AN EXPLORATORY STUDY OF TWO APPROACHES TO SOCIAL ANXIETY,
SYMPTOM-ACCEPTING, POSITIVE REINTERPRETATION
AND SYMPTOM-CONTROLLING, PROGRESSIVE RELAXATION.

by

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Abstract

This study examined the differential effects of an audiotaped progressive relaxation message and an audiotaped positive reinterpretation message, repeatedly presented over three sessions to socially anxious subjects. Self report measures of social anxiety, attitude towards anxiety, coping effectiveness, and acceptance of anxious self, and the frequency of action taken in target situations were examined. The subjects were 14 males and females aged 19-38 (M=26.14) who were randomly assigned to either positive reinterpretation or progressive relaxation treatment condition. Repeated measures analysis of variance indicated no clear statistically significant support for the superiority of one treatment approach over the other, or for the uniform differential effectiveness of the two treatments over time. There was a significant difference between the two groups on the measure of social anxiety but this difference was time dependent, that is, time interacted positively with one group relative to the other group at follow-up, and the reverse was true at post-test. Effect size indicated clinically meaningful differences between treatment groups on attitude towards anxiety and on acceptance of anxious self.
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Introduction

Anxiety is a basic condition of human existence and social anxiety is particularly prevalent in our Western society where we prize assertiveness and competitiveness and have expectations of achievement and upward mobility. An effective coping technique would improve the quality of life for many people.

The understanding and treatment of social anxiety has attracted attention in recent years (Bates, Campbell & Burgess, 1990; Hartman, 1983; Ishiyama 1986a, 1987b, 1988; Leary, 1983a). Social anxiety is a common complaint of people seeking counselling (Heubner, 1988). Typically, the presenting problems relate to discomfort in social interactions, as well as heightened avoidance of social situations (Clark & Arkowitz, 1975). Social anxiety often results in inhibition of normally expected social behavior in frequently occurring events such as interaction with strangers, job interviews, being the centre of attention, talking to authority figures and public speaking (Leary, 1983a). Social anxiety has been cited as more pervasive, debilitating and distressing than other commonly studied types of anxiety (Curran, 1977), and there has been a proliferation of cognitive and behavioural approaches which focus on its symptomatic relief (Guidano & Lotti, 1983).

A traditional behavioral approach for coping with anxiety is progressive relaxation which was developed by
Jacobson (1938). These relaxation procedures have been used so extensively that they have been called the "behavioral aspirin" (Russo, 1980). Progressive relaxation has been found effective in the treatment of social anxiety (Bernstein & Borkovec, 1973; Canter, Kondo & Knott, 1975; Hall & Goldberg, 1977; Paul, 1966). A standardized procedure for progressive relaxation training has been developed by Bernstein and Borkovec (1973) to increase generalizability and validity of outcome research. Their procedures will be used in this study.

The emerging trend in dealing with anxiety is towards the cognitive therapies and the focus of these approaches is on cognitive events, such as internal dialogue, self statements and images, as the initial mechanism of change (Ritter, 1985). The implication is that change in behavior occurs through control of anxiety symptoms. Cognitive techniques, such as rational restructuring (Goldfried, 1988) and stress inoculation training (Meichenbaum & Deffenbacher, 1988) have been effective in the reduction of social anxiety.

A promising intervention, the positive reinterpretation technique of Morita therapy, has also been used in the treatment of social anxiety (Ishiyama, 1986a, 1986c). A Japanese approach, Morita therapy, shares a similar theoretical perspective to some Western cognitive approaches to social anxiety with respect to self-defeating causal attributions and excessive self-focusing (Anderson &
Arnoult, 1985; Brodt & Zimbardo, 1981; Crozier, 1979; Hartman, 1983; Sarason, 1975; Slivken & Buss, 1984; Teglasi & Hoffman, 1982). However, Morita therapy differs from other cognitive therapies in its primary mechanism of change, which is the acceptance of undesirable feelings. The fundamental premise of Morita therapy is that social anxiety can be used as a motivator-facilitator of constructive action through acceptance of undesirable feelings. The implication is that change in behavior can occur without any prior control of symptoms.

Some studies, using a time-series analysis of change process and outcome, have indicated that using very brief Morita therapy, as brief as a single interview session, is therapeutically effective with socially anxious clients (Ishiyama, 1983, 1986c, 1988b). Consequently, this study used a brief Morita intervention.

The treatment success reported by Ishiyama (1986c) could be attributed to the inclusion of therapist empathic attention within the treatment, and it is considered that audiotaped messages in both treatment packages would minimize the interpersonal variables and eliminate the empathic attention component. Audiotaped progressive relaxation programs have been found to be effective in reducing anxiety, general tension, speech anxiety and social phobias (Borkovec, Grayson & Cooper, 1978; Hamberger, 1983; Heidi & Borkovec, 1983; Paul & Trimble, 1970; Robar 1978). In this study specially prepared audiotapes of progressive
relaxation (Bernstein & Borkovec, 1973) and the positive reinterpretation technique (Ishiyama, 1986a) were used.

Progressive relaxation was used in this study because it has been shown to be effective in reducing state anxiety for a wide variety of populations (Cangelosi, 1980; Heidi & Borkovec, 1983; Woolfolk, Lehrer, McCann, & Rooney, 1982). The Morita therapy technique of reframing called "the positive reinterpretation technique" was used because it provides a positive view of anxiety and promotes action taking, and has proven successful in treating anxiety-type emotional and behavioral problems in Japan and in the West (Ishiyama, 1986c; Kawai & Kondo, 1960; Miura & Usa, 1970; Morita, 1926/1974; Suzuki & Suzuki, 1977; Reynolds, 1976).

The main objective of this study was to examine the effects of a brief audiotaped positive reinterpretation message and a brief audiotaped progressive relaxation message, repeatedly presented over three sessions to socially anxious subjects.

Hypotheses

Five research hypotheses were investigated in this study. No group experimental studies have been reported on the comparative effects of the Positive Reinterpretation technique of Morita Therapy and another intervention based on a different theoretical orientation. There is no
literature that suggests the superiority of one approach over the other. Therefore, hypotheses are stated in a non-directional form.

The following null hypotheses have been tested in this study:

Hypothesis 1. There is no statistically significant difference in pretest to post-test to follow-up social anxiety, as measured by the Social Avoidance and Distress Scale, between subjects who received instruction in progressive relaxation and subjects who received instruction in positive reinterpretation.

Hypothesis 2. There is no statistically significant difference in pretest to post-test to follow-up attitude towards anxiety, as measured by the Self and Anxiety Questionnaire, subscale 1, between subjects who received instruction in progressive relaxation and subjects who received instruction in positive reinterpretation.

Hypothesis 3. There is no statistically significant difference in pretest to post-test to follow-up coping effectiveness, as measured by the Self and Anxiety Questionnaire, subscale 2, between subjects who received instruction in progressive relaxation and subjects who received instruction in positive reinterpretation.
Hypothesis 4. There is no statistically significant difference in pretest to post-test to follow-up acceptance of anxious self, as measured by the Self and Anxiety Questionnaire, subscale 3, between subjects who received instruction in progressive relaxation and those who received instruction in positive reinterpretation.

Hypothesis 5. There is no statistically significant difference in pretest to post-test behavioral counts, as measured by the Action Log, between subjects who received instruction in progressive relaxation and subjects who received instruction in positive reinterpretation.
There are varying pathways to change in social anxiety, and many of these advocate symptom-controlling approaches. Wolpe and Lazarus (1966), for example, consider that lack of social skill is due to the inhibition of natural responses by anxiety and, therefore, an anxiety-reduction technique would be the treatment of choice. Beck (1976), Ellis (1962) and Meichenbaum (1985) emphasize the role of illogical and maladaptive cognitions about self in the maintenance of social dysfunction and, therefore, the treatment of choice would be to identify and modify the anxiety producing cognitive processes and structures (Ritter 1985). In this study, the former symptom-controlling approach using progressive relaxation (Jacobson, 1938) as a method, is used as a comparison for an innovative symptom-accepting approach, using the positive reinterpretation method (Ishiyama, 1986a). The following sections contain the theoretical formulations within which this study is conceptualized, with a review of the concept of anxiety. Research support is provided for interventions such as progressive relaxation and the positive reinterpretation technique of Morita therapy. Furthermore, the use of audiotaped messages is reviewed in relation to treatment of social anxiety.
The Concept of Social Anxiety

Schlenker and Leary (1982) proposed that social anxiety can be considered conceptually distinct from other anxieties and has the common property of being aroused and intensified by other people. The social anxiety factor obtained by Strahan (1974) included items such as being introduced to new people, giving a speech, being interviewed for a job, being in a room full of strangers, and dating someone for the first time. A similar anxiety factor was obtained in a study of children's fears and included items such as making mistakes, being criticized, making someone angry, and reciting in class (Miller, Barrett, Hampe & Noble, 1972). These studies provided evidence for an empirically distinguishable class of anxieties that arise in response to social events.

Typically, social anxiety refers to subjective discomfort in the presence of others (Buss, 1980), and appears under such labels as: social anxiety, shyness, social ineffectiveness, dating anxiety, heterosexual-social anxiety, speech anxiety, communication apprehension, embarrassment, and stagefright. Schlenker and Leary (1982) divide the diverse forms of social anxiety into two broad classes: (a) interaction anxiety which involves continuous input and feedback from others, and includes shyness and dating anxiety, and, (b) audience anxiety which involves
performing preplanned material before others, and includes stagefright and speech anxiety. Although not identical, these two forms of social anxiety are positively correlated ($r=.48$) and individuals who tend to experience one often will manifest the other.

There are differences in the intensity and frequency with which individuals experience anxiety. Some experience anxiety rarely while others experience anxiety in a large number and variety of settings. Crozier (1979) regards individual differences in the tendency to experience social anxiety as a trait variable. Cattell and Scheier (1958) differentiated between trait and state anxiety. They defined trait or chronic anxiety as a relatively stable personality characteristic, and state anxiety as a relatively acute anxiety that is transitory in nature. The state-trait distinction encompasses considerations of person and situation when predicting changes in state anxiety. A person high in trait-anxiety would be expected to display higher levels of state-anxiety in stressful situations, and no differences in state-anxiety would be expected in neutral situations (Goldberger & Breznitz, 1982). In addition, high trait-anxiety individuals perceive a wide range of stimulus as threatening and respond to these situations with high-state anxiety (Sieber, O'Neil & Tobias, 1977).

More recently, social anxiety has been defined as an affective, cognitive, and behavioral response indicated by
feelings of arousal, apprehension, and tendencies towards avoidance and distress, which results from the expectation of personal evaluation in real or imagined social situations Hartman (1983). Affective components of social anxiety involve unpleasant dimensions, concurrent with high intensity (Leary, 1983a). Cognitive components of social anxiety include thoughts of social inadequacy, fear of negative evaluation, concern with others’ awareness of personal distress, and preoccupation with arousal or performance (Hartman, 1984). Behaviors associated with social anxiety include decreased eye contact, avoidance of situations, attentive listening, nodding and nervous responses such as stuttering and fidgeting. Social situations are situations wherein individuals may be the focus of attention of others, and where there is the prospect of interpersonal evaluation, as when they are giving a speech or are engaged in conversation. Schlenker and Leary (1982) consider that the perceived inability to deal effectively with interpersonal evaluation precipitates social anxiety. The prospect of interpersonal evaluation appears to distinguish social anxiety from other forms of anxiety.

A related area of distress is Social Phobia (DSM-III-R, 300.23) which is irrational fear of social situations where the person is in a position to be judged by others, such as public speaking. This fear leads to anticipatory anxiety which exacerbates the person’s ability to perform well. In
this way, the fear of being socially inadequate creates social inadequacies (Gutsch, 1988).

In other forms of anxiety the focus is not about the evaluations of others. For example, Generalized Anxiety (DSM-III-R, 300.02) is viewed as an irrational fear or persistent uneasiness which exists without appropriate cause; Agoraphobia (DSM-III-R, 300.21) is fear of being alone or being in public places marked by recurrent feelings of panic; and Simple Phobia (DSM-III-R 300.29) wherein the person is overcome by feelings of fear but can do nothing to overcome them. The common concerns among these fears are snakes, insects, rodents, dogs, flying and darkness (Gutsch, 1988).

