

## Coping with Sales Call Anxiety and Its Effects on Protective Actions

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**Coping with Sales Call Anxiety and Its Effects  
on Protective Actions**

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**Coping with Sales Call Anxiety:  
The differential effects of coping strategies on protective actions**

**Abstract**

We study how salespeople cope with sales call anxiety and find that two tactics ultimately reduce dysfunctional protective actions in selling interactions. That is, situation modification and attentional deployment both moderate the effects of felt physiological sensations and anxiety on protective actions.

Sales call anxiety (SCA) is an intrusive, pervasive emotion in personal selling situations and consists of three components: negative expectations and thoughts (i.e., anxiety cognitions), physiological sensations, and protective (as opposed to assertive or inquisitive) actions. Verbeke and Bagozzi (2000; 2003) showed that the components of SCA have strong negative impacts on such performance outcomes as quality of communication and sales volume. Psychologically, protective actions are potentially the most damaging aspect of SCA (Verbeke and Bagozzi 2000, p. 97), because they negatively affect the perceived competence of a salesperson and lead to self-reinforcing cyclic behaviors that perpetuate SCA (Wells et al. 1995)<sup>1</sup>.

Although Verbeke and Bagozzi (2000) showed that excessive SCA is dysfunctional for salespeople and the organization, they did not study how salespeople cope with SCA so as to provide guidelines for self-regulation and for managerial interventions. Verbeke and Bagozzi (2000) did propose a number of plausible coping tactics in the Discussion of their article. But we argue in the next section that the tactics they proposed have two drawbacks and that a new conceptualization is needed for how coping with SCA occurs.

The goal of this paper is to study how salespeople effectively cope with SCA, specifically with regard urges to withdraw or disengage with customers during closing (Verbeke and Bagozzi 2000; Wells et al. 1995). We focus on two frequently used coping techniques, namely situation modification and attentional deployment (Gross 1999), which form the core elements of anxiety therapies in the contemporary psychology literature (e.g., Rachman 1998; Clark and Wells 1995; Leary and Kowalski 1995). We investigate how these two coping strategies either help or hinder salespeople in coping with their SCA. Because virtually no research can be found in the marketing or organizational behavior literatures on this topic, we draw upon and adapt basic research from psychology to this practical marketing problem.

The paper proceeds as follows. First, we explain why it is difficult for salespeople and sales managers alike to make adequate decisions about what coping tactic to choose for overcoming SCA. Second, we present a revised version of Verbeke and Bagozzi's (2000) SCA model by

proposing that protective actions are influenced by anxiety cognitions and physiological sensations. Third, we discuss attentional deployment and situation modification as coping tactics and develop hypotheses on how these tactics impact protective actions associated with SCA. We show that each coping tactic interacts with either anxiety cognitions or felt physiological sensations to affect protective action implementation. Finally, implications for practitioners and researchers are presented.

### **Fundamental Impediments to Any Coping Efforts**

In concert with recent calls for sales managers to take more active roles in helping salespeople cope with difficulties on the job (e.g., Bolman Pullins and Fine 2002; Marshall and Michales 2001), Verbeke and Bagozzi (2000) proposed a variety of tactics for reducing SCA. Their suggestions addressed the components of SCA as main effects and did not consider their interactions with coping responses. Consideration of interactions is essential, it can be argued, because research in psychology has produced opposite policy recommendations. For example, Foa and Kozak (1986) conceive of thought distraction as a specific kind of attentional deployment tactic, which amplifies feelings of anxiety and their relationship with protective actions. By contrast, Wells (1997) conceives of thought distraction as a helpful coping tactic that reduces feelings of anxiety and their relationship with protective actions. Without a theory of how thought distraction functions with SCA, any recommendation on self-regulation or managerial intervention could be indeterminant or even detrimental if implemented in the field.

