

Social Confidence Groups 1

A counsellor's response to helping tertiary students overcome social anxiety-related difficulties

Nisarg Anna Dey and Jan Wilson

Abstract

As a counsellor in a busy university health centre, I noticed many students presenting with social anxiety-related difficulties. I wondered how best to help people feeling socially anxious, different, shy, or alone, so I decided to be innovative and to trial a group programme. Though initially entitled “The Social Anxiety Group,” it was later renamed “The Social Confidence Group” as a more positive title. Counselling can help clients with healing and developing their self-worth, but groups have the power to create a greater sense of belonging. This article describes how the group programme evolved and explains how it works, in the hope that other educational institutions might consider running similar groups.

Keywords: social confidence, social anxiety, tertiary students, group programme, stress

Many tertiary students currently contend with increasing levels of stressful and challenging concerns. These include financial pressures, reduced opportunities for finding jobs, and often isolation from their home communities, combined with the normal developmental, social, and psychological challenges that young adults face. A growing body of evidence indicates a rise in “mental health disorders” among university populations (Hefner & Eisenberg, 2009; Royal College of Psychiatrists, 2011; Stallman, 2010; Storrie, Ahern, & Tuckett, 2010) and students are increasingly being viewed as an “at-risk” population (Stallman, 2010).

One of the recommendations from a 2011 report into mental health and wellbeing in tertiary institutes, conducted by the Royal College of Psychiatrists in London, was for more social initiatives to be considered and investigated. In addition, research

into the mental health of students in higher education found that strong social networks and peer contacts have a protective capacity against mental health problems (Royal College of Psychiatrists, 2011). The Social Confidence Group is an example of a social initiative for vulnerable and isolated students who identify with social anxiety-related difficulties, which responds to their concerns from a broad sociological perspective utilising a holistic approach.

Many of the students who present at the counselling service with social difficulties feel lonely, and long to make friends and experience a sense of belonging on campus, while also thinking they are the only ones to have these problems. In a supportive climate of mutual respect and understanding, interacting in a group format with others who struggle with similar issues can normalise these experiences, create connection and healing, and ultimately increase self-worth and confidence.

Personal background

As a child, I was painfully shy and I found transitions to school excruciating.¹ Once I had a few friends, especially a best friend, I found I could cope and became happier. At age 16, I moved with my family from the country to the city, leaving my circle of friends. I couldn't cope with the acute loneliness and self-consciousness of being friendless in a new, large, girls' school and the demands of this new environment. After three weeks I left. It was not until I was 28 that I found the courage to go to university, beginning with studying one paper. The following year my boyfriend encouraged me to move to the South Island to attend full-time together, but after a few weeks he changed his mind about us and about university. I found myself alone in a new city, having to adjust to the requirements of university life. In addition, I was the first person in my family to attend university, so the experience was frightening and fraught with feelings of "not belonging." Luckily, I was a much stronger person at 28 than I had been at school because I now had more life experience. I made some friends, became involved in outdoor pursuits, and with some help from student support services slowly came to grips with university life. This became a profoundly fulfilling experience that helped me to grow in confidence and self-belief, setting my life on a positive trajectory.

After completing my undergraduate degree, I worked as an Additional Language (EAL) teacher in New Zealand and overseas. After returning to New Zealand in 1999, I began working for a university Student Learning Centre. One of my roles was to coordinate a Language Exchange programme, which included offering daily English-language conversation groups to students whose first language was not English. These

groups aimed to help students develop communication skills and critical thinking; however, they also provided a vital pastoral component by assisting students with cultural adjustment/socialisation and providing an opportunity for them to make friends (Dey, 2004).

My shyness and difficult experiences with educational transitions help me to understand how hard it can be for some people to adjust to academic life, especially when very shy, young, and/or coming from another country and having to cope with cultural adjustment. I had seen the benefits a social group could provide through the Language Exchange programme, had experience in psycho-educational group work, and I undertook training in therapeutic group facilitation, wondering whether this kind of group would serve a socially anxious student's needs. The first group I facilitated was held in Semester 1, 2008 and over the next few years the group programme grew in popularity, and it now has a waiting list for each semester.

