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ABSTRACT

Intended for use by speech and communication scholars, this paper uses the extensive body of research on communication apprehension as the basis for a discussion of three conventional approaches toward the treatment of excessive communication apprehension: systematic desensitization, social skills development, and cognitive modification/rational emotive therapy. The paper describes each procedure and contrasts it with the others, suggesting that no one approach is without its distinct advantages and disadvantages. It then describes visualization, a step-by-step procedure similar to systematic desensitization, in that clients are taught to imagine in detail an otherwise anxiety producing situation, and similar to cognitive modification, in that it involves imagining in detail the successful mastery of skills necessary to communicate effectively. The paper concludes with a call for additional research on the appropriateness of visualization for the treatment of communication apprehension and the facilitation of communication skill development. A three-page list of references concludes the document. (FL)

Visualization: An Alternative or Supplemental Procedure in the Treatment of Excessive Communication Apprehension

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Abstract

This paper outlines three conventional approaches toward the treatment of excessive communication apprehension: systematic desensitization, social skills development, and cognitive modification and R.E.T. procedures. Each of these procedures is described and contrasted with the others, suggesting that no one approach is without its distinct advantages and disadvantages. As an alternative or supplementary procedure, the authors argue for additional research on the appropriateness of visualization for treating communication apprehension and facilitating communication skill development.

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Visualization: An Alternative or Supplemental Procedure in the Treatment of Excessive Communication Apprehension

Since the mid-sixties, speech and communication scholars have focused much attention on the study and treatment of communication apprehension (C.A.), commonly defined as "an individual's level of fear or anxiety associated with either real or anticipated communication with another person or person" (McCroskey, 1977, p. 78). Lederman (1983) reports that in the last decade alone over 200 studies have been conducted, although under varying labels, such as those that follow: unwillingness to communicate (Burgoon, 1976), social anxiety (Biglan, Glaser, & Dow, 1979), Shyness (Zimbardo, 1977), stage fright (Clevenger, 1955, 1959), reticence (Phillips, 1968), and oral communication apprehension (McCroskey, 1977).

The considerable interest in communication apprehension stems from two facts. First, communication apprehension, particularly apprehension of public speaking interactions, is one of the most commonly experienced fears among adults, including college students (Daly, 1975). Second, while moderate apprehension seems to facilitate optimal public speaking performance, too much or too little anxiety impairs performance (Cassata, 1978). With too little performance, one appears too little interested in making the best presentation possible, and this apparent disinterest causes audience members to either lower one's competence ratings or question one's motivation for making the presentation in the first instance. Specific research findings, for instance, have demonstrated repeatedly that highly apprehensive communicators receive low ratings from their teachers (McCroskey & Daly, 1976), peers (Daly, McCroskey, & Richmond, 1976), interviewers (Daly & Letch, 1976), and subordinates (Falcione, McCroskey, & Daly, 1977).

Of interest is the observation that excessive communication apprehension is detrimental to both the preparation for an interaction with one or more persons, as well as detrimental to the in vivo interaction with others. Thus, the victims of excessive communication apprehension have two bases upon which to assign negative evaluations to self. They can disparage self for what they believe to be their poor or inadequate communication style or, perhaps even more unfortunately, presume that their poor communication style is the best they can do, given the fact that their preparation was inadequate, which they also attribute to their essential cognitive or intellectual inadequacies. This latter factor may account for the commonly reported positive correlation between high communication apprehension (shyness) and low self-esteem (Zimbardo, 1977).

Inasmuch as speech and communication scholars, among others, are decidedly interested in helping their students and clients feel better about themselves as communicators as well as actually improve their communication behaviors, one would expect related research to focus both on improving the excessively apprehensive communicator's self-image as well as their actual communication behavior. And, in fact, current approaches do reflect, to varying degrees, concern with both objectives.

The most commonly used approaches in helping persons with excessively high communication apprehension are systematic desensitization (Paul & Shannon, 1966; McCroskey, 1972), cognitive modification and rational-emotive therapy (R.E.T.) (Ellis, 1962; Meichenbaum, Gilmore, & Fedoravicius, 1971; Fremouw & Zitter, 1978), and social skills training (Phillips & Metzger, 1973; Curran, 1975; Biglan, Glaser, & Dow, 1979). Each of these approaches has its comparative advantages and disadvantages.