Recent research by Gross (1998) provides a starting point for better thinking about how coping with SCA occurs and what this means for managing it. In his experiments, Gross (1998) found that coping had opposite effects. That is, coping lowered the expression of negative emotions but at the same time amplified the physiological manifestations of it. Likewise, our review of the literature in psychology reveals that coping techniques result in opposite effects when the intensity of certain components of the emotional system (e.g., anxiety cognitions, felt physiological reactions) changes significantly; i.e., interaction effects have been found between anxiety

components and coping (e.g., McCaul and Malott 1984; McCaul and Haugtvedt 1982). Extending these ideas and findings to the SCA context, we feel that it is important to consider whether certain applications of coping tactics might back fire when particular components of the emotional system intensify. It is essential to identify the specific interactions, if salespeople and sales managers are to effectively manage SCA.

### **A Revised Process Model of Sales Call Anxiety**

SCA is a pervasive anticipatory emotion that occurs when sales people foresee that an upcoming selling situation may be potentially damaging to their self-image and performance. Verbeke and Bagozzi (2000) conceive of SCA responses as “anxiety programs”, which can best be defined as self-reinforcing systems of cognitive, somatic, affective, and behavioral changes that are designed to protect a person from harm in objectively dangerous environments. But once triggered, these anxiety programs amplify the perceived danger during a selling situation, making the salesperson less assertive and less effective as a communicator.

Bagozzi and Verbeke (2000) treated anxiety cognitions, felt physiological sensations, and protective actions as three components of one overall SCA construct. But based on findings in clinical and social psychology showing that the cognitive and physiological components need not function in tandem, and our intuition that cognitive and physiological sensations can be best categorized as psychological reactions, and protective actions are best thought of as behavioral responses, we propose Figure 1 as a working diagram of SCA and its relationship to selling situations, which we will elaborate upon shortly. The two psychological SCA reactions interact with the two proposed coping mechanisms to influence the behavioral manifestation of SCA. In sum, Verbeke and Bagozzi (2000) studied the effect of an agglomeration of the three components of SCA on performance. We investigate how salespeople cope with the two psychological components of SCA and how this coping moderates the effects of the two components on protective actions. Thus, we revise Verbeke and Bagozzi’s (2000) conceptualization of SCA and then show how salespeople cope with SCA and react accordingly.

SCA is not a unitary phenomenon but a syndrome of interdependent cognitive and physiological components that result in protective actions (Kendall 1982). Although linked to each other, these components need not always be evenly triggered when salespeople experience anxiety-provoking situations (Lang, Levin, Miller, and Kozak 1983). As Rachman (1998, p. 8) notes, “some people experience subjective fear but remain outwardly calm and show none of the expected physiological correlates of fear, such as trembling, palpitations, or perspiring.”<sup>2</sup>

(Place Figure 1 about here)

More specifically, SCA can be characterized as follows:

- 1) SCA comprises negative expectations about the course and outcomes of an upcoming transaction that become exaggerated when small failures or setbacks occur. The exaggeration takes the form of negative thoughts or foreboding about possible larger failures. Similarly, as with other types of anxiety, these negative cognitions come accompanied with heightened physiological responses, especially in the sympathetic nervous system, such as manifest in increased heart rate, feeling jittery, or speaking too fast. The salesperson’s cognitive and adaptive resources are consumed both by such self-focused awareness of anxiety (e.g., Hamilton 1975) and the physiological sensations that come with them (McCaul and Malott 1984), thus threatening one’s ability to successfully handle the sales interaction effectively. For instance, SCA draws attention away from the customer and the on-going transaction, and the salesperson becomes fixated on the self (Clark and Wells 1995).
- 2) The amplification of potential danger, coupled with inward focused attention and the person’s desire to convey a favorable impression, lead to a “protective” (as opposed to an assertive or inquisitive) self-presentational style (e.g., Shepperd and Arkin 1990). Socially anxious people tend to adopt a conservative, protective interpersonal style in their attempt to avoid social disapproval and negative social reactions. As Salkovskis (1991) and Wells et al. (1995) point out, such protective actions are problematic for different reasons. First, they prevent anxious persons from disconfirming unrealistic beliefs about their feared behaviors or the consequences