In summary, social anxiety is a distinct and highly prevalent condition in the North American culture and is construed as emotional distress in anticipation of, or involvement in, an interpersonal encounter.

Theoretical Models of Social Anxiety

The literature on social anxiety may be categorized into two major approaches: conditioned anxiety, and cognitive self-evaluation (Schlenker & Leary, 1982). Each model will be briefly examined prior to presenting an innovative cognitive-behavioral approach to the treatment of social anxiety.
Conditioned Anxiety Hypothesis.

The conditioned anxiety hypothesis has received a great deal of attention in the behavioral literature over the years. This view states that social anxiety is due to the inhibition of interpersonal responses by anxiety (Wolpe & Lazarus, 1966). This approach suggests that autonomic arousal conditioned to social interactions interferes with satisfactory interpersonal functioning. The procedure involves the substitution of a favourable response which is incompatible with the unfavourable response to the stimulus. This technique is aimed at the alleviation of maladaptive anxiety and involves the association of relaxation with imagery scenes of anxiety-producing situations. Learning to relax while imagining the anxiety-evoking scenes alleviates or eliminates the anxiety response, with the result that actual experience will not evoke high levels of anxiety (Humphrey, 1984). Consequently, this approach focuses on interventions based on anxiety reduction or control. Indirect support for this hypothesis is provided by studies indicating reduction of social anxiety through relaxation and systematic desensitization interventions (Curran & Gilbert, 1975; Hartman, 1983; Trower, Yardley, Bryant, & Shaw, 1978). Direct support is provided by studies indicating reduction of test anxiety (Russel & Sipich, 1973), speech anxiety (Goldfried & Trier, 1974) and
interpersonal anxiety (McCann, Woolfolk & Lehrer, 1987), through progressive relaxation as a primary intervention.

**Cognitive Self-evaluation.**

Despite the fact that there is considerable similarity between traditional behavior therapy and the second approach, cognitive therapy, there are some theoretical and practical differences between them. Although both approaches focus on specific symptoms and behavior problems, cognitive therapy concentrates on the ideation associated with the symptoms (Bedrosian & Beck, 1980). The cognitive view states that factors such as irrational beliefs, negative self-evaluation, unrealistic performance criteria, and insufficient self-reinforcement may be involved in the maintenance of social anxiety (Hartman, 1983). Cognitive procedures suggest that beliefs can affect emotional reactions, especially those beliefs expressed in negative self-statements. Cognitive techniques teach individuals to develop more positive self-statements to assist in reducing anxiety. Evidence for this has been reported by many researchers such as: Goldfried and Sobocinski, (1975); O'Banion and Arkowitz, (1977); Smith and Sarason, (1975); Clarke and Arkowitz, (1975); Cacioppo, Glass, and Merluzzi, (1979); Goldfried, (1988), Malkiewich and Merluzzi, (1980); for reviews see Merluzzi, Glass, and Genest, (1981).
The cognitive approach suggests that attaching an unrealistic meaning to an event may result in an inappropriate emotional response. Further, change in an individual's thinking alters the emotional response (Glass & Merluzzi, 1981). Thus, this approach aims to relieve the symptoms of anxiety through direct modification of dysfunctional ideation. Controlled research on the efficacy of cognitive techniques for the problems of heterosexual shyness, nonassertiveness, and test and speech anxiety has firmly established that cognitive interventions significantly contribute to affective and behavioral change. (Glass & Merluzzi, 1981). Some confirmation of actual changes in cognitive appraisal process has been demonstrated by Alden and Cappe (1981), Arnkoff (1980), and Glogower, Fremouw, and McCroskey (1978).

However, Glass and Merluzzi (1981) caution against assuming a simple causal connection between cognition and affect and viewing emotion or anxiety as a product of cognitive processes. Lazarus (1980) considers that cognition is also influenced by emotion and motivation and views these three factors as interdependent processes. Morita (1928/1974) considers that temperamental and environmental factors predispose an individual to mental conflict, and attempts to resolve these anxieties by means of intellectualization magnifies the conflict (Goldner, 1989, Ishiyama, 1986a, 1986b; Reynolds, 1984). The positive
reinterpretation technique of Morita therapy, which has been used as a treatment for social anxiety, also emphasises the modification of cognitions. However, in addition to modifying clients' self-defeating causal attributions and excessive self-focusing, it focuses on accepting anxiety by altering cognitions about emotions. Instead of attempting to manipulate the symptoms of anxiety thereby energizing and exaggerating them, positive reinterpretation focuses on acceptance of anxiety, reframing of negative ideation and focusing on constructive action (Ishiyama, 1986a).

In summary, two of the major theoretical formulations of social anxiety, conditioned anxiety and cognitive modification, are viewed as anxiety symptom-controlling methods, and the cognitive component of Morita therapy, positive reinterpretation, is introduced as a symptom-accepting approach.

Treatments

Progressive relaxation.

Jacobson (1938) was the pioneer in the study of progressive muscle relaxation. He believed that relaxing the muscles and gaining voluntary control over the skeletal muscles could induce very low levels of tension in the major muscles.
Jacobson’s (1938) investigations in clinical physiology led him to conclude that it is possible to regulate certain effects of the autonomic nervous system through self-management efforts. He discovered that anxiety can be caused by the sensation of tension experienced when muscle fibers are shortened or contracted as they are during a stressful situation. Conversely, he believed that tension cannot be present when muscle fibers lengthen or relax. Progressive relaxation is considered by Goldfried and Trier (1974) to be an anxiety-reducing skill because it reduces muscle tension and the individual then perceives himself/herself to be less anxious.

The purpose of progressive relaxation is to increase discriminative control over the skeletal muscles until the individual is able to cause low levels of activity in the major muscle groups. Progressive relaxation training consists of learning to tense and relax various muscle groups throughout the body while at the same time paying careful attention to the feelings associated with both the tension and relaxed states (Bernstein & Borkovec, 1973). This technique is called progressive relaxation because as each of the major muscle groups is relaxed a new group is added, until total body relaxation is achieved. Jacobson’s (1938) technique calls for between fifty and two hundred training sessions. Goldfried and Trier (1974) noted that progressive relaxation did not receive wide acceptance until Wolpe (1957) modified and shortened the technique and
incorporated it into the systematic desensitization procedure.

Numerous studies have examined the effects of progressive relaxation on the reduction of anxiety (for reviews see Barrios & Shigetomi, 1979; Borkovec & Sides, 1979; Lehrer & Woolfolk, 1984). Support for the use of progressive relaxation as a therapeutic technique for tension reduction is evident from research on tension headaches (Blanchard, Andrasik, & Silver, 1980), hypertension (Redmond, Gaylor, McDonald, & Shapiro, 1974), and insomnia (Borkovec & Fowles, 1973). Additionally, research findings indicate that progressive relaxation is an effective treatment for phobias (for reviews see Mathews, 1978), and test anxiety (Reed & Saslow, 1980). Since the ability to use relaxation in an actual anxiety producing situation is a vital test for therapy, two studies will be reviewed that have measured the generalized effects of training.

Borkovec, et al. (1978) found progressive relaxation as a single model therapy to be effective in ameliorating the symptoms of daily tension and anxiety of 36 psychology undergraduates. Subjects were randomly assigned to progressive relaxation, relaxation without tension release and no treatment groups. The progressive relaxation group showed significant reduction in anxiety and these gains were maintained five months after treatment.
Similarly, Gross and Fremouw (1982) found progressive relaxation showed decreased anxiety for 63 speech-anxious undergraduates compared to a waitlist control group. Subjects were randomly assigned to progressive relaxation, cognitive restructuring and waitlist control groups. Both treatment groups improved on self-report measures of state anxiety, fear and social anxiety compared to the waitlist group, but behavioral and physiological measures did not discriminate between treated and untreated groups.

Consequently, as progressive relaxation is an influential and well-researched technique for reducing anxiety, in this study it will be used as a standard with which to compare the positive reinterpretation technique of Morita therapy.

**Positive Reinterpretation.**

Morita therapy, which has cognitive, behavioural and experiential components and a unique philosophical framework and view on human experience, promotes acceptance of anxiety rather than control of its symptoms. The basic premise of Morita therapy is that social anxiety can be used as a motivator-facilitator of constructive action through acceptance of undesirable feelings. The implication is that change in behavior can occur without any prior control of symptoms. The positive reinterpretation technique (Ishiyama, 1984, 1986a, 1986b) advocates the mobilization of
energy from egocentric self-preoccupation to constructive action taking, by providing insight into the nature of emotion and emphasizing clients' potential for productive living. This didactic and confrontational technique views the experience of anxiety as a human condition and not as an abnormal state. The purpose of this technique is to reinterpret clients' beliefs and attitudes towards the experience of anxiety and the self in a constructive and self-valuing way. Behavioral changes in the daily context are encouraged, and homework containing specific behavioral instructions is assigned.

The positive reinterpretation technique has proven successful in treating anxiety and behavioral problems in Japan and in the West (Ishiyama, 1986a; Kawai & Kondo, 1960; Miura & Usa, 1970; Morita 1926/1974; Reynolds, 1976). In a single case study of severe test anxiety, Ishiyama (1983) found that Morita treatment was successful and a one year follow-up revealed no relapse in test anxiety. Similarly, Ishiyama (1986a) found the positive reinterpretation technique to be effective in dealing with fear of speaking in groups and fear of approaching strangers. This single case study examined therapeutic changes associated with brief Morita treatment of a socially anxious client.

Longitudinal studies in Japan involving both inpatient and outpatient clients resulted in positive changes as observed in 18 year follow-ups (Suzuki & Suzuki, 1977: Suzuki, Kataoka & Karasawa, 1982).
In summary, the positive reinterpretation technique of Morita therapy is an innovative coping technique which is based on the acceptance and reframing of anxiety.

**Treatment Mode**

The above studies on the clinical utility of Morita therapy did not isolate the effects of Morita-based treatment from variables such as empathy and helping relationship. It is considered that audiotaped messages in both treatment packages would minimize the interpersonal variables. Audiotaped progressive relaxation programs have been found to be effective in reducing test anxiety, general tension, and speech anxiety (for reviews see Hillenberg & Collins, 1982). In this study progressive relaxation using Bernstein and Borkovec's (1973) standardized audiotape will be used as a standard with which to compare the positive reinterpretation technique, using specially prepared audiotapes.

Some studies, using single-case experimental designs, have indicated that very brief or single-session Morita intervention is therapeutically effective with socially anxious clients (Ishiyama, 1983, 1986c, 1988b). Similarly, in a review of studies demonstrating equivalency between progressive relaxation and control conditions, Borkovec and Sides (1979) found that the mean number of sessions was 2.30, and only 47% of the studies used more than four
sessions. Consequently, this study will use a brief instructional intervention over three sessions. Israel and Beiman (1977) found that subjects experienced significant reductions in tension, as assessed by physiological measures, from pre- to post-treatment over three 30-minute sessions. In view of the fact that treatments will be audiotaped this study will use 30-minute to 35-minute sessions.

Summary

In summary, evidence has been presented to support: (a) the concept of social anxiety as being distinct from other forms of anxiety, (b) two major theoretical formulations of social anxiety, (c) that progressive relaxation and positive reinterpretation are effective in dealing with social anxiety, and (d) that audiotaped progressive relaxation programs have been effective in dealing with anxiety.
Method

Subjects

The subjects were recruited via posters and advertisement in newsletters and newspapers at the University of British Columbia inviting people to participate in a study on social anxiety. Of the 30 respondents, 25 completed screening questionnaires, and 24 were accepted for the program after meeting the following criteria: (a) a score of 19 or less on the Beck Depression Inventory (Beck and Steer, 1987), which is in the moderate range of clinical depression (Cappe, 1985); (b) a score of 30 (highest possible score) or less on the Fear of Negative Evaluation (Watson & Friend, 1969), as no distinction was made between high and low anxious subjects; (c) not currently undergoing therapy; and (d) not currently taking medication.

