

Social Fitness: The Online Treatment of Shyness

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The Social Fitness Model was developed by Dr Lynne Henderson at the Shyness Clinic, which was founded at Stanford to treat shyness. The model was developed as an integrative model that incorporates exposures with cognitive restructuring, social skills exercises, the expression of emotions, and the linking of current shyness to childhood experiences. The Social Fitness Manual is a cognitive behavioural protocol that was developed for individual and group treatment that consists of 12 of the 26 weekly sessions, focusing primarily on exposures with cognitive restructuring, goal setting, and weekly homework. The term 'Social Fitness' refers to the idea that, similar to physical fitness, in order to stay in social shape we need to be constantly exerting effort and working out by making social contact with others. The Social Fitness manual has been found to be effective for the face-to-face treatment of shyness. The aim of the current study was to examine whether the offline Social Fitness manual could be adapted for online delivery. Previous research has examined the efficacy of using online interventions for the treatment of shyness. However, few of these studies are based on an efficacious manual and no research has been conducted on the Social Fitness manual in an online environment. For the purpose of online delivery, the manual was reduced to a 9 week intervention program. Skills were taught via modules that incorporated text, audio, films, and interactive components. The sample consisted of 296 participants (189 females, 105 males and 2 who identified their sex as other) who were randomly allocated to one of three treatment conditions: individual group (who completed the nine modules online), discussion group (who completed the nine modules online but were also asked to contribute to a discussion board) or wait-list control group. Participants completed psychological measures of shyness, social phobia, estimations of others, quality of life, and depression pre and post intervention. 34% of participants in the individual group and 27% of participants in the discussion group completed the entire 9-week program. Results revealed that there was a significant reduction in shyness, social phobia and negative automatic thoughts about others as measured by the estimation of others scale in the individual and discussion groups compared to the control group after completion of the online Social Fitness program. There were no differences between the individual groups and discussion groups. With the exception of changes in depression and quality of life, the findings from this study are comparable to those found from using the Social Fitness manual offline. Results support the use of the Social Fitness manual as an online intervention and suggest that it can be successfully adapted for online treatment. Future research would benefit by aiming to reduce dropout rates and further investigating how applications such as discussion boards might be more effectively used in online interventions.