of their behaviors (e.g., being negatively evaluated and rejected). Second, to some extent they also provoke the feared consequences: for instance, such protective actions as the assumption of a passive posture, a reluctance to engage the customer or ask for a commitment, or hyper-apologizing are likely to be perceived as behavioral deficits by customers and hence produce a negative interaction pattern that further contributes to excessive SCA (Clark and Wells 1995). Finally, as Verbeke and Bagozzi (2000, p. 97) argue, “protective actions are potentially the most damaging [part of SCA] ... At the point of salespeople-customer interactions, such protective actions ... can break down trust and lead customers to question the competence of the salesperson”.

Verbeke and Bagozzi (2000; 2003) demonstrated that the components of SCA are closely linked to a salesperson’s communication performance and sales volume performance. The question that emerges is what steps do salespeople take to successfully cope with SCA. A similar point has been made by the psychologist Rosenbaum (1983, p. 55): “maybe we should think not in terms of why phobias and rituals are acquired in the first place, but rather why once these are acquired, patients have failed to extinguish them”. Similarly, Rosenbaum (1988, p. 492) stresses that it is not so much the negative reactions of individuals but rather their positive efforts to cope with these reactions that are key (see also Seligman 2002).

### **Two Perspectives on SCA**

In the psychology literature, two perspectives on emotions in general can be seen (Ohman, Hamm, and Hugdahl 1998). One focuses on the cognitive aspects of emotions, and proposes that emotions are a result of expectancy-based learning. The second concentrates on automatic processes in the development of emotions and sees emotions as sympathetic nervous system responses. For the specific emotion of anxiety, researchers similarly emphasize either a cognitive (e.g., Wells and Matthews 1994; Wells 1997) or a physiological perspective (e.g., LeDoux 1995; Foa and Kozak 1986), each emphasizing different components of SCA; namely, anxiety cognitions

or anxiety physiology. Although these perspectives share some features, they lead to different predictions as developed below (e.g., Rachman, 1998, p. 68).

Cognitive perspectives on anxiety especially focus on thinking processes associated with anxiety, the loss of attentional resources that comes with it, and its effects on protective actions (e.g., Wells and Mathews 1994). Beck (1988), for instance, conceives of anxiety as the result of cognitive (mis)interpretations of internal cues such as autonomic nervous system symptoms: “Panic prone patients tend to fix their attention on any bodily or mental experiences that are not explicable as normal” (Beck 1988, p. 91). Referring particularly to social anxiety, Clark and Wells (1995) note that an anxious person early-on perceives signs of autonomic arousal, and these sensations interfere with the person’s ability to process the ordinary information that arises in social interactions, with the further result of producing negative self-evaluative thoughts (i.e., anxiety cognitions). The sensations are then taken as confirmatory evidence for one’s inadequacy, oddness, or social unacceptability. The individual worries about how others will perceive the bodily sensations they feel themselves (Rachman 1998; Leary and Kowalski 1995), and indeed, as noted above, socially anxious people have been found to overestimate the extent to which their anxiety is observable (e.g., McEwan and Devins 1983). As Cioffi (1991) sums it up, rumination focuses one’s attention toward the inside (i.e., on one’s own thoughts and feelings). Yet, people only have a limited amount of attentional capacity (e.g., Kahnemann 1973; Navon and Gopher 1979), and therefore excessive self-focused attention draws away from scrutiny of external matters, particularly the objective task at hand. In sum, researchers focusing on cognitive perspectives argue that anxious people deplete their attentional and cognitive resources in creating negative thoughts and overly focusing upon them (Hamilton 1975). Typically, psychologists argue that anxiety reactions persist as a result of maladaptive cognitions, and propose that the most effective way to reduce or remove anxiety itself is to modify, suppress, or remove the thoughts responsible for magnifying the anxiety (e.g., Clark 1988; Clark and Wells 1995).

