

## AN ATTRIBUTIONAL ANALYSIS OF COMMUNICATION ANXIETY

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Nearly everyone experiences at some time difficulty in communicating effectively, although some individuals have problems more often and in more contexts than others. Difficulties in communicating effectively have been studied intensively for many years.<sup>1</sup> Communication inadequacy has been variously defined as a failure to speak where appropriate (e.g., reticence and stage fright), as a high rate of non-fluency (e.g., stuttering), as a set of behaviors that interfere with audience comprehension (e.g., figiting), and as a failure to be open with others (e.g., low self disclosure). Since many of these behaviors are accompanied by self reported and overt anxiety,<sup>2</sup> anxiety as a cause of communication inadequacy has been a major focus of attention in journals, convention programs, and academic departments in the speech communication discipline. This paper presents an analysis of communication anxiety that considers recent research in the area of attribution theory and offers suggestions for the development of theory and treatment.

### Current Treatment Problems

Many treatments of communication inadequacy are designed to reduce anxiety. These include massed practice, peer feedback, and behavior modification. All have had varying degrees of success. One reason for differences in the outcomes of treatment programs regardless of their content is that criteria for success differ. As Cook<sup>3</sup> describes evaluation, some programs

re designed and evaluated in accord with a "medical" model whereas others use a "tailoring" model. The medical model assumes that the program treats the cause of a problem that has a number of symptoms. A wide variety of symptoms and side effects are measured, some long after treatment and in quite different contexts. For example, the effects of a class in speech anxiety might be evaluated by measuring self-reported ease in making new friends six months later. The tailoring model is used by those who wish to tailor a specific program of treatment to a specific set of behaviors. With this model, the behavioral objectives of the treatment, rather than broader objectives, are measured. Thus, the effects of repetition in the speech anxiety class might be measured by immediately retesting students' fluency on the specific oral tasks they practiced during class sessions. Obviously, it is less difficult to demonstrate the success of treatment when outcomes are identified and measured in accord with the tailoring model than with the medical model. This would explain why Paul's<sup>4</sup> research on desensitization, using the tailoring model of problem identification and outcome measurement, demonstrated a very high effectiveness for desensitization, whereas Kleinsasser's,<sup>5</sup> using a medical model, did not.

One reason for the choice of a medical model of evaluation is theoretical preference. Those for whom communication anxiety is a general trait with many behavioral symptoms are likely to choose the medical model, even though positive outcomes are harder to demonstrate. But it is now known that neither communication inadequacy, nor anxiety, are entities that a person

has or does not have.<sup>6</sup> Communication dysfunctions may be caused by insufficient or inappropriate learning, by physical defects, by an unwillingness to share the common definition of appropriate behavior (as when a T-Group member refuses to talk because he rejects the openness norm) or simply by a misunderstanding of what is desirable communication behavior in a particular situation. Furthermore, anxiety in any one person varies greatly with the psychological situation, the setting and time. This being the case, an anxiety reduction treatment may not help those persons who communicate inadequately for reasons other than anxiety or whose behavioral problem is unrelated to outcome goals of the treatment. Treatment programs designed to reduce anxiety ought to be effective in improving communication adequacy just with those persons whose inadequacy is either caused or exacerbated by anxiety and whose inadequacy is actually related to the behavior focused upon in treatment and measured later. Such programs will be developed, however, only to the extent that the concept of communication anxiety, itself, is well understood. Two important questions to be answered are: (1) under what conditions do anxiety states cause specific communication problems, and (2) what are the causes of these anxiety states and their persistence.