The participants were male and female university students and staff, aged 18 to 45. Although 24 respondents met the requirements for the study and completed the questionnaires at the initial interview, four subjects did not attend the first treatment session. Reasons for not attending included not having enough time and loss of interest, thereby reducing the number of subjects to 20.
Design and Procedures

All subjects were screened through a personal interview with the researcher held at the University of British Columbia. At that time the following questionnaires were administered: Beck Depression Inventory (BDI) and Fear of Negative Evaluation (FNE). In addition, an Action Log, that is a daily record of action taken in target situation, was assigned as homework in order to establish a behavioral baseline. Subjects were subsequently separated into male and female categories and randomly assigned to treatment groups. Subjects were not informed about group assignment but were informed by telephone of the date, time and place of the first treatment session. Prior to the beginning of the first session and after signing an informed consent, (Appendix A) the following questionnaires were administered, Watson and Friend’s (1969) Social Avoidance and Distress Scale (SAD), Ishiyama’s (1987c) Self and Anxiety Questionnaire (SAQ), (see Appendix B). All of the subjects were reassessed with the SAD and SAQ at end of the 3-week treatment period. An Action Log was assigned as homework. Three weeks after completing the program all of the subjects were reassessed in the same manner as at 3-week post-treatment. Subjects completed questionnaires individually in the counselling rooms of the University of British Columbia Education Clinic.
Dependent Measures

Social Avoidance and Distress Scale (SAD). Watson and Friend (1969) developed a measure to assess anxiety experienced in social situations. Social avoidance was defined by the authors as avoiding being with, talking to, or escaping from others for any reason, whereas social distress was viewed as the repeated experience of a negative emotion (such as anxiety) in social interactions. This inventory is a self-report measure consisting of 28 True/False statements. Its test-retest reliability is $r = .68$ and $r = .79$ in two validation samples. Research supports the validity of the SAD in that it correlates positively with similar measures and with sensitivity to audiences (Watson & Friend, 1969).

Self and Anxiety Questionnaire (SAQ). Ishiyama (1987c) developed a questionnaire comprised of four scales presented together, of which three will be used in this study. These scales are designed to measure (1) how positive one’s attitude is towards anxiety, (2) how effective one feels about coping with the target situation, and (3) how accepting one is of the anxious self, all in the context of an individually specified target situation. The three scales have four of six biopolar adjective pairs separated by nine spaces forming a continuum in the manner of semantic differential (Osgood, Suci, & Tannenbaum, 1957). The measures are presented in a scaled format with reverse-score
items as suggested by Hersen and Barlow (1976). The sum of the individual scores (1 to 9 from left to right) for adjective pairs will be used as the score for each scale after reversing the keyed reverse items. Statistical analysis (n=100) of the data revealed high item-total correlations and internal consistencies (Cronbach alpha) for these items. They are as follows: Positive Interpretation of Anxiety Scale with an alpha of .95; and Anxious Self-Acceptance Scale with an alpha of .93, according to Ishiyama (1987c).

**Action Log.** In accordance with common practice in behaviour research, behaviour counts of action taken were recorded daily in an Action Log. Action taken was defined as any action taken by the subjects in the situation they specified as anxiety producing for them.

**Screening Measures**

**Fear of Negative Evaluation Scale (FNE).** Developed by Watson & Friend (1969), the FNE has a very high index of homogeneity with the SAD. The FNE was used for initial assessment in order to avoid a possible problem with reactivity to the SAD. Fear of negative evaluation was defined by the authors as apprehension about others' evaluations, distress over their negative situations and expectation that others would evaluate oneself negatively.
This inventory is a self-report measure consisting of 30 True/False statements. Test-retest reliability procedures of the FNE yielded product-moment correlations of \( r = .78 \) and \( r = .94 \). Research supports the validity of the FNE in that it correlates positively with similar measures (Watson & Friend, 1969).

**Beck Depression Inventory (BDI).** It was expected that some socially anxious individuals would be depressed and it was considered necessary to control this factor in order to reduce confounding of outcomes. Therefore, all subjects were requested to complete the short form of the BDI (Beck, Ward, Mendelson, Mock & Erbaugh, 1961). This inventory is an easily administered self-report measure consisting of 21 categories of symptoms and attitudes. Each category describes a specific behavioral manifestation of depression and consists of a graded series of 4 self-evaluative statements, with numerical values of 0 to 3 assigned each statement to indicate the degree of severity. Research has indicated a split-half reliability of \( r = .93 \) for the BDI. Research also supports concurrent validity in that the BDI correlates with clinicians' ratings and other standardized measures of depression. Construct validity has also been established (Beck & Beamesdefer, 1974).
Treatments

The main treatment components designed to be present in both the relaxation treatment and the positive reinterpretation treatment were:

(a) a 3-minute instructions tape, outlining listening procedures, and length and number of sessions;
(b) a 40-minute treatment tape, presenting a way of dealing with anxiety experienced in various situations.
(c) a one-page summary of tape content, for home use.

The treatment components that differentiated the two groups were:

(a) tape instruction of coping with anxiety through a progressive relaxation treatment, or
(b) tape instruction of acceptance of anxiety through positive reinterpretation treatment.

The relaxation tape was based on Bernstein & Borkovec’s (1973) Progressive Relaxation Training Manual and tape, and positive reinterpretation tape was based on Ishiyama’s (1986a) positive reinterpretation technique.

Relaxation Treatment: The relaxation tape consisted of
(a) a rationale for using relaxation as a technique for coping with anxiety-producing situations, and
(b) instructions for relaxing (tightening and relaxing muscles to attain complete relaxation) 15 muscle groups.
Positive Reinterpretation Treatment: The positive reinterpretation tape consisted of (a) rationale for acceptance of anxiety, and (b) direction to action taking as a means of dealing with anxiety producing situations by doing what needs to be done in the given context, despite anxiety symptoms.

All subjects were encouraged to read the summary and to practice as often as possible between treatment sessions. The instruction component of the tapes was made by the researcher, while each treatment component was made by an experienced recorder chosen for voice compatibility with treatment. The tapes were then rated by a professional as suitable for the research.

To reduce attrition, participants in both groups were phoned by the researcher to remind them of their appointments for each session.
Results

Group Comparability and Subject Attrition

Prior to the interventions, all subjects (N=25) displayed evidence of social anxiety as demonstrated by the FNE. The overall group mean of 19.6 (SD=6.5) was above the mean score of 15.5, (SD=8.6) reported by Watson & Friend (1969) for a group of male and female college students.

The two treatment groups were formed, progressive relaxation (n=13) and positive reinterpretation (n=12). Randomization assured comparability of the two groups.

Of the initial 30 respondents, five were non-starters, four did not show up for the first sessions (no shows), and three did not attend more than one session (dropouts), thus reducing the treatment sample size to 17. Additionally, one subject was eliminated by her high level of depression as indicated by the BDI, that is 25 points; cut-off point for subject screening was 19. Another subject did not complete the follow-up questionnaires although he attended all treatment sessions. Consequently, the final sample was 16 (n=7 for progressive relaxation, n=9 for positive reinterpretation).

In order to obtain a balanced repeated measures design the sample size was equalized (n=7, n=7) by computer randomized elimination of two subjects from the positive reinterpretation group. Descriptive baseline data are given in Table 1.
### Table 1

**Means and Standard Deviations of Baseline Data for Two Groups (Positive Reinterpretation, Progressive Relaxation)**

<table>
<thead>
<tr>
<th></th>
<th>Positive Reinterpretation (n=7)</th>
<th>Progressive Relaxation (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Age</td>
<td>29.0</td>
<td>5.9</td>
</tr>
<tr>
<td>FNE</td>
<td>23.1</td>
<td>6.2</td>
</tr>
</tbody>
</table>

*Note. FNE=Fear of Negative Evaluation*
Analysis of Data

Repeated Measures Analysis of Variance (ANOVA) with one repeated measure factor and one grouping factor were performed separately on dependent measures of social anxiety, attitude towards anxiety, coping effectiveness, and acceptance of anxious self. Chi-square tests were computed for behavioral counts of action taken in target situations. Differential effectiveness between the treatment groups was thus analyzed.

The data used to complete this study included: (a) pretest, post-test and follow-up raw scores as measured by the Social Avoidance and Distress Scale, (b) the Self and Anxiety Questionnaire, and (c) the Action Log. A summary of mean scores and standard deviations for each dependent variable at each time period (pre-, post-, and follow-up) is provided in Table 2.

In addition, effect size estimates were used as a supplement to the statistical significance testing in order to get a more complete picture of the clinical meaning of pre- to post-test, and post-test to follow-up changes in each group.
Table 2

Means and Standard Deviations for Two Groups (Positive Reinterpretation, Progressive Relaxation), pre-, post and follow-up.

<table>
<thead>
<tr>
<th></th>
<th>SAD</th>
<th>SAQ1</th>
<th>SAQ2</th>
<th>SAQ3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pos. Reinterp. (n=7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>23.0</td>
<td>2.2</td>
<td>8.8</td>
<td>4.6</td>
</tr>
<tr>
<td>Post</td>
<td>21.4</td>
<td>3.7</td>
<td>15.2</td>
<td>4.3</td>
</tr>
<tr>
<td>Follow-up</td>
<td>21.0</td>
<td>3.7</td>
<td>14.2</td>
<td>4.5</td>
</tr>
<tr>
<td>Prog. Relaxation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre</td>
<td>16.6</td>
<td>5.8</td>
<td>13.0</td>
<td>6.4</td>
</tr>
<tr>
<td>Post</td>
<td>15.9</td>
<td>6.5</td>
<td>15.1</td>
<td>4.3</td>
</tr>
<tr>
<td>Follow-up</td>
<td>10.7</td>
<td>6.9</td>
<td>17.0</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Note. SAD = Social Avoidance & Distress
SAQ1 = Attitude towards Anxiety
SAQ2 = Coping Effectiveness
SAQ3 = Acceptance of Anxious Self
and between groups. Effect size is calculated as mean change score (before and after intervention) divided by the standard deviation of the initial mean score (Kazis, Anderson & Meenan, 1989). The effect size approach is used as a standard for interpreting change. Cohen (1977) defines an effect size of 0.20 as small, 0.50 as moderate and 0.80 or greater as large, and his definition will be used in this study.

**Hypothesis 1.** There is no statistically significant difference in pretest to post-test to follow-up social anxiety scores, as measured by the Social Avoidance and Distress Scale, between subjects who received instruction in progressive relaxation and those who received instruction in positive reinterpretation.

Analysis of social anxiety scores revealed that while there is a significant difference between groups \(F(1,12)=8.24, p=.01\) and across occasions \(F(2,24)=14.67, p=.0001\) there is a significant interaction between groups and occasions \(F(2,24)=5.66, p=.009\), (see Table 3). Figure 1 is a graphical interpretation of the ANOVA table in that it shows the overall means (see Table 4) for the two groups at pretest, post-test and follow-up. As the ANOVA table shows,
Table 3

Analysis of Variance with Repeated Measures of Social Avoidance and Distress (SAD) scores.

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Tail Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>579.4</td>
<td>1</td>
<td>579.4</td>
<td>8.24</td>
<td>0.01</td>
</tr>
<tr>
<td>Error</td>
<td>844.2</td>
<td>12</td>
<td>70.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasion</td>
<td>114.3</td>
<td>2</td>
<td>57.2</td>
<td>14.67</td>
<td>0.0001</td>
</tr>
<tr>
<td>OG</td>
<td>44.1</td>
<td>2</td>
<td>22.1</td>
<td>5.66</td>
<td>0.009</td>
</tr>
<tr>
<td>Error</td>
<td>93.5</td>
<td>24</td>
<td>3.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Greenhouse-Geisser=0.85

Note. OG=Occasion x Group Interaction
Figure 1

Overall Mean Scores on SAD for the Two Treatment Groups (Positive Reinterpretation, Progressive Relaxation), pre-, post-, and follow-up.
Table 4

Overall Mean Scores on SAD for the Two Treatment Groups (Positive Reinterpretation, Progressive Relaxation), pre-, post-, and follow-up.

