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***What Elderly Adults Do to Cope with Feelings of Shyness:
A Content Analysis and Evaluation
of Self-Selected Coping Strategies****

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ABSTRACT

Previous research has documented a consistent pattern of the self-selected strategies that shy adolescents (Carducci et al. 2003; Carducci, Elbedour, and Alsubie 2015) and adults (Carducci 2009; Carducci and Bocchiaro 2011) use to deal with their shyness. The purpose of the present study was to extend this previous research by attempting to identify and assess the self-selected strategies used by elderly adults to deal with shyness. The participants in the present study were 95 individuals (25 males and 70 females, with mean ages of 59.9 and 56.3 years, respectively) who completed a self-report inventory examining various intrapersonal and interpersonal dimensions of shyness. Consistent with previous research, the most frequently used strategies by elderly adults to deal with shyness tended to include “forced extraversion” (e.g., willfully going to social events), “cognitive self-reassurance” (e.g., self-affirming statements to build confidence), “sought professional help” (e.g., counseling and psychotherapy), and “educational extraversion” (e.g., read self-help book). The overall pattern of results documents the extent to which elderly adults respond to shyness in a manner similar to shy adolescents and adults. Suggestions for how shy elderly adults might improve the effectiveness of these self-selected strategies for dealing with shyness are also presented.

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Since its inception some forty years ago stimulated by Zimbardo (1977) and his colleagues (Zimbardo, Pilkonis, and Norwood 1974, 1975), the contemporary literature on shyness represents a steady progression of development characterized by an increasing level of theoretical, methodological, and clinical sophistication (Carducci 2000, 2013; Henderson and Zimbardo 2010). Within this literature, of critical concern for helping conceptualize the experience of shyness, along with helping shy individuals deal more effectively with their shyness, is an understanding of how shy individuals elect to respond to their shyness (cf. Carducci 2009). Previous research has documented a consistent pattern of the self-selected strategies employed by shy teens in the United States (Carducci et al. 2003) and those in the West Bank of Jordan (Carducci et al. 2015), as well as by shy young adults in the United States (Carducci 2009) and Sicily (Carducci and Bocchiaro 2011) to deal with their shyness. More specifically, a consistent pattern represented by all of this previous research is the tendency for shy teens and young adults from these different cultures to engage in a self-selected strategy labeled as “forced extraversion” as the most frequently utilized strategy to deal with their shyness. According to Carducci (2009), forced extraversion is characterized primarily by shy individuals forcing themselves to go to public places (e.g., bars, malls, coffee shops, dances, nightclubs, and parties), to volunteer or join clubs in an effort to be in the proximity of other individuals, and/or to force themselves to take actions that involve interacting with others (e.g., trying to make conversation with individuals they would like to know better). Another strategy used frequently by young shy adults includes cognitively induced self-assurance, which is characterized by creating a set of cognitions reflecting self-affirming statements in an effort to minimize the perceived threats associated with being in social situations, such as being judged by others and being excessively self-conscious and self-critical (Carducci 2009). More specifically, cognitively induced self-assurance involves shy individuals basically trying to change the way they think about themselves (e.g., “My comments are just as interesting as those made by others.”) and about other people (e.g., “It’s not important what others think about me.”). Two other self-selected strategies utilized more frequently by shy young adults, but to a lesser degree by shy teens, include “educational extraversion,” such as reading self-help books, attending seminars on shyness, and improving self-esteem, and “seeking professional help,” such as attending individual and group therapy and stress-management training. Such a pattern of results may reflect the increase in the availability of discretionary financial resources available to shy young adults than to shy teens in general. “Alcohol-assisted extraversion,” or “liquid extraversion,” is a consistent but less frequently used self-selected strategy utilized by shy teens and adults to deal with their shyness. Alcohol-assisted extraversion is characterized by the use of alcohol and an assortment of nonprescription drugs as a social lubricant as a means of reducing the tension and anxiety about the perceived threats associated with social

situations (e.g., not being able to make conversation) and of feeling more relaxed and outgoing (Carducci 2009).

