Training

The third behavioral treatment procedure to be discussed is social skills training (SST). McFall and Twentyman have proposed a response acquisition model of behavioral training. According to this model maladaptive behaviors are construed

in terms of the absence of specific response skills. "The therapeutic objective is to provide patients with direct training in precisely those skills lacking in their repertoires. Very little attention is given to eliminating existing maladaptive behaviors; instead it is assumed that as skillful, adaptive responses are acquired, rehearsed and reinforced, the previous maladaptive responses will be displaced and disappear" (Twentyman and Zimering, 1979, p.321).

A comprehensive training program usually contains information about desirable response patterns through modeling or coaching, rehearsal of new behaviors and feedback about performance.

Modeling is one of the most widely used components of social skills training. Over seventy percent of the studies reviewed by Twentyman and Zimering, make use of a role model who performs a behavior which is imitated or avoided by the subject (Twentyman and Zimering, 1979). The experimenter or confederates can be used as a model as well as using audio- or videotape presentations. The effects of modeling depend on the consequences of the modeled behavior and the similarity between the observer and the model.

Eisler, Hersen and Miller showed that unassertive patients who observed an assertive model on videotape improved their responses on five of the eight components of assertiveness after only four sessions of observation; and modeling

effects were greater when it was combined with instructions (Hersen and Eisler in Craighead et al, 1976). Pentz and Kazdin (1982) used modeling techniques to increase assertive behavior in adolescents. The results showed that the subjects improved in situations involving teachers, parents and peers.

Coaching is a procedure similar to instruction giving in which subjects receive information verbally about social responses. It can be employed by the therapist and also through audio-tape or video-tape presentations.

Through rehearsal the subject adds the new responses to his behavioral repertoire. In cases where the response is already present in his repertoire, rehearsal helps the probability of its occurrence to increase. Rehearsal is an elementary component of social skills training and can be applied in a variety of formats.

Rehearsal techniques used in social skills training are similar to techniques of role-playing and role-reversal used in psychodrama by Moreno (Moreno, 1976). Argyle et al; Clark; Fensterheim; Keil and Barbee; and Twentyman et al had their subjects practice role reversal as well as responses in which they were deficient (cited in Twentyman and Zimering, 1979). Another rehearsal technique, which is practicing competent responses as well as responses which are thought to be less effective was applied by Berenson on hospitalized children. The basic assumption was that subjects would differentiate

competent from incompetent responses better by practicing the two variations, but critical comparisons of different techniques have not been carried out (Twentyman and Zimering, 1979).

In addition to overt rehearsal technique some studies employ cognitive or covert rehearsal consisting of imaginal responding. Barrow and Hayashi (1980) report successful results using this technique with shy adolescents.

Another variation of rehearsal is in vivo practice which can occur in homework assignments. MacDonald et al; Kramer and Rhyne required their subjects to practice progressively more complex social interactions between treatment sessions. Twentyman and McFall required socially shy men to make phone calls to a confederate woman between sessions (all cited in Twentyman and Zimering, 1979).

After the information about appropriate responses are given through modeling and coaching, and subjects have the chance to rehearse those behaviors, then feedback and reinforcement procedures are used which are crucial in treatment. Through feedback from the therapist, group members or video-tape, audio-tape recordings, the subjects gain information about their performance; and reinforcement is a motivating component. Reinforcement can be given by the therapist or group members or can be self-administered. In studies in which environmental reinforcement was included, transfer of

training was greater (Hersen and Eisler in Craighead et al, 1976).

The effectiveness of each of these components applied alone in a treatment procedure is questionable. More successful results and more significant changes of behavior are observed when several of these components are used (Twentyman and Zimering, 1979).

Studies of social skills training have used college students with heterosocial anxiety, dating problems, social anxiety; psychiatric patients; mentally retarded patients; children; adolescents; couples and sexual deviants. Although studies of Goldsmith and McFall; Hersen et al, and Wagner report significantly positive results with psychiatric patients, studies of Argyle et al, Hersen and Bellack, and Longin and Rooney report weaker effects (Twentyman and Zimering, 1979). The focus of these latter studies were overt behavioral aspects such as eye contact, intonation, pausing, physical gestures and smiling.

Senatore et al (1982) have applied standard social skills training and active rehearsal techniques to mentally retarded adults and observed changes in role-play performance, interview measures and their behavior at a party situation.

Gresham and Nagle (1980) trained socially isolated third and fourth grade children to improve their skills in participation, cooperation, communication and support. Coaching

and modeling turned out to be equivalent procedures for teaching skills to children. LaGreca and Santogrossi (1980) trained elementary school children in the skills of smiling, greeting, joining, inviting, sharing, complimenting and grooming. Treatment consisted of modeling, coaching and behavioral rehearsal. Relative to children in attention placebo and waiting list control groups, children in the training group demonstrated increased skill in a role-play situation, greater verbal knowledge of how to interact with peers and more initiation of peer interactions. Doughas et al; and Kendall and Wilcox have successfully applied skills training to impulsive and hyperactive children (cited in Sarason and Sarason, 1981).

Sarason and Sarason (1981) trained high school students with high dropout and delinquency rates in the skills of job interviews, asking help, asking questions, getting along with their boss, dealing with frustration on the job, getting along with parents; after a one-year follow-up, the results showed that the behavior of these students improved significantly, Hagnes and Avery (1979) conducted a study focusing on developing, implementing and evaluating a communication skills training program for adolescents. Training of skills of disclosure and empathy produced significant changes in the subjects.

Comparison of Different Treatment Approaches

When comparing social skills training with anxiety reduction treatments, both methods were found to be superior to control groups. Although Bouffard, and Wright found no significant differences in treatment outcomes, Cuiran and Gilbert found that social skills training was superior to systematic desensitization after a six-month follow-up of nondating college students. Skills training but not systematic desensitization enhanced skills (cited in Gormally et al, 1981).

Gormally et al (1981) compared the effects of the three treatments-cognitive counseling, skills training and a mixture of these two-on socially anxious men. The results showed that compared with a waiting list control, the three treatments produced significantly greater improvement on three of the five outcome measures. All three procedures were equally effective. On the other hand, a study conducted by Glass, Gottman and Shmurak gives different results. They assessed the relative efficacy of a response acquisition program vs a cognitive self-statement program vs a waiting list control with socially anxious male college students. Subjects trained in cognitive self-statements showed significantly better performance in a role-play situation on which they were not trained, made better improvements on the two behavioral measures than other groups (Meichenbaum, 1976). Barrow and Hayashi (1980) offered a social development progra

for shy adolescents and shy young adults in a university counseling center. Their program consisted of anxiety management, assertiveness in social relations and development of conversational skills. Such a program which made use of skills training and the cognitive behavior modification approach was reported to be very successful in producing improvements in social skills and anxiety management.

Discussion of Advantages of Group Treatment

The main point about the effectiveness of the group setting is that it is a social microcasm in which each member interacts with the other group members as he interacts with others in his social sphere. His typical behavioral patterns, his interpersonal style as well as the events triggering these behaviors and the responses of others can be observed in the group setting (Yalom, 1975).

The application of treatments in groups rather than on individual cases has many advantages, especially when dealing with socially anxious subjects. A group situation is useful in helping the members feel that their problem is not unique and they are not alone (Yalom, 1975). Support and help among members may be very influential in achieving the goals of therapy. Furthermore, Wolpe notes that the group therapy setting offers the opportunity for a far more thorough behavioral analysis than does individual therapy (Wolpe, 1973). With opportunities of modeling, behavioral rehearsal

and feedback, subjects can practice new behaviors in a safe atmosphere before testing the specified behaviors in their natural environment. Feedback helps the members to appreciate the nature of their behavior and its impact upon feelings, opinions and behaviors of others (Yalom, 1975). Behavioral rehearsal in the group, also provides opportunities for vicarious learning among members. Furthermore, a group increases opportunities for social reinforcement and motivation (Upper and Ross, 1977). Group pressure motivates members to attempt new behaviors and group appraisal serves as a powerful reinforcer of those behaviors.

"In group treatment, members can also benefit by a shared exploration of their cognitive events. By means of groups discussion of incompatible cognitions to be reduced, they can readily contribute to exploration of other members" (Meichenbaum, 1978, p.194).

All the advantages cited above have the basic reason for choosing the group setting rather than individual therapy as the treatment mode in this study.

Assessment of Shyness

The main assessment strategies of shyness can be examined under three main sections:

1- Self-report Measures

2- Behavioral Measures

3- Physiological Measures

1- Self-report Measures

Self-report measures include structured self-report inventories and self-monitoring.

a) Structured Self-report Inventories

Self-report inventories and related techniques are among the most frequently employed assessment procedures. Most have been developed in the context of research programs for one of the two purposes: 1) to categorize subjects as high or low on a particular skill, and 2) to serve as a dependent measure in treatment-outcome studies (Bellack in Bellack and Hersen, 1979). The focus is on gross labeling rather than specific analysis of subjects' response patterns. They are designated to yield single composite scores on the sum of item scores; responses to individual items are ignored (Bellack in Bellack and Hersen, 1979).

Self-report scales, although they are practical and economical, are subject to several limitations. Individual items may be subject to different interpretations by different subjects (Bellack in Bellack and Hersen, 1979). The respondents may or may not be able to accurately identify and judge relevant aspects of their social behavior (Eisler in Hersen

and Bellack, 1976). Furthermore, responses may be distorted by demand characteristics in post-therapy assessment (Bellack in Bellack and Hersen, 1979). Another major disadvantage is that the use of summative scores on self-report inventories poses a restriction in considering the situational variability of a specific behavior (Bellack in Bellack and Hersen, 1979).

In summary, structured self-report inventories represent economical, practical and easily quantifiable means of collecting data but their validity, reliability and accuracy are open to question.

b) Self-monitoring

Self-monitoring is an assessment tool that plays an intermediary role between self-report measures and behavioral observation. It requires the individual to record his behavior at specified intervals in a highly systematic manner. It is a method of "observing and reporting one's own observable (public) behaviors or private events (cognitions)" (Eisler in Hersen and Bellack, 1976); and it has been effectively used in research on heterosocial skills. Unreliability and reactivity are the basic disadvantages of this method of assessment (Bellack in Bellack and Hersen, 1979).