On the other hand, the second stream of research focuses on the physiological dimensions of anxiety. Klein (1993), for example, argues that biological and physiological symptoms (e.g., shortness of breath) are primarily responsible for triggering anxiety. LeDoux (1995) identified the brain circuitry that underlies fear conditioning and found that fear information passes first to the sensory thalamus and then proceeds on to either a thalamo-to-cortico-to-amygdala pathway or an immediate thalamo-to-amygdala pathway. In particular, the latter, direct pathway is of interest, as it implies that fear conditioning takes place without participation of the cortex (i.e., without conscious information processing): “subcortical sensory inputs to the amygdala may represent an evolutionary primitive system passed on from early vertebrates that lacked well-developed neocortices. . . . However, these pathways continue to function as an early warning system, allowing the amygdala to be activated by simple stimulus features that may serve as emotional triggers” (LeDoux 1993, p. 112). Similar to obtrusive negative cognitions, intense physiological sensations consume attentional resources (McCaul and Malott 1984). In the case of physiological sensations, however, these resources can not be set free by voluntarily redirecting one’s attention (Cioffi 1991): “as [a physiological sensation] reaches some intense level, it will begin to attract attention and impede the effectiveness of distraction” (McCaul and Malott 1984, p. 518). Coping attempts, therefore, have to focus on the underlying physiology, rather than directly addressing attention processes. An effective means for changing the physiological component of anxiety is exposure therapy (e.g., Rachman 1998; Leary and Kowalski 1995).<sup>3</sup> The mechanism in exposure therapy is the physiological habituation to an anxiety inducing situation (Watts 1979). During confrontation with feared situations, the physiological anxiety responses decrease because of habituation, thus generating information about the absence of physiological arousal that inhibits the anxiety program.

In sum, both cognitive reactions and physiological sensations that come with anxiety consume and distort the person’s resources; yet, different coping strategies are required for successfully regulating SCA and freeing the resources, depending on the intensity of the anxiety components (anxiety cognitions versus felt physiological reactions). Rachman (1998, p. 11) notes

in this regard that components of fear “are loosely coupled and any of them can predominate as circumstances change.” To choose an adequate coping strategy in order to manage SCA, salespeople and sales managers have to become aware of or sense the intensities of their anxiety cognitions or physiological sensations.

### **Coping with SCA**

“Emotion regulation refers to the processes by which we influence which emotions we have, when we have them, and how we experience and express them” (Gross 2002, p. 282). Coping is an effortful endeavor to self-regulate the otherwise intrusive feelings that are typical for anxiety and that might prevent a salesperson from reaching his/her goals. It is also true that coping efforts are learned over time and so become elicited automatically by cues in the proper situation. Based on research on emotion regulation by various psychologists taking either a cognitive or physiological perspective (e.g., Cioffi 1991; Wells 2000; Foa and Kozak 1986; Goldberger and Breznitz 1993), we focus on the anxiety-reducing impact of situation modification and attentional deployment, as different coping strategies used by salespeople, the first being a behavioral strategy, the latter being a cognitive strategy.<sup>4</sup> These two coping strategies form core elements in contemporary anxiety therapy (e.g., Rachman 1998; Wells 1994; 2000; Goldberger and Breznitz 1993) and are more specifically defined as follows:

- a) **Attentional deployment**: Situations are typically complex, consisting of a multiplicity of characteristics. By focusing on particular aspects, while ignoring others, people regulate the elicitation of their emotions. This occurs, for instance, by concentrating intensely on a particular topic or task (Csikszentmihalyi 1975) or by distracting oneself (e.g., Nix, Watson, Pyszczynski, and Greenberg 1995). A promising distraction strategy in sales settings is to direct or concentrate one’s attention on the task at hand; such coping behavior has proved to be successful for such cognitive forms of anxiety as test anxiety (see Wine 1980).<sup>5</sup> Attentional deployment strategies are particularly promoted by psychologists following the cognitive perspective on anxiety and are an essential part in cognitive anxiety therapy programs (e.g.,