### Conceptual Difficulties

Current conceptions of communication anxiety as a general attribute limit the development of tailored treatments and restrict more sophisticated theory and research. The development of effective treatment for communication anxiety as well

as theory, depends upon a more complex definition of the concept. Although communication theorists have drawn upon research in experimental psychology that demonstrates how anxiety affects performance<sup>7</sup> (i.e., anxiety arousal interferes with the performance of complex tasks and causes avoidance of situations which are associated with anxiety), they have not as yet been much influenced by empirical and theoretical advances in social psychology. A body of literature that deals with inference and the assignment of casualty--known as attribution theory--offers a multi-dimensional conceptualization of anxiety. When this theory is applied to communication anxiety, it may better account for its occurrence and persistence and provide important implications for measurement and treatment.

#### Communication Anxiety as Multidimensional

A tendency to be anxious in communication situations may be specific to only a few settings (e.g., speaking in public) or may be characteristic in many different communication situations, or may even be part of a generalized anxiety which is aroused in many facets of an individual's life.<sup>8</sup> Anxiety, therefore, may be conceived along a continuum of pervasiveness. Many theorists impose the terms "state" and "trait" on each end of the continuum. Because of the frequent confusion in both technical and everyday language we should briefly distinguish between state and trait anxiety. There are, however, far more thorough and adequate treatments of this issue available.<sup>9</sup>

State anxiety is used to describe anxious arousal to a specific group of stimuli, say interpersonal interaction, or

public speaking, or physical danger. Many people, for example, experience anxiety when speaking before a large audience but not in a small group. Researchers whose concern is primarily with state anxiety emphasize the importance of identifying situations that evoke anxiety in many individuals. Trait anxiety refers to a relatively enduring personality trait whereby an individual is predisposed to respond with anxiety behavior to a wide range of stimuli. Here the emphasis is on individual differences. The specific situations that arouse the anxious response are assumed to be not easily identified and are of secondary concern in treatment.

Even this state-trait conception of anxiety is too simplistic. Recent studies of anxiety support an interaction model of anxiety whereby persons are assumed to be more or less predisposed to be anxious in particular situations. For example, one person might be inclined to be anxious in situations where threat to self-esteem is possible; another might be disposed to anxiety only in strange or new situations (both would tend to score high on a unidimensional test).

Whether or not communication anxiety is unidimensional is perhaps so far unknown, but certainly, recent experiments raise the possibility that it is not. Endler<sup>10</sup> has shown that there are at least four different kinds of trait anxiety (interpersonal, physical danger, ambiguous, and daily routine), each of which can be manifested in at least three different response modes (approach, avoidance, and autonomic). This work suggests that, pervasiveness held constant, people who are predisposed to react with avoidance of public speaking for example may be quite different

from those who avoid interpersonal interaction in small groups. Perhaps the various terms for communication anxiety, such as apprehension, reticence and stage fright, actually refer to different trait-state continua.

Pervasiveness (trait-state), situation type, and response mode are thus three categories of communication anxiety important to consider in developing theory and treatment. A fourth category (or more accurately, set of categories), cognitive attribution, is undoubtedly of equal importance even though consideration of attribution phenomena has not yet much influenced theorists, researchers and practitioners in the field of communication anxiety.

#### Anxiety as an Emotion

Attribution dimensions define the extent to which a person cognitively labels an aroused physical state as the emotion of anxiety and, also, the extent to which he attributes his state of emotion to some factor within himself, such as a personality trait, or to some situational factor, such as an unsympathetic audience. Another consideration is whether or not some behavioral communication difficulty is attributed to anxiety. All three attribution processes will, we argue, affect the development and persistence of communication anxiety and the effectiveness of various treatments for it.

Recognition of the first process followed the discovery that anxiety, itself, has at least two components. These components are (1) autonomic arousal, and (2) the cognitive

assignment of the label "anxiety" to that arousal, which in interaction may contribute to the individual's behavioral problems.