2- Behavioral Measures

In this section three major strategies of behavioral

assessment will be reviewed; in vivo observation, naturalistic observation, role-play tests, and ratings by significant others.

a) In vivo Observation

Direct observation of the target behaviors in its natural setting is the most desirable and the least practical assessment strategy. Both live observers and automated audiotape recording systems are used for the purposes of in vivo observation of interpersonal behaviors. The biggest limitation of in vivo observation is restricted sampling since behaviors which occur in diverse locations with a variety of individuals, which are infrequent and are highly private are not suitable to this method (Bellack in Bellack and Hersen, 1979). Another disadvantage is the reactive effects of being observed (Bellack in Bellack and Hersen, 1979).

b) Naturalistic Observation

Naturalistic interactions are structured samples of behavior patterns which are intended to parallel various in vivo encounters. In this procedure the experimenter observes the interpersonal patterns of subjects with a confederate. The efficacy of this procedure, thus, depends on the well-trained confederates (Hersen and Eisler in Craighead et al, 1976). The maximum potential validity of this strategy is

reported to be unknown (Bellack in Bellack and Hersen, 1979).

c) Role-play Tests

In the basic format, an interpersonal episode is described to the subjects; a role model (confederate) utters a prompt line; and then the subject responds to the role model as if the interaction is actually taking place. Role play tests are highly structured; require quick and brief responses and rely on subject's ability to take on roles quickly in a set of diverse interactions (Bellack in Bellack and Hersen, 1979). Numerous variations of the basic role-play format have been employed; scene descriptions and role-model prompts have been presented on audiotape or videotape. Although many studies are reported to support validity of role-play tests, Bellack interprets these results with caution since he also has reviewed some consistent negative findings (Bellack in Bellack and Hersen, 1979).

d) Ratings by Significant Others

Direct observation procedures cannot detect the environmental impact of the target behaviors. One possible procedure to learn about other people's appraisal of the behaviors of the subjects is to secure data from peers, family, teachers or other significant people in the subject's environment. Such data can be collected through structured interviews, questionnaires or sociometric ratings (Bellack in

Bellack and Hersen, 1979). These procedures are reported to provide valid and reliable information; however their total objectivity and accuracy is questionable (Bellack in Bellack and Hersen, 1979). They are susceptible to bias and reactivity.

3- Physiological Measures

The relevance of physiological assessment for the evaluation of interpersonal behaviors is reported to be uncertain by many investigators (Bellack in Bellack and Hersen, 1979; Eisler in Hersen and Bellack, 1976; Twentyman and Zimering, 1979). Among the studies reviewed by these investigators, few of them examined autonomic functioning, and their results presented an uncertain picture of the relation between autonomic responses and interpersonal behaviors. Furthermore, Eisler argues that physiological assessment is not particularly useful for appraising such a target behavior since the assessment procedures are highly intrusive and can reduce the realism of the observed encounter (Eisler in Hersen and Bellack, 1976).

The Scope of the Study and Hypotheses

The specific purpose of the present study is to investigate the effectiveness of different treatments in reducing interpersonal anxiety and shyness in adolescents in a group setting.

For the purposes of this study, the following four treatment groups were formed:

- a. A Cognitive Behavior Modification Group (CBM)
- b. A Social Skills Training Group (SST)
- c. An Attention Control Group
- d. A No-Treatment Control Group

CBM consists seven forty minute weekly sessions. Half of each session is devoted to semantic therapy material about the worry component of interpersonal anxiety. Discussion of self-evaluations and worries of subjects with feedback from members helps individuals to modify their maladaptive cognitions towards a more rational basis. The remaining half of each session is devoted to a modified version of desensitization with "coping" imagery. In each session, either one or two steps of a group anxiety hierarchy is worked through till the final step is experienced with no signs of anxiety by all of the members of the group.

SST consists of seven forty minute weekly sessions of training in the skills of initiating conversations, complimenting, active listening, asking help, asking questions, self-disclosure, handling conflict situations and handling setbacks caused by shy attitudes. Subjects are trained through techniques of modeling, coaching, role-playing, homework assignments and feedback.

The purpose of including an Attention Control Group

is to investigate the effects of a group experience on the reduction of interpersonal anxiety. The topic of the group experience, which is creative thinking, is not related to the issue of shyness.

The hypotheses are as follows:

1. The interpersonal anxiety level of subjects and their shyness will decrease as a result of treatment in Cognitive Behavior Modification and Social Skills Training Groups.

The post-test mean scores on Shyness Scales, Teachers' Ratings and Students' Ratings will be lower than pre-test means.

2. Greater reduction in shyness and interpersonal anxiety levels will be observed in the Social Skills Training Group compared to the Cognitive Behavior Modification Group.

A slight reduction of shyness and interpersonal anxiety will be observed in Attention Control Group, although such a decrease is not expected to be statistically significant.

METHOD

Subjects

The study was conducted as a pretest-posttest field experiment with three experimental groups and a control group.

The participants of this study were selected from among the students in four sections of the eighth grade classes of Robert Lyceé, a highly selective, private school in Istanbul. All participants were approximately 15-16 years old.

A total of 12 boys and 12 girls were selected from an initial pool of 119 students in the four sections who were administered a Shyness Questionnaire. The initial screening of subjects was based on their overall performance on the questionnaire rather than on specific scores.

Measurement Instruments

Behavioral observations of response patterns in natural settings or laboratory settings and role-play tests have been reviewed to be the most preferred modes of assessment

But due to practical reasons and the present facilities, measurement instruments for this study have been chosen to be a self-report inventory and ratings of significant others.

The Shyness Questionnaire which was used for the initial screening of subjects was adopted and translated from the "Stanford Shyness Survey" of Zimbardo (Zimbardo, 1977), and consisted of 78 items (See Appendix A). Of those 78 Turkish items, 25 were selected to constitute the first measure of this study. The 25 items were considered to be sufficient enough to represent the five different categories of shyness. The five categories were constructed to include the basic indicators cited in the definition of shyness earlier in this paper.

- a) Degree of shyness of the subject and its causes,
- b) Types of situations and types of people that can make the subject feel shy
- c) Physiological indicators of shyness
- d) Cognitive indicators of shyness
- e) Behavioral indicators of shyness.

These five categories each constituted a separate scale within the Shyness Questionnaire.

Initial screening of subjects through the Shyness Questionnaire yielded pre-test scores on the 25 items. To obtain post-test scores of the same items with a minimum effect of demand characteristics, the items were presented to

the subjects embedded among the same number of items selected from the Minnesota Counseling Inventory (see Appendix B) consisting of 355 items about different aspects of personality and which is widely used by school counselors to acquire information about students (Berdie and Layton, 1957). To minimize the demand characteristics furthermore, the items were presented in English and the final questionnaire was administered to all of the eighth grade students by different people than the experimenter.

The second measurement instrument was the Teachers' Ratings. It consisted of 21 items constructed on a 5-point Likert Scale (see Appendix C). Each subject was rated by three teachers; and subjects in separate sections had different teachers to rate them. A total of nine teachers were administered the ratings.

Finally, the third measurement instrument was the Students' Ratings. Every member in each group rated the five other members in the group. Students' Ratings consisted of the same 21 items in the Teachers' Ratings and additional four items again constructed on 5-point Likert Scale.

Experimental Design and Procedure

24 students (12 boys, 12 girls) selected on the basis of the Shyness Questionnaire were randomly assigned to four groups:

1. The Cognitive Behavior Modification Group (CBM)
2. The Social Skills Training Group (SST)
3. The Attention Control Group
4. No-Treatment Control Group

The distribution by sex in each group was held equal (3 boys and 3 girls).

The treatment procedures of all experimental groups lasted for seven sessions, one forty minute session per week. These sessions were held either at lunch times or during guidance hours, from which these students were excused. The Control Group did not meet with the experimenter.

During the sessions, each experimental group received the training instructions appropriate for the treatment program conducted. The treatment programs of the Cognitive Behavior Modification and the Social Skills Training Groups are briefly presented in Appendices E and F. The treatment procedure in the Cognitive Behavior Modification Group was prepared on the basis of the programs prepared by Meichenbaum (1972) and Zülemyan (1979). In the Attention Control Group, the exercises in the Torrance Tests of Creative Thinking were used (Torrance, 1976). These exercises consisted of verbal and figural tests to enrich creative thinking, imagination, originality, elaboration of new ideas and flexibility.

Pre-and-Post-Testing Procedure

The Shyness Questionnaire was applied one week before the first session. The Teachers' Ratings were administered during the first week of the program; and the Students' Ratings were administered just before the first session in each experimental group.

For the post-test, the Questionnaire consisting of 25 shyness scale items and 25 irrelevant items was administered one week after the last session. The Teachers' Ratings were collected during the week following the last session; and the Students' Ratings were obtained during an additional session after the last session of each program.

RESULTS

A general evaluation of the results indicates that there was no significant decrease in shyness as a result of treatment.

The three measurement instruments used in assessing shyness were the Shyness Questionnaire, Teachers' Ratings (TR), and Students' Ratings (SR). The Shyness Questionnaire consisted of five separate scales:

1. The scale about the degree of shyness of the subjects and its causes (SQ1)
2. The scale about the types of situations and types of people that can make subjects feel shy (SQ2)
3. The scale about the physiological indicators of shyness (SQ3)
4. The scale about the cognitive indicators of shyness (SQ4)
5. The scale about the behavioral indicators of shyness (SQ5).

Thus, the scores on the five scales of the Shyness Questionnaire, SQ1, SQ2, SQ3, SQ4, SQ5, and also, TR and SR constituted the dependent variables of this study, and were analyzed for each treatment group as well as the control

groups at the beginning and the end of the seven weeks treatment period.

The mean scores and standard deviations of the subjects on the seven scales for the pre-and-post measurements are summarized in Table 1; the mean scores and standard deviations of the differences between the pre-and-post measurement scores are also included in this Table.

The results summarized in Table 1 do not reflect any dramatic changes in the pre-and-post measurement scores as a result of treatment.

To analyze the correlations between the dependent variables, Pearson Correlation Coefficients were computed separately for both pre-and-post measurements. The results for the pre-test scores are presented on Table 2. In the pre-test conditions, the correlation coefficients that were found to be significant were between SQ1 and SQ2 ($r=.4682$, $p < .01$), SQ1 and SQ3 ($r=.3856$, $p < .03$), SQ1 and SQ5 ($r=.4619$, $p < .01$), SQ1 and TR ($r=.4209$, $p < .02$), SQ2 and SQ5 ($r=.3596$, $p < .04$), SQ2 and TR ($r=.3977$, $p < .02$), SQ2 and SR ($r=.4207$, $p < .02$), SQ3 and SQ5 ($r=.4739$, $p < .01$), and SR and TR ($r=.7374$, $p < .001$). The correlations between SQ1 and SQ4 ($r=.2833$, $p < .09$), SQ2 and SQ4 ($r=.2969$, $p < .08$) and SQ4 and TR ($r=.2903$, $p < .08$) had a trend towards significance.