<table>
<thead>
<tr>
<th></th>
<th>$B_1$</th>
<th>$B_2$</th>
<th>$B_3$</th>
<th>$\bar{x}_{.j}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>$A_1$</td>
<td>23.00</td>
<td>21.42</td>
<td>21.00</td>
<td>21.80</td>
</tr>
<tr>
<td>$A_2$</td>
<td>16.57</td>
<td>15.85</td>
<td>10.71</td>
<td>14.38</td>
</tr>
<tr>
<td>$\bar{x}_{..k}$</td>
<td>19.78</td>
<td>18.64</td>
<td>15.85</td>
<td>18.09</td>
</tr>
</tbody>
</table>

Note. $A_1$ = Positive Reinterpretation
$A_2$ = Progressive Relaxation
$B_1$ = pretest
$B_2$ = post-test
$B_3$ = follow-up
$\bar{x}_{..k}$ = grand mean, rows
$\bar{x}_{.j}$ = grand mean, columns
there is a significant interaction between group and time, and this is evident in Figure 1 by the lack of parallel lines for the two groups. In the light of this significant time dependency, the actual interaction effects were calculated and the effects plotted on a graph given by Table 4 and Figure 2. Interaction effects were calculated by subtracting the row and column means from the overall cell means that are plotted in Figure 1, and adding the grand mean. The formula for estimation is given below.

\[ \hat{\alpha} \beta_{jk} = \bar{x}_{jk} - \bar{x} \cdot k \cdot \bar{x}_j + \bar{x} \cdot j, \]

\( j=1,2,3, \) (column)
\( k=1,2, \) (row)

Figure 2 shows that over the period from pre- to post-test time interacted in a negative way with the positive reinterpretation group, relative to the relaxation group. This is interpreted to mean that the positive interpretation group became more anxious over this period of time relative to the relaxation group. This situation changed over the next period of time from post-test to follow-up. During that period time interacted positively with the positive reinterpretation group, relative to the relaxation group, suggesting that the positive reinterpretation group became progressively less anxious during this period relative to the relaxation group.
### Table 5

Interaction Effects

<table>
<thead>
<tr>
<th>A</th>
<th>B1</th>
<th>B2</th>
<th>B3</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>-0.50</td>
<td>0.93</td>
<td>1.43</td>
</tr>
<tr>
<td>A2</td>
<td>0.49</td>
<td>0.93</td>
<td>1.44</td>
</tr>
</tbody>
</table>

**Note.** $A_1$=Positive Reinterpretation  
$A_2$=Progressive Relaxation  
$B_1$=pretest  
$B_2$=post-test  
$B_3$=follow-up
Figure 2

Interaction Effects of Testing (pre-, post-, follow-up) and Treatment (Positive Reinterpretation, Progressive Relaxation) on SAD
Based on the analysis of the data of this study, Hypothesis 1, as such, was not substantiated, because time interacted with treatment to produce a complex joint or interaction effect and not a simple main effect due to the treatment.

Hypothesis 2. There is no statistically significant difference in pretest to post-test to follow-up attitude towards anxiety scores as measured by the Self and Anxiety Questionnaire, subscale 1, between subjects who received instruction in progressive relaxation and subjects who received instruction in positive reinterpretation.

Analysis of attitude towards anxiety scores revealed that there were no group by time differences ($F(2,22)=0.94$, $p=.41$). There were significant differences across occasions ($F(2,22)=5.43$, $p=.01$), indicating that the subjects as a group showed positive improvement in attitude towards anxiety, and these differences were mainly between pretest and post-test (see Table 6 and Figure 3).

Based on the analysis of the data of this study, Hypothesis 2 was held tenable.

Treatment effect size (Table 7) for positive reinterpretation treatment shows a very large improvement in attitude towards anxiety (1.4), whereas the relaxation group reported a low to moderate (0.4) effect size. Follow-up effect sizes were minimal for both groups.
### Table 6

Analysis of Variance with Repeated Measures of Attitude Towards Anxiety (SAQ subscale 1) scores.

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Tail Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>52.4</td>
<td>1</td>
<td>52.4</td>
<td>0.54</td>
<td>0.480</td>
</tr>
<tr>
<td>Error</td>
<td>1077.2</td>
<td>11</td>
<td>97.93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasion</td>
<td>172.0</td>
<td>2</td>
<td>85.99</td>
<td>5.43</td>
<td>0.010</td>
</tr>
<tr>
<td>OG</td>
<td>29.6</td>
<td>2</td>
<td>14.80</td>
<td>0.94</td>
<td>0.400</td>
</tr>
<tr>
<td>Error</td>
<td>348.1</td>
<td>22</td>
<td>15.82</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Greenhouse-Geisser=0.85

**Note.** OG=Occasion x Group Interaction
Figure 3

**Overall Mean Scores on SAQ(subscale 1) for the Two Treatment Groups (pre-, post-, follow-up)**

![Graph showing mean SAQ1 scores for two groups (Group 1 and Group 2) across pre-, post-, and follow-up stages. The graph also distinguishes between Progressive Relaxation and Positive Reinterpretation.](image-url)
**Table 7**

**Effect Size for Two Groups (Positive Reinterpretation, Progressive Relaxation) based on pre-/post-test, and post-/follow-up Change Scores**

<table>
<thead>
<tr>
<th>Measures</th>
<th>Effect Size</th>
<th>Treatment</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAD</td>
<td></td>
<td>0.7</td>
<td>0.1</td>
</tr>
<tr>
<td>SAQ1</td>
<td></td>
<td>1.4</td>
<td>0.4</td>
</tr>
<tr>
<td>SAQ2</td>
<td></td>
<td>0.5</td>
<td>0.4</td>
</tr>
<tr>
<td>SAQ3</td>
<td></td>
<td>0.3</td>
<td>1.1</td>
</tr>
</tbody>
</table>

**Note.**

\[ \text{Treatment effect size=} |m_1 - m_2|/s_1, \text{ where } m_1 \text{ is the pretreatment mean, } m_2 \text{ the post-treatment mean, and } s_1 \text{ the pretreatment standard deviation (nondirectional two-tailed case).} \]

\[ \text{Follow-up effect size=} |m_1 - m_2|/s_1, \text{ where } m_1 \text{ is the post-treatment mean, } m_2 \text{ the follow-up mean, and } s_1 \text{ the post-treatment standard deviation (nondirectional two-tailed test).} \]

Effect size: 0.2 (small)
0.5 (moderate)
0.8 (large)

SAD=Social Avoidance & Distress
SAQ1=Attitude Towards Anxiety
SAQ2=Coping Effectiveness
SAQ3=Acceptance of Anxiety
Hypothesis 3. There is no statistically significant difference in pretest to post-test to follow-up coping effectiveness scores, as measured by the Self and Anxiety Questionnaire, subscale 2, between subjects who received instruction in progressive relaxation and subjects who received instruction in positive reinterpretation.

Due to a large discrepancy in coping effectiveness pretest scores between groups it was decided to covary the pretest. Analysis of covariance with repeated measures was conducted. The difference between the two groups at pretest approached significance \( (F(1,11)=4.68, \ p=.053) \). However, when the post-test and follow-up test scores were adjusted for initial differences on pretest scores (see Table 8 and Figure 4), there was no significant difference between groups \( (F(1,11)=0.49, \ p=.50) \) or across occasions \( (F(1,12)=2.03, \ p=.18) \). Based on the analysis of the data of this study Hypothesis 3 was held tenable.

On the measure of coping effectiveness, the treatment effect size for positive reinterpretation treatment (0.5) was comparable to that for relaxation treatment (0.4), indicating that both treatment groups may have improved. Follow-up effect sizes were 0.4 and 0.02 respectively.
<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Tail Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>84.6</td>
<td>1</td>
<td>84.6</td>
<td>0.49</td>
<td>0.500</td>
</tr>
<tr>
<td>Cov.(Pre)</td>
<td>813.8</td>
<td>1</td>
<td>813.8</td>
<td>4.68</td>
<td>0.053</td>
</tr>
<tr>
<td>Error</td>
<td>1913.7</td>
<td>11</td>
<td>173.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasion</td>
<td>48.8</td>
<td>1</td>
<td>48.8</td>
<td>2.03</td>
<td>0.179</td>
</tr>
<tr>
<td>OG</td>
<td>0.8</td>
<td>1</td>
<td>0.8</td>
<td>0.04</td>
<td>0.850</td>
</tr>
<tr>
<td>Error</td>
<td>288.7</td>
<td>12</td>
<td>24.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. OG=Occasion x Group Interaction
Cov.(Pre)=Covariate (Pretest)
Figure 4

Overall Mean Scores on SAQ (subscale 2) for the Two Treatment Groups (pre-, post-, follow-up)
Hypothesis 4. There is no statistically significant difference in pretest to post-test to follow-up acceptance of anxious self scores, as measured by the Self and Anxiety Questionnaire, subscale 3, between subjects who received instruction in progressive relaxation and subjects who received instruction in positive reinterpretation.

Analysis of acceptance of anxious self scores revealed that there were no significant differences between groups ($F(1,12)=0.46, p=.51$) or across occasions ($F(2,24)=0.31, p=.73$), (see Table 9 and Figure 5). Based on the analysis of the data of this study Hypothesis 4 was held tenable.

The treatment effect size indicated a low to moderate increase in acceptance of anxious self (0.3) for the positive reinterpretation treatment, and a large decrease (1.1) for relaxation treatment, which changes were not maintained for either group in follow-up effect size.
Table 9

Analysis of Variance with Repeated Measures of Acceptance of Anxious Self (SAQ subscale 3) scores.

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Tail Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>9.5</td>
<td>1</td>
<td>9.5</td>
<td>0.46</td>
<td>0.51</td>
</tr>
<tr>
<td>Error</td>
<td>248.5</td>
<td>12</td>
<td>20.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasion</td>
<td>27.6</td>
<td>2</td>
<td>13.8</td>
<td>0.31</td>
<td>0.73</td>
</tr>
<tr>
<td>OG</td>
<td>190.0</td>
<td>2</td>
<td>95.0</td>
<td>2.2</td>
<td>0.13</td>
</tr>
<tr>
<td>Error</td>
<td>1050.4</td>
<td>24</td>
<td>43.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Greenhouse-Geisser=0.54

Note. OG=Occasion x Group Interaction
Figure 5

Overall Mean Scores on SAQ(subscale 3) for the Two Treatment Groups (pre-, post-, follow-up)
**Hypothesis 5.** There is no statistically significant difference in pretest to post-test behavioral counts, as measured by the Action Log, between subjects who received instruction in progressive relaxation and subjects who received instruction in positive reinterpretation.

A Chi-square analysis was used to determine if behavioral counts of action taken in target situation between the two treatment groups differed from pre- to post-test. The obtained Chi-Square=0.12/1, was not statistically significant at $\alpha = .05$ (see Table 10). Based on the analysis of the data of this study Hypothesis 5 was held tenable.
Table 10

Chi-Square Test of Association between Testing (pre-, post) and Intervention (Positive Reinterpretation and Progressive Relaxation).

<table>
<thead>
<tr>
<th>Group</th>
<th>Behavior&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Pre</th>
<th>Post</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Reinterpretation</td>
<td>19 (18.2)</td>
<td>16  (16.8)</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Progressive Relaxation</td>
<td>36 (36.8)</td>
<td>35  (34.2)</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>51</td>
<td>106</td>
<td></td>
</tr>
</tbody>
</table>

Chi-Square = 0.12/1; not significant at $\alpha = .05$

Note. <sup>a</sup>Total behavioral counts per group
Discussion

The five hypotheses investigated in this study were stated in the nondirectional form as no literature has been reported that suggests the superiority of one treatment approach over the other. However, it was expected that the two treatments would be effective in different ways. The positive reinterpretation intervention, which promotes the acceptance of anxiety without controlling it, was expected to be more effective than the relaxation intervention in producing a more positive attitude towards anxiety, and in increasing acceptance of anxious self. The relaxation intervention, which promotes the reduction of physical tension, was expected to be more effective than the positive reinterpretation intervention in decreasing social anxiety. It was expected that both treatments would result in an increase in coping effectiveness, and an increase in the number of actions taken in target situation.

The results of this study indicated no clear statistically significant support for the superiority of one treatment approach over the other, or for the uniform differential effectiveness of the two treatments over time.

