



An Integrative Intervention Group Counseling Program for Adolescents' Shyness: Combining Positive and Pathological Interventions (Dual-Factor Model)

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Abstract

This study analyzes the effectiveness of the Integrative Intervention Group Counseling Program on shyness. The study was conducted with adolescents of ages 14 to 16 in high school. It was conducted by using the embedded mixed method in which both qualitative and quantitative techniques are employed together, and the intervention program is composed of 11 sessions each of which lasted 90 minutes. The Shyness Scale was used to measure the effectiveness of the program, and the program was also evaluated qualitatively. The analysis of the data was carried out by performing the Repeated Measure of Variance Analysis and the Mann Whitney U Test. According to the findings, adolescents not only overcame shyness, but also achieved positive changes in self-perception and actively engaging in life. According to the results, the program developed for intervening with shyness in adolescents was found to be effective.

Keywords

Shyness
Integrative intervention program
Positively focused intervention
Pathology focused intervention
Dual-factor model

Article Info

Received: 10.10.2018
Accepted: 02.04.2021
Online Published: 03.08.2021

DOI: 10.15390/EB.2021.8226

Introduction

Shyness is the feeling of anxiety, nervousness or inadequacy in felt by individuals in their social interactions (Cheek & Watson, 1989). Shyness has behavioral components such as withdrawal from social interaction, quietness and difficulty in establishing interaction, cognitive components such as excessive occupation of individuals with their selves and lack of belief in having verbal interaction skills, and emotional components such as anxiety, unrest, and agitation (Crozier, 2001; Cheek & Buss, 1981; Pilkonis, 1977). Shy individuals, especially in new social situations, feel anxiety, get angry with others, and have difficulties in interacting or communicating with others and experiencing intimacy (Crozier, 2000; Zimbardo, 1977). Therefore, the quality of interpersonal interaction is critical for identity and self-development, especially in adolescence. Adolescents who are shy during this period have problems meeting with people and making new friends, which may cause depression (Lawrence & Bennett, 1992). In addition, shy adolescents are lonelier (Bowker, Santo, & Adams, 2019), have negative self-efficacy perceptions and fear of exclusion in interaction with peers (Zhang & Eggum-Wilkens, 2018), which triggers depression (Murberg, 2009). In addition to emphasizing the key role of friendship relations during adolescence, these findings highlight the potential harm that shyness may cause by undermining the quality of relationships if it reaches a pathological level.

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Studies have shown that shyness is associated with low levels of social support (Sarason, Sarason, & Pierce, 1990), which indicates the importance of the school environment as one of the institutions where social support is deeply felt. School environment allows supportive social interactions through peers and other school stakeholders (Ystgaard, 1997). Studies further show that shyness levels of individuals decrease when their peer support increase (Murberg, 2009). In addition to peers, teachers also help shy adolescents by acting as their role models, accepting them and showing them that they are valuable (Bell, 2006; Siu-Kau, 1995).

A review of shyness intervention programs reveals that the issue is generally discussed in the context of social phobia (Fitzgerald, Rawdon, & Dooley, 2016; Olivares-Olivares, Ortiz-González, & Olivares, 2019; Saradha, 2020). Social phobia is intervened through cognitive-behavioral approach. In this approach, shyness is intervened by using exposure, homework, regulation of cognitive distortions of counselees about themselves and others, and improvement of social skills (Taylor, 1996). It may be seen in the literature that intervention programs such as Social Effectiveness Therapy for Children (Beidel, Turner, & Morris, 2000), Cognitive-Behavioral Group Treatment for Adolescents (Albano & Barlow, 1996) and Cognitive-Behavioral Therapy (CBT) Plus Parental Involvement (Spence, Donovan, & Brechman-Toussaint, 2000) were prepared and implemented to decrease social anxiety in adolescents. Similar to those implemented to treat social phobia, in intervention on shyness, techniques such as exposure, social skill training, systematic desensitization, and regulation of distorted thoughts are used (Greco & Morris, 2001; Jupp & Griffiths, 1990; Lowenstein, 1983).

The studies in the related literature (Albano & Barlow, 1996; Beidel et al., 2000; Greco & Morris, 2001; Jupp & Griffiths, 1990; Lowenstein, 1983; Spence et al., 2000) mostly focus on eliminating negative emotions, thoughts and behaviors in shy individuals. In other words, these studies are mainly pathology-oriented studies aiming to eliminate pathologies. In addition to the pathology approach, the literature also contains positive intervention studies which aim to increase the positive emotions, thoughts and behaviors of individuals. According to Sin and Lyubomirsky (2009), positive interventions are interventions which increase positive emotions, thoughts and behaviors in individuals. In positive interventions, individuals are helped in being stronger and feeling better about themselves via various activities (Layous, Chancellor, Lyubomirsky, Wang, & Doraiswamy, 2011). Positive psychology studies involve the use of positive interventions (Eryilmaz, 2014). The particular focus is on the use of positive interventions especially in school environments (Akin-Little & Little, 2004; Chafouleas & Bray, 2004; Reschly & Ysseldyke, 1999). However, while the research literature has studies that use either pathological or positive approaches, it does not have any comprehensive intervention studies combining these two approaches. Studies regarding shyness have shown that individuals withdraw themselves from social interactions and experience loneliness (Mounts, Valentiner, Anderson, & Boswell, 2006). Additionally, shy individuals are excessively focused on themselves and their negative emotions and thoughts (Eryilmaz & Altınsoy, 2017). Introversion occurs in these individuals due to the effects of emotions of anger, shyness and anxiety they experience (Henderson, Gilbert, & Zimbardo, 2014). Experience of long-term shyness is viewed as an important barrier to the self-actualization of these individuals, which, in turn, makes them unhappy. According to Seligman (2002), an important element of a happy life is participatory living. Shyness prevents individuals from living a participatory life. Shy individuals need not only to be rid of shyness problems but they also need to learn how to live a participatory life at the same time. Positivity-oriented work may serve as an important tool for shy individuals to improve this aspect of their lives.