Such a program of research has made it possible to establish and achieve a greater understanding of the experience of shyness by examining systematically how shy teens and young adults attempt to deal with their shyness. Another program of research helping to extend our understanding of the experience of shyness has advocated the use of methodologies that focus less on the use of college students completing fixed-format questionnaires to study the definition, causes, and treatment of shyness and more on the systematic analysis of open-ended written responses by shy individuals in an attempt to assess more accurately the nature of how shyness is experienced by shy individuals in their everyday lives (Cheek and Watson 1989; Harris 1984). Attempts to address this issue have involved examining the extended written responses to open-ended questions to investigate how noncollegiate samples of shy individuals define and experience their shyness (Cheek and Watson 1989); where and how shyness creates problems in their professional, social, and personal lives (cf. Carducci et al. 1998); what shy individuals perceive as the cause of their shyness (Carducci and King 2008); the nature and frequency of the self-selected strategies/treatments employed by shy individuals to deal with their shyness (Carducci 2009), and to describe the nature of the self-perceived causes of their shyness (Carducci et al., 2000).

Such an open-expression approach to the study of the nature and dynamics of shyness has made it possible to “listen” to how shy individuals express their experiences of shyness in their own words, without the constraints of fixed-format questions; however, missing from this area of research is an examination of what elderly individuals have to say about shyness in their own words. To address this concern, the principal purpose of the present study is an initial attempt to examine the personal experience of shyness in a sample of elderly individuals by investigating what they say they do to cope with shyness. In the spirit of the contemporary emphasis in the psychological sciences on replication research (cf. Maxwell, Lau, and Howard 2015), a secondary purpose of the present study was to serve as a replication and extension of previous research investigating the self-selected strategies to deal with shyness employed by teens and young adults to those employed by elderly adults. More specifically, in the present study, elderly adults were asked to describe, in their own words, what they do to deal with feelings of shyness. Consistent with the pattern of results from previous research, it was predicted that the most frequently expressed comments reported by elderly adults in how they deal with feelings of shyness would be characteristic of forced extraversion and cognitively induced self-assurance, respectively.

METHOD

Participants

The qualitative analysis of extended written comments examined in the present study is based on 95 individuals (25 males, with a mean age of 59.9 years and a range of 52 to 80 years of age, and 70 females, with a mean age of 56.3 years and a range of 50 to 77 years of

age) who completed a shyness survey appearing in the Nov./Dec. 1995 issue of *Psychology Today* (Carducci and Zimbardo 1995). These respondents were selected from a larger sample of more than 800 respondents of ages ranging from teenagers to elderly adults, who returned the surveys through postal mail beginning in November 1995. The respondents represented a variety of educational levels. Of the 31 participants who provided educational information, 19.4 percent reported being high school graduates, 19.4 percent reported having some college, and 58.1 percent reporting being college graduates.

The respondents also represented a wide range of occupational areas. The 76 respondents who provided occupational information were classified into the following categories: professional/skilled/artistic (28.5 percent), educational/medical/social services (20.0 percent), technical/financial/business-related (9.5 percent), and retired/disabled/“none” (16.8 percent).

Materials

The extended written responses used in the content analysis of the present study were based on the responses of the participants to open-ended questions contained in a *Psychology Today* survey on shyness (Carducci and Zimbardo 1995). The shyness survey consisted of ten fixed-format items and five open-ended questions. Examples of the fixed-format questions include *How often do you experience (or have you experienced) feelings of shyness? (every day; almost every day; often, nearly every other day; once or twice a week; occasionally, less than once a week; rarely, once a month or less)*, and *Do you think your shyness can be overcome? (yes; no; uncertain)*. The open-ended questions requested that participants describe what factors contributed to their shyness, how their shyness was expressed, problems their shyness caused, what they had tried to do to overcome shyness, and anything else they would like to report about their shyness. To help increase the validity of the written statements, all of the participants were assured confidentiality of their responses.

Procedures

Training of Raters. In a training session prior to the beginning of rating of the written responses in the present study, the two raters met to discuss the rating procedures and to review examples of the self-selected strategies for dealing with shyness reported previously by Carducci (2009). After being presented with an assortment of sample strategies during this training, the two raters discussed the rationale underlying their judgments in an attempt to familiarize themselves with these written expressions of the self-selected strategies for dealing with shyness. While discussing the underlying rationale for their ratings, the two raters noted expressions of both agreement and disagreement in an attempt to help create more consistency in their ratings.