There was significant difference between the two groups on SAD, but this difference was time dependent, so that difference between groups was not uniform. Time interacted positively with one group relative to the other group at
follow-up and the reverse was true at post-test. This reversal of results from negative to positive, and vice versa, due to time requires some explanation. A positive interaction is interpreted to mean a reduction in anxiety due to time, and a negative interaction is interpreted to mean an increase in anxiety due to time (Rosenthal & Rosnow, 1985). At follow-up, time interacted with positive reinterpretation in a positive way relative to relaxation. At post-test, time interacted with positive reinterpretation in a negative way relative to relaxation. This reversal of results at follow-up indicates that the paradoxical cognitive instructions of accepting the symptoms of anxiety required a time lag of approximately 6 weeks for attitudinal change to take place. This is contrary to Ishiyama (1986a) who found a drop in problem severity throughout the post intervention phase and in the follow-up phase. The follow-up results also suggest that the positive reinterpretation group were able to apply the method outside the treatment structure. At follow-up, time dependency affected the relaxation group negatively relative to the positive reinterpretation group. At post-test, time dependency affected the relaxation group positively relative to the positive reinterpretation group. This suggests that the relaxation group may not have taken the time for practice, or, perhaps, they were unable to apply this self-directed method outside the treatment structure. Haney (1986) found
a relaxation treatment group did not maintain their relaxation practice from post-test to follow-up.

There was statistical significance across occasions on attitude towards anxiety for the two groups, indicating that both groups improved on attitude towards anxiety. This was not expected for the relaxation group, and as Effect Size indicated this increase to be low to moderate it is considered to represent the Hawthorne Effect (Borg & Gall, 1971) which suggests that participation alone in an experiment results in improvement in performance.

There was no statistically significant support for the differential effectiveness of the two treatments on action taken in the target situation. The reported lack of behavioral change in either group at post-test suggests insufficient time to assimilate and translate new techniques into new behaviors. An action log at follow-up might have reflected this speculation.

Effect size indicated trends of differential effectiveness, that is, the treatments were effective in different ways. The relaxation group became less accepting of anxious self at post-test, while the positive reinterpretation group became more accepting of anxious self. The former may be due to treatment as instructions on controlling anxiety would be expected to discourage acceptance. The positive reinterpretation group reported a large increase in positive attitude towards anxiety at post-test as expected, while the relaxation group reported a
moderate increase in positive attitude. The relaxation group were less tolerant of anxiety because they were taught to control it.

Limitations

The data of this study provided few statistically significant results and showed relatively minor non-significant changes. This might be attributed to the following aspects of the treatment and the research design:

1. Generalization was not the immediate goal of this exploratory study. However, in terms of sampling, because a sample of convenience and not a probabilistic sample was drawn we cannot generalize to the general population.

2. There is a general problem of self reports affecting the validity of the responses desired for the purpose of the study. Because the present study is based on self-reports the results are interpreted with some caution.

3. Although brief taped procedures are commonly employed for progressive relaxation (Borkovec & O'Brien, 1976; Israel & Beiman, 1977), the question arises of whether this treatment length of three sessions was also adequate for positive reinterpretation treatment.

4. The repetitiveness of the audiotaped messages may have lowered the impact of both treatments by causing boredom in the subjects. In addition, audiotaped messages may have placed the treatments on a set schedule rather than
at the pace of the subjects, and this may have had an adverse effect on subject receptivity to message.

Recommendations

It is recommended that future research pay attention to the following design elements:

(a) Replication of this study under more ideal conditions, namely, use of probabilistic samples of subjects and a wider selection of occasions, time and place would provide a representative sample of the population and strengthen generalization.

(b) A greater number of sessions for both groups would allow more practice and, perhaps, better transfer of the taped instructions.

(c) Within the audiotape instruction paradigm the messages could be divided into three more elaborate segments, with a different segment presented at each session. This would reduce boredom by introducing more novelty and might increase the effectiveness of the treatments.

(c) Objective behavioral counts could be employed in addition to self-report measures, as using both approaches would strengthen internal validity.

(d) In terms of time dependency, sequential long-term follow-ups are suggested for an experimental study as they
would indicate (1) whether or not there was a significant intervention effect, and (b) the nature of the effect, that is the onset of the response in terms of gradual or abrupt, and the duration of the response in terms of permanent or temporary. It is also suggested that time series studies be conducted to determine if treatment had significance and the nature of the time dependency over the long run, using single critical cases chosen for their potential to test the theories more thoroughly.

Conclusions

The purpose of this study was to determine if a symptom-controlling intervention, (progressive relaxation), and a symptom-accepting intervention, (positive reinterpretation), had differential effects in the treatment of socially anxious subjects.

Looking at statistical significance, there was no clear support for the uniform differential effectiveness of these two treatments. The inconclusive results of this study may be due to a number of limitations in design of which there are probably two major ones, one being a sampling problem and the other the intensity and duration of the treatments. However, time dependency did, in fact, influence the superiority of one group over the other. Therefore, as theory is not clear on what to expect, it is suggested that future research investigate on the nature of the time
dependency of these two interventions. Although the results were inconclusive, this study has provided a number of useful implications to the theory and practice of social anxiety treatment and future research.
References


APPENDIX A

Introduction Letter

Informed Consent
APPENDIX B

Social Avoidance and Distress Scale
Self and Anxiety Questionnaire
Action Log
Fear of Negative Evaluation
Beck Depression Inventory
SOCIAL DISTRESS AND AVOIDANCE SCALE

Answer True or False. Circle response.

T F 1. I feel relaxed even in unfamiliar social situations.
T F 2. I try to avoid situations which force me to be very sociable.
T F 3. It is easy for me to relax when I am with strangers.
T F 4. I have no particular desire to avoid people.
T F 5. I often find social occasions upsetting.
T F 6. I usually feel calm and comfortable at social occasions.
T F 7. I am usually at ease when talking to someone of the opposite sex.
T F 8. I try to avoid talking to people unless I know them well.
T F 9. If the chance comes to meet new people, I often take it.
T F 10. I often feel nervous or tense in casual get-togethers in which both sexes are present.
T F 11. I am usually nervous with people unless I know them well.
T F 12. I usually feel relaxed when I am with a group of people.
T F 13. I often want to get away from people.
T F 14. I usually feel uncomfortable when I am in a group of people I don’t know.
T F 15. I usually feel relaxed when I meet someone for the first time.
T F 16. Being introduced to people makes me tense and nervous.
T F 17. Even though a room is full of strangers, I may enter it anyway.
T F 18. I would avoid walking up and joining a large group of people.
T F 19. When my superiors want to talk with me, I talk willingly.
T F 20. I often feel on edge when I am with a group of people.
I tend to withdraw from people.

I don't mind talking to people at parties or social gatherings.

I am seldom at ease in a large group of people.

I often think up excuses in order to avoid social engagements.

I sometimes take the responsibility for introducing people to each other.

I try to avoid formal social occasions.

I usually go to whatever social engagements I have.

I find it easy to relax with other people.
Self and Anxiety Questionnaire

1. Right now, how do you regard the anxious part of your personality that seems to surface in the target situation? (Place an "x.")

"My anxious nature is _______

acceptable
useless
undesirable
bearable

unacceptable
useful
desirable
unbearable

2. Right now, how would you describe the way you deal with the target situation? (Place an "x").

"I feel ______ about myself in dealing with the target situation."

competent
impatient
productive
clear-minded
unsuccessful
relaxed

incompetent
patient
unproductive
confused
successful
tense

3. Right now, what do you need to feel in order to take desirable action? (Place an "x").

"I need to feel ______ in the target situation to take desirable action."

anxious
self-confident
nervous
able to control emotion

free from anxiety
unsure of myself
at home
unable to control emotion

Note: If words or phrases are unclear in meaning to you, please ask for clarification. Make sure that you have placed an "x" for every single adjective pair to best describe your view without skipping any at all. Thank you.
Please think of one situation in which you often experience a mild or higher level of anxiety, not a situation that you encounter rarely or only occasionally. Let us call this "the target situation". It must be a situation where you become less effective than you would like to be. The target situation is a situation that you would like to deal with more effectively.

Example:

"speaking up in small groups at school"
"crossing busy streets alone"
"dealing with aggressive customers at work (bank)"
"writing formal exams at the university"

My Target Situation is:
ACTION LOG

Please record daily your action taken in anxiety provoking social situations, including the target situation, starting tomorrow for one complete week. Please mark the target situations with an asterisk (*).

EXAMPLE:

Date     Action Taken

July 3   (1) spoke up in class
         (2) asked a classmate about homework
         *(3) spoke to authority figure (professor)
         *(4) spoke to another authority figure (bank teller)
Your Code Name

ACTION LOG

Date  Action taken
SOCIAL ANXIETY RESEARCH

FEAR OF NEGATIVE EVALUATION

Answer True or False. Circle response.

T  F  1. I rarely worry about seeming foolish to others.
T  F  2. I worry about what people will think of me even when I know it doesn't make any difference.
T  F  3. I become tense and jittery if I know someone is sizing me up.
T  F  4. I am unconcerned even if I know people are forming an unfavourable impression of me.
T  F  5. I feel very upset when I commit some social error.
T  F  6. The opinions that important people have of me cause me little concern.
T  F  7. I am often afraid that I may look ridiculous or make a fool of myself.
T  F  8. I react very little when other people disapprove of me.
T  F  9. I am frequently afraid of other people noticing my shortcomings.
T  F 10. The disapproval of others would have little effect on me.
T  F 11. If someone is evaluating me I tend to expect the worst.
T  F 12. I rarely worry about what kind of impression I am making on someone.
T  F 13. I am afraid that others will not approve of me.
T  F 14. I am afraid that people will find fault with me.
T  F 15. Other people's opinions of me do not bother me.
T  F 16. I am not necessarily upset if I do not please someone.
T  F 17. When I am talking to someone, I worry about what they may be thinking about me.
T  F 18. I feel that you can't help making social errors sometimes, so why worry about it.
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<td>T</td>
<td>F</td>
<td>19. I am usually worried about what kind of impression I make.</td>
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<td>T</td>
<td>F</td>
<td>20. I worry a lot about what my superiors think of me.</td>
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<td>T</td>
<td>F</td>
<td>21. If I know someone is judging me, it has little effect on me.</td>
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<td>22. I worry that others will think I am not worthwhile.</td>
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<td>T</td>
<td>F</td>
<td>23. I worry very little about what others may think of me.</td>
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<td>24. Sometimes I think I am too concerned with what other people think of me.</td>
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<td>T</td>
<td>F</td>
<td>25. I often worry that I will say or do the wrong things.</td>
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<td>T</td>
<td>F</td>
<td>26. I am often indifferent to the opinions others have of me.</td>
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<td>T</td>
<td>F</td>
<td>27. I am usually confident that others will have a favourable impression of me.</td>
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<td>T</td>
<td>F</td>
<td>28. I often worry that people who are important to me won’t think very much of me.</td>
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<td>T</td>
<td>F</td>
<td>29. I brood about the opinions my friends have about me.</td>
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<td>T</td>
<td>F</td>
<td>30. I become tense and jittery if I know I am being judged by my superiors.</td>
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Instructions:

This is a questionnaire. On the questionnaire are groups of statements. Please read the entire group of statements in each category. Then pick out the one statement in that group which best describes the way you feel today, that is, right now! Circle the number beside the statement you have chosen. If several statements in the group seem to apply equally well, circle each one.

Be sure to read all the statements in each group before making your choice.

A. Sadness
0 I do not feel sad.
1 I feel sad or blue.
2 I am blue or sad all the time and I can't snap out of it.
3 I am so sad or unhappy that I can't stand it.

B. Pessimism
0 I am not particularly pessimistic or discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel that the future is hopeless and that things cannot improve.

C. Sense of Failure
0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person (parent, husband, wife).

D. Dissatisfaction
0 I am not particularly dissatisfied.
1 I don't enjoy things the way I used to.
2 I don't get satisfaction out of anything anymore.
3 I am dissatisfied with everything.

E. Guilt
0 I don't feel particularly guilty.
1 I feel bad or unworthy a good part of the time.
2 I feel quite guilty.
3 I feel as though I am very bad or worthless.

F. Self-Dislike
0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.
G. Self-Harm
0 I don’t have any thoughts of harming myself.
1 I feel I would be better off dead.
2 I have definite plans about committing suicide.
3 I would kill myself if I had the chance.

H. Social Withdrawal
0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people and have little feeling for them.
3 I have lost all of my interest in other people and don’t care about them at all.