While shyness lowers the self-respect levels of individuals, it prevents them from establishing and maintaining close relationships (Asendorpf, 2000; Zimbardo, 1977). Shy individuals experience loneliness and the satisfaction they get from friendship relations is low (Mounts et al., 2006). If adolescent shyness is not intervened with, there is a higher possibility of showing depressive signs (Murberg, 2009) and psycho-somatic complaints (Henriksen & Murberg, 2009). Furthermore, if shyness

is not intervened, it leads to risk situations such as substance abuse (Page, 1989). Shyness is also considered as an important obstacle to developing a healthy identity (Hamer & Bruch, 1994). In Turkey, while some relational studies about social anxiety and shyness have been conducted with college students (Balçı & Kalkan, 2001; Kahveci & Aydınöz, 2015; Şahin & Gizir, 2014) no intervention research has been conducted on shyness, especially in adolescents. Thus, the need for intervention studies aiming to protect shy adolescents from the negative effects of shyness is clear. Positivity-focused interventions are purposeful activities that focus on developing positive emotions, positive thinking, and positive behavior (Sin & Lyubomirsky, 2009). Pathology-focused interventions focus more on diseases or incompatibilities, and see individuals as weak and passive beings (Eryılmaz, 2014). Accordingly, pathology-focused interventions are based on individuals' recovery from weaknesses or diseases, while positivity-oriented interventions are based on individuals' development of positive characteristics and building positive experiences (Seligman & Csikszentmihalyi, 2010). In this sense, combining pathology and positivity focused interventions provides an unmatched opportunity for the individual to both develop their capacities and discover their strengths while providing the treatment for the incompatibility experienced. Indeed, mental health is a state of well-being that refers not only to the absence of illness or pathology, but also to the presence of positive indicators such as self-acceptance and life satisfaction (Keyes, 2003). Recent studies in the field of mental health have discovered the existence of a dual-factor model in which psychopathology and positive structure are integrated (Greenspoon & Saklofske, 2001; Suldo & Shaffer, 2008). The dual-factor model asserts that psychopathology and positive components are not the opposite ends of mental health, but are different but complementary structures (Eklund, Dowdy, Jones, & Furlong, 2010; Petersen, Humphrey, & Qualter, 2020). Suldo, Thalji-Raitano, Kiefer, and Ferron (2016) report that their study supports the dual-factor structure in their high school sample. In the study, four different student groups were determined according to the low and high levels of pathology and positive indicators (subjective well-being). Adolescents with good mental health (high subjective well-being & low pathology) reported better academic, psychosocial, and physical outcomes than their peers without clinical mental illness but with low positive indicators. These findings support that both the pathology dimension and the positive indicators should be considered in an integrated manner in the assessment of mental health intervention services. Adopting this model in school-based mental health studies offers many advantages. For example, it contributes to both determining the needs of students more comprehensively and preventing unwarranted practices (Spence & Grant, 2007).

In conclusion, the aim of this study is to examine the effectiveness of an integrative (both positivity and pathology-focused) group counseling intervention program on shyness. In line with this purpose, the research hypotheses were formed as follows:

1. There will be statistically significant differences in the post-test shyness scores of the students in the experimental group compared to the students in the control group.
2. There will be statistically significant differences between the pre-test and post-test shyness scores of the students in the experimental group.
3. When the shyness scores of the students in the experimental group are compared with their post-test scores and their follow-up test scores obtained three months after the intervention, there will be no statistically significant differences.

The qualitative research question of the study is as follows:

1. What are the experiences of adolescents with the shyness intervention program?
2. What are the experiences of adolescents with the ongoing effects of the shyness intervention program over the three-month period?

Method

Research Design

The aim of this study is to examine the effectiveness of an integrative (both positivity and pathology-focused) group counseling intervention program on shyness. The program in question was implemented with high school students aged 14 to 16 enrolled in a state high school. The independent variable was the implementation of the group counseling intervention program on shyness. The dependent variable was the shyness levels of the adolescents. The study was conducted in an embedded mixed method design that includes the combined or sequential (quantitative-qualitative) use of data (Creswell, 2013). The first stage, which was quantitative, was carried out in an experimental design with experimental and control groups by administering a pre-test, post-test, and a follow-up test. In addition, the effectiveness of the group counseling program was examined by applying the qualitative method, through the feedback received from the participants. The embedded mixed methods "QUAL (quant)" design was employed. The shyness intervention program was conducted in 11 sessions (each lasting 90 minutes) and the Shyness Scale was used to evaluate the effectiveness of the program. The procedural steps regarding the research design are presented in Figure 1.