Classifying the Self-Selected Categories. The written responses to the open-ended question *Describe what you have done to deal with your shyness* served as the principal source of data to identify any form of action taken by the participants to deal with

shyness. After those statements within the written responses were highlighted, the responses were classified into one or more of ten categories previously identified by Carducci (2009) and his colleagues (Carducci and Bocchiaro 2011; Carducci et al. 2015; Carducci et al. 2003; Carducci et al. 1997). During the rating session, each statement was read aloud and classified by two raters into one of the previously identified self-selected strategies that these individuals implemented to deal with shyness. Examples of these extended written statements and descriptions of the ten separate self-selected strategies for dealing with shyness are provided in the Results section as part of the analysis of the self-selected strategies. Only those statements for which there was total agreement between the two raters were retained for analysis in the present study.

RESULTS

The results indicate that elderly adults (EA) engaged in a variety of self-selected strategies to deal with shyness. The content analysis of the statements expressed by EA describing how they attempted to deal with shyness yielded a specific set of nine categories into which all of the statements could be classified. The self-selected strategies described by the EA for responding to shyness varied in quantity of use and evaluative quality of effectiveness.

Forced Extraversion

The most frequently used self-selected strategy by EA to deal with shyness forced extraversion. This was mentioned by 49.6 percent ($n = 38$) of participants. Forced extraversion is characterized primarily by EA forcing themselves to go to public places where they would be in the presence of other individuals and/or forcing themselves to initiate a plan of action that involved interacting with others. Some indicated that they joined classes/workshops to learn new things, went to church, or volunteered in an attempt to place themselves around other people. Responses reflecting this strategy included the following:

“Took classes/workshops, talked to strangers, look for shy people at events and talked to them. Practice being outgoing. Joined groups”

“Took a speech class in H.S. & college, joined a church choir, became active in volunteering several community assistance groups”

“Push myself to become involved and to risk the things I fear”

The forced-extraversion strategy has merits, but a limitation is that individuals do not seem to use the time they are spending in the company of others very effectively. Specifically, after showing up, individuals expected others to do all the work (to

approach them, start conversations, and keep the conversation going); they expected others to draw them out, as well as to spend less time at the event (cf. Leary and Buckley 2000). Responses reflecting this tendency included the following:

“I tried everything possible. I joined the Lion’s Club and tried traveling, but it all failed.”

“joined activities (but did not go).”

“Tried some parties—tend to sit.”

“Occasionally, I have forced myself to be social and interact. Never works.”

Cognitively Induced Self-Reassurance

The second most popular strategy selected by EA to deal with shyness was defined as cognitively induced self-reassurance. This was mentioned by 21 percent ($n = 17$) of participants. This strategy is characterized by EA creating a set of cognitions that reflects self-affirming statements. When implementing this strategy, EA try to change the way they think about shyness and about other people. Responses reflecting this strategy included the following:

“Barge through it”

“Acted friendly and tried not to be so negative”

“Deal head on with problems”

“Tried to (at this age) figure I’m as good as anyone else.
Trying to overlook aging—etc.”

“Self-acceptance, It’s ok to be shy.”

Although the importance of the cognitive component of shyness is well documented (cf. Carducci 1999; Leary 2001; Leary and Kowalski 1995), simply trying to talk or think oneself into not feeling shy is not enough. Along with addressing the cognitive component in the therapeutic intervention of shyness (cf. Wells 2000), individuals must also know how to respond appropriately to feelings of shyness in social situations when in the presence of others (cf. Henderson, 1994; Henderson and Zimbardo 2001).

Sought Professional Help

The third most popular self-selected strategy used by EA to deal with shyness is labeled “sought professional help.” This was mentioned by 14.8 percent ($n = 12$) of participants.

This strategy is characterized by individuals participating in a variety of treatment programs guided by mental health professionals in order to overcome shyness. These programs include one-on-one therapy, group therapy, self-esteem-enhancement workshops, stress-management seminars, assertiveness classes, Toastmasters, and prescription medication. Some examples of the responses reflecting this strategy included the following:

“In and out of counseling for years. Am joining Toastmasters Club”

“Took EST training. Have seen psychologist for 4 years.”