TABLE 1- Means and Standard Deviations of Pre-and-Post Scores of the Groups; and Means and Standard Deviations of the Differences of These Scores

		PRE-TEST		POST - TEST		DIFFERENCES (Pretest - Posttest)	
MEASURES		Mean	St.Dev.	Mean	St.Dev.	Mean	St.Dev.
CBM N=6	SQ1	2.79	.37	2.92	.34	-.13	.47
	SQ2	1.70	.52	2.04	1.00	-.34	.65
	SQ3	1.95	.42	2.33	.52	-.38	.67
	SQ4	3.11	.50	3.39	.61	-.28	.57
	SQ5	2.33	.97	2.75	.84	-.42	.56
	TR	2.76	.54	2.63	.59	.13	.32
	SR	2.91	.62	2.76	.54	.15	.25
SST N=6	SQ1	2.54	.46	2.67	.54	-.13	.41
	SQ2	1.57	.44	1.67	.26	-.10	.49
	SQ3	1.94	.56	2.05	.62	-.11	.34
	SQ4	2.83	.81	2.83	.28	.00	.60
	SQ5	2.50	.57	1.83	1.08	.67	.96
	TR	2.25	.55	2.33	.55	-.08	.24
	SR	3.00	.45	2.79	.41	.21	.22
Attention Control N=6	SQ1	2.63	.57	2.50	.35	.13	.61
	SQ2	1.61	.24	1.70	.58	-.09	.60
	SQ3	1.92	.46	1.86	.60	.06	.73
	SQ4	2.72	.71	2.78	.34	-.06	.61
	SQ5	2.29	.80	2.04	1.13	.25	.91
	TR	2.70	.68	2.71	.53	-.01	.19
	SR	2.67	.58	2.49	.89	.18	.45
Control N=6	SQ1	2.75	.35	2.96	.43	-.21	.66
	SQ2	1.40	.27	1.49	.26	-.09	.26
	SQ3	1.82	.54	2.14	.46	-.32	.56
	SQ4	2.89	.66	3.17	.66	-.28	.68
	SQ5	2.17	.70	2.46	.37	-.29	.49
	TR	2.63	.68	2.71	.53	-.08	.24
	SR	2.71	.34	2.57	.38	.14	.10

Thus, in the pre-test, the scale of the subjects' evaluations of the degree of their shyness significantly correlated with the scale of the types of situations and people making subjects feel shy, the scales of the physiological and behavioral indicators of shyness, and Teachers' Ratings. It also had a trend to significantly correlate with the scale of the cognitive indicators of shyness. There was a significant correlation between the scale of the types of situations and people making the subjects feel shy and the scale of behavioral indicators of shyness, Teachers' Ratings and Students' Ratings. The scale of the physiological indicators of shyness significantly correlated with the scale of the behavioral indicators of shyness. Students' Ratings and Teachers' Ratings had the highest correlation. The cognitive indicators of shyness had a trend to significantly correlate with Teachers' Ratings, and the scale of the types of situations and people making the subjects feel shy.

Table 3 summarizes the Pearson Correlation Coefficients of all the seven scales in the post-test conditions. At the post-test, the significant correlations were between SQ1 and SQ3 ($r=.3817$, $p < .03$), SQ1 and SQ4 ($r=.5872$, $p < .001$), SQ2 and SQ3 ($r=.4251$, $p < .02$), SQ2 and SQ5 ($r=.3648$, $p < .04$), and TR and SR ($r=.7649$, $p < .001$). There was a trend toward significance in the correlation between SQ1 and SQ2 ($r=.3029$, $p < .07$). Thus, the scale of subjects' evaluations of the

TABLE 2- Pearson Correlation Coefficients of the Seven Scales in the Pre-Test

	SQ1	SQ2	SQ3	SQ4	SQ5	TR	SR
SQ1	1.0000						
SQ2	** .4682	1.0000					
SQ3	*** .3856	.0565	1.0000				
SQ4	.2843	.2969	.2378	1.0000			
SQ5	** .4619	***** .3596	** .4739	.0635	1.0000		
TR	*** .4209	*** .3977	.1716	.2903	.0604	1.0000	
SR	.1922	*** .4207	.0399	.2549	.0620	* .7374	1.0000

*p < .001

***p < 0.2

*****p < .04

**p < .01

****p < .03

TABLE 3- Pearson Correlation Coefficients of the Seven Scales in the Post-Test

	SQ1	SQ2	SQ3	SQ4	SQ5	TR	SR
SQ1	1.0000						
SQ2	.3029	1.0000					
SQ3	*** .3817	** .4251	1.0000				
SQ4	* .5872	.0565	.0937	1.0000			
SQ5	.2011	**** .3648	.2667	.2274	1.0000		
TR	.1322	.0253	-.1649	.1491	.1909	1.000	
SR	.1082	-.0804	-.1398	-.0934	.0394	* .7649	1.0000

*p < .001

***p < .03

**p < .02

****p < .04

degree of their shyness and interpersonal anxiety significantly correlated with the scales of physiological and cognitive indicators of shyness. The scale of the types of situations and people making the subjects feel shy had significant correlations with the physiological and behavioral indicators of shyness; and had a trend toward significant correlation with the scale of the subjects' evaluation of the degree of their shyness. There was a strong correlation between Teachers' Ratings and Students' Ratings.

Pearson Correlation Coefficients of the seven scales at the pre-and-post measurements, have shown that the highest significant correlation existed between Teachers' Ratings and Students' Ratings; and the correlations between the five Shyness Scales were lower and were between different scales at pre-and-post measurements.

The first hypothesis of this study stated that shyness and the level of interpersonal anxiety of the subjects would decrease as a result of treatment in groups undergoing treatments of Cognitive Behavior Modification and Social Skills Training. The second hypothesis stated that a greater reduction of shyness and interpersonal anxiety would be observed in the Social Skills Training Group compared to the Cognitive Behavior Modification Group.

Analysis of Variance was used to analyze the pre-and-post measurement differences of the seven variables; and the

results are presented in Table 4. This analysis yielded no significant differences between pre-and-post measurements of SQ1 ($F=.4196$, $df=3,20$, n.s.), of SQ2 ($F=.3494$, $df=3,20$, n.s.), of SQ3 ($F=.6681$, $df=3,20$, n.s.), of SQ4 ($F=.3366$, $df=3,20$, n.s.), of SQ5 ($F=2.6325$, $df=3,20$, n.s.), of TR ($F=.9595$, $df=3,20$, n.s.), and of SR ($F=.0776$, $df=3,20$, n.s.). None of the variables showed significant differences between the two measurements.

Two-tailed t-tests were computed for each of the variables in the four groups, and no significant differences were found in the pre-and-post measurements in any of the four groups. The results are presented on Table 5.

The t-tests on the change of the scores in the Cognitive Behavior Modification Group revealed that there was no significant difference between the pre-and-post measurements of the seven scales; but there was a trend towards significance in the increase on the scale of behavioral indicators of shyness (SQ5) ($t=-1.81$, $p < .10$, $df=5$), and in the decrease on Students' Ratings (SR) ($t=1.44$, $p < .20$, $df=5$).

Analysis of the measures in the Social Skills Training Group yielded no significant differences, either. In this group, there was a trend towards significance in the decrease on the scale of the behavioral indicators of shyness (SQ5) ($t=1.71$, $p < .10$, $df=5$), and in the decrease on Students' Ratings (SR) ($t=2.33$, $p < .06$, $df=5$).

TABLE 4- Analysis of Variance for the Differences in the Pre-and-Post Measurements of the Variables for all Groups

	Source of Variation	<u>SS</u>	df	MS	F
SQ1	Between Groups	.3750	3	.1250	.4196
	Within Groups	5.9583	20	.2979	
	Total	6.3333	23		
SQ2	Between Groups	.2829	3	.0943	.3494
	Within Groups	5.3973	20	.2699	
	Total	5.6802	23		
SQ3	Between Groups	.7068	3	.2356	.6681
	Within Groups	7.0528	20	.3526	
	Total	7.7596	23		
SQ4	Between Groups	.3843	3	.1281	.3366
	Within Groups	7.6111	20	.3806	
	Total	7.9954	23		
SQ5	Between Groups	4.5286	3	1.5095	2.6325
	Within Groups	11.4687	20	.5734	
	Total	15.9974	23		
TR	Between Groups	.1798	3	.0599	.9565
	Within Groups	1.2531	20	.0627	
	Total	1.4328	23		
SR	Between Groups	.0191	3	.0064	.0776
	Within Groups	1.6394	20	.0820	
	Total	1.6585	23		

TABLE 5- Two-tailed t-test Computations of the Differences in the Pre-and-Post Measures of the 7 Scales

	Measures	Correlations of the Measures at Pre-and-Post Conditions	T-value	df
CBM	SQ1	.133	- .65	5
	SQ2	.820	-1.31	5
	SQ3	-.015	-1.38	5
	SQ4	.483	-1.19	5
	SQ5	.816	-1.81	5
	TR	.844	1.03	5
	SR	.915	1.44	5
SST	SQ1	.673	- .75	5
	SQ2	.122	- .50	5
	SQ3	.835	- .79	5
	SQ4	.837	.00	5
	SQ5	.467	1.71	5
	TR	.908	- .83	5
	SR	.872	2.33	5
Attention Control	SQ1	.188	.50	5
	SQ2	.135	- .37	5
	SQ3	.071	.19	5
	SQ4	.514	- .22	5
	SQ5	.606	.67	5
	TR	.984	- .07	5
	SR	.892	.95	5
Control	SQ1	-.411	- .77	5
	SQ2	.505	- .90	5
	SQ3	.381	-1.38	5
	SQ4	.464	-1.00	5
	SQ5	.759	-1.47	5
	TR	.953	- .78	5
	SR	.966	3.34*	5

*p < .05

The t-test computations of the pre-and-post measures in the Attention Control and the Control Groups revealed no significant results, except for one variable in the Control Group. Students' Ratings in the Control Group significantly decreased at the post-test condition ($t=3.34$, $p < .05$, $df=5$). There was a trend towards significance in the increase on the scale of the behavioral indicators of shyness (SQ5) ($t=-1.47$, $p < .20$, $df=5$).

The main conclusion derived from the all above results is that none of the groups revealed any changes in shyness and interpersonal anxiety levels as a result of treatment. Thus, both hypotheses were not supported.

D I S C U S S I O N

This study was conducted to examine the effects of different group treatment procedures, namely Cognitive Behavior Modification (CBM) and Social Skills Training (SST) on reducing shyness and interpersonal anxiety in adolescents. The hypotheses set forth concerning the outcome of different treatments were as follows:

1. The interpersonal anxiety level of subjects and their shyness will decrease as the result of treatment in groups undergoing CBM and SST treatments.
2. Greater reduction in shyness and interpersonal anxiety levels will be observed in the SST group compared to the CBM Group.

The results of this study indicate that for all measures, there was no significant reduction of shyness in any of the groups. Thus, both hypotheses of this study were not supported.

Before going any further to the discussion of these results, the correlations between the seven different variables measured at the pre-and-post evaluations will be examined to see if there are meaningful relationships between the different

indicators of shyness.

The high correlations between the Teachers' Ratings and the Students' Ratings both at the pre-test and the post-test have shown that these two measures had adequate reliabilities. The overall level of shyness of the subjects was perceived by the teachers and peers similarly. However, the high correlations of the Teachers' Ratings, rather than the Students' Ratings, with the subjects' overall evaluations of their shyness in the pre-test, shows that teachers tend to perceive global aspects more readily than the peers. On the other hand, the correlations of the Teachers' Ratings and the Students' Ratings with the ratings of the types of situations and people making subjects feel shy show that specific and concrete aspects of behavior were perceived by the teachers and peers equally well.

The correlations between the five different Shyness Scales were not as high as the correlations between the Teachers' Ratings and the Students' Ratings. Furthermore, the correlations that were found to be significant were among different scales in the pre-and-post measurements.