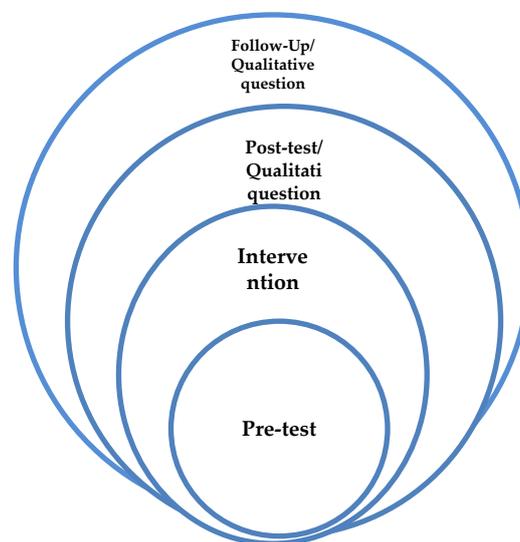


Figure 1. Steps of the Embedded Mixed Methods Design [QUAL (quant)]

Data analysis

The Repeated Measure of Variance Analysis and Mann Whitney U Tests were utilized in the analysis of the data. Besides, the qualitative data were obtained from the seven participants in the experimental group. The qualitative data were collected by the researcher after the post-test with the assistance of the school counseling service. In addition, the participants were asked an open-ended question after the follow-up session. The data were collected from the participants by using the interview form prepared. The qualitative data were transcribed and analyzed by applying the content analysis technique. In line with the purpose of the study, the following questions were asked to the participants after the post-test:

- a) What are the positive or negative effects of the program to overcome your shyness?
- b) If the program was unsuccessful, what are the reasons?

In the follow-up, the participants were asked the following qualitative question:

- c) What have the continuing effects (positive-negative) of the program been in the three-month period following the end of the program?

Study groups

Experiment group: The participants in the experimental group consisted of a total of 7 students who were enrolled in a public high school including 1 male and 6 female students. The age interval of the participants was 15 to 16, with a mean of 15.42, and standard deviation of 0.53. Among the adolescents in the experiment group, 5 were 10th grade and 2 were 11th grade students.

Control group: The participants in the control group were the students of the same high school including 5 female and 2 male students. They had an age interval of 14 to 16, with a mean of 15.14 and standard deviation of 0.69. Among the adolescents in the experimental group, 1 was 9th grade, 4 were 10th grade and 2 were 11th grade students.

Instruments

In order to evaluate the effectiveness of the program implemented in this study, the Shyness Scale and the Program Evaluation Form were used. The Monitoring and Evaluation Form was used for the follow-up study.

Evaluation Forms: The evaluation forms were formed with the aim of investigating the effectiveness of the study in a qualitative sense. These forms contained information regarding the demographic characteristics of the individuals participating in the study. Additionally, there were two open-ended questions in the evaluation form, and one open-ended question in the monitoring and evaluation form.

Shyness Scale: This study used the Shyness Scale developed by Cheek and Buss (1981) and adapted into Turkish by Güngör (2001). The scale is a 20-item 5-point Likert-type scale (Güngör, 2001). The highest possible score in the scale is 100, while the lowest is 20. A high score in the scale indicates that the individual is shy. The reliability coefficient for the scale based on the method of test-retest was found to be 0.83, while the Cronbach's alpha coefficient which indicates internal validity was found to be 0.91 (Güngör, 2001). The scale can be used with a wide range of age groups, from adolescent samples to adult samples (Gökçe, 2002). Its internal consistency coefficient was found to be 0.88 for the current study.

Procedure

The planning and forming of the groups were carried out in stages (Kağnıcı, 2012). First, a needs analysis was conducted to determine the participants. To this end, based on the observations of the school counselor and the demands of the students and parents who had applied to the school counseling service in a state high school in the district of a province in the east of the Marmara Region, The Shyness Scale was administered to 254 students in the 9th, 10th and 11th grades on a voluntary basis. After the evaluation, students with high shyness scores (students whose shyness scores were one standard deviation above the mean) were interviewed individually through the school counseling service. In the preliminary interview based on voluntary participation, the students were informed about the duration, process and confidentiality of the group counseling. In addition, students' parents were informed about the group counseling process (duration, process, confidentiality, etc.). Next, an "informed consent" and "parental permission statement" were obtained from the students and parents who volunteered to participate in the study. The school where the study was conducted was informed about the psychological counseling process with the group, and institutional permissions were obtained. Thus, the ethical principles and legal processes involved were taken into consideration and the confidentiality of the participants was protected. After the pre-interview, 14 students wanted to participate in the study voluntarily. These volunteer students were randomly assigned to two groups by drawing lots. Later, these two groups were randomly assigned as the experimental group and the control group, again by drawing lots. Through such an assignment (selection criteria), it was ensured that each group (experiment and control) had 7 volunteers. Group counseling is an interactive system involving at least three people (Koydemir, 2012). According to Yalom (1995), the ideal group members are 7-8, and the acceptable rate is 5-10 participants. Thus, it can be said that having seven volunteer participants in the present study is sufficient to implement the group process.