Scholarly interest in systematic desensitization began in 1966 and has increased steadily to present day. Basically, however, the technique remains unchanged (Marquis, Morgan, & Piaget, 1973) and seeks to bring about deep muscular relaxation (Jacobson, 1938) by following a three-step procedure: 1) the client is taught to relax by contracting, maintaining contraction, and releasing contraction of their large muscle groups, usually beginning with the feet and progressing upward (Benson, 1975), 2) the teacher or therapist assists the client in constructing a hierarchy of stimulus situations (Marquis, Morgan, & Piaget, 1973) causing the anxiety (speaking with another in a hallway would, for instance, be less anxiety producing than giving a speech before a group of strangers), 3) gradually, clients are taught to associate relaxation (step 1) with stimulus situations known to cause anxiety (developed in step 2) (Murray & Jacobson, 1971).

There are several advantages to using systematic desensitization. First, it works, and works especially well for persons seeking slight-to-moderate reductions in their communication apprehension. Second, systematic desensitization is relatively easy to implement. No special equipment is needed, although an optimal change environment would be one that is more aesthetically pleasing and comfortable than the traditional classroom. Third, the person administering systematic desensitization need not have specialized training beyond what could be afforded in a brief five-to-ten hour workshop. For these reasons, systematic desensitization continues to be a commonly implemented approach toward reducing communication apprehension and is commonly implemented by public speaking instructors, who often have in one class several students needing this assistance.

Perhaps the most serious drawback of systematic desensitization is that the procedure is only effective to the extent that induces relaxation, but that the very procedure itself may prevent the experience of complete

relaxation. Specifically, complete relaxation is not possible if one is at the same time concentrating on increasing or maintaining muscle contraction. Thus, while the procedure is undoubtedly effective in bringing about some relaxation for most people, it doubtless also causes some tension for some people or at least results in less than full relaxation. A preferred procedure would be one that induced relaxation, but without also causing muscle tension in the first place. An additional shortcoming of this procedure is that even if it is effective in reducing communication apprehension, it does not necessarily help the client to learn appropriate communication behaviors. Thus, after undergoing this procedure the client may be no more competent than before, only more relaxed about their inability to perform optimally.

A quite different approach toward reducing communication apprehension is the use of social skills training. This approach presumes that people are highly anxious because they communicate incompetently, and that once they learn to communicate more competently that there will no longer be the need to feel anxious. This approach relies upon direct instruction, coaching, and modeling (Curran, 1977). In social skills training, the teacher or therapist assists the client in learning component skills, putting them together, and provides prompt feedback, allowing the client to understand and monitor their progress (McFall & Lilleland, 1971). Frequently, modeling is also used, either through passive media (e.g., videotape presentations (Hersen, Eisler, & Miller, 1973)), or through active role playing (McFall & Marston, 1970) or in vivo practice (Biglan, Glaser, & Dow, 1979).

The social skills approaches are most effective when implemented with clients who do not have a particularly negative self-view and are, therefore, receptive to the idea that they are potentially competent. Their task, then,

is simply to learn the new communication behavior appropriate for a given situation. Since they have no inherent reason for denying their own potential, and provided they have sufficient motivation to learn a new behavior, they are likely to make significant improvement. Unfortunately, the literature suggests that most persons with excessively high levels of communication apprehension simply do not believe themselves competent to make significant improvements in their communication behavior; they are chronically low in self-esteem (Zimbardo, 1977). Consequently, while often used, the social skills approach is probably not optimally effective when assisting populations excessively high in communication apprehension.

A third approach relies heavily on cognitive modification or rational-emotive therapy. Both procedures rely predominately on modifying people's thinking about how and why they behave the way they do (Fremouw & Scott, 1979). The key assumption underlying these approaches is that people both feel and behave in accordance with how they assign intellectual structure to their world. Before we feel a certain way or engage in a particular behavior, we have first made a judgment about the value or character of the context we find ourselves in and our value or capacity to work effectively within that context.