Arousal, whatever its cause, is known to increase the rate of responding whether responses are appropriate or inappropriate. Furthermore, arousing stimuli are distracting, drawing attention away from task performance to the salient arousing stimuli and to the person's own physiological state. Anxiety as it is usually defined, however, is more than arousal because it is perceived by the individual to be a negative emotional state. The negative effects of arousal are much exacerbated when arousal is defined by the person as anxiety. In this case, the drive has a directive (i.e., to lower arousal or avoid increasing it) which may compete with task requirements and is a socially undesirable emotional state. This is similar to what Wendell Johnson referred to some time ago as "semantogenic disability." As Johnson suggested,

. . .The number of weaknesses 'available' to most of us is probably great enough to provide a pausable disability for almost any occasion. And we can be direct about it, 'using' a sore throat to avoid a speaking engagement, or we can be subtle and discover that we have an ailing back.<sup>11</sup>

This does not mean, however, that all such semantogenic "ailments" are produced at will and with full awareness of the motives involved. On the contrary, it is the non-awareness that often causes exacerbation. Moreover, if the individual labels a large number of arousal states as anxiety and feels that it reflects a characteristic of his personality, his self concept will be affected negatively.

Recently some research has focused upon the conditions under which a state of arousal becomes attributed as an emotion. This research was stimulated by Schachter's conceptualization of emotion<sup>12</sup> which is concerned with the attribution of cause to physiological arousal. Schachter and others contend that a straightforward reinforcement model does not account for states of intense emotion, particularly when they persist over time. Love, hate, anger and anxiety are not necessarily responses to actual rewarding or punishing stimuli, nor is it possible to predict what emotion will be felt by an objective analysis of the situation. People may fall in love with those who punish them, hate those who comfort them, and feel communication anxiety even when their receivers are sympathetic.<sup>13</sup>

Schachter proposes that attributed emotion depends upon a state of physiological arousal being identified by the individual as an emotional state. Moreover, arousal alone is not sufficient to cause a feeling of emotion, but does provoke a need to explain the cause of the arousal. If an individual perspires, feels flushed, or feels "butterflies in his stomach" when talking with a new acquaintance, for example, he will search to find the cause for his physical symptoms. In doing so, the individual looks to his environment for the explanation of his upset state. If the cues in the situation indicate that his arousal is simply a physical response (such as due to illness or to drugs), he will look no further for an explanation and will not attribute his arousal as emotion. In the absence



of a known physical cause, the individual will find a reason for his physical symptoms in the setting, or in the behavior of others, or in his personality. This attribution of cause permits the individual to attach an emotional label to his physical state. For example, a speaker who is aroused and perceives his audience as unfriendly may identify his feeling as anxiety. In future similar circumstances the assignment of the anxiety label may persist regardless of the nature of the audience, so that the individual may now attribute his anxiety to something within himself. On the other hand, if a speaker is aroused but views his audience as supportive, he may label his arousal as excitement and enjoy the experience, as well as subsequent similar experiences.

Schachter and Singer<sup>14</sup> in a landmark study, increased the physiological arousal of subjects by giving them epinephrine (a drug which causes increased heart rate, palmar sweating, a flushed feeling, etc.). Those who knew they had been given a drug which caused their physical state reported they did not feel emotional. Those who were unaware of the drug's arousing effects, however, did say they felt an emotion. Moreover, the specific emotional label they attached to their physical state depended upon situational cues. When another person, a confederate, was euphorically playing around in the room (e.g., flying paper airplanes or throwing paper wads) the subjects reported they felt happy. If the confederate became angry when asked to answer a questionnaire which

contained personal items and stamped from the room, however, the subject likewise reported he felt angry. In the same circumstances, subjects without epinephrine did not report as much emotion.