Finally, the group sessions were held outside lecture hours (90 minutes each week) in the group psychological counseling room of the institution where the research was carried out. In terms of the

internal validity of the experimental study (Creswell, 2013), the boundaries of the group process were clarified within the framework of the "structuring and confidentiality principle" to minimize the communication between the experimental and control group, the members of the experimental and control groups were selected from different classes, and utmost care was taken not to affect the result of the experimental process.

The participants' shyness scores were analyzed to understand the change in the shyness levels in the experimental group. For each individual in the experimental group, the mean score, individuals under the mean scores and score intervals were examined based on the test conditions (pre-test, post-test and follow-up). The descriptive statistics for the measurements are given in Table 1.

Table 1. Descriptive Statistics for Individuals in the Experimental Group

	Variables: Mean, number of individuals, range								
Scales	1	2	3	4	5	6	7	8	9
Shyness	75.5	4	70-82	37.14	4	27-51	37.57	4	28-52

Notes: 1. Means for pre-test; 2. Number of individuals below the pre-test mean; 3. Pre-test score ranges; 4. Means for post-test; 5. Number of individuals below the post-test; 6. Post-test score ranges; 7. Means for follow-up test; 8. Number of individuals below the follow-up test mean; 9. Follow-up test score ranges

Program structure and content: The group counseling program developed and implemented in this study is a development-oriented group type. Firstly, the intervention developed in this study was implemented in the form of group counseling. This was because the related studies have shown that shyness is related to low levels of social support (Sarason et al., 1990). The school environment provides opportunities for supportive social interactions (Ystgaard, 1997). Studies show that shyness levels of individuals decrease in parallel to increase in peer support (Murberg, 2009). In addition to peers, teachers also help shy adolescents by modeling, accepting them as they are, and showing them that they are valuable (Bell, 2006; Siu-Kau, 1995). Shy individuals need educational and personal-social counseling and guidance (D'Souza, Urs, & Jayaraju, 2008). Additionally, group-based implementations are recommended in shyness intervention studies (Alden & Cappe, 1986; Kelly & Keaten, 1992; Martin & Thomas, 2000).

Secondly, the main framework of the study is based on the dual-factor model. This model recommends including positive indicators in addition to psychopathology in mental health assessments (Greenspoon & Saklofske, 2001; Eklund et al., 2010; Suldo & Shaffer, 2008). Psychopathology and positive components in the model are different but complementary components rather than opposite ends of mental health (Petersen et al., 2020). Studies conducted also support this model in adolescent samples (Suldo & Shaffer, 2008; Suldo et al., 2016).

Thirdly, the theoretical structure of the program whose effectiveness was examined in the present study is based on the following: Cognitive Behavioral Therapy (Beck, 2005), Positive Psychotherapy (Eryilmaz, 2020; Peseschkian, 2002, 2012), Positive Psychology (Lyubomirsky, 2008; Seligman, 2002), pathologically focused studies in the literature (Albano & Barlow, 1996; Beidel et al., 2000; Greco & Morris, 2001; Jupp & Griffiths, 1990; Lowenstein, 1983; Spence et al., 2000), and positive intervention studies (Buss, 2000; Eryilmaz, 2014, 2015; Fordyce, 1983; Hefferon & Boniwell, 2010; Myers & Diener, 1995; Tkach & Lyubomirsky, 2006). The positive intervention activities chosen from the literature have been found effective in both peer counseling (Eryilmaz, 2015) and individual counseling (Eryilmaz, 2014). These activities are as the following: "Three events that made me happy today", "My flow list", "Five events that made me happy in the past", "Listening to problems and complimenting", "Gratitude", "Optimism", "My positive perception of myself", "People who support me in my life", "Keeping distance", "Greeting and helping", "My reasons for being happy", "My goals for the future", and "My reasons for thankfulness". Some of the activities used in the positive intervention were given to the participants as homework, while others were discussed interactively during the group counseling process. Accordingly, the structure of the program whose effectiveness is examined consists of the integration of pathology and positivity focused interventions.

Table 2. Content of the Program

Sessions	Pathological intervention (Focus of the program)	Positive intervention (Focus of the program)
First	Introduction Counselling goals	Homework: Flow list
Second	My shyness narrative	Three things that made me happy today Diary using
Third	Analysis of my shyness: Behavioural, emotional and cognitive aspects of shyness. Self-presentations as shyness	Five things that made me happy in the past. Homework: Listening to someone who has problems. Homework: Compliment
Fourth	Symptoms of my shyness	Gratitude
Fifth	Causes of my shyness	Positive perceptions of myself
Sixth	Discerning my cognitive distortions related with my shyness	People who support me in my life
Seventh	Changing my cognitive distortions related with my shyness	Placing a safe distance Homework: Greeting Homework: Helping
Eighth	Changing my causal attributions related with my shyness. Using social skills	Mental control Reasons form my happiness
Ninth	Role playing. Using self-expression skills.	My future goals
Tenth	Using problem solving skills	Thankfulness
Eleventh	Evaluating the group counselling process, and program	Celebrating

Experimental processes: The implementation of the program took place in the psychological counseling room of the school outside the classroom hours. The program was implemented in 90-minute periods, one session per week, for a total of 11 sessions, and its implementation took three months. The content and general procedures included by each session are as follows:

Session One: This session was about the introduction to the process. The members were firstly informed about the program. The structuring was initiated. The group rules were established and ethical principles were emphasized. The duration, the process and the purposes of the session were discussed. The expectations of the members from the program were addressed. The reasons for the members to take part in the program were determined. Warmup work was done for the members to meet each other and get used to the group process.