“Psychotherapy (helped)”

“Therapy—12 step programs”

“Years of therapy for depression/anxiety/isolation”

The statements reflect that such actions seem to help. The principal limitation associated with this strategy, however, is that not enough individuals seem to be utilizing it.

Educational Extraversion

The fourth most popular self-selected strategy used by EA to help deal with their shyness was defined as educational extraversion. This was mentioned by 13.8 percent ($n = 11$) of participants. Educational extraversion is characterized by the general theme of individuals seeking to gain information to help educate themselves about shyness in an attempt to cope with it. Individuals reported reading self-help books and attending seminars and workshops to gain this information. Some examples of the responses reflecting this strategy included the following:

“Read information on the subject”

“I have read lots of self-help books.”

“Reading books of self-improvement”

“Reading, listening to tapes, attending educational programs”

“Self help books, child abuse support groups”

This type of strategy allows individuals to better understand shyness and to obtain necessary knowledge on the nature and dynamics of shyness. This can lead these individuals to make more informed decisions about how to control shyness. Obtaining

knowledge about the nature and dynamics of shyness through self-help books and seminars can help individuals make more informed decisions about how to control shyness, provided such information is based on sound research and produces the necessary psychological processes associated with therapeutic change. For such a strategy to be effective, the readers must do more than simply gain information from the material they are reading; they must also experience a series of related psychological processes, including identification, catharsis, insight, and change (Alekseychik 1989; Gladding 1996; Schrank 1982; Schrank and Engels 1981). Under these conditions, the only limitation with the self-selection of this strategy is that not enough individuals seem to be utilizing it.

Residual Strategies

In addition to the four major strategies discussed previously, five other strategies noted in previous research (cf. Carducci 2009) were identified in the present study. Because of their relatively low frequency, however, they will be discussed only briefly. Stating that they “did nothing” was the fifth most popular self-selected strategy, utilized by 11.1 percent ($n = 9$) of the AE. The sixth most popular self-selected strategy, labeled as “other strategies,” which was used by 9.9 percent ($n = 8$) of the EA, was characterized by an assortment of miscellaneous actions to deal with shyness (e.g., smiling, trying to help others, and traveling). The seventh most common response was “no answer given,” which constituted 3.7 percent ($n = 3$) of responses, was characterized by this item being left blank. The eighth most popular self-selected strategy, labeled as “alcohol/drug assisted extraversion,” which was used by 3.7 percent ($n = 3$) of the EA, was characterized by individuals using an assortment of alcohol and prescription drugs as a social lubricant in attempt to reduce tension and anxiety (e.g., “I started drinking to be able to dance and talk to the girls,” and “medication [Prozac and Anafranil]”). Although relatively rare with EA, compared to shy teens at 21 percent (Carducci et al. 2003) and adults at 12 percent (Carducci 2009), the use of alcohol and other forms of medication to facilitate social interaction can create a number of concerns for both individuals and mental health professionals. One of these concerns is that if someone believes he or she needs to drink to be social, shy or not, this individual most likely has a dependency on alcohol that needs to be addressed. This suggests that mental health professionals working with individuals expressing feelings of shyness should pay special attention to the possible presence of alcohol-related problems.

Finally, the ninth self-selected strategy identified, labeled as “changed physical appearance,” which was used by 2.5 percent ($n = 2$) of the EA, was characterized by attempts to modify one’s outward appearance (e.g., buy a “new outfit”).

Chronological Analysis

Because 84 percent ($n = 68$) of the respondents tried at least one strategy, 23.5 percent ($n = 19$) of the respondents tried two strategies, and 11.1 percent ($n = 9$) tried as many as three strategies, a chronological analysis was performed to determine the order in which

the respondents presented the self-selected strategies to cope with feelings of shyness. The basis of the chronological analysis was the order of appearance in which a self-selected strategy was expressed in the extended written responses. Consistent with previous research, forced extraversion was the strategy most frequently presented (38.3 percent, $n = 31$) first in the written responses by EA to deal with shyness. Cognitive self-reassurance was the next most frequently presented (16.0 percent, $n = 13$) chosen first by the EA to deal with shyness. The frequency of their selection for all of the remaining strategies appeared in single digits across all of their ordinal positions. The pervasiveness of forced extraversion appearing early in the written responses as a frequently presented primary self-selected strategy for dealing with shyness, regardless of its reason for being selected, supports the sociability component of shyness (cf. Cheek and Buss 1981; Leary and Buckley, 2000) and helps to clarify the distinction between shyness and introversion (cf. Carducci 2000).

