What Shy Individuals Do to Cope With Their Shyness: A Content Analysis and Evaluation of Self-Selected Coping Strategies

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Abstract: A content analysis of the written responses of 158 shy individuals was performed to investigate the nature of the self-selected strategies they reported using to deal with their shyness. The classification, along with the frequency of their use, of the self-selected strategies by four raters identified 10 separate categories, with the top five labeled forced extraversion (65%), cognitively induced self-reassurance (26%), educational extraversion (15.2%), sought professional help (14.6%), and alcohol-assisted extraversion (12.7%). An evaluation of the self-selected strategies indicated that they were associated with characteristic features that were incomplete, self-defeating, and/or potentially dangerous (e.g., self-medication). Suggestions as to how shy individuals might improve the effectiveness of these self-selected strategies for dealing with their shyness and the therapeutic implications associated with seeking professional assistance for shyness are presented.

Introduction

While estimates of social phobia in the general population are approximately 12% (1), estimates of self-reported shyness have remained steady at approximately 40% (2–4). In a cross-cultural comparison of eight countries, estimates ranged from a low of approximately 30% in Israel to a high of approximately 60% in Japan and Taiwan, with Mexico, Germany, Newfoundland, and the U.S. falling in between (4). In response to such pervasiveness, within the last 25 years, the contemporary literature on shyness represents a steady progression of development characterized by an increasing level of theoretical, methodological and clinical sophistication (3, 5). However, concerns have been expressed with respect to the extent that this research, which tends to rely primarily on the use of college students completing fixed-format questionnaires, to study the definition, causes and treatment of shyness accurately reflects the actual nature of how shyness is experienced by shy individuals in their everyday lives (6). To address these concerns regarding the ecological validity of much of the past research on shyness, Carducci and his colleagues have employed a more qualitative approach to the study of shyness that involves the use of content analysis to investigate the extended written comments of non-collegiate samples of shy individuals to examine what they believe, and stated in their own words, to be the cause of their shyness and how shyness has affected various aspects of their lives (5).

In an attempt to extend previous research seeking to understand how shy individuals experience their shyness, as well as to continue the development of a more ecologically valid perspective to the study of shyness through the qualitative analysis of personal documents, the purpose of the present study was to investigate the extended written responses of shy individuals describing what they report doing to deal with their shyness. Since survey research indicates that over 66% of shy individuals believed their shyness could be overcome and over 80% express a willingness to do something about it (2, 7), a more complete understanding of what shy individuals say they actually do to deal with their shyness has both theoretical implications for

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shyness researchers when investigating the underlying dynamics of shyness and practical considerations for mental health professionals who provide support to shy individual seeking assistance for dealing with their shyness. A secondary purpose of the present study was to establish further the validity of employing qualitative methodology as an additional paradigm in the study of shyness (5), which reflects an emerging trend in the use of qualitative research to investigating psychological processes (8).

Method

Participants
The qualitative analysis of extended written comments examined in the present study was based on 158 self-labeled shy individuals (68 males and 87 females, with three respondents failing to indicate gender, ranging in age from 12 to 63) who completed a shyness survey appearing in the Nov./Dec. 1995 issue of *Psychology Today* (3). The respondents, who represented a variety of educational levels and ethnic backgrounds, were selected from a larger national sample of over 800 respondents who returned the surveys through postal mail to the author within a six-month period that began in November 1995. All of the participants were assured confidentiality of their responses.

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 (3). The shyness survey consisted of ten fixed-format items, e.g., How often do you experience (or have you experienced) feelings of shyness? (every day; almost everyday; often, nearly every other day; once or twice a week; occasionally, less than once a week; rarely, once a month or less) and five open-ended questions, e.g., Describe what factors you believe have contributed to your shyness.

Classifying the self-selected categories
The written responses to the open-ended question, "Describe what you have done to deal with

your shyness," were examined by four independent raters, each of whom were assigned to read independently the written responses of 40 of the respondents within a one-week period (two surveys were discarded because of incomplete information). As they were reading the responses, the raters were instructed to highlight those statements reflecting any form of action taken by the participants to deal with their shyness. After reading and analyzing the extended written responses, the raters returned together one week later for a rating session. In the rating session, the raters took turns reading out loud to the other raters statements they identified as self-selected strategies the shy individuals implemented to deal with their shyness. Examples of these extended written statements are provided in the Results section as part of the analysis of the self-selected strategies. As each summary description was presented to the raters, they discussed with which other descriptions it seemed most similar. The discussion was moderated by the author to prevent individual raters from exerting undue influence on the other raters. After consensus was reached among all four of the raters, the statement was listed with other similar statements reflecting similar strategies. This procedure was followed until all of the statements were considered and classified. Thus, each statement was classified by its dominant feature.