Session Two: In this session, the adolescents shared stories of shyness, and thus their awareness of the issue was raised. The group process started with the summary of the previous session. They were asked about a situation or event in which they felt shy-hesitant. Each participant was asked to describe their recent shyness, and then they discussed similar and different experiences with the others. The members were asked to match in groups of two and analyze the other member's shyness case based on 5W1H questions (what, who, where, when, why and how). After the sharing, the activity "three events that made me happy today" was implemented. The group members were given diaries to do this activity every day. They were then asked to rank the flow lists and the first four activities preferred by the members were determined. The members were given the homework to take part in one of these activities each weekend. Lastly, the group session was evaluated, summarized, and concluded.

Session Three: This session aimed to discuss how the members experienced shyness. The group process started with the summary of the previous session. Homework assignments were collected. The members were then asked to express how they experienced shyness on cognitive-emotional and behavioral levels. Similar and different points in the experiences of the members were mentioned. Afterwards, by implementing the "Five Events That Made Me Happy in the Past", each member in turn was asked to name five events that made them happy in the past. Awareness was raised by receiving

feedback on the similar and different experiences of the members regarding the experience in this activity. The activity of listening to problems and complimenting was given to the members as homework. Lastly, the group session was evaluated, summarized, and concluded.

Session Four: This session aimed to discuss the indicators and effects of shyness. The group process started with the summary of the previous session. After collecting the homework assignments, all members were asked to list the indicators/effects of shyness. Similarities and differences in the member's experiences were discussed. Later, the "gratitude" activity was performed and the members were asked to write a letter of "thanks" to one of five people they are grateful for. The letters were shared within the group. A sample story was read for the "optimism" activity and the members shared what they felt and thought about the story. Lastly, the group session was evaluated, summarized, and concluded.

Session Five: This session aimed to discuss the reasons for shyness. The group process started with the summary of the previous session. The members were then asked to interpret what they explained their shyness with. The similarities and differences in the reasons presented by the members were discussed. The activity "my positive perception about myself" was performed. Lastly, the group session was evaluated, summarized, and concluded.

Session Six: This session aimed to discuss the cognitive distortions made by the members about shyness. The group process started with the summary of the previous session. The members were then asked to form groups of two and find their cognitive distortions regarding shyness. Then, feedback on cognitive distortions was received from each member in turn. In addition, awareness was raised by addressing how discovering the members' dysfunctional beliefs made them feel and what they thought. The activity "people who support me in my life" was then performed. Lastly, the group session was evaluated, summarized, and concluded.

Session Seven: This session aimed for the members to perform cognitive restructuring. They were asked to form groups of two and the focus was on changing cognitive distortions regarding shyness. Feedback was received from each member, aiming to achieve awareness by discussing what they thought and felt. Next, the "keeping distance" activity was performed. The "greeting and helping" activity was given to the members as homework. Lastly, the group session was evaluated, summarized, and concluded.

Session Eight: This session aimed to change the attributions of the members and use social skills. After the homework assignments were collected, the focus was on changing the attributions of the members regarding shyness. With this purpose, feedback was received from each member, and by discussing what they thought and felt, their awareness was raised. Afterwards, using social skills (Communication Styles that Cause and Prevent Shyness) activity was implemented, and awareness was raised by receiving feedback from each member about the activity and discussing what they felt and thought. Then, the activities "mental control" and "reasons for happiness" were performed. Lastly, the group session was evaluated, summarized, and concluded.

Session Nine: This session aimed for the members to experience the environments regarding shyness in the process and express themselves. After collection of the homework assignments, the focus was on role playing and self-expression skills. With this purpose, the members were asked to describe a setting they felt shyness and what they felt. Then each member was asked to look in the eyes of the group leader and express their thoughts and feelings about shyness that they were not able to express in that setting. Feedback was received from each member, aiming to achieve awareness by discussing what they thought and felt. Later in the process, with the technique of role playing, they were asked to act as the "shy me" and "outgoing me" in the settings they described as where they felt shy. Feedback was received from each member, and it was aimed to achieve awareness by discussing what they thought and felt. The activity "my goals for the future" was then performed. Lastly, the group session was evaluated, summarized, and concluded.

Session Ten: This session aimed to provide problem-solving skills regarding shyness. The members were asked to solve the problem that led to shyness. Problem-solving skills and solution recommendations regarding shyness were discussed. Feedback was received from each member, and their awareness of the issue was raised by discussing what they thought and felt. The activity “my reasons for thankfulness” was then performed. Lastly, the group session was evaluated, summarized, and concluded.

Session Eleven: This session aimed for the members to evaluate the process and gain awareness regarding the outcomes they obtained from the process. After collecting the homework assignments, the members were asked to evaluate the process of sessions. Activities were performed for the members to re-evaluate their experiences in all previous sessions and assess how much they satisfied their purposes of attending the sessions. All the members were asked to provide feedback regarding the improvements and changes they have experienced in themselves and in their peers. After the closing remarks, the session was continued with a party, and then concluded. The members were asked to fill out the qualitative and quantitative assessment forms two days after the last session.