DISCUSSION

The pattern of results suggests that EA are not passive in their reaction to shyness. Instead, the results of the present study suggest that EA employ a number of active strategies in their attempts to deal with feelings of shyness. Further insight into the process by which EA self-select strategies to overcome shyness might also be gained by considering the motivational nature underlying their decisions to self-select certain strategies. The tendency of EA to self-select strategies that place them in the social proximity of others tends to reflect the strong desire to be with others even when experiencing feelings of shyness (cf. Cheek and Buss 1981). The nature of this “approach-avoidance conflict” is at the basis of much of the unpleasantness experienced by individuals with feelings of shyness (cf. Carducci 2000). More specifically, unfortunately, this strong desire to be with others seems to outweigh the need to delay social gratification and demonstrate the necessary degree of patience these individuals will require in order to gain and develop the requisite knowledge and skills when they seek professional help or utilize self-help books and workshops. Based on research involving affective states and the self-regulation of social interaction (cf. Baumeister, Heatherton, and Tice 1994; Carver 2004), a consideration of such motivational issues should be incorporated as part of the self-selection strategies employed by EA to overcome feelings of shyness. In addition, given the importance of self-regulatory processes in the modification and maintenance of behavioral change (cf. Rothman, Baldwin, and Hertel 2004), it also suggests that therapeutic approaches designed to help individuals of all ages to deal with shyness should also include a component that addresses the issue of, and offers strategies for enhancing, self-regulation. Such an approach would help elderly individuals to develop a more realistic sense of the pace of progress necessary to acquire, develop, and implement those strategies in a manner that is most likely to lead to interpersonal success.

Because some EA elected to seek professional advice as a self-selected strategy to overcome shyness, a comment about the nature of the specific professional help is also in order. For those individuals who experience their feelings of shyness in the form of

increased anxiety, these requisite skills are most likely to be obtained through professional help involving biofeedback and other forms of relaxation training (cf. Pilkonis 1986; Schneier and Welkowitz, 1996). For those individuals who experience their feelings of shyness related to a lack of social skills, these requisite skills are more likely to be obtained through professional help involving group therapy and other forms of social support in which developing social skills and learning to receive feedback from others in a social setting are emphasized (cf. Carducci 2000; Henderson 1994; Henderson and Zimbardo 2001; Pilkonis 1986; Schneier and Welkowitz, 1996). Thus, individuals who wish to deal effectively with feelings of shyness should first select strategies that provide them with the necessary skills and knowledge to perform successfully in social situations before engaging in the process of forced extraversion and self-induced cognitive extraversion modification. To help in this regard, future research should attempt to clarify the relationship between the cognitive and motivational determinants of the self-selected strategies to overcome feelings of shyness, as well as to identify those treatment programs designed to supplement the efforts by individuals to cope with shyness.

Therapeutic Implications

These patterns of results have important implications for the development of specific programs to treat different dimensions of shyness (cf. Carducci 2000; Carducci 2005; Henderson and Zimbardo 2001; Pilkonis 1986). More specifically, rather than just forcing themselves to go into social situations without the necessary social skills and thus experiencing anxiety and disappointment, individuals should be advised to select first those strategies that will provide them with the requisite affective state (cf. Oakman, Farvolden, Van Ameringen and Mancini, 2000), appropriate cognitions (cf. Alden, Taylor, Mellings, and Lapsa 2007; Wells 2000), appropriate degree of interpersonal trust (cf. Horowitz, Wilson, Turan, Zolotsev, Constantino, and Henderson 2006), and social skills necessary (cf. Carducci 1999; Henderson 1994; Henderson and Zimbardo 2001) to perform successfully in social situations before placing themselves in the proximity of others. Thus, with respect to the chronology of various self-selected strategies for dealing with shyness, reading self-help books, attending shyness seminars, and/or seeking therapy should be strategies tried *before* the use of forced extraversion, not after.