I. Indecisiveness
0 I make decisions about as well as ever.
1 I try to put off making decisions.
2 I have great difficulty in making decisions.
3 I can’t make any decisions at all any more.

J. Self-Image Change
0 I don’t feel I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel that there are permanent changes in my appearance and they make me look unattractive.
3 I feel that I am ugly or repulsive looking.

K. Work Difficulty
0 I can work about as well as before.
1 It takes extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can’t do any work at all.

L. Fatigability
0 I don’t get any more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing anything.
3 I get too tired to do anything.

M. Anorexia
0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all any more.
APPENDIX C

Summary: Positive Reinterpretation

Summary: Progressive Relaxation
SUMMARY: POSITIVE REINTERPRETATION TECHNIQUE

Social anxiety is not an abnormal experience or personal disposition, but a common and normal human response to certain social situations. As long as you are a human, you experience social anxiety as part of your social existence.

Underneath social anxiety or a fear of social failure, there is social desire or a desire to be socially safe, active, and successful. We want to be accepted and appreciated by others. We want to present ourselves in a favourable way, and live an effective, constructive and rewarding social life. Therefore, social anxiety and social desires cannot be separated from each other. Anxiety and desire are like two sides of the same coin. Also, the denial of social anxiety means the denial of your desires to have an active and rewarding social life and to live constructively.

Anxiety can be accepted as it is, and you can still make constructive choice of action. The difference between socially effective people and ineffective people is not whether they feel anxious or not, but rather whether they take action or not in spite of anxiety.

The more you try to fight or manipulate the symptoms of anxiety, the more self-preoccupied you tend to get. Also, by assuming that everyone around you is aware of your anxious and nervous reactions, you become extra self-conscious unnecessarily. This egocentric preoccupation disturbs your effective thinking and action-taking. You end up neglecting what needs to be done in the given social context. By treating anxiety as your enemy, you feed attention and energy into the anxiety symptoms only to exaggerate them. If you accept anxiety and see the positive side of it, you can use your anxiety for constructive purposes.

Anxiety does not have to be a personal weakness. Social anxiety is a reflection of your social sensitivity. You care about, and feel sensitive to, how others might think, feel, and respond to you. As a result, you may end up feeling nervous and anxious. However, instead of getting preoccupied with the anxiety symptoms and avoiding the situation, what needs to be done is to take advantage of your social sensitivity and redirect it to what is happening, and to what needs to be done in the given social environment.
SUMMARY: PROGRESSIVE RELAXATION

Progressive relaxation offers you a way of looking at social anxiety and coping with anxiety problems. You can learn how to cope with anxiety effectively by using this relaxation technique. The aim of this technique is to teach you a skill of relaxation which can be used to counteract the uncomfortable physical symptoms you usually experience in socially anxious situations. The ultimate goal is to increase your ability to identify even mild tension and to eliminate that tension. The relaxed state blocks the anxiety and you cannot be all tensed up and calm and relaxed at the same time. Once you are able to relax you can control your anxious feelings in social situations.

The exercises are designed to teach you to discriminate between a state of tension and a state of relaxation. By focusing your attention on the level of tension that is produced when you tighten up certain muscles you will be able to learn and discriminate both the low and high levels of tension and where the tension arises from. We started with the muscles in the feet, worked up through the legs, through the body and, finally, up through the muscles in the face and head area.

Tighten, hold tension and then relax for each of the following:

(1) Feet: curl your toes
     point away from head
     point back to head

(2) Legs: straighten both legs in front of you

(3) Heels: press heels down on ground

(4) Thighs: focus attention on your thighs

(5) Buttocks: concentrate on buttocks

(6) Stomach: tighten stomach muscles

(7) Chest: take deep breaths

(8) Lower Back: arch your back at base of spine

(9) Shoulders: bring tips to front
     bring tips behind back

(10) Arms: biceps
     press elbows down on arms of chair
     straighten both arms rigidly

(11) Wrist: bend wrists back towards body
     bend in opposite direction

(12) Hands: make a fist with both hands

(13) Fingers: spread fingers as far out as possible

(14) Neck: touch chin on chest
     point chin up and away

(15) Facial area: bite teeth together
     squint eyes
     wrinkle forehead
     furrow eyebrows

OKAY, NOW RELAX
APPENDIX D

Tape Script: Positive Reinterpretation

Tape Script: Progressive Relaxation
TAPE SCRIPT: POSITIVE REINTERPRETATION

1. Instructions

Thank you for agreeing to participate in the present research project. You are about to listen to an instructional tape on how to deal with social anxiety. The tape will be about 40 minutes long.

As you well know, the experience of social anxiety is a rather uncomfortable and even painful one. People have various types of social anxiety. It is experienced in certain situations, such as approaching and conversing with strangers, disagreeing with people, being with authority figures, speaking up in groups and in public, speaking to an attractive member of the opposite sex, asserting rights, being an informal and unstructured situation, etc.

Each person has a unique pattern of experiencing anxiety and tension. When you are feeling anxious and nervous, you experience various physical symptoms such as: tenseness of the body, shaky knees, face turning red, hand tremors, trembling voice, heart palpitations, shallow breathing, numbness, light-headedness, weak limbs, and other signs of discomfort. Mentally, you may experience painful self-consciousness, fears of making mistakes and being negatively evaluated, difficulty concentrating, self-critical thinking, inner conflicts, a feeling of blanking out, confusion, and frustration.

In some situations, you may find yourself acting passively, being quiet and not expressing yourself, or
avoiding anxiety-provoking situations. As consequences of such discomfort and unproductive responses, you may also experience interferences or difficulties with certain areas of social relationships, academic performances, self-esteem, or your pursuit of personal goals.

This tape was produced to offer people a useful way of dealing with anxiety experienced in various situations. The tape contains important messages and instructions to help you to cope with anxiety-producing situations in a more desirable way.

We would like you to listen to this tape three times on three separate occasions. Please do not take notes while listening. You will receive a one-page summary of the contents of the tape at the end of the first session. Instead, please concentrate on listening to the tape and try to follow the messages and instructions. We believe that you will learn something new each time you listen to this tape even though it will be exactly the same tape. We hope you will remember the instructions and practice them in your daily life.

1. Introduction

People have various attitudes toward the experience of social anxiety and the anxious part of their personalities. How do you feel about social anxiety? Would you agree with any of the following statements?

(1) Social anxiety is a negative, useless, and undesirable emotion, which gives nothing but troubles.
(2) There is hardly anything positive or useful about the anxious, nervous part of my personality.

(3) I criticize myself for having a shy personality or for not being able to control my anxiety reactions.

(4) Social anxiety prevents me from taking desirable action in certain situations.

(5) If I could control my anxiety reactions and feel more relaxed and self-confident and less self-conscious, I would be much more socially active, productive and successful.

(6) If I don't control anxiety reactions in real social situations, anxiety will get worse and I will be a nervous wreck and won't accomplish anything.

This tape offers you another way of looking at social anxiety and coping with anxiety problems. You will learn how to turn anxiety into a productive energy and cope with anxiety-arousing social situations in a more constructive way. Questions such as the following will be explored:

(1) How can I reconcile with anxiety and my anxious nature?
(2) How can I appreciate the positive meaning of anxiety?
(3) How can I go beyond feeling anxious and immobilized and engage myself in desirable action in anxiety-producing situations? (4) How can I use the anxious energy in action taking and live more productively and constructively?

Because each person is unique and different in how they experience social anxiety not everything mentioned on this tape may necessarily fit everyone's experience. However, we
hope you will be able to personally relate to some of the following comments and instructions and find them helpful.

1. Social anxiety as a legitimate human emotion.

   Social anxiety is an uncomfortable and inconvenient feeling which can sometimes interfere with your thinking and action. However, is it an unnatural, abnormal, and unacceptable emotion? Although it’s an uncomfortable and inconvenient feeling, there is nothing wrong or shameful about this human emotion. Practically everyone experiences social anxiety to varying degrees on a daily basis.

   Ordinarily, anxiety comes and goes in life. No matter how bad your anxiety may get, it will eventually subside when it is left unaggravated. Anxiety reactions become unnecessarily exaggerated, when you keep focusing on anxiety and resisting it as if nothing else matters at the moment. Thus, anxiety remains in the foreground of your awareness, and you end up neglecting other important things to do. Anxious feelings are natural human reactions to certain people and social situations. When you resist this natural experience of anxiety, you turn it into an unnaturally intensified one.

   When you are with others or performing in front of others you may feel socially anxious and nervous. You may become painfully self-conscious. You worry about making social blunders or looking nervous and being criticized or negatively evaluated by others. This is normal. As long as
you are a social being and have desires to be socially accepted and successful, you are also socially vulnerable to others' potential feedback and prone to social anxiety. Social anxiety is just one form of social sensitivity and a reflection of your healthy social desires. We will discuss how to use social anxiety as a functional social sensitivity later on the tape.

You may think that you are a rare victim of social anxiety. However, it is primarily a private experience. Often, others cannot tell when you are feeling anxious. We cannot always tell when others are feeling this way, either. Using our attentional focus like a microscope, we may become excessively focussed on and extra-sensitive to feelings and sensations within ourselves. Then, we lose touch with what is going on outside ourselves. Thus, what is originally a relatively minor and temporary experience of anxiety symptoms can be exaggerated and escalated into a major one. And the more we focus on it, the worse it feels.

Like you, many other people experience anxiety and vulnerable feelings in various social situations. You may get the impression that most people do not experience as much anxiety as you do. But let's not forget that social anxiety is mainly a private experience. Not everyone overtly shows or publicly announces how nervous they are feeling. Just because you can't see obvious signs of anxiety in others, this doesn't mean you should assume that others are free from nervous feelings and inner conflicts.
You may feel caught between the fear of social failure and the desire for social involvement, as many others do. You may feel tempted to play a passive role or run away from demanding social situations. But you also see the value of doing whatever needs to be done. This is your constructive side. Behind social anxiety, there are healthy social desires to be acknowledged. This is why you feel so regretful and unfinished afterwards when you did not take action after all. You may utter to yourself, "I could have said this and that" and "I should have taken such and such action."

2. Turning social anxiety into a problem

Social anxiety and social anxiety problems are not the same. Some people feel painfully anxious and self-conscious as you do, but continue on with their action and focus on more productive other things while feeling anxious. As they get more involved in constructive and productive action, anxious feelings go into the background of awareness. What they are doing with other people becomes more important than what is happening to their anxious feelings. They eventually forget about anxiety. Whether they feel anxious or not is no longer a question. How constructive and purposeful their action is becomes their major concern. So, anxiety without constructive action becomes a problem. Anxiety with action is not a problem.
Social anxiety problems are related closely to how you handle anxiety and how you behave or not behave in the immediate situation. When you resent yourself or the situation for feeling anxious, your energy goes inward. When you try to manipulate anxiety symptoms, you get even more preoccupied with them. When you avoid situations which would make you feel anxious, what happens to your social productivity and relationships with others? When you place the first priority on avoiding or controlling anxious feelings, what happens to your action? What happens to your desire to be socially active and productive?

You may think that it is an unacceptable, negative emotion and it must be reduced. You may think it is the cause of your behavioural difficulties in certain social situations. You may also feel like an incompetent person when you are not in control of your anxiety reactions.

Some people feel extremely nervous, vulnerable, and self-conscious in certain social situations. Although it’s not easy, some of them still carry on with whatever they need or want to do. They try to be productive in spite of anxiety. They do so without defeating or controlling anxiety. They anxiously and do what needs to be done or say what needs to be said.

In contrast, some others stop taking necessary action, focus on their anxious feelings which, in turn, intensify them. Thus, they become unproductive when faced with anxiety-provoking situations.
Remember that you can choose action and purposes of your action, but you can't choose spontaneous emotions. All you can do is to accept emotions as they are and let go of them, while you are responsible for the choice and control of action. We shall discuss this point later.

Imagine how much energy you put into dealing with anxiety. It's an exhausting amount. Instead of feeding more attention and energy into resisting anxiety, and getting even more immobilized by anxiety, is it possible for you to stop fighting or avoiding anxiety? Can you redirect your valuable time and effort into more desirable action other than resisting the emotion? We would say "yes".