Results

Descriptive statistics

The descriptive statistics are provided in Table 3. As seen in Table 3, while the mean shyness score of the experiment group in the pre-test was 75.57, this value was 80.28 for the control group. While the mean shyness score of the experiment group in the post-test was 34.00, this was 78.00 for the control group. In the follow-up test, these were 37.57 and 73.85 respectively.

Table 3. Descriptive Statistics of the Outcomes.

	Group	Pre-Mdn	Post-Mdn	Fol. Mdn	Pre-M	Post-M	Fol.M	Pre-SD	Post- SD	Fol. SD
Shyness	Experiment	74.00	34.00	36.00	75.57	37.14	37.57	4.54	8.05	7.97
	Control	82.00	78.00	74.00	80.28	79.14	73.85	7.47	9.68	16.32

Notes: Pre- Mdn: Pre-test Median, Post--Mdn: Post-test Median; Fol. Mdn: Follow-Up Median; Pre-M: Pre-test Mean; Post-M: Post-test Mean; Fol. M: Follow-Up Mean; Pre-SD: Pre-test Standard Deviation; Post-SD: Post-test Standard Deviation; Fol. SD: Follow-Up Standard Deviation.

Comparison of the groups based on pre-test scores

The Mann-Whitney U test was used to compare the experiment and control groups regarding the pre-test results. According to the results of the Mann-Whitney U test, there was no significant difference in terms of shyness in the pre-test between the groups ($U = 14.500$, $p = .209$; $p > .05$). This shows that the groups were statistically equivalent.

Findings regarding the effectiveness of the program

Quantitative findings regarding the effectiveness of the program: Findings regarding the effectiveness of the shyness program in high school students are given in Table 4.

Table 4. Pre- and Post-test Results for Positive Affect

	Test condition	<i>n</i>	Mdn	<i>z</i>	Effect size(<i>r</i>)
Shyness programme	Pre-test	7	74.00	-1.286	-
	Post-test	7	34.00	-3.134**	0.802
	Follow-Up	7	36.00	-3.003**	0.840

* $p < .05$, ** $p < .01$.

Repeated measures ANOVA was used to investigate the effectiveness of the program. The findings showed that the program had a noticeable effect for the experiment group in reduction of shyness [$F(1.66, 9.97) = 142.75$; $p < .00$; Effect size: 0.96]. A post-hoc comparison was made to determine the direction of the effect.

According to the results of the post-hoc comparison (Bonferroni), it was found that the experimental group pre-test ($M = 75.57$), post-test ($M = 37.14$) and follow-up test scores ($M = 37.57$) differed [$F(1.66, 9.97) = 107.28, p < .01$]. The post-test shyness scores of the participants in the experimental group ($M = 37.14$) were found not to differ significantly in comparison to the follow-up test scores ($M = 37.57$). The control group scores did not change significantly in the pre-test, post-test and follow-up test [$F(1,6) = 1.235; p > .05$].

Qualitative findings regarding the effectiveness of the program: The effectiveness of the program was quantitatively evaluated after the experimental intervention. No participant stated that the program had a negative aspect. The program was assessed to be positive by the participants in four dimensions. The assessments are given in Table 5.

Table 5. Qualitative Assessments by the Participants Regarding the Program

Themes	Codes	Sample sentence	f
Change in Self Perception	Overcoming the shyness	I overcame my shyness. No shyness is left.	7
	Increase of expressing oneself well	I am able to express myself better. I am expressing myself more comfortably in every setting.	3
	Increase of character strengths	My self-esteem came back. My courage increased.	2
Change in Engagement in Life	Increase of engagement in life	I started to establish more relationships with people and my intimacy connections were strengthened. I am now living more actively.	2

Findings regarding the follow-up study

Quantitative findings: The Mann-Whitney U test was used to compare the post-test and follow-up tests scores of both groups. According to the results, there was a difference between the groups in terms of shyness. It was found that the shyness scores of the experiment group ($Mdn = 36.00$) were lower than those of the control group ($Mdn = 74.00$) ($U = 1,000, p = .001; p < 0.01$).

Qualitative findings: In the follow-up stage, an open-ended question was asked to the participants in the experimental group. The content analysis technique was used to analyze the responses of the participants. 7 of the participants stated that the shyness program had a positive effect on their lives. Table 6 shows the codes and themes emerging from the analysis.

Table 6. Qualitative Assessments by the Participants Regarding the Program in the Follow-Up Stage

Themes	Codes	Sample sentence	f
Change in Self Perception	Increase of character strengths	I became more sensitive and stronger. I am a more courageous person.	6
	Increase of expressing oneself well	I am able to express myself more comfortably in the society. I became a more relaxed person among friends.	4
	Increase of engagement in life	I am participating more in classes. I am having new and good friendships I started volleyball and guitar lessons.	6
Change in Wellness	Increase of optimism	While I was crying for everything before, now I am a person who thinks positively. I am looking at everything more positively.	2
	Increase of happiness/well-being	I am feeling much better. My happiness increased.	2

Discussion and Conclusion

This study was conducted with the aim of investigating the effectiveness of a group counseling program which helped shy adolescents overcome their shyness. Based on the results, the intervention program was found to be effective in both the short-run and the long-run. For adolescents, shyness is considered as a significant risk factor important in the occurrence of various pathological patterns (Asendorpf, 2000; Henriksen & Murberg, 2009; Mounts et al., 2006; Murberg, 2009; Page, 1989; Zimbardo, 1977). Currently, there is a clear need for intervention programs to prevent shyness and the present study aims to address this need.

