PSYCHOLOGY REVIVALS

Social Skills and Health

Edited by
Michael Argyle

Psychology Revivals

Social Skills and Health

The efficiency of an organization and the well-being of those working within it are often dependent to a large extent on the social skills deployed by certain key personnel. The analysis of these skills and the training of people in their use had reached a stage of considerable sophistication.

Originally published in 1981, this volume, edited by the foremost authority in the field, presents a wealth of ideas and information on how best to employ social skills training in health and welfare agencies that are still relevant today.

The introduction describes the processes of social interaction in which social skills consist, introduces the social-skill model and shows how social competence is assessed and how the most effective social skills are discovered. Subsequent chapters deal with the social skills required of nurses, doctors, psychotherapists, social workers and those charged with child-rearing. There is a chapter which gives an account of the social skill problems of mental patients and the extent to which social inadequacy is responsible for their other problems. The final chapter discusses the main techniques of social skills training, and reviews their success in the light of follow-up studies.

The book will be of historical value to all those concerned with the training and performance of personnel within the health related professions and to those with an academic interest in the psychology of human relations.

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Introduction

MICHAEL ARGYLE

By 'social skills' we mean the styles of social behaviour used by interviewers, nurses or others in dealing with their clients. As with motor skills – like skiing, typing or driving a car – some people are more skilled than others; they are more effective in attaining the required goals. To study social skills, the effectiveness of different performers must somehow be measured or assessed. Sometimes there are objective indices of success, as in the case of selling; sometimes it is necessary to resort to ratings by supervisors or colleagues. The second step is to compare the styles of social behaviour used by effective and ineffective performers of the skill to discover what they do differently and eventually to define the optimum style of social performance. The adoption of different social skills can have a considerable effect on the attainment of goals. The differences in effectiveness between good and bad performers, or between those at different ends of skills dimensions, are quite often fivefold in terms of measurable goals, e.g. the amount sold by salesmen. At the lower end of the scale, performance can be completely useless: supervisors of groups who produce nothing, psychotherapists whose patients get no better (or get worse), and selection interviewers whose selections are no better than chance. These are all jobs where social performance is of crucial importance; there are plenty of other jobs where it is much less so, such as research and technical positions, though here too it is necessary to be able to communicate and co-operate with other people.

When the optimum social skill has been discovered it can then be taught to trainees on training courses. An implication of the social skills approach is that specific styles of social behaviour will be taught – as opposed to attempts at increasing general sensitivity or insight,

as in some other approaches to the problem. In the early stages of social skills training and research emphasis was placed on the correct amount of use of elements of behaviour such as smiling, gaze, head-nods, etc. – and socially inadequate people do make less use of these non-verbal (NV) signals or use them in the wrong way (Trower 1980). Emphasis has been placed on NV signals, since they are important and since trainees are often unaware of the NV signals they are sending, or which are being sent by others. However, verbal behaviour is also highly important, and training can be given for this also.

Awareness of the importance of social skills is fairly recent. The first skill to be studied was probably the supervision of working groups. During the early 1950s, field studies by research workers at the University of Michigan and elsewhere showed some aspects of the most effective style of supervision (Likert 1961). These studies were extensively replicated in several parts of the world and were rapidly incorporated in training courses (Argyle 1980). More details of these skills are given in Argyle (ed.) 1981, Chapter 5. At first such courses used the lecture and discussion method, but this was soon found to be ineffective, and was replaced by more powerful training methods (see Chapter 8). The result must surely be that supervisory skills have been changed throughout much of the western world.

The skills of teaching were discovered at a rather later date, but have been if anything even more widely promoted than supervisory skills (Dunkin and Biddle 1974). We have decided to omit them from this book because of the extensive literature on the subject. Some of the other skills discussed have been studied more recently, and some of them need a good deal more investigation. For example, doctor–patient skills are still not taught in some British medical schools, though nearly all those in America do so. Parent skills are as yet taught on a very limited scale, and here too more research is clearly needed.

While knowledge of particular social skills was developing, intensive laboratory research was being conducted into the basic processes of social interaction of which skilled performance consists. Research at Oxford in the early 1960s into social interaction led to the formulation of the social skill model, which draws on the similarities between social behaviour and the performance of motor skills (Argyle and Kendon 1967). Later research on social interaction at Oxford and elsewhere elaborated that model – for example, by showing the

importance of non-verbal signals (Argyle 1975). Some of this research is quite recent – e.g. into sequences of interaction and the analysis of social situations – and it has not yet been fully used by those engaged in the study and teaching of specific skills. Research in other areas, such as the analysis of social relationships, is newer still and has scarcely been applied at all. Research in the applied field, however, often makes fundamental contributions to our knowledge of skills. For example, research on sequences of interaction in the classroom (Flanders 1970, and others) has made an important contribution to the study of sequences of behaviour. These processes are described in Chapter 1.