In the pre-test, subjects' overall evaluations of the degree of their shyness were significantly correlated with the types of situations and people making them feel shy and with the physiological and behavioral indicators of shyness. These results indicate that the subjects based the overall

evaluations of their shyness on the number of specific situations and people making them feel shy and on the behavioral and bodily changes that accompany these feelings. In the post-test, their overall evaluation of shyness significantly correlated with physiological and, also, cognitive indicators of shyness. Thus, after treatment, the subjects appeared to have started to consider the cognitive factors in evaluating their behaviors. Absence of significant correlations between their overall evaluation and the specific situations and people making them feel shy, and the behavioral indicators of shyness in the post-test may result from a decrease in the two latter measures due to treatment. The significant correlations between the specific situations and people making the subjects feel shy and the physiological indicators of shyness may indicate that the treatments helped subjects to be aware of the bodily changes that accompany the feelings of shyness when faced with specific situations and people.

The finding that the Teachers' Ratings and the Students' Ratings had consistent and high correlations in pre-and-post tests and that the five scales of shyness had rather inconsistent and lower correlations can be due to the fact that the five scales were composed of a very small number of items and each was constructed to reflect a different aspect of behavior. Furthermore, the five scales were self-report measures. When the ages of the subjects are considered, it

can be stated that their lack of sophistication in evaluating themselves may have resulted in such inconsistent and lower correlations.

Analysis of the seven scales has shown that there has been no significant change in the pre-and-post measurements in any of the groups.

In the Cognitive Behavior Modification Group, the pre-and-post treatment difference in the behavioral indicators of shyness showed a trend towards significant increase, meaning that such indicators showed an increase as the result of the CBM treatment. The unexpected direction of the change could result from the fact that the treatment procedure has helped subjects to get increasingly aware of their behaviors. Such a treatment effect was, also, observable in the slight increases in some other measures in the CBM group. Another trend towards significance in the CBM Group, was the decrease in the Students' Ratings. However, this decrease might have been due to the demand characteristics created by the interaction between the experimenter and the subjects.

In the Social Skills Training Group, the behavioral indicators of shyness and the Students' Ratings have shown a trend towards significant decrease. The decrease in the behavioral indicators can be a result of the specific treatment procedure. Since the Social Skills Training procedure included role-playing exercises on necessary skills an adap-

tive behaviors, the subjects in this group had the chance to learn these skills as well as to reduce their anxiety by emitting these behaviors in the safe atmosphere of the group. Because of these advantages of the SST procedure over CBM, a decrease in the behavioral indicators of shyness was more prevalent in this group. The decrease in the Students' Ratings can be due to the effect of demand characteristics just as in the CBM Group. The slight increases in some of the other indicators of shyness could again result from an increased awareness of the subjects.

In the Attention Control and the Control Groups, the only significant decrease was in the Students' Ratings in the Control Group. However, this difference cannot be due to the effect of demand characteristics in this group, since the members of the Control Group had no interaction with the experimenter. Another unexpected finding in the Control Group is the trend on the part of the behavioral indicators of shyness to increase. This difference is either spurious or may result from real increase in the behavioral indicators due to the intensive stress the students go through at the end of the semester.

Thus, the analysis of the results yielded no significant differences brought about by treatment effects, but the slight decreases of the behavioral indicators of shyness in the SST Group and in the Students' Ratings in both of the treatment groups were meaningful to discuss. Some of the

differences between the pre-and-post treatments, have also shown that there were slight increases of shyness as indicated in some of the seven scales. This finding can be a result of an increase of awareness due to the treatments. Although the different treatments have not created the expected decreases in shyness, they may have helped subjects to be increasingly aware of several aspects of their behavior, cognitions, and feelings. So, in this study the treatment effects may have been confounded with the increased awareness of the subjects.

The analysis of the differences between pre-and-post measurements of each scale revealed no significant results; however, what was common in all measurements was that the variance within the groups was much larger than the variance between the groups (See Table 4). Such a finding implies that each group was very heterogeneous within itself. Such a heterogeneity within the group might have influenced treatment outcomes since in each group there was at least one subject who was extremely shy and whose responses in the group differed widely from the other shy members who were at different points of the shyness continuum. Such heterogeneity could also result from the different attitudes of boys and girls. Girls were more willing to cooperate, to try new behaviors and they admitted their inadequacies more freely; whereas the boys were less willing to join the group work and to share their experiences with others.

Another point to be discussed is that although the

t-test results were not high enough to be significant, some of the correlations between pre-and-post measurements were very low (See Table 5). Such an inconsistency can be due to the tendency of the subjects to answer the items randomly because of their negative and unwilling attitudes to questionnaires in general. In the counseling periods in which the questionnaires were administered, the students were observed to finish them very quickly; and they were not interested in spending time to think about the items.

While the general results of this study do not yield any support for the hypotheses, the treatment procedures have at least created a chance for the shy students to start to evaluate their behaviors and attitudes. Seven weeks of treatment have not been long enough to create the necessary changes, but now that these students have gone through this experience, they can perhaps benefit from other treatments in the long range. The effects of group work on the behaviors of the subjects were more observable toward the last sessions of the treatments. The amount of their participation in group discussions, the experiences they shared with the group, and their expressions of their feelings and beliefs increased in the last 2-3 sessions. Such a change is an important step taken by the subjects. Furthermore, the school counselor has pointed out that some subjects in the treatment groups have started visiting the counseling office frequently although they had not done so in the past.

This study had many limitations that should be discussed here. The main problem was related to the measurement instruments used. The measurements was based on self-report questionnaires and ratings by significant others. The reliabilities of self-report measures are open to question; and furthermore, they are easily distorted by demand characteristics at the post-test. Ratings by significant others are susceptible to bias, reactivity; and their objectivity and accuracy are questionable. More objective behavioral measures, such as in vivo or naturalistic observation, or role-play tests could have provided more reliable data; but because of the existing facilities, the present study could not utilize such measures.

Another problem concerns the method of sample selection. The subjects of this study were selected on the basis of their overall performance on this Shyness Questionnaire. The selected students were interviewed to see if they could join the group work. Thus, the interviews were not a part of the sample selection procedure. The selected students were randomly assigned to different groups except for a few of them who rated themselves as "extremely shy" in the Shyness Questionnaire. Each of those students were intentionally put in different groups so that no one group would have more than one extremely shy subject. However, as mentioned earlier, this procedure created a large within group heterogeneity. If interviews could have been structured to serve as a diagnostic base for sample selection, sampling would have been

more homogeneous. Another issue to consider under group composition is whether to have same-sex or mixed-sex groups when dealing with a problem such as adolescent shyness.

The selection of the subjects only on the basis of their performances on the Shyness Questionnaire created another problem. The subjects, knowing that they were selected for a special purpose were negativistic, unwilling and doubtful toward the group work at the first 2-3 sessions. Working with a voluntary sample might have created a more effective and cohesive group atmosphere.

Another concern of the study was that the age group of the sample was apparently not old enough to seriously benefit from the treatment procedures. Although explanations were given several times by the experimenter about the rationale of the relaxation exercises in CBM Group and the role-play exercises in the SST Group and homeworks in both groups, these exercises were not performed as seriously as they should have been. Subjects one or two years older would be more suitable for this purpose.

Another recommendation for further research concerns the time span of treatment procedures. Seven weeks was apparently not long enough to produce full benefit from the treatment procedures. The sessions were limited by the time restrictions of the school schedule. Time restrictions especially interfered with the CBM procedure in which each

session was composed of two parts-discussion of worries and relaxation. In the general evaluation of the groups, the subjects have pointed out this restriction and stated that enough time was not spent in discussion of worries in detail. Treatment procedures lasting more than seven weeks may be more effective in creating a chance to discuss more worries in detail in CBM Groups, also providing a longer time to spend for a larger number of skills in SST Groups.

Thus, to study an interpersonal problem such as shyness and to test the effectiveness of treatment procedures, one must utilize very sensitive, unobtrusive measurement instruments which are highly reliable, valid and at the same time practical. The characteristics of the sample must be considered carefully in the selection of appropriate treatment procedures; and the appropriate time span of the treatment should be arranged in such a way that the specific, selected sample could get the maximum benefit. Furthermore, the characteristics of Turkish youth should be considered when designing the treatment procedures. These types of treatment programs may not be suitable for our young generation and certain revisions might be helpful.

B I B L I O G R A P H Y

- Adler, A., İnsanı Tanıma Sanatı, trans. by S. Başar, Istanbul, Dergah Yayınları, 1977.
- Authier, J., Gustafson, K., Fix, J.A., and Daughton, D., "Social Skills Training: An Initial Appraisal", Professional Psychology, 12(4), 1981, pp.438-445.
- Barrow, J. and Hayashi, J., "Shyness Clinic: A Social Development Program for Adolescents and Young Adults", The Personnel and Guidance Journal, Sept., 1980.
- Bellack, A.S. and Hersen, M., (eds.), Research and Practice in Social Skills Training, New York, Plenum Press, 1979.
- Berdie, R.F. and Layton, W.R., Minnesota Counseling Inventory: Manual, New York, The Psychological Corporation, 1957.
- Cheek, J.M. and Buss, A.H., "Shyness and Sociability", Journal of Personality and Social Psychology, 41(2), 1981, pp.330-339.

Freud, S., The Complete Psychological Works of S. Freud: Vol. XX: An Autobiographical Study, Inhibitions, Symptoms and Anxiety, The Question of Lay Analysis and Other Works, ed. by J. Strachey, A. Freud, A. Strachey, and A. Tyson, London, The Hogarth Press, 1959.

Gresham, F.M. and Nagle, R.J., "Social Skills Training with Children: Responsiveness to Modeling and Coaching as a Function of Peer Orientation", Journal of Consulting and Clinical Psychology, 48(6), 1980, pp.718-729.

Gormally, J., Varvil-Weld, D., Raphael, R. and Sipps, G., "Treatment of Socially Anxious College Men Using Cognitive Counseling and Skills Training", Journal of Counseling Psychology, 28(2), 1981, pp.147-157.

Hall, C.S. and Lindzey, G., Theories of Personality, New York, John Wiley and Sons, Inc., 1978.

Haynes, L.A., and Avery, A.W., "Training Adolescents in Self-Disclosure and Empathy Skills", Journal of Counseling Psychology, 26(6), 1979, pp.526-530.

Hersen, M. and Eisler, R.M., "Social Skills Training". In W.E. Craighead, A.E. Kazdin, and M.J. Mahoney, (eds.), Behavior Modification: Principles, Issues and Applications, Boston, Houghton Mifflin Co., 1976.

Hersen, M. and Bellack, A.S. (eds.), Behavioral Assessment: A Practical Handbook, Oxford, Pergamon Press, 1976.

Jung, C.G., Psychological Types (The Collected Works of C.G. Jung, Vol.6, ed. by H. Read, M. Fordham, G. Adler and W. McGuire), Princeton, Princeton University Press, 1971.

LaGreca, A.M. and Santogrossi, D.A., "Social Skills Training with Elementary School Students: A Behavioral Group Approach", Journal of Consulting and Clinical Psychology, 48(2), 1980, pp.220-227.

Lazarus, A.A., Behavior Therapy and Beyond, New York, McGraw Hill Book Company, 1971.

Levitt, E.E., The Psychology of Anxiety, Indianapolis, The Bobbs-Merrill Company, Inc., 1967.