Findings can be evaluated according to the dual-factor model, which is one pillar of the study. According to this model, both pathology and positive components are structures that complement each other (in terms of health continuity and human functioning) in mental health assessments. The studies conducted according to this model in primary schools (Greenspoon & Saklofske, 2001; Petersen et al., 2020) and with adolescents (Antaramian, Huebner, Hills, & Valois, 2010; Suldo & Shaffer, 2008; Suldo et al., 2016) report that students without pathological symptoms and with positive components have better educational, physical and psychosocial functioning compared to their peers. As such, not only the absence of pathology, but also its presence in positive indicators (such as subjective well-being) is very important in terms of superior school performance and psychosocial functioning. However, it is only recently that some research has begun to adopt the dual-factor model in Turkey. For example, Keven-Aklıman and Eryılmaz (2017) studied adolescents with negative body images. Their findings show that there are statistically significant increases in the positive body image and coping strategies of female adolescents compared to the control group. Another study with an adult female sample found that after the experimental treatment the participants experienced a decrease in the pathological indicators and an increase in their positive indicators (İzğü & Eryılmaz, 2016). In the current study, the positive and pathology-focused shyness intervention program for adolescents contributed to both their overcoming shyness and gaining increased functionality. The findings obtained in this study support the dual-factor model.

It may be seen that the literature contains studies that are focused rather on pathology (Albano & Barlow, 1996; Beidel et al., 2000; Greco & Morris, 2001; Jupp & Griffiths, 1990; Lowenstein, 1983; Spence et al., 2000). There are also many studies generally based on positive approaches (Akın-Little & Little, 2004; Chafouleas & Bray, 2004; Eryılmaz, 2014, 2015; Layous et al., 2011; Reschly & Ysseldyke, 1999). However, although there are pathology-oriented studies on intervention to shyness in adolescents, there are no positivity-based studies. Additionally, the number of studies combining positive and pathology-based approaches in shyness intervention for adolescents is very low. Therefore, this study was conducted by combining positive and pathology-based approaches. As this study provides a different point of view for shyness intervention in adolescents, it may be considered as a contribution to the literature. After the study, adolescents achieved positive gains in the dimensions of self-perception and engagement in life, as well as overcoming shyness.

The findings can also be evaluated in a sociocultural context. Human development is shaped by biological maturation in a sociocultural context (Kağıtçıbaşı, 2017). Therefore, the sociocultural context (individualist and collectivistic) within which the individual is situated is a factor that plays an important role in shaping shyness (Chen, 2019). The basic assumption of the individualistic culture is that the self is different and independent from others. The collective culture, on the contrary, underscores the idea of shaping the self on the basis of social values rather than the autonomy of the individual (Triandis, 1994). Hence, cultural beliefs and values that reflect collectivist culture, especially in eastern cultures (Kağıtçıbaşı, 2001), reflect attitudes that foster shame, and attribute positive meanings to these attitudes (Chen, 2019). The findings regarding the role of culture in shyness support these explanations (Chen, 2019; Metin-Aslan, 2020). It should also be noted that intrusive parental

attitudes as a reflection of culture, also affect shyness (Xu, Zhang, & Hee, 2014). Considering the proximity of Turkey's culture to collectivism (Kağıtçıbaşı, 2001), the findings obtained in the present study indicate that the cultural context contributes to overcoming this problem by restructuring the role of adolescents in their shyness.

The results of this study may be interpreted in terms of the social fitness model that brings shyness a causal explanation (Henderson et al., 2014). According to this model, shy individuals fear rejection. They have high self-responsibility. They attribute the reasons for external events to themselves. They experience introversion with the shyness, anger and fear emotions they experience. As this study included adolescents in the group counseling process with a homogenous group pattern, their fears of rejection naturally decreased. As the members and the leader provided other members with points of view, the high self-responsibility levels of adolescents are reduced. Especially with the session in the program which was themed changing one's attributions, the adolescents learned how not to attribute the reasons for external events to themselves. Furthermore, with the help of positivity-based activities, the adolescents experienced more positive emotions, instead of anger, shyness and fear. They were also prevented from introversion with the help of activities of reacting positively with their environment and anticipating their environment positively. It may be stated that these individuals were able to reduce their shyness as a result of all these.

The results of the study can be analyzed within the framework of the multidimensional intervention model. According to this model (Eryılmaz, 2018a), there are four components underlying the intervention to frequently encountered psychological problems, which are positive psychotherapy, cognitive behavioral therapy, literature information, and personal experiences. The outputs of the model are an increase in physical, social and psychological functionality. It is stated in the model that the intervention is carried out on an individual basis. Studies report that this model yields successful results in individual counseling practice (Eryılmaz, 2018b). The findings obtained in the present study show that the model is not only valid for individual interventions, but can also be used in group counseling.