Results

The classification and organization of the descriptive statements yielded 10 distinctively different categories of self-selected strategies the shy individuals reported using to deal with their shyness, each of which is described in detail below. Overall, 91.2% of the respondents tried at least one strategy to overcome their shyness, 40% tried two strategies, and 15% tried as many as three strategies, while 8.2% stated they had tried nothing and 0.6% did not indicate a response to the open-ended question.

Strategy-by-strategy analysis and evaluation
The strategy-by-strategy analysis of the results included an assessment of the frequency of relative use of a particular strategy and a sample of personal statements provided by the shy individuals

describing their efforts. A qualitative evaluation of the potential strengths and limitations of each self-selected strategy was also performed as part of the strategy-by-strategy analysis.

Forced extraversion
The most frequently self-selected strategy employed by shy individuals to deal with their shyness was defined as "forced extraversion," mentioned by 66.5%. Forced extraversion is characterized primarily by the shy individuals forcing themselves to go to public places where they would be in the presence of other individuals and/or forcing themselves to initial a plan of action that involves interacting with others. Shy individuals indicated that they went to parties, bars, dances, the mall, and/or took classes in an attempt to place themselves in the proximity of others. The primary focus of this strategy seems to be that of shy individuals taking action to place themselves in the proximity of others by going to social situations, which is consistent with the previously established sociability component of shyness (9, 10). Comments reflecting this strategy include:

"I have tried to overcome my shyness by being around new people as much as possible and getting involved in the conversation; however, after a few seconds I become quiet. I have a problem keeping the conversation flowing."

"[I] say 'the hell with it' to myself and force myself to do or say something."

"I have tried to get more involved socially, realizing that the next person could be just as shy."

While such a strategy has merits, shy individuals do not seem to use the time they spend in the proximity of others very effectively. More specifically, it has been observed that while attending social situations, shy individuals are less likely to initiate conversations with other people and spend less time at the event (10).

Cognitively induced self-reassurance
The second-most-popular strategy selected by shy individuals to deal with their shyness was defined as "cognitively induced self-reassurance,"

mentioned by 26%. Cognitively induced self-reassurance is characterized primarily by the shy individuals creating a set of cognitions that reflects self-affirming statements and attempts to minimize the perceived threats of social situations; it involves shy individuals basically trying to change the way they think about their shyness and about other people. A sample of the comments reflecting this strategy include:

"I have tried to convince myself that what other people think shouldn't bother me. I have been trying to completely change my mindset and outlook on other people."

"Talking to myself, running a movie in my head of the right thing to do in a certain situation. This only works in situations that are not entirely overwhelming. What else can I say? I hate it."

While the importance of the cognitive component of shyness is well documented (11, 12), simply trying to talk or think themselves into not being shy is not enough. Along with addressing the cognitive component in the therapeutic intervention of shyness (13), shy individuals must also know how to respond appropriately in social situations when in the presence of others (14, 15).

Educational extraversion
The third-most-popular strategy reported by shy individuals to deal with their shyness was defined as "educational extraversion," mentioned by 15.2%. Educational extraversion is characterized by the general theme of shy individuals seeking to gain information and educating themselves about their shyness in an attempt to overcome it. To gain such information, shy individuals reported reading self-help books and attending seminars and workshops. A sample of the comments reflecting this strategy include:

"I have taken workshops – assertiveness, persuasion, art appreciation and joined support groups in the hope I will learn to feel more comfortable going over to a person after a session and saying hello."
   "I have read many, if not all self-help books on the subject of shyness and related topics, bought

self-help tapes, etc. They're all good at explaining the many different aspects of shyness and social anxiety but have little when it comes to treatments (effective or specific)."