Liebert, R. and Morris, L., "Cognitive and Emotional Components of Test Anxiety: A Description and Some Initial Data", Psychological Reports, 20, 1967, pp.975-978.

Meichenbaum, D.H. (ed.), CBM: Newsletter, April, 1976, Number 2.

Meichenbaum, D.H., Cognitive Behavior Modification: An Integrative Approach, New York, Plenum Press, 1978.

Meichenbaum, D.H., "Cognitive Modification of Test Anxious College Students", Journal of Consulting and Clinical Psychology, 39, 1972, pp.370-380.

- Moreno, J.L., "Group Therapy and Psychodrama". In W.S. Shakian (ed.), Psychotherapy and Counseling: Techniques and Intervention, Chicago, Rand McNally College Publishing Company, 1976.
- Munroe, R.L., Schools of Psychoanalytic Thought, New York, Holt, Rinehard and Winston, Inc., 1967.
- Pentz, M.A. and Kazdin, A.E., "Assertion Modeling and Stimuli Effects on Assertive Behavior and Self-Efficacy in Adolescents", Behavioral Research and Therapy, 20, 1982, pp.365-371.
- Sarason, I.G. and Sarason, B.R., "Teaching Cognitive and Social Skills to High School Students", Journal of Counseling and Clinical Psychology, 49(6), 1981, pp.908-918.
- Senatore, V., Matson, J.L. and Kazdin, A.E., "A Comparison of Behavioral Methods to Train Social Skills to Moderately Retarded Adults", Behavioral Therapy, 13, 1982, pp.313-324.
- Spielberger, C.D., "Theory and Research on Anxiety", In C.D. Spielberger (ed.), Anxiety and Behavior, New York, Academic Press, 1966.
- Torrance, E.P., Torrance Tests of Creative Thinking: Verbal Test: Booklets A and B, Lexington, Mass., Personnel Press/Ginn and Company, 1976.

Twentyman, C.T. and Zimering, R.T., "Behavioral Training of Social Skills: A Critical Review". In M.Hersen, R.M.Eisler and P.M.Miller (eds.), Progress in Behavior Modification, Vol.7, New York, Academic Press, 1979.

Upper, D., and Ross, S.M., "Behavioral Group Therapy: Emotional Avoidance and Social Skill Problems of Adults". In M.Hersen, R.M.Eisler and P.M.Miller (Eds.), Progress in Behavior Modification, Vol.5, New York, Academic Press, 1977.

Wolpe, J., The Practice of Behavior Therapy, New York, Pergamon Press Inc., 1973.

Yalom, I.D., The Theory and Practice of Group Psychotherapy, New York, Basic Books, Inc., Publishers, 1975.

Zimbardo, P.G., Shyness, Reading, Mass., Addison-Wesley Publishing Company, 1977.

Zülemyan, A., "A Comparison of Cognitive Therapy Modified Desensitization, Cognitive Behavior Modification, and Control Groups for Reducing Test Anxiety", M.A.Thesis, Boğaziçi University, 1979.

APPENDIX A - SHYNESS QUESTIONNAIRE*

Kimi insanlar kişilerarası ilişkilerde çekingen ve utangaç davranışlarda bulunabilirler. Bu davranışlar kişilik özelliklerinden etkilenebileceği gibi kişinin içinde bulunduğu ortama veya beraber olduğu kişiye göre değişiklik gösterir.

Bu gibi durumlarda nasıl davrandığınızı açıklayıcı nitelikte sorular aşağıda sıralanmıştır. Bu sorularda doğru veya yanlış yoktur. Sadece kendinizi değerlendirmeniz istenmektedir. Bu değerlendirmenin anlam kazanması için bütün soruları cevaplamanız gerekmektedir.

Katkınız için çok teşekkürler.

1- Ne derece utangaç olduğunuzu aşağıdaki ölçeğe göre değerlendiriniz?

Aşırı derecede utangaçım	Oldukça utangaçım	Orta derecede utangaçım	Biraz utangaçım	Hiç utangaç değilim
1	2	3	4	5

2- Ne sıklıkta kendinizi utangaç hissedersiniz?

Hergün	Sık sık gün aşırıya yakın	Haftada 1-2 kere	Ara sıra, haftada birden az	Nadiren ayda bir kere veya daha az
1	2	3	4	5

*3- Sizinle aynı yaş ve aynı cinsiyette olan ve benzer çevreden gelen arkadaşlarınıza kıyasla ne derece utangaçsınız?

Çok daha az utangaçım	Daha az utangaçım	Eşit ölçüde utangaçım	Daha utangaçım	Daha çok utangaçım
1	2	3	4	5

4- Utangaçlığınız sizin için bir problem oluyor mu?

Evet, her zaman	Evet, sık sık	Evet, bazen ara sıra	Nadiren	Hiçbir zaman
1	2	3	4	5

5- Utangaçlığınızı saklayabilip, çevrenizdeki kişileri buna inandırabiliyor musunuz?

- a) Evet, her zaman saklıyabiliyorum
- b) Bazen saklıyabiliyorum, bazen saklıyamıyorum
- c) Genellikle saklıyamıyorum

*The twenty-five items which constituted the pre-test scores are indicated with an asterisk.

6- Kendinizi içedönük bir kişi olarak mı, yoksa dışa dönük bir kişi olarak mı tanımlarsınız?

İçedönük	Biraz içedönük	Hiçbiri	Biraz dışadönük	Dışadönük
1	2	3	4	5

AŞAĞIDAKİ MADDELERİN HANGİLERİ UTANGAÇLIĞINIZIN SEBEPLERİ OLABİLİR?
HER MADDEYİ AŞAĞISINDAKİ ÖLÇEĞE GÖRE CEVAPLAYINIZ.

*7- Çevredeki kişilerden olumsuz değerlendirmeler almaktan, beğenilmekten, eleştirilmekten çekiniyorum.

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

8- Rededilmekten korkuyorum.-

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

*9- Kendime güvenim eksik.

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

*10- İnsanlar ile ilişki kurmak ve devam ettirmek için gerekli bazı becerilerin eksikliğini hissediyorum.

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

Neler olduğunu belirtiniz: -----

11- Başkaları ile çok samimi olmaktan çekiniyorum.

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

12- Yalnızlığı tercih ediyorum.

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

13- Sosyal ilişkiler dışındaki meraklarıma çok önem veriyorum (Örnek: Kendi kendine yapılabilecek işler; hobiler; kitap okuma, müzik aleti çalma, çeşitli koleksiyonlar; tek başına spor yapma gibi)

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

14- Bedensel yetersizlikler. (Belirtiniz) -----

15- Diğer sebepler. (Belirtiniz) _____

AŞAĞIDA BELİRTİLEN KİŞİLER SİZİ NE DERECE UTANGAÇ BULUYORLAR?

16- Anneniz

- a) Çok aşırı derecede utangaç buluyor
- b) Epey utangaç buluyor
- c) Biraz utangaç buluyor
- d) Çok az utangaç buluyor
- e) Utangaç bulmuyor
- f) Bilmiyorum

17- Babanız

- a) Çok aşırı derecede utangaç buluyor
- b) Epey utangaç buluyor
- c) Biraz utangaç buluyor
- d) Çok az utangaç buluyor
- e) Utangaç bulmuyor
- f) Bilmiyorum

18- Ağabeyiniz, ablanız, kardeşleriniz

- a) Çok aşırı derecede utangaç buluyorlar
- b) Epey utangaç buluyorlar
- c) Biraz utangaç buluyorlar
- d) Çok az utangaç buluyorlar
- e) Utangaç bulmuyorlar
- f) Bilmiyorum

19- Yakın arkadaşlarınız

- a) Çok aşırı derecede utangaç buluyorlar
- b) Epey utangaç buluyorlar
- c) Biraz utangaç buluyorlar
- d) Çok az utangaç buluyorlar
- e) Utangaç bulmuyorlar
- f) Bilmiyorum

20- Çıktığınız kız arkadaşınız/erkek arkadaşınız

- a) Çok aşırı derecede utangaç buluyor
- b) Epey utangaç buluyor
- c) Biraz utangaç buluyor
- d) Çok az utangaç buluyor
- e) Utangaç bulmuyor
- f) Bilmiyorum

21- Sınıf arkadaşlarınız

- a) Çok aşırı derecede utangaç buluyorlar
- b) Epey utangaç buluyorlar
- c) Biraz utangaç buluyorlar
- d) Çok az utangaç buluyorlar
- e) Utangaç bulmuyorlar
- f) Bilmiyorum

22- Öğretmenleriniz

- a) Çok aşırı derecede utangaç buluyorlar
- b) Epey utangaç buluyorlar
- c) Biraz utangaç buluyorlar
- d) Çok az utangaç buluyorlar
- e) Utangaç bulmuyorlar
- f) Bilmiyorum

23- Çevrenizdekilerin sizin utangaçlığınızı yanlış algıladıkları oluyor mu? (Örneğin ilgisizlik, kendini uzak tutma gibi)

a) Evet

Belirtiniz: _____

b) Hayır

Aşağıdaki maddelerde belirtilen durumlar, ortamlar karşısında ne derece utangaç hissettiğinizi işaretleyiniz.

*24- Başka insanlar ile beraber olduğum her yerde

- a) Böyle bir durum ve ortam karşısında utanırım ama son bir ay içinde hiç böyle bir durum ve ortam olmadı.
- b) Son bir ay içinde böyle bir durum, ortam karşısında çok utandım, çekindim
- c) Son bir ay içinde böyle bir durum, ortam karşısında epey utandım, çekindim
- d) Son bir ay içinde böyle bir durum, ortam karşısında biraz utandım, çekindim
- e) Son bir ay içinde böyle bir durum, ortam karşısında hiç utanmadım, çekinmedim

25- Büyük gruplar, topluluklar içinde

- a) Böyle bir durum, ortam karşısında utanırım ama son bir ay içinde hiç böyle bir durum ve ortam olmadı.
- b) Son bir ay içinde böyle bir durum, ortam karşısında çok utandım, çekindim.
- c) Son bir ay içinde böyle bir durum, ortam karşısında epey utandım, çekindim.
- d) Son bir ay içinde böyle bir durum, ortam karşısında biraz utandım, çekindim.
- e) Son bir ay içinde böyle bir durum, ortam karşısında hiç utanmadım, çekinmedim.