This volume is about social skills in relation to health. Social skills are very important for nurses, doctors, psychotherapists and social workers; indeed much of their work consists of social performance in relation to patients. Although social skills are of central importance for all these professions, they are not the *only* kind of skill needed; doctors and nurses must know about medicine. The relative importance of social skills and technical skills and knowledge varies widely, but the importance of social skills has been greatly underestimated. The social skills of patients themselves are also important, and the contribution of poor social skills to mental disorder is discussed in Chapter 7.

Social skills training (SST) for patients and for other kinds of clients, especially in the USA, has often taken the form of assertiveness training (Rich and Schroeder 1976). However, it must be pointed out that the skills used in making friends and influencing people are quite different. Many socially skilled tasks require forms of influence which have nothing to do with assertiveness. Further, there are cultural differences in the extent to which assertiveness is valued.

Argyle (ed.) 1981 is about social skills and work, and includes several topics which are relevant to health workers, especially those in supervisory or management positions. There are chapters on the skills of supervision, interviewing and negotiation, and there is also a chapter on the skills of inter-cultural communication.

An important problem in using all social skills is the need to vary social behaviour for different clients and in different situations. Research in several areas has shown how skills should vary in this way, and basic research in dyadic interaction has shown how to control the behaviour of others, in interviews or other settings. Recent research into the properties of social situations has shown how skill needs to

vary with the social setting. Patterns of social behaviour also vary with class and culture; readers are referred to Argyle (ed.) 1981, Chapter 7 discusses the skills of coping effectively in another culture.

The social skills which are needed in jobs and elsewhere in society are different at different times and places. The same job may have to be done in different ways as the result of technological or other social changes. The power of industrial supervisors is reduced by the extension of industrial democracy and was much greater before the appearance of trade unions. There may be changes in the law which affect the power and responsibilities of social workers and others. Selection interviewers have a different relation to candidates depending on whether jobs are scarce or good applicants are scarce. There have been general changes in social relationships so that a less hierarchical and less authoritarian style of behaviour is now expected in most organizations.

Social changes also create new social roles, which require new social skills. Technological changes have created the roles associated with television, e.g. anchor men, political interviewers and performers at chat shows; other technological changes have led to the appearance of air hostesses – a role that was deliberately created, and for which training is given.

The activities of psychologists led to the roles of psychotherapist, T-group leader and social skills trainer. Now that we know more about social skills, the social skills requirements of new organizational structures should be remembered so that new roles can be carefully designed and appropriate training given.

The use of SST has grown very rapidly during recent years – e.g. for mental patients, prisoners, teachers, managers and doctors – though it has not yet become easily available to the general public. Early forms of training, by lecture and discussion, were soon found to be ineffective, and were replaced by role playing, usually with videotape playback. There have been many follow-up studies of SST, and we can now specify in some detail the form the training should take. These findings are reviewed in Chapter 8. Curiously, those responsible for administering training, in industry and Government for example, have been rather uncritical, have not made greater demands for follow-up studies before commissioning training schemes, and have sometimes approved unsatisfactory forms of training.

The rapid growth of SST has sometimes led to a low-grade, watered-down form of training consisting of rather amateurish role

playing. SST is a sophisticated affair and will be successful only if full use is made of knowledge of the skills to be taught and of the best techniques of teaching them. Clearly, however, social skills are not the whole story: in addition to the technical knowledge and skills needed, certain kinds of 'personal growth' are needed for those who are going to hold responsible jobs and make difficult decisions.

Several criticisms have been made of the social skills approach. It is sometimes said that leaders are born and not made, and similar remarks are made of other social skills. Whether there is any *genetic* component of social competence is not known; certainly by the age of 20 some people are very much more socially competent than others, but this is probably from informal, unplanned and chance social learning experiences. However, people can undoubtedly be trained to be more effective performers of social skills, though everyone probably has limits to what he can be trained to do. The same is true of motor skills like performance at sport, though the limiting factors here are chiefly muscular strength and other aspects of physique.

It may be said that a person's effectiveness depends on his power, or other favourable and unfavourable aspects of his situation. These factors are obviously very important, but unfavourable situations can be coped with by using appropriate skills. Fiedler's research (1967) has suggested that a leader whose group does not accept his authority should resort to a different style of supervision. There may be *role conflicts* if conflicting demands are made by other people; doctors, for example, may experience a conflict between looking after their patients and participating in research trials. These require special skills of role bargaining to keep both parties happy. In some roles a number of different people with different points of view must be dealt with; these may be difficult to reconcile, as for social workers who have to deal with the police, doctors, teachers and parents, as well as with their clients.