The results of this study can be generalized to communication anxiety. Autonomic arousal is present at relative levels where we communicate with others because the encounter generally requires attentiveness, concentration, and activity. Furthermore, since each time we interact we are implicitly seeking validation,<sup>15</sup> the possibility of embarrassment, rejection or negative feedback from others heightens the possibility of arousal. As noted above, this state of arousal may or may not be attributed to anxiety depending on previous experiences and the anticipation of outcomes of the encounter by the individual. Expectations about the relationship will affect how situational cues are perceived and whether the individual labels his arousal as anxiety will depend upon the interaction of actual situational cues with his perceptions of them. The apparent anxiety of others, difficult task requirements, negative feedback, or even subtle cues from a leader that the individual is expected to be anxious may lead to the attribution of anxiety. Since many interpersonal situations are likely to be ambiguous in terms of social norms and appropriate behavior (i.e., politeness norms and social roles may disguise actual feelings), an individual's expectations about himself and others should heavily influence what emotion he attributes to himself. What if an individual characteristically assigns labels such as "nervousness," "fear," "anxiety,"

etc. to quite normal arousal which could have just as well been defined as "enthusiasm," "excitement," "surprise," and so on? People who expect to fail in gaining the approval of others, for example, may typically label arousal as "anxiety" when engaged in a social situation when the real reason for the arousal may have been another's unusual friendliness or physical attractiveness. Thus, a person's expectations when entering a relationship or encounter, as well as his self-concept, are important factors in the self-identification or labeling of arousal states when communicating; they determine, along with situational factors, whether he feels exhilarated and thrilled, simply excited, or dread.

#### Attribution of Trait vs. State

Just as theorists are likely to blame communication anxiety more or less on dispositional or situational factors, individuals experiencing anxiety will also do so. Theories of attribution developed by such theorists as Fritz Heider and Harold Kelley<sup>16</sup> are useful for explaining, not just how the emotional state of communication anxiety develops in a particular situation, but also in understanding why some people have a predisposition to be anxious in particular communication settings.

In all versions of attribution theory, individuals are assumed to interpret and explain their world. The theory assumes that people are motivated to assign cause for behavior so they can better understand their world. Heider refers to this process as the "naive analysis of behavior," suggesting that we are all naive psychologists. His version of

attribution theory is concerned with how observers explain the behavior of others, but several authors have extended the theory to examine the causal interpretations that individuals apply to themselves.<sup>17</sup> There is experimental support for the notion that we attribute to ourselves, not just emotions as in Schacter's theory, but also attitudes, beliefs, and personal dispositions. For example, we seem to attribute to ourselves a particular degree of ability by observing our own behavior, just as we infer the emotions, attitudes, abilities and dispositions of others by observing their behavior.

#### The Attribution of Attitude and Motivation

Bem, in attempting to provide an alternative interpretation for cognitive dissonance, suggested our behavior may predispose our attitude rather than vice versa. For example, we will say we like brown beans if we always eat them.<sup>18</sup> In the same manner, we may believe that we enjoy public speaking or one-to-one interaction because we do a great deal of it. This is a form of psycho-logic based on the common assumption that people act in accord with their beliefs and motives. The same sort of logic causes an individual to infer a lower degree of personal enjoyment for communicating if his behavior is required by his job or other external demands. If there is sufficient justification in the environment for his speaking in public, for example, he is less likely to attribute his behavior (i.e., speaking) to personal predilections. The perception of high personal choice to engage in communication,

therefore, may promote a positive regard for doing so, if it is actually performed. If not, high perceived choice would lead to the attribution that he did not think it would be effective or that he avoided speaking for any other number of dispositional reasons. One of these, of course, includes being too anxious to communicate.

Conversely, forced communication should reduce the tendency to infer that a person communicates because he likes to do so, and having made that inference, it will be much more probable that the individual will attribute his states of arousal to anxiety or some other emotional state. Once the anxiety attribution has been made, chances are the person will choose not to communicate. In that event, he will likely develop a negative attitude toward communicating. We now have a perpetuative cycle such that the greater the anxiety, the greater the inference that one fails to communicate because of an internal emotional state; and the greater the inference that one does not enjoy communicating or is not motivated to do so, the greater the likelihood of further reluctance to speak or communicate in similar situations.

In sum, communication anxiety is likely to develop when the person attributes his communication behavior to a negative attitude or low motivation. These internal states, in turn, are probable attributions when one perceives he has chosen not to communicate or communicated with little choice. The perception of choice, of course, does not necessarily reflect actual choice.