26- Ortak faaliyeti olan küçük gruplar içinde (Örnek: Okuldaki faaliyet grupları, spor takımları)

- a) Böyle bir durum karşısında utanırım ama son bir ay içinde hiç böyle bir durum, ortam olmadı
- b) Son bir ay içinde böyle bir durum, ortam karşısında çok utandım, çekindim
- c) Son bir ay içinde böyle bir durum, ortam karşısında epey utandım, çekindim
- d) Son bir ay içinde böyle bir durum, ortam karşısında biraz utandım, çekindim
- e) Son bir ay içinde böyle bir durum, ortam karşısında hiç utanmadım, çekinmedim

*27- Küçük sosyal gruplar içinde (Örnek: Eğlence, sohbet grupları)

- a) Böyle bir durum, ortam karşısında utanırım ama son bir ay içinde hiç böyle bir durum, ortam olmadı
- b) Son bir ay içinde böyle bir durum, ortam karşısında çok utandım, çekindim
- c) Son bir ay içinde böyle bir durum, ortam karşısında epey utandım, çekindim
- d) Son bir ay içinde böyle bir durum, ortam karşısında biraz utandım, çekindim
- e) Son bir ay içinde böyle bir durum, ortam karşısında hiç utanmadım, çekinmedim

*28- Kendi cinsimden biriyle karşılıklı sohbetlerde

- a) Böyle bir durum karşısında utanırım ama son bir ay içinde hiç böyle bir durum, ortam olmadı
- b) Son bir ay içinde böyle bir durum, ortam karşısında çok utandım, çekindim
- c) Son bir ay içinde böyle bir durum, ortam karşısında epey utandım, çekindim
- d) Son bir ay içinde böyle bir durum, ortam karşısında biraz utandım, çekindim
- e) Son bir ay içinde böyle bir durum, ortam karşısında hiç utanmadım, çekinmedim

*29- Karşı cinsten biriyle karşılıklı sohbetlerde

- a) Böyle bir durum karşısında utanırım ama son bir ay içinde hiç böyle bir durum, ortam olmadı
- b) Son bir ay içinde böyle bir durum, ortam karşısında çok utandım çekindim
- c) Son bir ay içinde böyle bir durum, ortam karşısında epey utandım, çekindim
- d) Son bir ay içinde böyle bir durum, ortam karşısında biraz utandım, çekindim
- e) Son bir ay içinde böyle bir durum, ortam karşısında hiç utanmadım, çekinmedim

30- İncinebileceğimi, kırılabilceğimi hissettiğim durumlarda

- a) Böyle bir durum karşısında utanırım ama son bir ay içinde hiç böyle bir durum, ortam olmadı
- b) Son bir ay içinde böyle bir durum, ortam karşısında çok utandım, çekindim
- c) Son bir ay içinde böyle bir durum, ortam karşısında epey utandım, çekindim
- d) Son bir ay içinde böyle bir durum, ortam karşısında biraz utandım, çekindim
- e) Son bir ay içinde böyle bir durum, ortam karşısında hiç utanmadım, çekinmedim

31- Kendimden üstün gördüğüm kişilerin yanında

- a) Böyle bir durum karşısında utanırım ama son bir ay içinde hiç böyle bir durum, ortam olmadı
- b) Son bir ay içinde böyle bir durum, ortam karşısında çok utandım, çekindim
- c) Son bir ay içinde böyle bir durum, ortam karşısında epey utandım, çekindim
- d) Son bir ay içinde böyle bir durum, ortam karşısında biraz utandım, çekindim
- e) Son bir ay içinde böyle bir durum, ortam karşısında hiç utanmadım, çekinmedim

32- Kendimi ortaya koymam gereken durumlarda (Örnek: Birşeye itiraz ederken, beğenmediğimi söylerken)

- a) Böyle bir durum karşısında utanırım ama son bir ay içinde hiç böyle bir durum, ortam olmadı
- b) Son bir ay içinde böyle bir durum, ortam karşısında çok utandım, çekindim
- c) Son bir ay içinde böyle bir durum, ortam karşısında epey utandım, çekindim
- d) Son bir ay içinde böyle bir durum, ortam karşısında biraz utandım, çekindim
- e) Son bir ay içinde böyle bir durum, ortam karşısında hiç utanmadım, çekinmedim

33- Büyük topluluk içinde dikkati çektiğim zamanlarda (Örnek: Kalabalık bir gruba konuşma yaparken)

- a) Böyle bir durum karşısında utanırım ama son bir ay içinde hiç böyle bir durum, ortam olmadı
- b) Son bir ay içinde böyle bir durum, ortam karşısında çok utandım, çekindim
- c) Son bir ay içinde böyle bir durum, ortam karşısında epey utandım, çekindim
- d) Son bir ay içinde böyle bir durum, ortam karşısında biraz utandım, çekindim
- e) Son bir ay içinde böyle bir durum, ortam karşısında hiç utanmadım, çekinmedim

- 34- Değerlendirildiğim, başkaları ile karşılaştırıldığım durumlarda (Örnek: Sözlü yoklamalar, eleştirildiğim zamanlar)
- Böyle bir durum karşısında utanırım ama son bir ay içinde hiç böyle bir durum, ortam olmadı
 - Son bir ay içinde böyle bir durum, ortam karşısında çok utandım, çekindim
 - Son bir ay içinde böyle bir durum, ortam karşısında epey utandım, çekindim
 - Son bir ay içinde böyle bir durum, ortam karşısında biraz utandım, çekindim
 - Son bir ay içinde böyle bir durum, ortam karşısında hiç utanmadım, çekinmedim

*35- Genelde yeni ilişkiler, arkadaşlıklar kurarken

- Böyle bir durum, ortam karşısında utanırım ama son bir ay içinde hiç böyle bir durum, ortam olmadı
- Son bir ay içinde böyle bir durum, ortam karşısında çok utandım, çekindim
- Son bir ay içinde böyle bir durum, ortam karşısında epey utandım, çekindim
- Son bir ay içinde böyle bir durum, ortam karşısında biraz utandım, çekindim
- Son bir ay içinde böyle bir durum, ortam karşısında hiç utanmadım, çekinmedim

Aşağıdaki maddelerde belirtilen kişiler karşısında ne derece utangaç hissettiğinizi işaretleyiniz.

36- Annem, babam

- Bu kişiler karşısında utanırım ama son bir ay içinde bu kişiler ile hiç beraber olmadım
- Son bir ay içinde bu kişilerin karşısında çok utandım, çekindim
- Son bir ay içinde bu kişiler karşısında epey utandım, çekindim
- Son bir ay içinde bu kişilerin karşısında biraz utandım, çekindim
- Son bir ay içinde bu kişilerin karşısında hiç utanmadım, çekinmedim

37- Ablam, ağabeyim, kardeşlerim

- Bu kişiler karşısında utanırım ama son bir ay içinde bu kişiler ile hiç beraber olmadım
- Son bir ay içinde bu kişilerin karşısında çok utandım, çekindim
- Son bir ay içinde bu kişiler karşısında epey utandım, çekindim
- Son bir ay içinde bu kişilerin karşısında biraz utandım, çekindim
- Son bir ay içinde bu kişilerin karşısında hiç utanmadım, çekinmedim

38- Akrabalarım

- a) Bu kişiler karşısında utanırım ama son bir ay içinde bu kişiler ile hiç beraber olmadım
- b) Son bir ay içinde bu kişilerin karşısında çok utandım, çekindim
- c) Son bir ay içinde bu kişilerin karşısında epey utandım, çekindim
- d) Son bir ay içinde bu kişilerin karşısında biraz utandım, çekindim
- e) Son bir ay içinde bu kişilerin karşısında hiç utanmadım, çekinmedim

*39- Arkadaşlarım

- a) Bu kişilerin karşısında utanırım ama son bir ay içinde bu kişiler ile hiç beraber olmadım
- b) Son bir ay içinde bu kişilerin karşısında çok utandım, çekindim
- c) Son bir ay içinde bu kişilerin karşısında epey utandım, çekindim
- d) Son bir ay içinde bu kişilerin karşısında biraz utandım, çekindim
- e) Son bir ay içinde bu kişilerin karşısında hiç utanmadım, çekinmedim

*40- Yabancılar

- a) Bu kişiler karşısında utanırım ama son bir ay içinde bu kişiler ile hiç beraber olmadım
- b) Son bir ay içinde bu kişilerin karşısında çok utandım, çekindim
- c) Son bir ay içinde bu kişilerin karşısında epey utandım, çekindim
- d) Son bir ay içinde bu kişilerin karşısında biraz utandım, çekindim
- e) Son bir ay içinde bu kişilerin karşısında hiç utanmadım, çekinmedim

*41- Bilgileri veya işleri gereği otorite sahibi olan kişiler

- a) Bu kişilerin karşısında utanırım ama son bir ay içinde bu kişiler ile hiç beraber olmadım
- b) Son bir ay içinde bu kişilerin karşısında çok utandım, çekindim
- c) Son bir ay içinde bu kişilerin karşısında epey utandım, çekindim
- d) Son bir ay içinde bu kişilerin karşısında biraz utandım, çekindim
- e) Son bir ay içinde bu kişilerin karşısında hiç utanmadım, çekinmedim

42- Yaşlı kişiler

- a) Bu kişilerin karşısında utanırım ama son bir ay içinde bu kişiler ile hiç beraber olmadım
- b) Son bir ay içinde bu kişilerin karşısında çok utandım, çekindim
- c) Son bir ay içinde bu kişilerin karşısında epey utandım, çekindim
- d) Son bir ay içinde bu kişilerin karşısında biraz utandım, çekindim
- e) Son bir ay içinde bu kişilerin karşısında hiç utanmadım, çekinmedim

43- Çocuklar

- a) Bu kişilerin karşısında utanırım ama son bir ay içinde bu kişiler ile hiç beraber olmadım
- b) Son bir ay içinde bu kişilerin karşısında çok utandım, çekindim
- c) Son bir ay içinde bu kişilerin karşısında epey utandım, çekindim
- d) Son bir ay içinde bu kişilerin karşısında biraz utandım, çekindim
- e) Son bir ay içinde bu kişilerin karşısında hiç utanmadım, çekinmedim

44- Grup içinde karşı cinsten olan kişiler

- a) Bu kişilerin karşısında utanırım ama son bir ay içinde bu kişiler ile hiç beraber olmadım
- b) Son bir ay içinde bu kişilerin karşısında çok utandım, çekindim
- c) Son bir ay içinde bu kişilerin karşısında epey utandım, çekindim
- d) Son bir ay içinde bu kişilerin karşısında biraz utandım, çekindim
- e) Son bir ay içinde bu kişilerin karşısında hiç utanmadım, çekinmedim

45- Grup içinde aynı cinsten olan kişiler

- a) Bu kişiler karşısında utanırım ama son bir ay içinde bu kişiler ile hiç beraber olmadım
- b) Son bir ay içinde bu kişilerin karşısında çok utandım, çekindim
- c) Son bir ay içinde bu kişilerin karşısında epey utandım, çekindim
- d) Son bir ay içinde bu kişilerin karşısında biraz utandım, çekindim
- e) Son bir ay içinde bu kişilerin karşısında hiç utanmadım, çekinmedim

46- Karşı cinsten olan kişiler-tek başına

- a) Bu kişiler karşısında utanırım ama son bir ay içinde bu kişiler ile hiç beraber olmadım
- b) Son bir ay içinde bu kişilerin karşısında çok utandım, çekindim
- c) Son bir ay içinde bu kişilerin karşısında epey utandım, çekindim
- d) Son bir ay içinde bu kişilerin karşısında biraz utandım, çekindim
- e) Son bir ay içinde bu kişilerin karşısında hiç utanmadım, çekinmedim

47- Aynı cinsten olan kişiler-tek başına

- a) Bu kişilerin karşısında utanırım ama son bir ay içinde bu kişiler ile hiç beraber olmadım
- b) Son bir ay içinde bu kişilerin karşısında çok utandım, çekindim
- c) Son bir ay içinde bu kişilerin karşısında epey utandım, çekindim
- d) Son bir ay içinde bu kişilerin karşısında biraz utandım, çekindim
- e) Son bir ay içinde bu kişilerin karşısında hiç utanmadım, çekinmedim

48- Utandığınızı ne tip ipuçlarından anlıyorsunuz?