Attempts to better understand and deal with their shyness by seeking information through the self-guided reading of therapeutically themed material (e.g., self-books, literature, pamphlets) is consistent with the basic premise of bibliotherapy (16, 17). Obtaining knowledge about the nature and dynamics of shyness through self-help books and seminars can help shy individuals make more informed decisions about how to control their shyness, provided such information is based on sound research and produces the necessary psychological processes (e.g., identification, catharsis, insight) required for change to occur (16, 18). Under these conditions, the only limitation with the self-selection of this strategy is that not enough shy individuals seem to be utilizing it.

Sought professional help

The fourth-most-popular strategy utilized by shy individuals to deal with their shyness was labeled as "sought professional help," mentioned by 14.6%. The seeking of professional help is characterized by shy individuals participating in an assortment of treatment programs guided by a variety of mental health professionals to overcome their shyness, including one-on-one therapy, group therapy, self-esteem enhancement workshops, stress-management seminars, assertiveness training classes, Toastmasters, and prescription medications. A sample of the comments reflecting this strategy include:

"I got involved in therapy and a twelve-step program two years ago and my life improved."

"I've been in psychotherapy for two years. It has helped me a lot, but I still have a long way to go to becoming the fearless extrovert I would like to be."

"I've joined a couple of social anxiety phobia groups which were of some help."

As the statements reflect, such actions seem to help. However, the principal limitation associated with

this strategy is that not enough shy individuals seem to be utilizing it.

Alcohol-assisted extraversion

The fifth-most-popular strategy utilized by shy individuals to deal with their shyness was classified as "alcohol-assisted extraversion," mentioned by 12.7%. Alcohol-assisted extraversion is characterized by shy individuals utilizing an assortment of non-prescription drugs and alcohol as a social lubricant in an attempt to reduce the tension and anxiety associated with what they perceived as threatening social situations. A sample of the comments reflecting this strategy include:

"In social situations, I will use alcohol moderately to relax and be less self-conscious and more outgoing."

"Since I'm in college now, most of the social functions involve alcohol. I admit I use it as a social lubricant. If there is a social function with a large group of people that I'm uncomfortable with, I will not go unless there is alcohol."

The previously established sociability component of shyness (9, 10) seems to be a critical element in the selection of alcohol-assisted extraversion as a self-selected strategy as some shy individuals tended to use alcohol to help make it easier for them to interact with others. The use of alcohol to facilitate social interaction has been found to be associated with substance abuse in shy adolescent males (19) and undergraduate college students in the U.S. (20).

In addition to the personal concerns for shy individuals, the notion of alcohol-assisted extraversion raises some professional issues as well. A concern is that almost as many shy individuals elect to deal with their shyness by self-medicating themselves as those seeking professional help. Secondly, it reflects the belief that if you have to drink to be social, whether you are shy or not, you have a problem with alcohol that needs to be addressed (21, 22). Both of these concerns suggest that mental health professionals working with shy individuals should pay special attention to the possible presence of alcohol-related problems. A sample of comments reflecting this issue include:

"To overcome shyness I'd drink and take tranquilizers and have overdosed as a result."

"My problem created by my shyness is alcoholism and drug abuse and loneliness."

Residual strategies

In addition to the five major strategies, five additional "residual strategies" utilized by shy individuals to deal with their shyness were also identified, with each strategy being mentioned by 10% or less. The "other strategies" category was mentioned by 9.5% of the respondents and included an assortment of strategies reported by shy individuals to deal with their shyness that did not fit into any of the other categories (e.g., "I have tried being humorous and smiling often and laughing often"). In the "did nothing" category, 8.2% of shy individuals stated that they had taken no action to deal with their shyness (e.g., "I have done nothing to overcome my shyness. I will live with my shyness now that I am retired"). In the "physical activity/exercise" category, 2.5% of the shy individuals stated that they had engaged in a variety of physical activities to deal with their shyness (e.g., "I've tried to get more confidence by exercising. It makes me feel better about myself"). In the "modify physical appearance" category, 2.5% of the shy individuals reported trying to lose weight (e.g., "…I have since lost 92 pounds. My shyness has subsided somewhat since the weight loss but it is still a big hindrance") and/or altering their outward appearance (e.g., changing style of dress or hair color; getting tattoos or body piercings) to deal with their shyness. In the "no response given" category, 0.6% of the respondents failed to give any type of a response to the query regarding what they did to deal with their shyness.