### The Attribution of Communication Ability or Adequacy

An attribution of little personal desire to communicate is, of course, not the only source of communication anxiety. Attribution theory suggests that the attribution of a stable, internal cause for failure in communication encounters (i.e., low ability or lack of skill) will also increase the likelihood that a person may consider himself to suffer from communication anxiety.

Weiner et. al.<sup>19</sup> contend that attributions made by observers for success or failure may be classified into broad classifications, internal and external. Dispositional factors within the individual such as his ability or motivation are classified as internal causes of behavior, and luck on the other hand, are examples of external causes or influences. Of the two general dispositional factors (motivation and ability), ability is considered by most people to be the most stable.<sup>20</sup> Furthermore, consistent performance (successful or unsuccessful) is most often seen by observers as due to the actor's individual ability, whereas, inconsistent performance is more likely to be attributed to factors such as intent or effort.

This same sort of process occurs when an individual makes attributions about his own behavior. People assess the likelihood that success or failure was caused primarily by the situation or by internal attributes or by both. They also attribute cause to variable factors, such as luck or motivation, or to more stable factors such as, difficulty of the endeavor

or ability. Several studies support the notion that self-observers characteristically attribute causality to aspects of the situation while observers of other's behavior tend to attribute causality to the individual's disposition.<sup>21</sup>

One reason the self observer may place greater emphasis upon situational elements in explaining his own behavior is because the ability to respond differentially to varying situations enhances his sense of control of the environment. There are also other cues which a person might use to assign cause for his own behavior.

Past experience in similar situations and observations of others create expectations against which an individual may judge his performance and determine its cause. When people consistently perform or communicate "better" or "worse" than others, the inference is likely to be that the task or situation determined the outcome than it is that something within is responsible. Attribution theory predicts, therefore, that the greatest self-attribution of high or low ability will occur when a person invariably succeeds or fails more than others do in the same or closely similar situations.

Most individuals are moderately successful in communicating. They seldom even think about why they are successful, except perhaps when they are unexpectedly highly successful, at which time they will probably attribute their success to their own efforts. Likewise, if they happen to "fail" unexpectedly, they will probably attribute the outcome to unusual task difficulty, luck, or a momentary lapse of effort. For example: "I received an A on my oral report

because I kept my cool," or "Sure I did poorly! Anybody would if people were shouting questions at you the whole time." The obvious general principle is that a majority of consistent successful experiences allows an individual to "shake off" occasional failure as due to bad luck, poor timing, or any other plausible external factor.

What about individuals who have not been successful in their attempts to communicate and may even have been consistently unsuccessful as they see it. In this case, the self-attributions tend to be reversed. That is, successful experiences are the unexpected and will most likely be attributed to good luck or an exceptionally easy task or situation, whereas, failure will be attributed to personal, internal inadequacies. For example: "I only got the job because it doesn't require any contact with people," or "I knew they wouldn't hire me because I'm not good at talking to strangers."

Furthermore, the consistently "unsuccessful" communicator may make unusual distorted attributions of causality for other's behavior and communication outcomes. That is, the individual may have an inflated view of other's superiority in situations in which he himself characteristically feels inadequate or inferior. He may perceive others as considerably more successful or having more responsibility for their success than even others perceive themselves. Successful experiences of others as he perceives them, seem accountable



to the person's dispositional or internal factors while failures are attributed to environmental or external factors.