Given this key assumption, proponents of cognitive modification or R.E.T. approaches propose the following change sequence. First, the client is taught to identify the particular self-talk acts reflecting specific thinking about the communication event they are experiencing. Usually, these self-talk acts reflect a disparaging judgment about self, which the client has assumed to be true without having adequately questioned the basis for the act's acceptance. The client is taught to identify irrational beliefs giving rise to these self-deprecating self-talk acts. Second, the client is taught

to identify the environmental circumstances precipitating these self-deprecating cognitions and self-talk acts. If the client can learn under what circumstances they are most likely to engage in these cognitions, then presumably they will be better able to avoid such cognition in the future. Third, the client is taught to identify the psychophysiological consequences of their engaging in the self-deprecating self-talk acts (e.g., heart pounding, sweaty palms, tremors, rigid musculature, etc.). By identifying these signals, clients can recognize the need to pause momentarily and rethink their responses and basis for those responses to a given communication event. Fourth, the client learns to substitute deprecating self-talk with more realistic and proactive self-talk. Instead of telling self that she/he is too dumb to give a public speech, one tells themself that while they are not as prepared as they would like to be, that this is only one speaking engagement and that their worth as a person or speaker will not be determined on the basis of this one particular engagement.

The cognitive modification and R.E.T. approaches have a distinct advantage over the systematic desensitization and social skills approaches, but disadvantages as well. Their advantage is that clients are taught to master programatically, systematically their feelings as well as their behavior, as per the intellectual blueprints upon which those reactions are premised. Furthermore, these approaches are inexpensive to implement. Once mastered, the client can implement the basic procedure in any context, under any circumstances, without needing additional or specialized instruction. The shortcoming of these procedures is that they presume clients sufficiently capable of processing intellectually their realities. This is not always the case. Frequently, one's anxiety level is so high that they cannot think

their way through a given situation. They respond with much emotion—frequently with much "negative" emotion—and then behave in accordance with their fear, which is usually to flee the context they find themselves in or possibly defend themselves against would-be (imagined) threats from others. Neither is conducive to healthy, constructive communication interaction. Thus, while cognitive modification and R.E.T. approaches may have their place when coaching persons sufficiently attuned to their problems to anticipate early on an irrational flight or fight response, they are not optimal for persons experiencing excessive communication apprehension.

Since all of the above approaches have their comparative advantages and disadvantages, it would seem reasonsable to combine them in order to realize the best possible approach toward treating communication apprehension. Further, an approach that would combine the ease of the cognitive modification and R.E.T. approaches and at the same time focus initially on inducing relaxation, as is done in the systematic desensitization approach, would offer more advantages than any of those thus far discussed. It is suggested herein that through the use of visualization both objectives might be better realized.

Visualization: One Possible Alternative

As initially conceived by Roberto Assagioli (1973, 1976) and further refined by Ferrucci (1982), visualization is a step-by-step procedure similar to systematic desensitization in that clients are taught to imagine in detail an otherwise anxiety producing situation. Unlike systematic desensitization, however, and similar to cognitive modification procedures, visualization also involves one's imagining in detail their successful mastery of skills necessary to communicate effectively.

Visualization scripts are constructed such that a client is guided in their imagined (cognitive) anticipation of an anxiety producing communication event, preparation for its constructive management, actual execution of the skills necessary for the event's management, and positive self-reflection on one's successful conduct. This procedure encompasses the objectives of all the previously discussed procedures for reducing communication apprehension, as well as assisting clients in their mastery of specific motor skills. Further, visualization is easy to implement, requiring no complicated apparatus or lengthy instruction. Thus, it is possible to teach the rudiments of this procedure within a classroom context, both for the benefit of students presently afflicted by excessive communication apprehension, as well as for students who may be adversely affected in the future.

It is important to note that visualization need not be implemented strictly as a means of ameliorating anxiety experienced in public speaking contexts. In addition, this procedure can be applied to virtually any interpersonal or small group communication context. Among the more commonly experienced interpersonal communication problems are those involving initial contacts with strangers, negotiating important turning points in relationship development, asserting contrary opinions among significant others, resisting demands placed on self by authority figures, requesting favors, negotiating conflict, and a variety of other circumstances.

It is not argued here that visualization is the cure-all for all types of communication problems or all types of communicators having a similar difficulty in communicating in a given context. It is simply suggested here that visualization may well be an interesting, meaningful alternative--or at least supplement--to the more commonly used systematic desensitization, cognitive modification, and social skills approaches currently used by the majority of speech and communication teachers and consultants.

Of course, only quality research will determine whether visualization is useful in meeting the objectives described herein. To date, only one experimental study appears in the speech literature, which systematically assesses the effectiveness of visualization in reducing communication anxiety (Ayres & Hopf, 1985). And the results of this study applies only to public speaking anxiety, not to any of the many other anxiety producing communication contexts, such as those discussed above. Determining the effectiveness of visualization in these other communication contexts is an appropriate objective for future research.

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