Interpersonal Process Training
for Shy Clients

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Shy clients often report a sense of painful self-consciousness. To take some examples:

Karen, a shy 32-year-old housewife, described her fear at a neighborhood party by stating: "I felt that everyone was looking at me, and that I was doing all the wrong things." Eventually, she left the party without talking to anyone.

Rob, a 24-year-old student, says: "When I’m with a woman, I wonder what she thinks of me, whether I’m a loser, or what. And then I start watching myself and think how stupid I am." Rob has never been able to ask a woman out and fears he will remain alone for the rest of his life.

These individuals, and other shy people like them, appear to be preoccupied with the acceptability of their behavior to others. This leads to an ongoing process of self-observation and evaluation, generally with negative conclusions. The shy people we have seen in treatment seem to be continually assessing themselves, asking: "Do I measure up to what is wanted?" It is not surprising that this self-focused attention and negative self-evaluation increases anxiety and behavioral inhibition.

After several years of clinical experience, we became interested in whether this anxiety-generating self-consciousness could be modified by providing shy persons with social strategies that require that they redirect their attention to the person with whom they are interacting. This chapter will summarize our clinical and research experiences to date.

The chapter will begin with a consideration of the treatment literature. We wish to highlight unanswered questions about the mechanism underlying treatment effectiveness. In particular, we will first contrast two major explanations of treatment change: the skills-augmentation position, which suggests that
improvement occurs because the client learns new behavioral skills, and the counterconditioning position, which argues that shyness is due to anxiety and that improvement occurs when this anxiety is in some way neutralized. Second, we will analyze the skills-training strategies described in the clinical literature and make suggestions for modification based on recent research evidence. Third, we will consider personality and social psychology research on attentional focus, extending the results of laboratory studies to the context of treatment. Next, we will describe the development of a treatment strategy designed specifically to reduce self-consciousness and to redirect the shy client's attention away from his or her self-observation and evaluation. Process issues that arise during treatment will be discussed. Finally, a preliminary investigation of the effectiveness of this treatment regimen will be described.

EXPLANATIONS OF TREATMENT EFFECTS

Many treatment programs for shyness, social anxiety, and other forms of social dysfunction are based on a skills-deficit hypothesis. The dysfunctional individual is assumed to lack the behavioral skills necessary to cope with social situations. Numerous studies show that skills training procedures produce improvements in self-reported and laboratory assessed discomfort and skill in nonassertive individuals (e.g., Eisler, Hersen, & Miller, 1974), heterosocially anxious college males (e.g., Twentyman & McFall, 1975), and socially inadequate psychiatric patients (e.g., Edelstein & Eisler, 1976; Goldsmith & McFall, 1975). However, the mechanism underlying such treatment effects has not been clearly established.

If social dysfunction stems from a skill deficit, one would expect treatments involving skill training to produce greater improvement than alternatives such as systematic desensitization or in vivo exposure. Though relatively few studies have examined this issue, those that have found skills training to be no more effective than treatments based on the concept of counterconditioning. For example, Marzillier, Lambert, and Kellett (1976) found systematic desensitization to be as effective as skill training with socially inadequate psychiatric patients; Royce and Arkowitz (1978) concluded that practice interactions with others were as effective as skill training in changing the self-perceptions and social activity of socially isolated college students; Kazdin and Mascitelli (1982) demonstrated that in vivo homework assignments were a powerful aspect of treatment for nonassertiveness, and that such assignments contributed more to behavior change than did either covert or overt rehearsal.

Whereas the common finding of no differences between treatment strategies can be attributed to the presence of shared nonspecific treatment factors or to the choice of measures of improvement, this research also raises the question of whether the active treatment ingredient is exposure to the fear-provoking social situation rather than skill augmentation. Indeed, because the counterconditioning techniques just mentioned specifically did not include skill-training procedures, whereas the skill training generally involved in vivo exposure in the