3. Anxiety as a "Go" Signal and Consequences of Inaction

You can learn to make friends with anxiety as a reflection of the underlying healthy desires. Anxiety can be viewed as a "go" signal, not a "stop" signal. Anxiety is reminding you of how important it is for you to be as productive and successful as you want to be in the given social situation. Becoming preoccupied with the anxiety defeats its constructive purpose. Overcoming anxiety problems doesn't mean manipulating an anxious human emotion or rejecting a nervous part of your personality. You can say "yes" to anxiety and also "yes" to your desire to be active and productive in your life through your action.

When you decide not to take desirable action, you end up suffering from both short-term and long-term, negative
consequences. As the result of not taking constructive action, you end up not expressing your valuable ideas, not helping others, and not meeting new people. You may also feel angry with yourself for avoiding action and not accomplishing much. In the long run, you experience a strong sense of unfulfillment and frustration in certain areas of life. You may feel underestimated and mistreated by others. Contrary to your burning desires to be actively involved with others and appreciated and wanted by others, you may end up feeling regretful, self-critical, lonely and socially isolated.

However, you may also have successful experiences of feeling anxious and yet continuing the action you originally wanted to take. You came out of such experiences with a sense of accomplishment. How did you do that? You probably went ahead with what needed to be done in spite of feeling anxious then. You persevered through such moments and let them go by, while focussing on the task at hand.

Again, we want to stress this. Anxiety is a legitimate human emotion. Anxiety itself doesn’t have to make you less of a person or stop you from constructive action taking. While feeling nervous or shy, you can still get things done rather than avoiding the situation on the whole. You can anxiously and nervously meet new people, and speak up and share your ideas and feelings openly with others.
4. Social Anxiety and Social Desires

We have mentioned how healthy and constructive desires and social anxiety are connected, like two sides of the same coin. Let us explain.

You may feel uncomfortable asserting yourself or approaching strangers. Who doesn't feel nervous approaching an attractive member of the opposite sex, or speaking up in a large group. You may feel anxious and vulnerable when you talk to persons in authority or in an evaluative position, like teachers, employers, and older people. We worry about being negatively judged, disliked, rejected, ridiculed, and misunderstood by others. We are vulnerable to social evaluations.

The other side of the same coin is that we want to be liked, appreciated, and respected by others and develop rewarding relationships and contribute positively to others. We exist socially, and we fear social failure. Much of our personal meaning of life and sense of accomplishment and happiness is closely tied to how we are treated by others and how we relate to one another. As long as we live in a social context, as long as we are concerned about the quality of our social relationships and social performances, social anxiety will be part of our existence.

Most people have desires to be socially active, respected, successful, helpful to others, and be in rewarding relationships with others. At the same time, we have fears of not adjusting to society successfully and not
fulfilling these desires. You see, as long as you are a social being, you have to face the anxiety side of your social nature.

Fears don’t exist without desires. Your fears and nervousness reflect your earnest desires to have a successful social life, to be liked and appreciated, to be useful to others, and to have rewarding and harmonious relationships with others. Your social anxiety is a reminder of such constructive desires. Social anxiety by itself is not a sign of a personal deficiency as long as the underlying social desires receive equal attention and are acted upon. To fulfill your valuable desires, which action is needed? Which is better, anxiety with action or anxiety without action? Is waiting for anxious feelings to go away the best solution to this challenge of life?

We desire to be accepted, liked, respected, and supported. The other side of the coin is that we fear being rejected, disliked, underestimated, and abandoned. This is social anxiety. Shaky knees, flushing, and a trembling voice are all reminders of how important it is for us to be constructive and successful in dealing with social situations.

On the one hand, you have such strong desires to participate actively and be productive in social activities. But on the other hand, you feel scared, nervous, self-conscious, and uptight. That’s honest and human.
You have a choice to make here. Should I respond to my anxiety exclusively, be passive, and avoid risking constructive action taking in such situations. Or, should I choose action, which is much more controllable than emotion, and do something constructive in spite of how I feel.

It is possible to accept and persevere with anxious feelings and proceed to take action that is conducive to your healthy desires. Avoiding action to protect yourself from human feelings, or allowing anxiety to come and go and staying on task—Which is more constructive to you? Which will make your life more meaningful in the long run?

5. Social Anxiety as Social Sensitivity

You happen to be socially anxious. Although you may have been resenting and rejecting this part of yourself, social anxiety can work for you. How could you make the best out of it? Socially anxious people are very sensitive to social situations and their feelings. Their sensitivity, however, tends to be used for self-protection and self-focus, followed by lack of action taking.

Social anxiety is a rush of energy. How you use it is left up to you. It’s a form of sensitivity and awareness, which can be directed to the environment. How could you use your highly developed sensitivity for more effectively dealing with people and responding to demands of social situations in a caring, cautious, and sensitive way?
When you are in a group or in a one-to-one conversation, you can pay attention to what you say or do, so that you will not inappropriately jeopardize the relationship or your reputation. Because you do not wish to hurt others' feelings and offend them, you watch your tongue and choose words carefully when confronting or giving negative feedback. You can use your sensitive awareness to notice others' nonverbal cues and understand them effectively. When you feel anxious about making mistakes in giving an oral presentation, you can use your sensitivity to careful planning and preparation. When you spot a socially anxious or self-isolating person at a party, you can sensitively respond to that person's feelings and generate a conversation or introduce the person to someone appropriate.

These social sensitivities have practical values. This is how you could use your anxiety instead of getting preoccupied with anxiety. When social anxiety is used as social sensitivity to help you do a better job, anxiety is no longer an enemy or a road block.

6. Anxiety as a Cue for Action

When you feel anxious your social desires are also being activated. You get nervous because you want to do a good job. Running away from the task at hand defeats the purpose. Anxiety is a warning signal for you to remind yourself of what needs to be done to best serve the
situation at hand. In a way, anxiety is saying, "Go ahead, the job is this important. That's why you are so nervous."

Do you understand? Anxiety is actually a cue for constructive action. It is not a cue for fight or flight. Anxiety is an amber traffic light; move with caution. The intensity of anxiety reflects the intensity of the importance of the job to be done.

Allow anxiety to follow its own course of rising and falling, but do not lose sight of what needs to be done here and your desires for active social involvement and contribution.

7. Practicing with Imperfections is Better than Not Practicing at All

Sometimes, we discourage ourselves by expecting too much without practice. We come down hard on ourselves when our attempts to speak up in groups, ask someone out, or assert ourselves with aggressive individuals. But, effective action taking requires practice over time. You can’t expect to have a smooth ride in taking new action. It would be a bumpy ride at the beginning. Until you get used to jumping into anxiety-provoking social situations and doing what needs to be done, you are likely to feel quite anxious and unsure of yourself about completing the desired action.

Remember learning how to ride a bicycle. You felt very shaky at the beginning. You probably fell off the bike a
number of times. But every time you tried, you got better. One step forward is better than no step forward.

8. Perfectionistic Self-Expectations

Often what we wish to feel is not the same as what we actually experience. Reality and ideality do not match. In dealing with social situations, you may say to yourself: "I shouldn’t feel so anxious. I must feel calm and relaxed. I must be able to willfully choose how I feel. I should speak up in class fearlessly and confidently." These are idealistic expectations which conflict with reality. Thinking this way does not necessarily stop your spontaneous worries and physiological reactions.

In fact, you get more preoccupied and frustrated with the reality of being nervous and worried. Feelings cannot be changed, once they’re there. You cannot turn it off. And there is no right or wrong emotion. Emotion IS, period! On the other hand, you choose and control your action more readily. You live with the consequences of your action. Instead of trying to control your emotional reactions, you may better use your time and energy by going ahead with the action which enables you to accomplish your behavioral goal in the given situation.

There are people who appear to be able, effortlessly and comfortably, to speak up, socialize with others, and confront people. Some of them feel quite nervous internally, but it does not show overtly. Others have less
nervous personality traits to start with, or have developed ease at socializing after years of practice. It is not necessary for you to try to be like them. You are you. You may simply try to focus on what needs to be done, and persevere with social anxiety. Speaking up in a shaky voice with a pounding heart is better appreciated by others than you remaining passive without risking to share your thoughts and feelings with them.

9. Anxiety as Shadow

A metaphor of the shadow comes closest to what anxiety is to us. As we walk toward the sun, symbolizing personal goals and desires toward which we strive earnestly, we also drag a shadow, whether we like it or not. As long as we live, we have anxiety about death, hurts, social rejection and failure, academic failure, and losing meaning in life or not accomplishing our personal goals. Then, a shadow, or anxiety about our physical and social existence, is something that stays with us as long as we live. Our shadows are reminders of how desirous we are to live as fully as we can in good health and meaningful relationships with others.

Each of us carries a shadow, with different things in it. Like anxiety, we sometimes notice a shadow, and then forget about it. We continue walking toward the sun. But every time we turn around, we see it. We cannot divorce ourselves from the shadow. If we started chasing it away, we will get farther away from the sun, goals and meaning in
life. All we can do is acknowledge that it is there and appreciate that it is a sign of us moving toward the sun.

By the same token, all we can and need to do is accept anxiety as it is without rejection or manipulation, and appreciate its important message to us; that is, "Live your life as fully as you can and act on your healthy desires, instead of avoiding anxiety-producing situations.

Will you say "Yes" to your shadow? Can you validate the constructive meaning of your anxiety? After all, anxiety is the reminder of your desires for active and meaningful involvement in life.

10. Choice of Action

Little can be done about anxiety. You can, however, choose what to focus on and which action to take. Nervously and fearfully, you can approach a situation. Reluctantly, you can drag your feet to a meeting, or pick up a phone and call a person. You can control your body and action. You can nervously raise your hand, move your mouth, and participate in a discussion. How constructive action is and how much effort you are making count much more than whether you felt anxious or not in the process. As a by-product, you may enjoy positive feelings and a sense of accomplishment after you have taken desirable action in spite of initial anxiety.

Action can be altered much more easily than the physiology of your body. When you catch yourself avoiding
involvement, you can just raise your head and regain eye-contact in spite of an anxious feeling. There is no need to fight or resist anxious feelings. You just look for what you need to say, and say it anxiously to the group, while still feeling shaky inside.

True, it is safer and easier to sit back and wait for desirable feelings to arrive, and then, only then, will you confidently and comfortably speak up. What you benefit from in the long run, and what others appreciate from you, is your input and active social involvement.

11. Summary

We would like to summarize our main points as follows:

1. Social anxiety is not an abnormal experience or personal disposition, but a common and normal human response to certain social situations. As long as you are a human, you experience social anxiety as part of your social existence.

2. Underneath social anxiety or a fear of social failure, there is social desire or a desire to be socially safe, active, and successful. We want to be accepted and appreciated by others. We want to present ourselves in a favorable way, and live an effective, constructive and rewarding social life. Therefore, social anxiety and social desires cannot be separated from each other. Anxiety and desire are like two sides of the same coin. Also, the denial of social anxiety means the denial of your desires to
have an active and rewarding social life and to live constructively.

3. Anxiety can be accepted as it is, and you can still make constructive choice of action. The difference between socially effective people and ineffective people is not whether they feel anxious or not, but rather whether they take action or not in spite of anxiety.

4. The more you try to fight or manipulate the symptoms of anxiety, the more self-preoccupied you tend to get. Also, by assuming that everyone around you is aware of your anxious and nervous reactions, you become extra self-conscious unnecessarily. This egocentric preoccupation disturbs your effective thinking and action-taking. You end up neglecting what needs to be done in the given social context. By treating anxiety as your enemy, you feed attention and energy into the anxiety symptoms only to exaggerate them. If you accept anxiety and see the positive side of it, you can use your anxiety for constructive purposes.

5. Anxiety does not have to be a personal weakness. Social anxiety is a reflection of your social sensitivity. You care about, and feel sensitive to, how others might think, feel, and respond to you. As a result, you may end up feeling nervous and anxious. However, instead of getting preoccupied with the anxiety symptoms and avoiding the situation, what needs to be done is to take advantage of your social sensitivity and redirect it to what is
happening, and to what needs to be done in the given social environment.
Thank you for agreeing to participate in the present research project. You are about to listen to an instructional tape on how to deal with social anxiety. The tape will be about 40 minutes long.