This study is a shyness intervention study. The qualitative findings of the study show that the participants not only overcame shyness, but they also gained new skills such as character strengthening, optimism, well-being, self-expression. The reason for these outcomes is explained by studies in the field of positive psychology. Positive emotions raised in individuals broaden their points of view, help them construct their capacity and repair the negativities of the past (Fredrickson, 2001; Grol, Koster, Bruyneel, & Raedt, 2014). It may be stated that, as the activities in this study increased the positive emotions of the adolescents, in addition to overcoming shyness, the adolescents also broadened their approach (optimism, engaging in life), built capacity (increasing of character strengths; increasing of expressing oneself well) and repaired the past (increasing of happiness/well-being).

A hypothetical model may be recommended in terms of shyness intervention based on the findings of this study, as well as those of pathology-based studies (Albano & Barlow, 1996; Beidel et al., 2000; Greco & Morris, 2001; Jupp & Griffiths, 1990; Lowenstein, 1983; Spence et al., 2000) and positivity-based studies (Akin-Little & Little, 2004; Chafouleas & Bray, 2004; Eryılmaz, 2014, 2015; Layous et al., 2011; Reschly & Ysseldyke, 1999). The model is given in Figure 2.

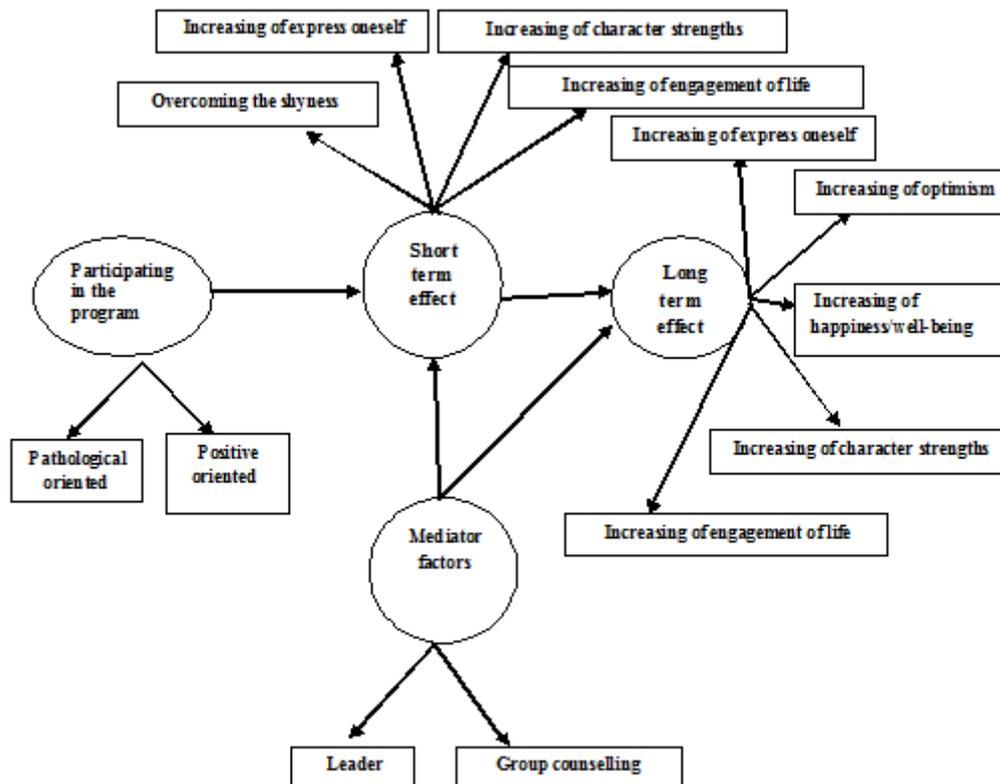


Figure 2. The Intervention Model of Shyness

According to the model given in Figure 2, shy adolescents attended a comprehensive (positive and pathology-based) group counseling program. In the literature, group counseling is considered as one of the most recommended instruments in shyness interventions (Alden & Cappe, 1986; Kelly & Keaton, 1992; Martin & Thomas, 2000). In the group counseling process, peer support is an important factor in intervening with shyness because peers represent individuals of equal social status for adolescents. Some of the most important reasons adolescents are supported by peer groups are being in a similar developmental period, passing through similar socialization processes, and valuing similar norms (Hartup, 1996; Hazel, Schumaker, Sherman, & Sheldon, 1982). As this study had these aspects, the group counseling sessions may be considered effective. In other words, the leader and the group process may be considered as mediating variables. In another dimension of the model, there are short-term and long-term effects. Shyness was overcome with the pathology-oriented intervention, and positive results in different areas were achieved and retained due to the buffer effect of the positivity-based intervention (Fredrickson, 2001).

That the control group was not given any treatments whatsoever can be considered as a limitation of the study. The results show that the shyness intervention program was effective. In the future, the program whose effectiveness is examined in this study can be implemented with different age groups and education levels. 12th grade students were not included in the study because the study period coincided with their ÖSYM (nationwide university placement) exam preparation. It can be replicated by including secondary school students from all levels. This program can be used as an important intervention tool, especially in school psychological counseling services. Within the framework of comprehensive developmental counseling, it can be included in the psychological counseling and guidance in schools in the form of combining pathology and positivity-oriented interventions, contributing not only to the treatment of incompatibility, but also to the development of students' capacities and discovery of their strengths. Finally, the effectiveness of this model in individualistic and collectivist cultures can be comparatively analyzed.

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