Over the years, many group participants have expressed great relief at finding others like themselves, and some have formed strong friendships beyond the life of their group. An additional article (see pages 52-70) presents research findings from qualitative research conducted in 2013 with a small number of participants in previous Social Confidence groups. An important aspect of establishing an effective group programme has been an understanding of the nature of social anxiety from pertinent literature as well as from the perspective of personal experience.

Social anxiety

Social anxiety is identified as one of the most common forms of anxiety and seems to be on the increase in Western societies (Bourne, 2011; Damer, Latimer, & Porter, 2010). The locus of control for sufferers is highly external and subject to others' perceptions. Those with social anxiety usually make negative assumptions about the impressions they make on others (Bourne, 2011). According to cognitive behavioural models, fear of negative evaluation is the primary inhibitor for people with social anxiety: a tendency to assume that others view one as inadequate, for example, or boring or peculiar (Duke, Krishnan, Faith, & Storch, 2006; Purdon, Antony, Monteiro, & Swinson, 2001; Rapee & Heimberg, 1997).

There seem to be few positive attributes used to describe people with social anxiety in the literature, apart from Bourne (2011), who identified people who are prone to anxiety as tending to have the following traits: creativity, intuitive ability, emotional sensitivity, empathy, amiability, and the ability to be intimate. One can argue that

sensitive people who are also highly attuned to possible negative signals from others in terms of tone of voice, body language, and behaviour are more likely to be vulnerable to being affected by negative experiences such as bullying and rejection, and are therefore more prone to developing social anxiety. However, these people also carry the potential to be intimate and relate deeply with others. Social Confidence Group members have consistently appreciated Bourne's positive description, and many identify with caring greatly, feeling deeply, and having creative talents. In this light, people with social anxiety can view themselves as having positive traits rather than being perceived as "deficient or inadequate."

It is not surprising that social anxiety tends to develop in shy children in late childhood or adolescence, often between ages 11 and 19, usually when faced with increased "peer pressure" at school (Bourne, 2011), a major site of identity formation (Lashlie, 2004). During adolescence, peer influences play a significant role in forming identity. Acceptance and belonging to a social group become paramount, according to Dusek (1996, as cited in Bray & Hutchinson, 2007). Experiences of emotional wounding and/or trauma when young can be a key factor for people struggling with social anxiety, making the ability to place trust in self and others extremely difficult (Bourne, 2011).

Tertiary students, social anxiety, and group work

Students who experience social anxiety tend to fear a wide range of social situations at university—for example, giving presentations, speaking up in tutorials, participating in small groups, talking with authority figures such as lecturers and tutors, initiating conversation with peers, as well as joining clubs, dating, and attending social events such as parties. In addition, as more people graduate, there is increased pressure on students to obtain high grades, to compete for jobs, and to provide evidence of wider participation in university and other clubs and voluntary organisations (Royal College of Psychiatrists, 2011). Such participation can be very challenging for people prone to social anxiety.

Young adulthood (20–40 years) is a period of life when identity and intimacy are two intense primary issues (Gladding, 2012). Many students are younger than 20 at university and most fall into the age group of 17 to 25 (Royal College of Psychiatrists, 2011). In the Social Confidence groups, the ages generally range from 17 to 35 years old, as they include first-year to postgraduate students. Initially the group was conceived of as useful to first-year students, but feedback encouraged the inclusion of

a wider range of students, including participants studying at both undergraduate and postgraduate levels.

Groups are an efficient form of therapy and can provide opportunities for young adults to talk with, understand, identify with, and learn from others in similar situations. In addition, group therapy has been shown to be at least as effective in general as individual therapy (McRoberts, Burlingame, & Hoag, 1998). Many university support services have had changes to funding, and “brief-therapy” models are being prioritised (Storrie et al., 2010). In the service where I am located, students can have up to six individual sessions per year, making groups an ideal adjunct to therapy. Developmentally, students at this life stage have greater freedom, and their experiences may include relationships of dependence, independence, and interdependence. They have greater capacity for self-awareness and deeper interpersonal relationships. It is often a time of experiencing challenges to and changes in worldviews, beliefs, and values, as well as an increased ability to develop greater tolerance and openness, making this an ideal life-phase for interpersonal group therapy (Johnson, 2009).