As these kinds of attributions continue, the individual's self-confidence and self-esteem may become progressively lower, and he will become more anxious about communicating. He attributes more anxiety to himself when he does communicate or even contemplates doing so and avoidance behavior becomes the only apparent way to maintain any self-respect. This creates a cycle of intrapersonal mistrust which is actually self-defeating to maintenance of self-esteem and serves to promote more internal attribution for failure. Anxiety and demonstrable lack of skill each provides evidence of more general failure as a person, and the assumption of low self-worth in turn increases the likelihood of anxiety and failure. In most cases individuals who experience communication apprehension and make these kinds of attributions resign themselves to the "fact" that they are poor communicators, and are, except in isolated situations with people they perceive as accepting. Although in the latter situations their communication is usually unrestrained, spontaneous, and open, they are convinced that they are not effective "talkers." They persist in attributing nonapprehensive behavior in isolated relationships as externally caused. It may be that an individual can become so resigned to his self-concept that he begins to accept it, which could strengthen his self-esteem and suggests that he may "grow out of" his anxiety. On the other hand, most

of these people experience continually greater dissatisfaction with themselves and their ability (as they perceive it) causing them psychological discomfort and continued withdrawal from varied relationships.

### The Persistence of Negative Attributions

It has been suggested that emotionally negative attributions concerning motive and ability cause an individual to act in ways that further exaggerate anxiety and lend to increase failure or avoidance in communicative situations. Both avoidance and perceptions of inadequacy in turn prompt the making of more negative attributions. There are two other factors that also contribute to this self-fulfilling prophecy: the lack of consensual validation and negative validation.

Since social reality cannot ordinarily be measured with yardsticks, tape measures, or weights, individuals use others to discover what is correct or incorrect, right or wrong, good or bad, appropriate or inappropriate and so forth. This social comparison process<sup>22</sup> also is used to help attribute causes for behavior and to validate self-perceptions. The behavior of others and their responses to an individual give some idea as to whether a person's inference about "reality"--including himself--are correct or not. Positive appraisals serve to enhance self-esteem and may force reexamination of personal defeat or failure so as to encourage external or variable attributions of cause, rather than stable internal attribution. If an individual avoids seeking the opinion of others because

he expects and fears negative evaluation, he also eliminates the possibility of receiving the positive validation he so desperately needs.

In situations where the cause for a negative outcome is construed as internal and reflecting an inferiority, an individual may avoid social interaction and exposure of what he perceives as an embarrassing or shameful attribute. The failure or inability to use social consensus to check out his evaluations can lead to further self-ascriptions of abnormality and personal inadequacy that can be profoundly debilitating. This condition also promotes an oversensitivity concerning the individual's own behavior, such that the communicator may continually monitor his own behavior and tend to interpret behaviors that are common and normal to be abnormal. This pattern of response is similar to what has also been referred to as "social alienation." Giffin has synthesized a number of alienation studies including research which has investigated the relationship between social alienation and speech anxiety. In the synthesis article of his research and other, Giffin points out the characteristic patterns of social alienation and communication anxiety as low self-image, low trust of others, high motivation to avoid failure, and low motivation to achieve success.<sup>23</sup> As we noted earlier, these attributions of inadequacy create a cycle whereby interaction is avoided for fear of confirming the inadequacy, but the avoidance itself may be perceived as verification anyway.

Suppose, however, that an individual does not yet have a firm attribution for his communication inadequacy. Perhaps he is simply seeking help for inadequacy that he attributes to a simple lack of skill and is not yet attributed to severe anxiety or inability. In this case, negative feedback from others will exaggerate the mildly negative attribution. If others label him as anxious or hostile he has received social validation for a negative trait as well as an emotional explanation for the arousal he experiences when communicating.

The following postulates taken from this analysis provide a concise summary of the conceptual position offered in this paper.

1. Communication anxiety is a situation-specific emotion and is therefore, multi-dimensional in its conceptual nature with cognitive attributions of causality for arousal and for communication behavior or skills as important dimensions.
2. Individuals who tend to experience communication anxiety in a given situation will characteristically attribute the cause for their own and others success or failure as related to the situation differently than those who do not tend to experience communication anxiety. Specifically:
  - a) Personal self-success will be perceived as caused primarily by external or situational factors;
  - b) Personal self-failure will be perceived as caused primarily by internal or dispositional factors;
  - c) Other's success will be perceived as caused primarily by internal or dispositional attributes of the person;
  - d) Other's failure will be perceived as caused by external or situational factors rather than the person's dispositional attributes.
3. Individuals who tend to experience communication anxiety will characteristically assign more labels with a negative valence to their physiological arousal than will individuals who do not tend to experience communication anxiety.