As you well know, the experience of social anxiety or shyness is a rather uncomfortable and even painful one. People have various types of social anxiety. It is experienced in certain situations, such as approaching and conversing with strangers, disagreeing with people, being with authority figures, speaking up in groups and in public, speaking to an attractive member of the opposite sex, asserting rights, being in an informal and unstructured situation, etc.

Each person has a unique pattern of experiencing anxiety and tension. When you are feeling anxious and nervous, you experience various physical symptoms such as: tenseness of the body, shaky knees, face turning red, hand tremors, trembling voice, heart palpitations, shallow breathing, numbness, light-headedness, weak limbs, and other signs of discomfort. Mentally, you may experience painful self-consciousness, fears of making mistakes and being negatively evaluated, difficulty concentrating, self-critical thinking, inner conflicts, a feeling of blanking out, confusion, and frustration.
In some situations, you may find yourself acting passively, being quiet and not expressing yourself, or avoiding anxiety-provoking situations. As consequences of such discomfort and unproductive responses, you may also experience interferences or difficulties with certain areas of social relationships, academic performances, self-esteem, or your pursuit of personal goals.

This tape was produced to offer people a useful way of dealing with anxiety experienced in various situations. The tape contains important messages and instructions to help you to cope with anxiety-producing situations in a more desirable way.

We would like you to listen to this tape three times on three separate occasions. Please do not take notes while listening. You will receive a one-page summary of the content of the tape at the end of the first session. Instead, please concentrate on listening to the tape and try to follow the messages and instructions. We believe that you will learn something new each time you listen to this tape even though it will be exactly the same tape. We hope you will remember the instructions and practice them in your daily life.
Introduction

People have various attitudes toward the experience of social anxiety and the anxious part of their personalities. How do you feel about social anxiety? Would you agree with any of the following statements?

(1) Social anxiety is a negative, useless, and undesirable emotion, which gives nothing but troubles.

(2) There is hardly anything positive or useful about the anxious, nervous part of my personality.

(3) I criticize myself for having a shy personality or for not being able to control my anxiety reactions.

(4) Social anxiety prevents me from taking desirable action in certain situations.

(5) If I could control my anxiety reactions and feel more relaxed and self-confident and less self-conscious, I would be much more socially active, productive and successful.

(6) If I don't control anxiety reactions in real social situations, anxiety will get worse and I will be a nervous wreck and won't accomplish anything.

This tape offers you a way of looking at social anxiety and coping with anxiety problems. You will learn how to cope with anxiety effectively by using a relaxation technique. The method we are going to use to achieve this is called progressive relaxation. The aim of this technique is to learn a skill of relaxation which can be used to
counteract the uncomfortable physical symptoms you usually experience in socially anxious situations. The ultimate goal is to increase your ability to identify even mild tension and to eliminate that tension. The relaxed state blocks the anxiety and you cannot be all tensed up and calm and relaxed at the same time. Once you are able to relax you can control your anxious feelings in social situations.

Because each person is unique and different in how they experience social anxiety or shyness, not everything mentioned on this tape may necessarily fit everyone's experience. However, we hope you will be able to personally relate to some of the following comments and instructions and find them helpful.

Progressive Relaxation

The purpose of the following tape is to teach you how to relax more successfully. We do not believe that relaxation is an innate ability which each of us has or does not have from the time we are born. Instead we believe that a state of relaxation and mental calmness can be achieved by a self-initiated training program.

Our reason for teaching you how to relax more successfully is because relaxation is incompatible with tension and anxiety, that is, when your body is relaxed and calm then it is very unlikely that it can be tense and
nervous at the same time. Therefore, once you learn to turn on feelings of relaxation you will learn to turn-off feelings of tension and anxiety.

When we talk about tension reduction we do not mean that you will be able to turn off all feelings of tension at all times. In fact, there are some situations when a certain amount of tension actually improves performance.

For example, if you are interviewing for a new job a certain amount of anxiety is probably quite normal and this minimal reaction may even increase your alertness.

However, when this anxiety reaches the point where you forget what to say, your hand shakes, your heart pounds, your stomach tightens into a knot, then this tension is probably interfering with presenting yourself positively and it is, therefore, unadaptive and it is the unadaptive and disproportionately higher levels of tension and anxiety that this tape will help you to control.

I would now like you to find a comfortable position. Next, I'd like you to just close your eyes. What I am going to present is a series of exercises designed to teach you to discriminate between a state of tension and a state of relaxation. We will accomplish this by having you tense and then relax different muscle groups.

I will start with the muscles in the feet, work up through the legs, through the body and finally up through the muscles in the face and head area. If you are aware of any muscle groups that have experienced trauma or injury,
then I would suggest that you not tense these muscles as strongly as the others when we get to them or, if you feel it is best, skip that exercise.

The first thing I would like you to do is curl your toes, hold the tension, notice where it comes from, now relax. As we go through these exercises I would like you to release the tension immediately when I say the word relax. Also as you let loose of the tension say the word relax to yourself.

Okay, now relax. Its very important as we go through these exercises that you focus on where the tension comes from. Individuals are frequently aware of high states of tension but they are not aware of tension at its lower intensities. They are also not aware in many instances where the tension is coming from.

By asking you to focus your attention on the level of tension that is produced when you tighten up certain muscles you will be able to learn and discriminate both the low and high levels of tension and where the tension arises from.

Okay, the next thing that I would like you to do is to point your your toes away from your head, point them down and away from your face, away from your body, hold the tension, hold it, now relax. Again, remember to say the word relax to yourself.

Okay, this time I'd like you to point your toes back towards your head, towards your face, hold the tension, feel the tension in the back part of your leg, maybe across the
shins, okay, now, relax, allow your feet to again rest in a comfortable position.

Also as we go through these tension and relaxation exercises try not to move anymore than necessary those muscles that have been involved in the previous tension and relaxation parts. This time I would like you to straighten both your legs, put both your legs straight out in front of you as if they were two straight iron bars, try to make them as straight as possible. Notice how the tension feels below your leg, by your knee, hold it, now relax.

This time I'd like you to press the heels of your feet down on the ground, press them down on the ground, hold the tension, feel the tension in your thighs, now relax. The more you put into this, the more effort you make in tensing these muscle groups as we go through them, the faster you will learn to discriminate between the state of tension and the state of relaxation.

The next muscle group that I would like you to focus your attention on is in the thighs. I'd like you to tighten the muscles in your thighs, tighten them and hold the tension. Now relax. As you go through the different tension and relaxation exercises you may occasionally find that you experience cramping in the different muscle groups. If this occurs as you go through the tension and relaxation exercises hold the tension for a shorter period of time. In most cases this will avoid any cramping that might occur.
Okay, next, tighten the muscles in the buttocks and genital area, hold the tension, feel the difference, notice the tension—how it feels, where it is coming from, now relax.

Say the word relax to yourself. Just allow all your muscles below your waist to relax as best as you can, the muscles in your toes, the muscles in the arches of your feet, the tops of your feet, your ankles, your calves, your shins, the muscles behind your knees, the thighs, the buttocks, the genital area, all those muscles just relaxed.

As we go through the different tension-relaxation exercises you may begin to experience different sensations throughout your body, feelings of a tingling sensation, perhaps a floating sensation throughout your body, or a feeling occasionally of disorientation. These sensations are very frequently associated with learning how to relax.

If you will just allow yourself to experience these new sensations and not be frightened of them you will find that they will in fact become a part of the very comfortable feeling of relaxation that you will acquire.

Working up now through the trunk of the body, through the main part of the body, I’d like you to tighten your stomach muscles as if someone were about to hit you right in the solar plexus, you saw it coming and you tightened your stomach muscles. Okay, now relax, say the word relax to yourself.
Perhaps one of the most important muscle groups is the muscles around the chest, and also our breathing. What I’d like you to do at this time is take a nice deep breath, fill your lungs with air, and hold that breath of air.

Okay, now relax, let loose of the breath of air, allow yourself to breathe more deeply and more comfortably. People that are anxious tend to breathe more quickly, that is more rapidly, and more shallowly.

One of the most important areas that you can focus in on when you feel yourself becoming tense is how you are breathing. By just allowing yourself to breathe comfortably, deeply, smoothly, you will find that you can produce a greater sense of calmness and of relaxation throughout your body.

Next, focusing on the muscles in the lower back I’d like you to arch your back, arch your back right at the base spine. Now let loose of that tension, allow your back to, once again, conform to the softness of the chair, of the couch or the bed, wherever you are practicing the relaxation.

This time, working with the muscle groups in the upper part of the body, the upper back and in the shoulders, I would like you to bring the tips of your shoulders around and try to point them in front of you as if they were about to meet an imaginary line in the front of your body. Now relax, allow your shoulders to just come back to a comfortable position.
Okay, this time point your shoulders behind your back, try to bring them to meet directly behind your back and notice the tension from a different area this time. Now, relax, say the word relax to yourself. Just allow your stomach, your chest, your lungs, your lower back, your upper back and your shoulders to relax further and further.

Keep in mind as we go through all these tension and relaxation exercises that tension and relaxation are two incompatible responses, you cannot be extremely tense and extremely relaxed at the same time.

Consequently, if you can learn how to relax and be able to produce this state from your own control you can literally turn off feelings of tension, turn them off before they occur in high amounts where the tension would interfere with what you are trying to accomplish, with what you are trying to do.

Okay, moving along now to the muscle groups in the arms, I’d like you to make a muscle on both your arms, both your biceps, make a muscle and hold it, now relax, notice how much better that feels.

Okay, this time, press your elbows down on the arms of the chair and notice the tension also in the upper part of your arms, now relax.

Okay, this time, I’d like you to straighten your arms, as if they were two straight iron bars, try to make them as straight and as rigid as you possibly can. Now, relax.
Just allow your self to relax as best as you possibly can. It is not intended that you feel totally relaxed as you do these exercises, but rather to enable you to focus in on the tension and feelings of relaxation and as we go through the exercises to acquire a greater sensation of relaxation and comfort than when you started.

Okay, this time bend your wrists back towards your body, bend them back towards your body, you will feel the tension in the lower part of the arms and in the wrists, okay, now relax.

Okay, now bend them in the opposite direction, bend them down, hold the tension, okay, now relax.

This time, make a fist, make a fist with both your hands, feel the tension, hold the tension, feel it in your knuckles and in the palms of your hands. now relax.

This time, I’d like you to spread your fingers, spread your fingers as far out as they will go, spread them out, feel the tension, okay, now relax.

Just allow your fingers to relax, your wrists, your forearms, your elbows, your upper arms, allow that feeling to merge in with the warm, comfortable feeling in the upper part of your body, the shoulders, chest, stomach, back and down through the legs.

Okay, next we will move to the muscles in the neck area. Many individuals who report tension headaches are able to reduce these headaches by teaching themselves how to relax the muscles of the shoulders and the neck. In order to
get at these muscles I would like you first of all to try to
touch your chin on your chest, try to touch your chin on
your chest and hold that tension, okay, now relax.

This time, point your chin up and away from you, okay,
now relax. Do the same thing again now, point your chin up
and away from you. Okay, now, relax.

Working now with the muscles in the facial area, I’d
like you to bite your teeth together and pull the corners of
your mouth back, okay, now relax.

This time, I’d like you to squint your eyes together as
tightly as you can and at the same time wrinkle up your
nose, okay, relax.

Okay, I’d like you to raise your eyebrows, wrinkle your
forehead by raising your eyebrows, okay, now relax.
Remember to focus on where the tension is coming from.

The reason for saying the word relax throughout these
exercises is because as you practice the relaxation more and
more and use the word relax more and more frequently you
will find that just saying the word will begin the process
of relaxation.

Okay this time, I’d like you to furrow your eyebrows,
bring them close together, okay now relax.

Just allow all the muscles of your body to relax as
best as possible, beginning with the muscles in your face,
your forehead, the muscles behind your eyes, your nose, your
cheeks, your jaws, the muscles in your neck, your upper
back, your shoulders, down through your arms, your forearms,
your hands, your fingers, as well as the muscles around your chest, your lower back, your stomach, down through the buttocks, the genital areas, the thighs, the knees, the calves, the shins, by your ankles, the arches of your feet, and all the way out to the end of your toes. Just relax as best as you possibly can.

In a moment, I am going to count from one to five. When I reach the number five, I would like you to take a deep breath and slowly open your eyes. Okay, one, two, three, four, five.