Although group work is an approach that has been strongly recommended (Gladding, 2012), many tertiary institutions find it a challenge to fill their groups each semester (Corey, 2012; Yalom & Leszcz, 2005). One study found that possible factors contributing to this difficulty include students’ hesitancy or unwillingness to participate in group work, ineffective group formats, lack of marketing of groups across campus, and possible staff resistance (Parcover, Dunton, Gehlert, & Mitchell, 2006). Only when students are informed and confident about the benefits of group work will they feel inclined to join (Corey, 2012; Yalom & Leszcz, 2005).

Personal experience as well as anecdotal evidence from colleagues indicates that running a group can be stressful and even scary, particularly if you are sitting with eight to ten highly anxious or depressed people. However, I can also attest to how rewarding it is to witness the power of a group in action, making a positive difference to one another’s lives. The idea of joining a group is particularly frightening for socially anxious students, and most who join are referred by myself and my colleagues. In recent years the group has been advertised on our counselling service website, and I believe the positive title and description of the group encourages joining, as do student testimonials. Potential members who have not been referred are interviewed prior to the group to check their suitability.

In a review of the literature on groups offered in tertiary institutions specifically for social anxiety, only one relevant example was found. The University of Texas offers a

modified Cognitive Behavioural Group Therapy (CBGT) group for “social anxiety disorder” (Damer et al., 2010). This group is highly structured, with clear aims targeting a specific audience. The organisers decided that the structure of existing CBGT protocols, 12 to 24 weekly sessions lasting 2.5 hours, was not well-suited to tertiary settings due to the constraints of the academic calendar and the competing demands of student life. The university therefore offered a group consisting of eight sessions, running for 1.25 hours. Initial outcome data from evaluations and feedback suggest positive results and the group has been very popular with students (Damer et al., 2010). Interestingly, in response to feedback the organisers have gradually incorporated more social skills activities to facilitate practice in establishing friendships.

Development of the Social Confidence Group

The materials used in the group have developed from experience, reflective practice, supervision, and further training over time, as well as feedback from a co-facilitator and student participants. Initially, I drew on material from the 2005 version of *The Anxiety and Phobia Workbook* by Edmund Bourne, which utilises a CBT approach. This book provided a useful, well-researched framework, and it also viewed recovery within a holistic model—addressing body, behaviour, feelings, mind, interpersonal relations, self-esteem, and spirituality. This was compatible with my own counselling approach and theoretical model, and is consistent with Bourne (2011) and others including Durie (2003). I also drew on material from *The Shyness and Social Anxiety Workbook* for the development of the communications-skills component of the group (Antony & Swinson, 2008).

Relaxation skills and meditation have always been part of the Social Confidence Group programme because learning how to relax is vital for people in a state of hyper-arousal due to chronic stress responses (Bourne, 2011). In the past few years I have been inspired by Acceptance and Commitment Therapy (ACT), especially the work of Russ Harris, and Mindfulness and ACT are now significant treatment components in a recent version of *The Anxiety and Phobia Workbook* (Bourne, 2011). Mindfulness meditation resonated well with me, and I appreciated the emphasis on values within the ACT approach. Setting goals has always been an important part of the Social Confidence Group programme; however, values provide the inspiration and motivation to sustain people on their journey while they pursue their goals. Once a goal is achieved it is done with, whereas values are ongoing (Harris, 2010).

According to Gladding (2012), in counselling and psychotherapy groups, theory must be the driving force behind the behaviour of group leaders. What leaders do and how they do it must come from a philosophical and a research base, connected with the theory they embrace. A balance between a skills-based psycho-educational approach, drawing on CBT and ACT, and a relationship-oriented approach, drawing on Gestalt as well as creative techniques, has been very useful as a theoretical and practical framework for the development and facilitation of the Social Confidence groups.