4. Persistent labeling of behavior or arousal as "anxiety" or similar negative labels will exacerbate the phenomenon and establish a cycle of additional dysfunctional behavior and cognitive attribution.

#### Implications for Measurement and Treatment of Communication Anxiety

The implications of this reasoning for current methods of measurement and treatment of communication anxiety are that these methods may provide some people with a negative attribution or label and in fact exacerbate the very problem which the treatment is designed to reduce. Tests for communication apprehension or anxiety which have items concerning specific states of arousal (e.g., palmar sweating when speaking) and specific behaviors (e.g., hesitations or nonfluencies) may lead an individual to conclude that if these attributes are characteristic of his state while he communicates that he has something known as "communication anxiety." That is, the measurement may be reactive in that it supplies a dispositional label for symptoms and difficulties when an external attribution may not only be more functional but more appropriate, since the situation described by the test item is generally arousing for everyone.

Therapy or treatment for communication anxiety may also lead to a greater internal attribution of communication inadequacy, since the treatment assumes the person "has" an anxiety problem and, further, by focusing on what he feels and does, assumes that the problem is caused by him rather than by his environment. Treatment techniques that are in themselves of little help may exacerbate the problem because anxiety that fails to respond to treatment

seems decidedly serious. Finally, the tendency for observers to attribute the behavior of others to dispositional traits rather than to situational factors may lead to dispositionally inclined feedback by therapists, teachers and peers.<sup>24</sup> For example, treatment of communication anxiety through strictly T-group training methods may cause an individual to make more internal attributions for his inadequacy because in giving feedback group members will tend to see another's state as internally caused. This information will cause the individual to feel more responsible for his inadequacies but not necessarily more prepared to deal with them.

Some might argue that recognition of one's problem is a necessary basis for successful treatment. The attribution theorists, however, would counter that some forms of recognition are dysfunctional instead. Valins and Nisbett<sup>25</sup> suggest that under certain circumstances people may develop dispositional explanations for their behavior when situational explanations may be more appropriate. Citing case examples from personal accounts by John Neale and work by Ross, Rodin, and Zimbardo<sup>26</sup> and Davison,<sup>27</sup> they argue that emotional disorders often result from inappropriate attributions and that by providing a patient with a "normal" explanation for his behavior, his dysfunctional behaviors or attitudes may disappear. They even suggest that this kind of reattribution, or assessment therapy does not necessarily require a therapist. Reattributions are possible simply through interaction with friends who offer different

interpretations to the actor for his own behavior or feelings. For example, an individual might be convinced by them that his glibness with intimates reflects his true self more than does his lack of interaction in class.

Since the anxiety experienced has two components, the physiological and the cognitive (through attributional processes and label attachment), the treatment should attack both aspects. The widely used systematic desensitization<sup>28</sup> approach operating from a conditioning model, focuses primarily on the physiological state. While this treatment may reduce autonomic arousal, dysfunctional and inappropriate attributions may persist. Furthermore, the newly acquired lack of arousal produced by the conditioning may be attributed to the systematic desensitization as an external factor, realizing no re-identification of the emotion reported by the apprehensive individual. Perhaps the most important aspect of the treatment is that any progress in terms of alleviating the anxiety must be attributed by the patient to his own ability or effort and not to external forces.

With the exception of a few studies, the discovery of the relationship of attribution processes with communication anxiety remains relatively unexplored.<sup>29</sup> Theoretically the existence of a relationship has merit, and research in related areas has substantiated the importance of causal attributions in understanding human behavior.

## FOOTNOTES

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