

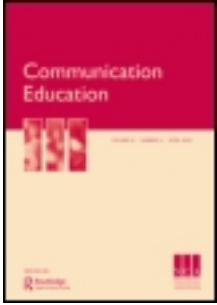
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VISUALIZATION, SYSTEMATIC DESENSITIZATION, AND RATIONAL EMOTIVE THERAPY: A COMPARATIVE EVALUATION

Joe Ayres and
Theodore S. Hopf*

Over the past century a considerable amount of attention has been paid to a variety of communication problems associated with a fear of communicating with others, including communication avoidance (Burgoon, 1976), audience anxiety (Buss, 1980), communication apprehension (McCroskey, 1970), and reticence (Phillips, 1968). Not surprisingly, a number of remedial techniques have been used to cope with these communication problems.

The more prominent of these remedial tactics include skills training (ST), rational emotive therapy (RET), and systematic desensitization (SD). Skills training is generally employed when the remediator believes the person receiving treatment lacks the performative skills necessary to engage in communication activities (Phillips & Metzger, 1973). Systematic desensitization (Wolpe, 1958) has been the treatment of choice when it is thought the person has associated relatively neutral speaking experiences with feelings of anxiety. RET (Ellis, 1962; Meichenbaum, 1977) is generally employed when it appears that the person uses negative, irrational self-evaluations in communication situations.

From the standpoint of the theories on which these practices are founded, there should be clear differences in their effectiveness under various conditions. In practice, however, none of these three intervention tactics have been established as clearly superior (Glazer, 1981; Watson & Dodd, 1984). For the classroom teacher, until one treatment approach is established as being superior, the selection of remedial treatment often boils down to whether or not the instructor can employ the tactic given the available resources. Each of these three techniques requires the instructor to have substantial resources available. Skills training requires the identification of behavioral deficits and construction of an appropriate remedial program including reinforcement, modeling, goal setting, or some combination of these and other tactics (Cohen, 1980). Systematic desensitization involves identifying anxious students and treating them in special sessions that require several hours of out of class time (McCroskey, 1972). Rational emotive therapy requires the identification and treatment of specific negative, irrational thinking and is most appropriately carried out on an individual or small group basis (Watson & Dodd, 1984). These dominant treatment modes place heavy demands on already overburdened instructors.

Clearly, it would be desirable to be able to deal with communication anxiety within the normal classroom routine. Ayres and Hopf (1985) have recently suggested that visualization (VIS) can be used to accomplish this goal. VIS involves having students imagine themselves successfully accomplishing specific communication objectives. Assagioli (1973, 1976) advocates using VIS to achieve self control or what

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he terms psychosynthesis. From this perspective, one learns to control communication anxiety by imagining oneself performing successfully. Ayres and Hopf tested Assagioli's notion by having students use VIS in class just prior to delivering informative and impromptu speeches. Anxious students who used the visualization process reported much lower levels of CA than anxious students who did not use the technique. This research, however, did not address the question of whether VIS was as effective as SD, ST, or RET. The purpose of the present study was to determine if VIS is as effective as RET and SD in reducing communication apprehension. Skills training was not employed in this comparative test because ST is primarily directed toward changing behavior rather than reducing anxiety (Phillips & Metzger, 1973; Glazer, 1981). Since VIS is concerned with reducing anxiety, it seemed desirable to compare the technique with other techniques advanced for similar purposes rather than those advanced to shape behavior.

PROCEDURE

In general this study proceeded by selecting high communication apprehension students and exposing or not exposing them to one of three remedial treatment programs. Pre and post-test difference scores for these respondents were compared using a one way analysis of variance. Details for each of these steps are presented below.

Subject selection

One thousand and eighty-two students enrolled in a beginning public speaking class were asked to fill out the Personal Report of Communication Apprehension (i.e., PRCA-24, McCroskey & Richmond, 1982) during the first week of class. Seventy-eight percent of these students were freshmen with the remainder being primarily sophomores (15%) with a few juniors (5%) and seniors (2%). Students had the option of not participating by simply leaving the form blank (989 of these 1,082 students completed the form; of these 458 were women and 531 were men). Sixty-four students scoring one standard deviation above the mean formed the subject population for this study. Sixteen of these students were randomly assigned to a control group, 16 to the SD treatment group, 16 to the RET treatment group, and 16 to the VIS treatment group. Students attended three two hour sessions in groups of eight outside the normal classroom setting during the first four weeks of the semester, but were not given course credit for attending. The sessions were described as "Confidence Building Sessions" to encourage attendance. Two trainers, who had been enrolled in a training and development seminar the previous semester which provided them with in depth information and practical training experience in the use of each of these techniques, conducted these sessions. Each trainer was made responsible for training one SD, one RET, and one VIS group.

In actuality, 15 students completed SD, 13 RET, and 15 the VIS training. Responses were obtained from all 16 students in the control group. After students completed the respective treatments, they again completed the PRCA-24 along with all other students in the public speaking class. Men's ($N = 33$) and women's ($N = 25$) scores were compared before and after treatment but no significant differences were found. Thus gender was not considered in subsequent analyses.

Treatment conditions

Systematic desensitization is a well known procedure that involves having students learn deep muscle relaxation and then imagine themselves in fear producing

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communication situations until they can do so and remain relaxed. Students in this study were trained to use the deep breathing and muscle relaxation exercises described by Wolpe (1958). Fear provoking hierarchies were constructed for interpersonal, small group, and public speaking contexts. One training session was devoted to each of these situations.