Gestalt theory views human beings as inherently self-regulating and growth-oriented. At the heart of Gestalt theory is the idea that the more one tries to become who one is not, the more one stays the same. The more one tries to force oneself into a mould that does not fit, the more one is fragmented rather than becoming whole (Corsini & Wedding, 2000). Building up authenticity and expressing a stronger sense of self are encouraged in the group. Gestalt is also a theory that encourages deeper exploration and a “here and now” approach, and it is utilised at appropriate points in the group.

Many recent studies reveal the value and importance of the therapeutic relationship or alliance for successful outcomes in counselling generally and also specifically in group counselling (Duncan, 2010). In group therapy, positive alliance is related to group cohesion and the group climate (Quirk, Miller, Duncan, & Owen, 2013). The relationship-oriented approach is one of the paradigms I draw upon to build up a strong alliance and group cohesion.

Since the early 1980s, Māori cultural beliefs and values have had an increasing influence on mental health in Aotearoa New Zealand. Mason Durie’s Māori model of mental health, Te Whare Tapa Wha, developed in 1982 and encompassing Taha Tinana (physical wellbeing), Taha Hinengaro (mental wellbeing), Taha Whānau (family/social wellbeing), and Taha Wairua (spiritual wellbeing), is also valuable for working cross-culturally, particularly as educational institutions are increasingly socially and culturally diverse. From this holistic perspective, “mental disorder” is not viewed as an isolated area of dysfunction, but as an indicator that the balance among emotions, social relationships, spirituality, and the body has become distorted. Durie (2003) argues that psychological wellbeing is related to personal encounters, developmental experiences, societal values and equity, stress, genetics, culture, standards of living, physical health, and political influence. In short, the foundations for mental health are to be found as much outside the mind and the body as within.

This view is well supported by social identity research (Haslam, Jetten, Postme, & Haslam, 2009), and the Te Whare Tapa Wha model and way of understanding social

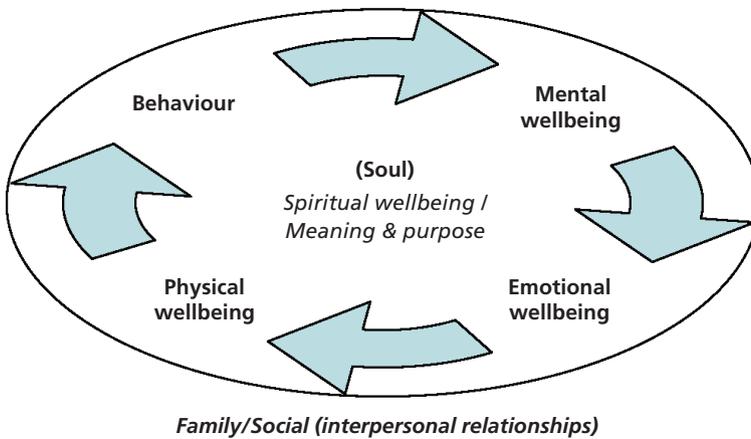


Figure 1: Model of “Self”

anxiety is used in the Social Confidence Group in order to locate group members’ struggles within the contexts of their lived experiences. These concepts are introduced in session one, and are built upon over the coming weeks as students start to develop meaning-making around social anxiety in their lives.

The model I have developed for use in the groups therefore incorporates dimensions of the Te Whare Tapa Wha model and the CBT model. This circular model encompasses the five dimensions of “Self”: body, mind, feelings, behaviour, and soul. Spirituality or soul is not a thing but a quality or dimension of experiencing life and self that has to do with depth, values, relatedness, heart, and personal substance (Moore, 1992). Family and social or interpersonal relationships are external influences that rest outside the circle of “Self” (see Figure 1).