It is often said that training people in social behaviour encourages deception: pretending to have attitudes and feelings which are not truly felt. Part of the answer is that the rules in some situations and the rules governing a number of professional roles require people to control not only their behaviour but also their emotional states and their attitudes to other people. This can be done by controlling the expression of emotion and by controlling other bodily states, e.g. by relaxation, and control of thoughts and images (Hochschild 1979). Even if such control of feelings and attitudes is unsuccessful it can be

argued that teachers, doctors and others should still treat well, i.e. give the appearance of liking, those clients whom they do not like. There is some evidence that real feelings change to fit those which are expressed (Laird 1974).

Another objection to the social skills approach is that people may be made self-conscious by being instructed in the details of social performance. The experience of trainers is that this is only a temporary phenomenon; after the second training session most trainees focus their attention once again on the job in hand and the behaviour of the others present rather than on their own performance. Finally it is sometimes objected that the use of skilled social techniques is a form of 'manipulation' of others. This is a curious point: if a teacher teaches effectively, or a doctor cures patients, this would not be regarded as manipulation, which presumably refers to successful social influence of a kind which is thought socially undesirable. Perhaps the use of subtle, or non-verbal, social skills is regarded with more suspicion than the use of more obvious, or verbal, skills. The social skills approach extends the range of social techniques beyond those which are familiar. It must be hoped that the new skills will be used more for desirable social ends than for undesirable ones.

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1 The nature of social skill

MICHAEL ARGYLE

Introduction

By socially skilled behaviour I mean social behaviour which is effective in realizing the goals of the interactor. These may be the professional goals of doctors, nurses and social workers, or of various kinds of interviewers, supervisors, chairmen, etc. as discussed in this book. In most of the chapters in this book the goals of particular skills are described. In some cases there are several different goals, which are not always compatible with each other. The goals may also include the personal goals of wanting to make friends and influence people in everyday life.

By comparing the styles of social behaviour of effective and ineffective performers it is possible to discover the kinds of social behaviour which lead to the desired results in particular settings, and thus constitute socially skilled behaviour. Many examples of such research, and of the styles of social behaviour shown to be most effective, will be given in later chapters. The effects of different styles of performance in attaining goals can be very great. Early research on supervisory skills, for example, found that supervisors who scored high in certain dimensions of supervisory skill produced one-fifth of the absenteeism and labour turnover of those low in such dimensions.

In this chapter I shall try to set out the main results of research into the basic processes used in skilled behaviour. This can open up new areas of research into more practical aspects of social competence. For example, research on the properties of interaction sequences may suggest new ways of looking at the behaviour of effective and

ineffective performers, and hence at aspects of behaviour which could be made the focus of training. Examples are failures to handle conversational sequences and the structuring of such sequences by skilled performers (p. 173).

The social skill model

This model draws attention to a number of analogies between social performance and the performance of motor skills like driving a car (see Fig. 1.1). In each case the performer pursues certain goals, makes continuous response to feedback and emits hierarchically-organized motor responses. This model has been heuristically very useful in drawing attention to the importance of feedback, and hence to gaze; it also suggests a number of different ways in which social performances can fail and the training procedures that may be effective, through analogy with motor skills training (Argyle and Kendon 1967, Argyle 1969).

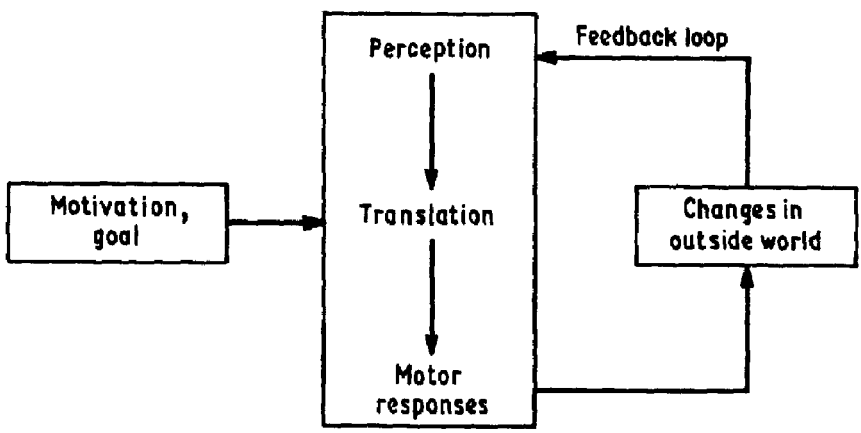

Figure 1.1 The social skill model (from Argyle 1967).

The model emphasizes the motivation, goals and plans of interactors. It is postulated that every interactor is trying to achieve some goal, whether he is aware of it or not. These goals may be to get another person to like him, to obtain or convey information, to modify the other's emotional state, and so on. Such goals may be linked to more basic motivational systems. Goals have sub-goals: for example a doctor must diagnose the patient's disease before he can treat him. Patterns of response are directed towards goals and