Limitations and Suggestions for Future Research

Consistent with the originally proposed purposes of the present study, the pattern of the results observed serves to replicate and extend previous research on the self-selected strategies employed by individuals to deal with their shyness. More specifically, the results indicate that EA, similar to those in other age groups, put considerable effort into their attempts to deal with their feelings of shyness. Some limitations of the present research should be noted, however. First and foremost of these limitations is the relatively small sample size employed in the present study. Although this study serves as an initial attempt to replicate previous research examining the self-selected strategies

for dealing with shyness documented with teenagers and young adults, future research should be done to document the veracity of the present results by performing an exact replication of the present study employing the same qualitative methodological procedures but using a larger sample, a different set of judges, and more extensive inter-rater reliability constraints. Furthermore, future research should also consider replications of the present study using other forms of qualitative research, such as consensual qualitative research (Hill 2014, 2015), to examine the possibility of identifying alternative patterns of self-selected strategies other than those reported by Carducci (2009) and his colleagues (Carducci and Bocchiaro 2011; Carducci et al. 2015; Carducci et al. 2003; Carducci et al. 1997).¹

In addition, future research should also include conceptual replications of the present study by employing other methodologies to deal with some of the limitations associated with employing qualitative methodologies in an attempt to provide a more thorough understanding of how EA attempt to deal with feelings of shyness. More specifically, although the qualitative data used in the present study do offer some methodological benefits to the study of shyness (Carducci 1998; Cheek and Watson 1989), the uncontrolled, retrospective nature under which the information was obtained must be seen as a limitation. In response to this limitation, future research should be done in an attempt to replicate and cross-validate the results of the present study using other methodologies under more controlled conditions. In this regard, future research should examine more systemically the actions taken by EA, along with an investigation into why such actions were taken, when attempting to deal with simulated semi-structured social situations created in laboratory settings (cf. Carducci and Webber 1979; Cheek and Buss 1981; Manning and Ray 1993). In addition, future research might also involve experiencing sampling methods (ESMs) and the utilization of personal digital assistants (PDAs) (Conner, Barrett, Tugade, and Tennen 2007). In this research, EA using PDAs could be asked to monitor the circumstances under which they experience shyness and provide an immediate description and assessment of the outcome of such actions. The use of such ESMs would help to increase the quality of the qualitative data in the study of the self-selected strategies for dealing with shyness by providing a more controlled set of self-report observations. Thus, while a number of limitations are associated with the present study, the pattern of results it produced can serve to facilitate future research to aid in our understanding of how EA experience and respond to feelings of shyness in a manner similar to other age groups in a more meaningful way by promoting the use of qualitative data in psychological research (Fischer 2006).

CONCLUSIONS

While the stereotypical view of individuals experiencing shyness is as passive and inactive, a totally different picture appears in direct investigations of what people say, in their own words, they do to deal with their feelings of shyness. The present results indicate that elderly individuals, similar to those in other age groups, put considerable effort into their attempts to deal with their feelings of shyness. In this regard, although they may have the right intentions, the strategies they self-select seem limited in their

effectiveness because of their incomplete nature, restrictive use, and/or chronology of selection, along with sometimes even being potentially counterproductive. Occasionally, some of these self-selected strategies, although not frequently used, can even be potentially dangerous (e.g., substance abuse). Understanding the process by which individuals make decisions to deal with their feelings of shyness has both personal and professional implications. More specifically, at a personal level, through a more systematic analysis of the self-selected strategies conducted in the present study, individuals are presented with feedback regarding the strengths and limitations of various self-selected strategies they employed to deal with their feelings of shyness. At a professional level, mental health professionals can use the information from the present study to anticipate the nature of the difficulties that individuals may be experiencing with feelings of shyness when coming to them to seek assistance and to develop programs of support to meet these difficulties. In addition to the personal and practical implications, at the methodological level (cf. Carducci 1998; Cheek and Watson 1989), the results of the present study provided support for employing a more qualitative approach to the study of shyness by examining what individuals have to say about their feelings of shyness in their own words.

ENDNOTE

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