The Social Confidence Group

According to Keats (2009), most effective groups for college students are closed and consist of 10 to 12 sessions. The Social Confidence Group falls into the category of a semi-structured, closed counselling group with a maximum of 10 committed members. Like Damer, Latimer and Porter (2010), I have found an eight-week time-frame works well. The meetings are held for two hours, and a 10- to 15-minute tea break is provided to allow free connecting time. As mentioned previously, many tertiary institutions struggle to get group members, and one reason given is students’

hesitancy or unwillingness (Parcover et al., 2006). I give people the option of coming to the first session without committing themselves, allowing them space to still change their minds. Most people who come to the first session do carry on, and generally make comments about how pleasantly surprised they are when they see who else is there.

Sessions 1–2

Attending to group bonding is vital in the first session—establishing commonalities between people and building a sense of belonging. This experience can help to shift long-held emotional beliefs that they are alone in this experience, as well as feeling “different” and subsequently holding core beliefs that they are “not okay.”

Group rules, addressed in the first session, outline rights and responsibilities (Benson, 1987; Gladding, 2012). Socially anxious people may drop out if they start to feel uncomfortable. Once people have said yes to joining, I ask them to commit to attending all sessions unless there is good reason, such as exams or illness, and to let me know in advance so I can convey apologies to the rest of the group. This has been very helpful for regular attendance and ongoing group bonding, as students are very busy and are often away at least once or twice for academic reasons. Requesting apologies also introduces the rule of respect and enables other group members to catch them up on what they have missed. Members can make friends with each other and meet outside of group time. I let members know that diversity is valued and I want people to relax and be themselves; therefore, they need always to show respect, even if they don’t agree with another member’s beliefs or life choices. Some examples given are freedom to express sexual identity and orientation, or religious or political views. Ethically responsible counsellors act with care and respect for individual and cultural differences and the diversity of human experience (New Zealand Association of Counsellors, 2012). In one instance, a member held very different political beliefs from the majority of members; however, the message was given in the feedback that the person was respected for “owning himself.”

The first session also consists of going over the group format and the content that will be covered. Each session starts with a relaxation or meditation exercise, and there is a check-in round at the beginning and end. Students can “pass” if they do not want to speak, which helps engage socially anxious students and allows them to keep coming, since they do not feel pressured. This session also includes collectively and individually finding out group members’ hopes and goals so they can decide if they are in the right group.

The first two sessions primarily focus on getting to know each other and on building coping skills in order to create resilience. Self-care and the identification of needs are discussed, and the model of “Self” (Figure 1) is introduced in session 2. The power of encouragement and positive self-talk is discussed as a way to build confidence. The idea in these sessions is to resource the self and build up a support network before trying to extend oneself socially outside the group. However, extending oneself is not discouraged. SMART goals (specific, meaningful, assessable, realistic, time-bound) are introduced and an example of making friends is used. For a connecting exercise in session 2, people are asked to bring something of personal value to share, e.g., a favourite book, piece of jewellery, photo, etc. as a way of getting to know each other.

Session 3

This session focuses on managing emotions, and small groups are used. Participants are asked to share an emotion they have learnt to manage, such as shyness, anger, anxiety, or shame. A cycle of anxiety is put on the board and we collectively come up with ways to positively manage both fear and anxiety. Communication skills will be worked on in sessions 4 and 5, so they are gently introduced through a paired mindfulness exercise entitled “Listening with a Good Heart.” The listener is required to use the technique “pause, relax, and open” and to ask minimal open questions. The speaker is asked to talk about something he or she is passionate about. They then swap roles and discuss how they found the exercise, as well as what they valued in each other. During a check-out round, each pair shares what they valued in their partner—for example, kindness, interest, or passion. Validation and affirmation of each other is an important part of the life of the group.

Sessions 4 and 5

Students are invited to discuss their passions and interests and to brainstorm where and how they might meet people with similar interests. Values are identified and discussed. Students go outside together in pairs or in threes to see if they can find confident students to observe. They discuss what they noticed when they return. This works well as an introduction to looking confident and achieving communication skills, such as the power of a smile and body language. A communication skills handout is distributed and opportunities given for practising these skills. At this point we are usually near a two-week intersemester break, and members are encouraged to meet up during break time if they wish. This can be a challenging point as members move

towards the idea of increased connection with each other and start setting more goals outside the group.