- a) Kendi hislerim, düşüncelerimden
- b) O durum karşısında ortaya çıkan hareketlerimden
- c) Hem kendi hislerim, düşüncelerim, hem de hareketlerimden
- d) Farkında değilim

Utandığınız zaman hangi fiziksel, bedensel belirtiler oluyor?
Aşağıdaki maddeleri ölçeğe göre cevaplayınız.

	Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
*49- Yüzüm kızarır	1	2	3	4	5
*50- Kalp atışım hızlanır	1	2	3	4	5
*51- Midem bulanır	1	2	3	4	5
*52- Ağzım kurur	1	2	3	4	5
*53- Titrerim üşürüm	1	2	3	4	5
*54- Aşırı yorgunluk ve bitkinlik hissedirim	1	2	3	4	5

55- Diğer (belirtiniz) _____

Kendinizi utangaç hissettiğiniz zamanki düşünce ve duygularınız nelerdir?

56- Olumlu düşünceler (Örnek: Kendimi yeterli bulma)

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

57- Belirli bir düşünce yok (Örnek: Hayal kurma, belli bir şey düşünmeme)

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

*58- Kendi halimi çok düşünme (Örnek: Herşeyimin, her hareketimin çok farkında olma)

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

59- Ortamın, durumun rahatsız ediciliği hakkında düşünceler (Örnek: Durumun ne kadar kötü olduğu, bu durumda hiç olmak istemediğim)

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

60- Dikkatimi dağıtabilen, başka noktalara çeken düşünceler (Örnek: O sırada değişik şeyler yapabileceğimi düşünme, bu durumun kısa süre sonra biteceğini düşünme)

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

61- Kendim hakkında düşünceler (Örnek: Kendimi yetersiz, beceriksiz, aptal bulma, güvensiz hissetme)

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

62- Başkalarının benim ile ilgili yaptıkları değerlendirmeleri düşünme (Örnek: Benim için ne düşünüyorlar, benim hakkımda ne diyorlar)

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

*63- Bu durumda nasıl davrandığım hakkında düşünceler (Örnek: Ne tip izlenim yarattığımı merak etme)

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

*64- Utangaçlık hakkında düşünceler (Örnek: Utangaçlığımın derecesini, yarattığı sonuçları düşünme; keşke utangaç olmasaydım diye düşünme)

Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
1	2	3	4	5

Başkalarına utandıığınızı belli edebilecek ne tür davranışlarda bulunuyorsunuz?

Aşağıdaki maddeleri ölçeğe göre cevaplayınız.

	Hiçbir zaman	Nadiren	Arada sırada	Sık sık	Her zaman
65- Çok alçak sesle konuşurum	1	2	3	4	5
66- İnsanlardan uzak dururum	1	2	3	4	5
*67- Göz teması kuramam	1	2	3	4	5
*68- Konuşmam, sessiz dururum	1	2	3	4	5
*69- Bir bütün kurmadan anlamsız şekilde konuşurum, ne dediğimi şaşırırım	1	2	3	4	5
70- Konuşurken teklerim	1	2	3	4	5
*71- Duruşum (başımı eğme, kambur durma)	1	2	3	4	5
72- Olay karşısında pasif kalırım	1	2	3	4	5
73- O ortamdan kaçırım	1	2	3	4	5
74- Diğer (Belirtiniz)					

75- Utangaçlığınızın olumsuz sonuçları, zararları nelerdir? Sizin için geçerli olan maddelerin yanına işaret koyunuz.

- a) Hiç olumsuz sonuçları yok
- b) Sosyal açıdan problemler yaratıyor; yeni insanlar tanımam, yeni arkadaşlıklar kurmam zorlaşıyor; olayların tadına varamıyorum
- c) Duygusal bakımdan olumsuz sonuçları var. Kendimi yalnız, tek başıma ve sıkıntı içinde hissediyorum
- d) Olumlu taraflarım ortaya çıkamadığı için başkalarının benim hakkımda iyi değerlendirmeler yapmasına imkan olmuyor
- e) Kişiliğimi ortaya koymak, fikirlerimi söylemek, fırsatlardan yararlanmak zorlaşıyor
- f) Başkalarının benim hakkımda olumsuz şekilde yanlış değerlendirmeler yapmalarına sebep oluyor (Örnek: soğuk, zayıf bir kişi olarak)
- g) Başkaları ile beraberken açık-seçik düşünmemi engelliyor, etkin bir şekilde konuşmam zorlaşıyor
- h) Kendimle gereğinden fazla ilgilenmeme yol açıyor

76- Utangaçlığınızın olumlu sonuçları, yararları nelerdir? Sizin için geçerli olan maddelerin yanına işaret koyunuz.

- a) Hiç olumlu sonucu, yararı yok
- b) Mütevazı, hoş bir görünüm yaratıyor. Temkinli görünmemi sağlıyor
- c) Kişilerarası çelişkilere ve anlaşmazlıklara girmemi önüyor
- d) Dikkati çekmeyip, ortaya çıkmamamı sağlıyor
- e) Geride durup, başkalarını inceleme, dikkatli ve akıllı davranma olanağı sağlıyor
- f) Başkalarının benim hakkımda olumsuz değerlendirmeler yapmasını önüyor (Örnek: Utangaç kişiler saldırgan, kibirli, gösterişçi veya uyumsuz davranışlarda bulunan kişi diye pek nitelendirilmezler)
- g) Arkadaşlık edeceğim kişiler konusunda seçici olmamı sağlıyor.
- h) Başkalarını terslemediğim, kırmadığım için kişilerarası ilişkilerimin iyi olmasını sağlıyor

77- Utangaçlığınız yenilebilir mi?

- a) Evet
- b) Hayır
- c) Bilmiyorum

78- Utangaçlığınızı yenmek için bir çalışmaya girmek istiyor musunuz?

- a) Evet, muhakkak
- b) Evet, herhalde
- c) Emin değilim
- d) Hayır

APPENDIX - B: THE QUESTIONNAIRE ADMINISTERED AT THE POST-TEST*

1- Do you find it hard to keep your mind on a task?

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

2- Is there real affection and love in your house?

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

*3- Compared to your friends (of similar age, sex and background) how shy are you?

Much less shy	Less shy	About as shy	More shy	Much more shy
1	2	3	4	5

4- Do you daydream?

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

5- How pleasant is your homelife compared to that of most people you know?

Much more pleasant	More pleasant	About as pleasant	Less pleasant	Much less pleasant
1	2	3	4	5

*6- Do you think that your concern about negative evaluations, criticisms from others can be a cause of your shyness?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

*7- Do you think that lack of self confidence can be a cause of your shyness?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

8- Do your parents easily get angry?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

*The twenty-five items which constituted the post-test scores are indicated with an asterisk.

9- Do you forget things easily?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

*10- Do you think that you lack special social skills necessary for relations with others?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

11- Who understands you the most?

- a) Friends
- b) Father
- c) Mother
- d) Brothers, sisters
- e) Teachers

12- How often do you read newspapers?

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

13- Do you have quarrels with your family members?

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

*14- How shy do you feel in social situations in general (all situations in which you are with people)?

- a) I feel shy in such situations, but during the last month I have never been in such a situation.
- b) I felt very shy in such a situation during the last month.
- c) I felt shy in such a situation during the last month.
- d) I felt little shy in such a situation during the last month.
- e) I did not feel shy in such a situation in the last month.

*15- How shy do you feel in small, social groups? (parties, dances)

- a) I feel shy in such situations but during the last month I have never been in such a situation.
- b) I felt very shy in such a situation during the last month.
- c) I felt shy in such a situation during the last month.
- d) I felt little shy in such a situation during the last month.
- e) I did not feel shy in such a situation during the last month.

*16- How shy do you feel in conversations with a person of the same sex?

- a) I feel shy in such situations but during the last month I have never been in such a situation.
- b) I felt very shy in such a situation during the last month

- c) I felt shy in such a situation during the last month
- d) I felt little shy in such a situation during the last month
- e) I did not feel shy in such a situation during the last month

*17- How shy do you feel in conversations with a person of the opposite sex?

- a) I feel shy in such situations but during the last month
I have never been in such a situation
- b) I felt very shy in such a situation during the last month
- c) I felt shy in such a situation during the last month
- d) I felt little shy in such a situation during the last month
- e) I did not feel shy in such a situation during the last month

*18- How shy do you feel in making new friends?

- a) I feel shy in such situations but during the last month
I have never been in such a situation
- b) I felt very shy in such a situation during the last month
- c) I felt shy in such a situation during the last month
- d) I felt little shy in such a situation during the last month
- e) I did not feel shy in such a situation during the last month

19- Do your gossip?

Always	Often	Sometimes	Rarely	Never
1	2	3	4	5

20- Do you feel lonely?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

21- Do you get upset easily?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

22- State three things that make you upset?

23- Do you cry easily?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

*24- Do you feel shy when you are with friends?

- a) I feel shy with them but during the last month I have never been with them
- b) I felt very shy with them during the last month

- c) I felt shy with them during the last month
- d) I felt little shy with them during the last month
- e) I did not feel shy with them during the last month

*25- Do you feel shy when you are with strangers?

- a) I feel shy with them but during the last month I have never been with them
- b) I felt very shy with them during the last month
- c) I felt shy with them during the last month
- d) I felt little shy with them during the last month
- e) I did not feel shy with them during the last month

*26- Do you feel shy when you are with authorities or superiors?

- a) I feel shy with them but during the last month I have never been with them
- b) I felt very shy with them during the last month
- c) I felt shy with them during the last month
- d) I felt little shy with them during the last month
- e) I did not feel shy with them during the last month

27- Are you happy?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

28- Do you easily get discouraged by low grades?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

29- How often do you have discipline problems in school?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

What kind of physical reactions do you have when you feel shy?

	Never	Rarely	Sometimes	Often	Always
*30- Blushing (yüz kızarması)	1	2	3	4	5
*31- Increased pulse, heart pounding	1	2	3	4	5
*32- Upset stomach	1	2	3	4	5
*33- Dry mouth	1	2	3	4	5
*34- Shivering (titreme, üşüme)	1	2	3	4	5
*35- Fatigue(aşırı yorgunluk, bitkinlik hissetme)	1	2	3	4	5

36- Do your parents like the kinds of friends you go around with?

- a) Yes
- b) No

37- Do you have problems of concentration while you study?

- a) Yes
- b) No
- c) It depends on the subject I study

38- Do you like small children?

- a) Yes
- b) No

39- Do you have difficulty in getting to sleep?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

WHAT SPECIFIC THOUGHTS AND SENSATIONS DO YOU HAVE WHEN YOU FEEL SHY?

*40- I feel self-conscious (extreme awareness of myself and of my every action)

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

*41- I have thoughts about the way in which I am handling myself; wondering what kind of impression I am creating and how I might control it.