Chronological analysis

Since 40% of the respondents tried two strategies and 15% tried as many as three strategies, a chronological analysis was performed to determine the order in which the respondents tried the self-selected strategies to overcome their 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. Forced extraversion was the most frequently selected first (44.9%), second (40.3%), and third (30.4%) strategy. Cognitively induced self-reassurance was the second most frequently selected first (15.2%), second (14.5%), and third (26.1%) strategy. Alcohol-assisted extraversion (12.9%) and sought professional help (11.3%) formed another cluster of two strategies tried for second while educational extraversion (21.7%) was a frequently appearing third strategy. All of the remaining residual strategies had ordinal frequencies of less that 10%. The pervasiveness of forced extraversion as a self-selected strategy for dealing with shyness supports the sociability component of shyness (9, 10).

Discussion

The present study investigated what shy individuals say they do to deal with their shyness. The pattern of results suggests that shy individuals report a number of different strategies when attempting to deal with their shyness. The self-selected strategy reported most frequently by shy individuals was that of forced extraversion. Such a strategy may represent an attempt by shy individuals to increase their opportunities for social interaction by placing themselves in the proximity of others. However, shy individuals also display a behavior pattern that tends to undermine the potential benefits associated with the increased opportunity for social interaction provided by forced extraversion. More specifically, when shy individuals are in attendance at social events, they tend to attenuate the possibilities for social interaction with others by initiating conversations with others less frequently, speaking less in conversation with others, and spending less time at the event (10).

Although not as pervasive in its use as forced extraversion, cognitively induced self-reassurance also appeared as a frequently self-selected strategy by shy individuals to deal with their shyness. Such a strategy may be employed by shy individuals in their attempt to deal directly with the cognitive component of shyness (23), which could reflect the beliefs shy individuals have about their expectations for social performances (e.g., "I'm inhibited by others"), self-assessment (e.g., "I'm not as interesting as other people"), and competency (e.g., "I

have trouble thinking of things to say when talking to others"). While the recognition and verbal expression of positive cognitions designed to deal with shyness might be a good start, modifying cognitions associated with the anxiety and heightened self-consciousness and critical self-evaluation in social situations involves a more systematic approach, as exemplified by the characteristic features of various forms of Cognitive Behavior Therapy (13).

While forced extraversion and cognitively induced self-reassurance were strategies frequently reported by shy individuals to help deal with their shyness, their effectiveness seems to be limited. In response to such negative outcomes, most shy individuals did not elect to pursue other strategies. Those individuals who elected to pursue additional strategies sought professional help and/or utilized self-help books or workshops to increase their ability to interact more successfully with others in those self-induced social situations. But it should also be noted that a similar number of shy individuals resorted to the use of drugs and alcohol as a solution to reducing inhibitions and anxiety. In an attempt to help understand why some shy individuals elect to employ self-medication over other self-selected strategies to deal with their shyness, previous research has investigated the affective, cognitive and behavior correlates of the use of alcohol-assisted extraversion.

Therapeutic implications

These patterns of results have important implications for the development of specific programs to treat different dimensions of shyness (11, 15, 24, 25). More specifically, rather than just forcing themselves to go into social situations without the necessary social skills and, thus, experiencing anxiety and disappointment, shy individuals should be advised to select first those strategies that will provide them with the requisite affective state (26), appropriate cognitions (13, 27), appropriate degree of interpersonal trust (28) and social skills necessary (14, 15, 29) to perform successfully in social situations before placing themselves in the proximity of others. Thus, as self-selected strategies for dealing with their shyness, reading self-help books and attending shyness seminars or seeking

therapy should be strategies tried *before* the use of forced extraversion, not after.