The facilitator's role as the group develops

The role of a facilitator requires multiple forms of listening, including listening with presence—being aware of what is said but also of the felt experience in the room, the group process (Benson, 1987). As the group progresses, it may seem to be stuck or held back. I will sometimes pause and ask the group to describe the energy or felt experience in the room. People with acute anxiety are very attuned to atmosphere; common words used are “pensive,” “shy,” and “wanting to take things further but not sure how.” Naming and attending to group process helps the group to shift forward towards greater intimacy and closeness, thus addressing and normalising tensions that exist between members.

Helpful symbols I introduce to the group early on are a heart and a little elephant. The heart symbolises the energy of our group; I bring good heart to them and I encourage them to bring good heart to themselves and each other. If tensions arise, “good heart” is drawn on to resolve and dissolve issues. The little elephant represents worry. When members say they have “an elephant,” it means they have something difficult to share.

A common example is feeling concerned after they have shared something with the group, and consequently experiencing a sense of shame or worry about how they have been perceived by others, or whether they have taken up too much of the group's time. I generally encourage feedback from the group at moments like these. A common positive comment would be, “I love it when you share because that is exactly how I feel but I don't feel brave enough to say it.” Positive feedback from peers is far more powerful than from the facilitator; connection is built through authentic sharing and the participant is affirmed in a moment of vulnerability. This creates a context to move from self-focused worry to strengthening each person's capacity to be aware of, and alert to, valuing one another, thus fostering a sense of personal efficacy and positive emotional responsiveness.

The relational paradox is members' desire to get closer to and feel connected with others, and the employment of behaviours that restrict this because of their need to feel “safe” (Corey, 2012). Our little elephant helps people find a way to speak up when they become worried within the group about negative evaluation, resulting in erroneous beliefs and assumptions about social situations, which can in turn evoke in

avoidance and safety-seeking behaviours, in accordance with the CBT framework of understanding social anxiety disorder (Purdon et al., 2001).

Session 6

Self-talk is reintroduced, and a handout on subpersonalities from *The Anxiety and Phobia Workbook*—namely, Critic, Perfectionist, Worrier, and Victim—is distributed. This is a helpful warm-up for our main exercise, which is working with symbols. Over the years, many members have commented that this session is a memorable favourite.

As the group grows more intimate, the leader (facilitator) begins to play a less central role; instead, the leader selects tasks that foster intimacy and thus more time is spent on process (Corey, 2012). The way a group discusses a topic or acts together is reflected in the quality of the group experience. If the group moves into a more intimate stage, then closeness is experienced as the group deepens. In a cohesive atmosphere, this becomes possible (Yalom & Leszcz, 2005).

Each person is asked to choose two symbols: one for their anxious or held-back self, and another for their “brave” or “preferred” self, e.g. a turtle and a lion. A candle is always positioned at the centre of the group, then participants move from sitting on chairs to sitting on the ground in a circle and are invited to place their symbols in relation to the candle before sharing with the group. After the first round of sharing, they are asked how their non-preferred self might have served them. This helps them gain new understandings and insights, and sometimes gratitude is expressed—e.g., “it has kept me safe” or “it is part of my humbleness.” Conflicts are identified through the use of symbols so that the psyche can move towards healing and integration (Pearson & Wilson, 2003; Rogers, 1997).

The check-out round is important. I make sure we have plenty of time to debrief and share before the group ends, as this session generally takes group members to a deeper and sometimes more vulnerable level, and increased intimacy is experienced in the group. It is vital that each member feels supported and is ready to leave by the end of this session.

Most participants desire to make friends, express themselves, and be themselves within a safe haven. My role is to provide skills and create this safe space, utilising processes that enable them to be actively engaged—to risk sharing and being visible in an authentic and sometimes vulnerable way. Authentic sharing in a climate of mutual respect, trust, and support can create great opportunities for healing and

reclaiming a stronger sense of self. Safety is key: the safer people feel, the more they will be willing to share and take risks, stepping out of old limiting patterns of safety-seeking behaviours that have kept them isolated and hence more vulnerable to spiralling towards depression.