Rational emotive therapy involves helping students identify irrational self evaluations and developing rational counters to those irrational thoughts. The RET procedures followed in this study are described by Ellis & Harper (1975). Briefly, these authors suggest (A) identifying the activating experience, (B) discussing the person's beliefs about the experience, (C) specifying the emotional consequences of the experience, (D) challenging irrational ideas about the experience, and (E) developing appropriate counters for irrational processes. One RET training session was devoted to interpersonal, small group, and public speaking situations respectively.

Visualization involves having students imagine themselves successfully performing a given communication act (Assagioli, 1976; Ferrucci, 1982). In this treatment approach the students are carefully guided through the visualization process. For instance, individuals visualizing themselves presenting a speech are told to imagine getting up that morning feeling refreshed and confident, to see themselves dressing in clothes that make them feel attractive, imagining having others comment positively on their appearance and manner, and so on throughout the presentation. One visualization training session was devoted to interpersonal, small group, and public speaking situations respectively.

Instrument

The PRCA-24 was selected to measure reductions in communication apprehension because it has been repeatedly demonstrated to have high reliability and validity (McCroskey, 1984). Since other instruments have been shown to produce similar results vis a vis RET and SD (Watson & Dodd, 1984), it was decided to employ only one instrument to keep classroom disruption to a minimum. The reliability (pre/post) of the PRCA-24 in this study was .87. This figure was based on repeated administration of the PRCA to all students enrolled in the public speaking class (excluding the 58 students participating in this study).

RESULTS

As can be seen in Table 1, the pre test means for the RET ($M = 87.8$, $SD = 15.1$); SD ($M = 86.9$, $SD = 14.9$); VIS ($M = 87.3$, $SD = 15.3$); and control groups

TABLE 1
MEAN PRE/POST PRCA-24 AND CHANGE SCORES BY TREATMENT GROUP

Groups	<i>n</i>	Pre-test	Post-test	Change ^a
RET ^b	13	87.8	70.6	17.2
SD	15	86.9	68.8	16.1
VIS	14	87.3	72.8	14.5
Control	16	85.4	81.5	3.9

^aA one way analysis of variance revealed these change score means differ from one another at the .001 level. Post hoc analyses determined that change scores in the three treatment groups differed from the control group change scores but not from one another.

^bRET = rational emotive therapy
SD = systematic desensitization
VIS = visualization

($M = 85.4$, $SD = 15.1$) were all similar. The post test means, while all lower, indicate that RET ($M = 70.6$, $SD = 15.4$); SD ($M = 68.8$, $SD = 15.3$); and VIS ($M = 72.8$, $SD = 14.9$) were much lower than the control group mean ($M = 81.5$, $SD = 15.31$). The treatment conditions differed from one another at well beyond the .001 level ($F_{\text{obt}3+54\text{df}} = 20.51$).

Omega squared indicated this effect accounted for 57% of the variance. Post hoc analyses using Duncan's Multiple Range Test revealed that the control group mean differed from the three treatment group means at well beyond the .01 level, but that the treatment group means did not differ from one another.

DISCUSSION

These data indicate that visualization was as effective in reducing communication anxiety as either rational emotive therapy or systematic desensitization. Since previous research revealed that visualization can be used without disrupting the normal classroom routine, the fact that it seems to be as effective in reducing CA as more established treatment modes is particularly encouraging for the classroom teacher. By employing this technique, the classroom teacher can help students without expending the large amount of resources necessary to implement SD or RET programs. It should be noted though that the overall decrease in anxiety was of greater magnitude in the RET and SD treatment conditions than the decrease recorded in the visualization condition, indicating that a prudent person having adequate resources should employ one of the more established treatment procedures.

The magnitude of reduction of CA is of interest in another respect as well. Watson and Dodd (1984) using SD, RET, and ST in special sections over the course of a semester recorded larger average reductions in CA than those recorded here. The intensive training afforded in a classroom setting would seem to account for this difference and would seem to support using special sections of our basic courses to help students deal with communication anxiety.

However, this study does have a major limitation. The pre/post test control group design employed in this study has excellent internal validity but has limited external validity (Campbell & Stanley, 1963). Thus, we can be sure that within the confines of this study the results obtained will most likely emerge again. However, we do not know if these effects will generalize. As one astute critic pointed out, perhaps the extra attention these students received led to the reductions in CA we observed or perhaps these students deduced the experimental purpose and suppressed their post test scores "to help us out." Clearly, additional research is required to eliminate these and other plausible rival hypotheses.

A number of issues related to the use of visualization await investigation. While Ayres and Hopf (1985) demonstrated the utility of the technique in the public speaking classroom, the technique needs to be validated in other classrooms (i.e., interpersonal and small group) and non-classroom settings (e.g., interviews, registering complaints, dating, etc.).

It also seems desirable to determine if visualization is effective when different delivery modes are employed. Would audio-tapes be as effective as in-person training? Could students be given a script to follow on their own with no instruction?

These and other questions need to be pursued to explore the ramifications of visualization. At the moment, available evidence indicates VIS can be usefully

employed in classroom settings and that VIS is almost as effective as the dominant treatment modes in reducing self-reported communication apprehension.

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