Further insight into the process by which shy individuals self-select strategies to overcome their shyness might also be gained by considering the motivational nature underlying their decisions. The tendency of shy individuals to self-select strategies that place them in the social proximity of others tends to reflect the strong desire shy individuals have to be with others (9). 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 shy 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 (30), a consideration of such motivational issues should be incorporated as part of the self-selection strategies employed by shy individuals to deal with their shyness. In addition, given the importance of self-regulatory processes in the modification and maintenance of behavioral change (31), it also suggests that therapeutic approaches designed for shy individuals to deal with their shyness should also include a component that addresses the issue of and offers strategies for enhancing self-regulation. Such an approach would help shy 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 shy individuals elected to seek professional advice as a self-selected strategy to overcome their shyness, a comment about the nature of the specific professional help is also in order. For those individuals who experience their 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 (25, 32). For those individuals who experience 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 where developing social skills and learning to receive feedback from others in a social setting

are emphasized (14, 15, 29). Thus, shy individuals who wish to overcome their 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 cognitively induced self-reassurance. 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 shyness, as well as to identify those treatment programs designed to supplement the efforts by shy individuals to cope with their shyness.

Methodological considerations

In addition to the theoretical and therapeutic implications, the results of the present investigation also have methodological implications for the study of shyness by illustrating the value of employing a qualitative methodology that looks directly at what shy individuals, in their own words, have to say about how they try to deal with their shyness and their reactions to such attempts. The utilization of a more qualitative approach to the study of shyness shows promise as an additional research strategy for current and future shyness researchers to employ, and serves to add to the growing body of evidence supporting the utility and value of qualitative research in the study of psychological processes (8, 33).

While the qualitative data used in the present study do offer some methodological benefits to the study of shyness, 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. More specifically, future research should examine more systemically the actions taken by shy individuals, along with an investigation as to why such actions were taken, when attempting to deal with semi-structured social situations created in laboratory settings (34, 35). In addition, future research might also involve experience sampling methods (ESM) and the utilization of personal digital assistants (PDAs) (36). In this ESM research, shy individuals using

PDAs could be asked to monitor the circumstances under which they experience shyness and provide an immediate description of what action(s) they elect to take to deal with their shyness, as well as a description and assessment of the outcome of such of action. The use of such ESMs would help to increase the quality of the qualitative data in the study of self-selected strategies for dealing with shyness by providing a more controlled set of self-report observations.

References

1. Kessler RC, McGonagle KA, Zhoa S, Nelson CB, Hughes M, Eshleman HU, Kendler KS. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey. Arch Gen Psychiatry 1994;51:8–19.

2. Carducci BJ, Stubbins QL, Bryant ML. Still shy after all these (30) years: 1997 versus 2007. Paper presented at annual meeting of the Amer Psychol Association, San Francisco, August, 2008.

3. Carducci BJ, Zimbardo PG. Are you shy? Psychol Today 1995;34–41.

4. Zimbardo PG. Shyness: What it is, what to do about it. Reading, Mass.: Addison-Wesley, 1977.

5. Carducci BJ. Shyness: The new solution. Psychol Today 2000;33:38–45.

6. Cheek JM, Watson AK. The definition of shyness: Psychological imperialism or construct validity. J Soc Behav Pers 1989;4:85–95.

7. Carducci BJ, Clark DL. The personal and situational pervasiveness of shyness: A replication and extension of the Stanford Survey on Shyness 20 years later. New Albany, Indiana: IUS Tech. Report: Indiana University Southeast Shyness Research Institute, 1993.

8. Fisher CT, editor. Qualitative research methods for psychologists: Introduction through empirical studies. Boston, Mass.: Academic Press, 2006.

9. Cheek JM, Buss AH. Shyness and sociability. J Pers Soc Psychol 1981;41:330–339.

10. Leary MR, Buckley KE. Shyness and the pursuit of social acceptance. In: Crozier WR, editor. Shyness: Development, consolidation, and change. London: Routledge, 2000: pp. 139–153.

11. Carducci BJ. Shyness: A bold new approach. New York: HarperCollins, 1999.

12. Leary MR. Shyness and the self: Attentional, motivational, and cognitive self-processes in social anxiety and inhibition. In: Crozier WR, Alden LE, editors. International handbook of social anxiety: concepts, research,

and interventions relating to self and shyness. New York, N.Y.: John Wiley & Sons, 2001: pp. 218–234.

13. Wells A. Modifying social anxiety: A cognitive approach. In: Crozier WR, editor. Shyness: Development, consolidation, and change. London: Routledge, 2000: pp. 186–206.

14. Henderson L. Social fitness training: A treatment manual for shyness and social phobia. Palo Alto, Cal.: Shyness Institute, 1994.

