THE RELATIONSHIP OF IMPERATIVES AND SELF-EFFICACY TO INDICES OF SOCIAL ANXIETY

Richard Nicastro
Private Practice, Glastonbury, Connecticut

Frederic Luskin
Stanford University Center for Research in Disease Prevention

Charles Raps
Northport Veteran’s Administration Hospital

Sonya Benisovich
Stanford University

ABSTRACT: Seventy-three college students participated in a study to assess the role of self-efficacy and imperatives in social anxiety. The students were asked to speak in front of a small group of their peers and their anxiety and length of time talking were measured. Neither lower self-efficacy nor higher levels of imperative thinking at Baseline were correlated with higher levels of anxiety. The critical finding was that subjects who showed higher levels of imperative thinking at Baseline spoke for a significantly shorter period of time. This suggests that the participant’s anxiety was moderated by the performance of an instrumental response, in this situation by choosing to limit the amount of time spent talking. The results suggest the centrality of imperative thinking in shaping behavior in the domain of social anxiety.

Social anxiety is defined as anxiety associated with the fear of being negatively evaluated by others in a social setting. The anxiety re-
sponse is hypothesized to have both cognitive and physiological components that often cause and perpetuate the social anxiety reaction (Patterson & Ritts, 1997). Until recently, social anxiety was one of the least studied of the anxiety disorders (Judd, 1994). While some studies have appeared (e.g., Heimberg, 1989; Eckman & Shean, 1997), research in this area is still sparse.

It has been estimated that 5.5% of the population suffers from some type of socially related anxiety disorder (Stein, 1997) with some studies estimating prevalence rates as high as 13.3% (Fones, Manfro, & Pollack, 1998). Social anxiety has been hypothesized to play a role in other forms of psychopathology (Lecrubier & Weiller, 1997; Regier, Rae, Narrow et al., 1998). Training in social skills has also been used effectively to treat more severe disorders such as depression (Reed, 1994; Williams & Mark, 1997).

Research suggests that socially anxious individuals: (a) tend to focus their perception on how others are viewing them (Leary & Kowaski, 1995); (b) demonstrate rigid, self-imposed standards (Alden & Cappe, 1981); (c) overestimate the probability that negative social events will occur (Warren & Zgourides, 1991); (d) are excessively self-focused during social situations (Westenberg, 1998); and (e) make catastrophic predictions involving the consequences of an awkward social encounter (Leary & Kowaski, 1995).

Albert Ellis and his followers (Wesseler & Wesseler, 1980; Dryden & DiGiuseppe, 1990; Warren & Zgourides, 1991; Ellis & Dryden, 1987) have argued that psychopathology results mainly from rigid, dogmatic beliefs, which grammatically take the form of imperatives: “must,” “should,” “have to,” “ought to.” This view has been hypothesized as a causal explanation for social anxiety (Warren & Zgourides, 1991). However, there are no published reports that have directly examined the role of imperatives in the cognitive processes underlying social anxiety. For example, is the belief “others will make fun of me at parties” (which falls under category a, b, c, and e above) inherently anxiety-producing for socially anxious individuals, or is the additional belief, “others must not judge me poorly,” essential for anxiety to be aroused?

Self-efficacy also plays a role in the creation of social anxiety (Maddux, Norton, & Leary, 1988; Pearl, 1993). In the social domain, self-efficacy is defined as an individual’s belief that he/she can carry out behaviors that will help make a desired impression in a social situation. Social anxiety may arise when an individual thinks that he/she either cannot carry out a desired social behavior, or if successfully ini-