Session 7

Young people at this stage of life are often passionate and idealistic. Many of the participants in the Social Confidence Group genuinely want to contribute to society. Identifying values and being inspired by role models can help increase the likelihood of being more socially engaged. Sometimes a former teacher, a neighbour, or a humanitarian public figure provides that inspiration, and through identification with this person, participants name qualities they admire such as courage, kindness, bravery, generosity, or warmth. Positive traits are valued throughout the group, in each other, and in the people they admire and respect, consistent with recommendations from positive psychology (Seligman & Csikszentmihalyi, 2000). Frequently they have been so consumed with self-criticism, self-doubt, and comparison with others that they have not recognised their own positive traits.

Participants are invited to talk about their personal heroes and role models as part of reclarifying their values and providing inspiration. They are also invited to think about what differences they would like to make in the world if they felt more confident. The Hopes and Goals handout they completed in the first session is given back so they can reflect on their progress. They are invited to share what they are proud of as well as what they might still like to achieve. We start to discuss next steps after the group finishes, as the group is presented as a step towards confidence, not a “quick fix.” Next steps might include some counselling, another group, joining a club, and/or staying in touch with their group. Usually groups have come up with the idea of making a Facebook page as a way of keeping in touch. Goals are set.

Session 8

Everybody brings some food to share to celebrate the last session. This is a time for evaluations and a final exercise, in which a large piece of paper with each person’s name is passed around and we then write what we appreciate about that person. This is something special for each member to take away. A handout on resilience is distributed and reflected upon, and I ensure that we have enough time for a full check-out round

where people talk about what they have valued in each other and in the group, as well as their hopes for the future. Goals are once again mentioned, and small achievable steps towards goals are encouraged. A final ritual is completed in which we all blow out the candle as a closing point.

Conclusion

People who have been subject to trauma, such as excruciating experiences of being excluded or invalidated, can lose their sense of self and experience low self-worth. Being in groups where they feel connected and experience a greater sense of belonging on campus can make a big difference to students' sense of themselves and their coping. Therapeutic groups can provide a powerful source of relief that one is not alone, and that others struggle too and have similar concerns (Yalom & Leszcz, 2005). As human beings, we desire closeness with others, a sense of belonging, connection, and relationship. The drive to belong is an "empathic drive" built into our biology; we are neuro-biologically wired for sociability, attachment, affection, and companionship (Brown, 2011; Goleman, 2006). The hunger to belong is at the heart of human nature (O'Donohue, 1999).

As mentioned previously, many studies have demonstrated that social connectedness reduces the risk of mental health problems, and social initiatives are strongly recommended in tertiary institutions where students are increasingly being viewed as an at-risk population (Haslam et al., 2009; Royal College of Psychiatrists, 2011). Often, the academic self is highly prized in people who are socially isolated, making them very vulnerable when they receive a poor grade or have academic difficulties, as their identity can be heavily built upon this part of themselves. As a facilitator, I have found that a group context can stop some people from spiralling into depression and even suicidal behaviours, which are linked to a sense of isolation, feelings of unworthiness, despairing attitudes, and beliefs that nobody cares. This group provides students with the opportunity to relate authentically with their peers; to express their individuality and uniqueness with less shame and fear of being judged; and to experience a feeling of belonging and connectedness with others in a group environment where people are often socially and culturally diverse.

My hope has always been that through increased self-worth and a greater sense of belonging, participants will be able to engage more fully in life beyond the group experience, and live more powerfully and authentically. Conscious of the gap in the

literature on groups for socially anxious students, and of my experience in facilitating the Social Confidence groups over time, I became interested in undertaking research with former participants in this programme. The following article presents the findings from a small-scale qualitative project exploring their experiences.

Note

1. This article has been written in the voice of the first author, Nisarg Dey, who facilitated the Social Confidence groups. If readers are interested in running Social Confidence groups, either at tertiary or secondary level, Nisarg Dey is very happy to be contacted.

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