15. Henderson L, Zimbardo PG. Shyness as a clinical condition: The Stanford model. In: Crozier WR, Alden LE, editors. International handbook of social anxiety: Concepts, research, and interventions relating to self and shyness. New York, N.Y.: John Wiley & Sons, 2001: pp. 431–447

16. Alekseychik A. Bibliotherapy: An effective principal and supplementary method of healing, correcting, and administering relief. J Poetry Ther 1989;3:19–21.

17. Hynes AM, Hynes-Berry M. Bibliotherapy. Boulder, Col.: Westview, 1986.

18. Gladding ST. Counseling: A comprehensive profession. 3rd ed. Englewood Cliffs, N.J.: Merrill, 1996.

19. Page RM. Shyness and sociability: A dangerous combination for illicit substance use in adolescent males? Adolescence 1990;25:803–806.

20. Santesso DL, Schmidt LA, Fox NA. Are shyness and sociability still a dangerous combination for substance use?: Evidence from a U.S. and Canadian sample. Pers Individ Diff 2004;37:5–17.

21. Conners GJ, Maisto SA, Derman KH. Alcohol-related expectancies and their implications to treatment. In: Watson RR, editor. Drug and alcohol abuse reviews. (Alcohol abuse treatments; vol 3). Totowa, N.J.: Human Press, 1994: pp. 203–231.

22. Stacy AW, Wildaman KF, Marlatt GA. Expectancy models of alcohol use. J Pers Soc Psychol 1990;58:918–928.

23. Cheek JM, Krasnoperova EN. Varieties of shyness in adolescence and adulthood. In: Schmidt LA Schulkin J, editors. Extreme fear, shyness, and social phobia: Origins, biological, mechanisms, and clinical outcomes. New York, N.Y.: Oxford Univ., 1999: pp. 224–250.

24. Carducci BJ. The shyness workbook: 30 days to dealing effectively with shyness. Champaign, Ill.: Research Press, 2005.

25. Pilkonis PA. Short-term group psychotherapy for shyness. In: Jones WH, Cheek JM, Briggs SR, editors. Shyness: Perspectives on research and treatment. New York, N.Y.: Plenum, 1986: pp. 375–385.

26. Oakman JM, Farvolden P, Van Ameringen M, Mancini C. Challenges in the treatment of generalized social phobia. In: Crozier WR, editor. Shyness: Development, consolidation, and change. London: Routledge, 2000: pp. 207–226.

27. Alden LE, Taylor CT, Mellings MJB, Laposa JM. Social anxiety and the interpretation of positive events. J Anx Dis 2007;22:577–590.

28. Horowitz L, Wilson K, Turan B, Zolotsev P, Constantino M, Henderson L. How interpersonal motives help clarify the meaning of an interpersonal behavior: A revised circumplex model. Pers Soc Psycho Rev 2006;10:67–86.

29. Carducci BJ. The pocket guide to making successful small talk: How to talk to anyone anytime anywhere about anything. New Albany, Ind.: Pocket Guide Publishing, 1999.

30. Carver CS. Self-regulation of action and affect. In: Baumeister RF, Vohs KD, editors. Handbook of self-regulation: Research, theory, and applications. New York, N.Y.: Guilford, 2004: pp. 13–39.

31. Rothman AJ, Baldwin AS, Hertel AW. Self-regulation and behavior change. In: Baumeister RF, Vohs KD, editors. Handbook of self-regulation: Research, theory, and applications. New York, N.Y.: Guilford, 2004: pp. 130–148.

32. Schneier F, Welkowitz L. The hidden faces of shyness: Understanding and overcoming social anxiety. New York, N.Y.: Avon Books, 1996.

33. Harré R. Staking our claim for qualitative psychology as science. Qualit Res Psychol 2004;1:3–14.

34. Carducci BJ, Webber AL. Shyness as a determinant of interpersonal distance. Psychol Rep 1979;44:1075–1078.

35. Manning P, Ray G. Shyness, self-confidence, and social interaction. Soc Psychol Quart 1993;56:178–192.

36. Conner TS, Barrett LF, Tugade MM, Tennen H. Idiographic personality: The theory and practice of experience sampling. In: Robins RW, Fraley RC, Krueger RF, editors. Handbook of research methods in personality psychology. New York, N.Y.: Guilford, 2007: pp. 79–96.