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

*42- I have thoughts about shyness in general

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

43- Do you help your parents in housework?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

44- Do your parents criticize you unjustly?

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

When you feel shy, what are the obvious behaviors which might indicate to others that you are feeling shy?

*45- I cannot make an eye-contact

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

*46- I am silent and do not talk much

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

*47- I talk incoherently without making meaningful sentences

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

*48- I do not sit straight or I bend my head down

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

49- I enjoy going to movies with friends

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

50- I enjoy reading books

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

APPENDIX - C: TEACHERS' RATINGS

Öğrenciniz aşağıda sıralanan davranışları ne sıklıkta gösterir? Şu ölçeğe göre değerlendiriniz:

Hiçbir zaman Nadiren Arada sırada Sık sık Her zaman
1 2 3 4 5

Görüşünüzü bu sayılardan birini daire içine alarak bildiriniz.

- | | | | | | |
|---|---|---|---|---|---|
| 1- Utangaç bir kişiliğe mi sahip? | 1 | 2 | 3 | 4 | 5 |
| 2- Çevredeki kişilerden olumsuz değerlendirmeler almaktan, eleştirilmekten çekiniyor mu? | 1 | 2 | 3 | 4 | 5 |
| 3- Kendine güveni eksik mi? | 1 | 2 | 3 | 4 | 5 |
| 4- Sınıfta rahatça soru sorabiliyor mu? | 1 | 2 | 3 | 4 | 5 |
| 5- Herhangi bir konuda fikrini söylemekte zorluk çekiyor mu? | 1 | 2 | 3 | 4 | 5 |
| 6- Yalnızlığı tercih ediyor mu? | 1 | 2 | 3 | 4 | 5 |
| 7- Okuldaki faaliyet gruplarına rahatça katılıyor mu? | 1 | 2 | 3 | 4 | 5 |
| 8- Öğretmenleri ile konuşmaktan çekiniyor mu? | 1 | 2 | 3 | 4 | 5 |
| 9- Konuşurken yüzü kızarır mı? | 1 | 2 | 3 | 4 | 5 |
| 10- Göz teması kurmakta zorluk çekiyor mu? | 1 | 2 | 3 | 4 | 5 |
| 11- Kalabalık ortamlardan rahatsız olur mu? | 1 | 2 | 3 | 4 | 5 |
| 12- Alçak sesle konuştuğu olur mu? | 1 | 2 | 3 | 4 | 5 |
| 13- İnsanlardan uzak duruyor mu? | 1 | 2 | 3 | 4 | 5 |
| 14- Sessiz bir kişi mi? | 1 | 2 | 3 | 4 | 5 |
| 15- Olaylar karşısında pasif kalıyor mu? | 1 | 2 | 3 | 4 | 5 |
| 16- Kalabalık içinde konuşurken veya öğretmenleriyle konuşurken teklediği, anlamsız şeyler söylediği olur mu? | 1 | 2 | 3 | 4 | 5 |
| 17- Bir fikre katılmadığını veya bir şeyi beğenmediğini rahatça söyler mi? | 1 | 2 | 3 | 4 | 5 |
| 18- Karşı cinsten kişiler ile beraberken çekingen davranır mı? | 1 | 2 | 3 | 4 | 5 |
| 19- Rahatça yeni arkadaşlıklar kurabiliyor mu? | 1 | 2 | 3 | 4 | 5 |
| 20- Grup tartışmalarına ve konuşmalarına katkısı oluyor mu? | 1 | 2 | 3 | 4 | 5 |
| 21- Arkadaşlarının yanına yaklaşmakta zorluk çekiyor mu? | 1 | 2 | 3 | 4 | 5 |

APPENDIX - D: STUDENTS' RATINGS

Arkadaşınız aşağıda sıralanan davranışları ne sıklıkta gösterir? Şu ölçeğe göre değerlendiriniz:

Hiçbir zaman Nadiren Arada sırada Sık sık Her zaman
1 2 3 4 5

Görüşünüzü bu sayılardan birini daire içine alarak bildiriniz.

- 1- Utangaç bir kişiliğe mi sahip? 1 2 3 4 5
- 2- Çevredeki kişilerden olumsuz değerlendirmeler almaktan, eleştirilmekten çekiniyor mu? 1 2 3 4 5
- 3- Kendine güveni eksik mi? 1 2 3 4 5
- 4- Sınıfta rahatça soru sorabiliyor mu? 1 2 3 4 5
- 5- Herhangi bir konuda fikrini söylemekte zorluk çekiyor mu? 1 2 3 4 5
- 6- Yalnızlığı tercih ediyor mu? 1 2 3 4 5
- 7- Okuldaki faaliyet gruplarına rahatça katılıyor mu? 1 2 3 4 5
- 8- Öğretmenleri ile konuşmaktan çekiniyor mu? 1 2 3 4 5
- 9- Konuşurken yüzü kızarır mı? 1 2 3 4 5
- 10- Göz teması kurmakta zorluk çekiyor mu? 1 2 3 4 5
- 11- Kalabalık ortamlardan rahatsız olur mu? 1 2 3 4 5
- 12- Alçak sesle konuştuğu olur mu? 1 2 3 4 5
- 13- İnsanlardan uzak duruyor mu? 1 2 3 4 5
- 14- Sessiz bir kişi mi? 1 2 3 4 5
- 15- Olaylar karşısında pasif kalır mı? 1 2 3 4 5
- 16- Kalabalık içinde konuşurken veya öğretmenleri ile konuşurken teklediği, anlamsız şeyler söylediği olur mu? 1 2 3 4 5
- 17- Bir fikre katılmadığını veya bir şeyi beğenmediğini rahatça söyler mi? 1 2 3 4 5
- 18- Karşıcinsten kişiler ile beraberken çekingen davranır mı? 1 2 3 4 5
- 19- Rahatça yeni arkadaşlıklar kurabiliyor mu? 1 2 3 4 5
- 20- Grup tartışmalarına ve konuşmalarına katkısı oluyor mu? 1 2 3 4 5
- 21- Arkadaşlarının yanına yaklaşmakta zorluk çekiyor mu? 1 2 3 4 5
- 22- Hafta sonları beraberce yapabileceğiniz şeyler önerir mi? 1 2 3 4 5
- 23- Haftasonu gezmelere katılır mı? 1 2 3 4 5
- 24- Gerekli zamanlarda sizlerden yardım istemekten çekinir mi? 1 2 3 4 5
- 25- Sizler grup halinde konuşurken çağırmadığınız sürece yanınıza gelmekten çekinir mi? 1 2 3 4 5

APPENDIX - E: A BRIEF PROGRAM OF THE COGNITIVE BEHAVIOR MODIFICATION GROUP

The Cognitive Behavior Modification procedure consisted of two treatment techniques. The first aspect of therapy consisted of an "insight" treatment approach which emphasized that shyness (or interpersonal anxiety) was the result of thoughts and verbalizations which were emitted prior or during specific situations. The group members were informed that one of the goals of treatment was for each member to become aware of their worries, self-verbalizations, and self-instructions. Over the course of seven sessions, this group discussed several worries shared by all members with special emphasis on irrational, self-defeating aspects of their thoughts and the behavioral and affective effects of such thoughts.

The second aspect of the Cognitive Behavior Modification treatment consisted of progressive relaxation training, group hierarchy construction, imagery training and group desensitization. During the basic relaxation training procedure and also during the remaining desensitization, the use of slow deep breathing was emphasized. In the desensitization procedure, the members were asked to imagine both coping and mastery behaviors. They were encouraged to cope with their anxiety by means of slow deep breaths and self-instructions.

A weekly program of the cognitive Behavior Modification Group is presented below.

1st Session: At the beginning of the session, the members were introduced to each other and general information was given about the group work. Then, a group discussion was held about the ways they cope with anxiety. In the second half of the session the members had relaxation training.
Homework: The members were asked to prepare an individual hierarchy of five situations making them feel shy.

2nd Session: A group hierarchy of five items was conducted on the basis of the individual hierarchies. In the second half of the session, the members had relaxation training.

Homework: Each member was asked to prepare a list of individual worries. Also, an exercise was assigned to understand how each member labeled and evaluated himself/herself.

3rd Session: The previous assignment about the labels and evaluations of each member was discussed with special emphasis on the proportion of negative to positive statements, and on the objective reality of negative evaluations. After the relaxation training, a neutral scene was introduced for the imagery training, and then in the desensitization procedure the first step of the group hierarchy was worked through.

4th Session: Two worries shared by all members were discussed with special emphasis on self-statements and their rationality. After the relaxation practice, the second step of the hierarchy was introduced for the desensitization procedure.

5th Session: Two worries shared by all members were discussed. After the relaxation practice, the third and fourth steps of the hierarchy were introduced for the desensitization procedure.

6th Session: Two worries shared by group members were discussed. After the relaxation practice, the fifth step of the group hierarchy was worked through in the desensitization procedure.

7th Session: The last session consisted of a general evaluation of the group work.

APPENDIX - F: A BRIEF PROGRAM OF THE SOCIAL SKILLS TRAINING GROUP

In the Social Skills Training procedure, the main focus was on the acquisition of adaptive and effective behavioral patterns. In each session a specific skill was introduced to the group members through modeling and coaching. Then, the members exercised these skills in a role-play situation within the group. The specific skill dealt with in each session was assigned to be exercised outside the group as a homework assignment. The group members received feedback from each other and from the experimenter after the role-play exercises and homework assignments.

A weekly program of the Social Skills Training Group is presented below.

1st Session: At the beginning of the first session, the group members were introduced to each other and general information was given about the group work. Then, costs of shyness were discussed by group members. In this discussion feedback among members was specifically encouraged.

Homework: The members were assigned to keep a shyness journal for seven weeks recording specific events, situations that make them feel shy, and the consequences of being shy. The members were also assigned exercises in the skills of first-time talking and greeting people.

2nd Session: The exercises assigned in the previous week were discussed. Each member stated his/her difficulties and received feedback from others. In this session, the skills of giving and accepting compliments were exercised in a role-play situation between pairs. After the role-play exercise the members gave feedback to each other about their performance

Homework: The members were asked to evaluate their complimentin skill during the week.

3rd Session: After a discussion of the previous homework, the skills of active listening and starting a conversation were exercised in a role play situation between pairs. A third member provided them with feedback about their performance.

Homework: The group members were asked to evaluate their skills of active listening and starting a conversation during the week. Each member was also assigned to set a goal to be attained and which was blocked by shyness barriers.

4th Session: The group members discussed the homework assignment of the previous week. They also stated their goals to be attained and ways to handle the barriers; and received feedback and suggestions from each other. Skills of asking questions and asking help were exercised in a role-play situation.

Homework: The members were asked to evaluate their skills of asking questions and asking help in various situations during the week.

5th Session: After a discussion of the homework, skills of self-disclosure and active listening were exercised in a role-play situation.

Homework: The group members were asked to evaluate their skills of self-disclosure and active listening during the week.

6th Session: After a discussion of the homework, the skill of handling conflict situations was exercised in a role-play situation between pairs.

Homework: The members were asked to evaluate their skills of handling conflict situations during the week.

7th Session: The last session consisted of a general evaluation of the group work.