Wells 2000). However, they have not been studied in the personal selling context. We investigate attentional deployment as one of two key coping tactics.

b) Situation modification: Situation modification strategies often take the form of engaging deliberate problem-focused efforts to change the environment (Folkman et al. 1986). For example, “planful problem-solving” with SCA might include actively approaching the customer and asking him/her to reveal potential problems in the sales interaction and to disclose any concerns, resentments, or hard feelings resulting therefrom. Such confrontation with potentially fear-laden situations has been shown to be an efficient means for reducing anxiety in everyday contexts, as it works as a form of exposure therapy (e.g., Rachman 1998; Zinbarg et al. 1992). In this regard, active problem-solving approaches might lead to physiological habituation and enhancement of the person’s sense of control (Butler 1985). Situation modification strategies are therefore the favored emotion regulation strategy of supporters of a physiological perspective on anxiety but have not been studied in the personal selling context. Situation modification is the second key coping tactic we investigate.

### **The Cognitive Perspective: Attentional Deployment as a Coping Tactic**

Because of their tendency a) to self-generate or exaggerate the symptoms of social anxiety and b) to prevent disconfirmation of anxiety beliefs, salespeople who experience SCA are expected to employ the systematic manipulation of protective actions as one of the most important components in the treatment of SCA (Wells et al. 1995; Verbeke and Bagozzi 2000).

#### **Direct (main) effects**

Psychologists argue that avoidance behaviors are learned by similar processes as anxiety: “avoidance conditioning is believed to involve Pavlovian fear conditioning followed by the learning of the instrumental avoidance response” (LeDoux 1995, p. 221). Over time, avoidance behaviors thus become automatic and mostly unconscious behavioral sequences, where behaviors are controlled by their antecedents rather than by their consequences (Bouton and Bolles 1980). Countering these processes requires active (behavioral) learning approaches in the form of explicit

extinction training (Bouton and Swartzentruber 1991). Since attentional deployment does not focus on behavior but solely on cognitive processes, it should have no direct effect in terms of reducing protective actions. Hence, we suggest:

**Hypothesis 1:** Attentional deployment will not influence protective actions of salespeople experiencing SCA.

#### Interaction effects

Yet, as attentional deployment strategies have been found to have contradictory results in coping with anxiety (e.g., Foa and Kozak 1986; Wells 2000), we might expect interaction effects between the components of SCA (i.e., anxiety cognitions and physiological sensations) and distraction tactics regarding protective actions. Two kinds of interactions are described below.

Interaction effects with anxiety cognitions. Focusing on external stimuli (i.e., concentrating on the selling task) should be particularly useful for coping with SCA, which is characterized by high degrees of anxiety cognitions. Socially anxious salespeople who are preoccupied with thoughts about their social and personal deficiencies (which occur as anxiety cognitions) are more likely to encode and (mis)interpret another's behavior as indicating rejection. That is, the person's fears produce a negativity bias of the person's perceptions (Leary and Kowalski 1995), thus making disconfirming experiences more difficult and the activation of protective actions more likely (Clark and Arkowitz 1975). Focusing one's attention on the task, on the other hand, channels the person's attention to information that disconfirms his/her negative beliefs, thus reducing the threat potential of the situation and, in turn, the person's urge to escape by turning to protective actions. Thus, we propose:

**Hypothesis 2:** When anxiety cognitions are high (low), attentional deployment will (will not) reduce protective actions for salespeople experiencing SCA.

Interaction effects with physiological sensations. The psychological literature provides two rationales that speak against the use of attentional deployment strategies in combination with strong physiological symptoms. First, distraction techniques only work for relatively low levels of

physiological sensations (e.g., McCaul and Malott 1984). Attentional deployment works less well as a regulator of protective actions when perceived physiological symptoms are intense: “Given only limited willful power over attention, some pain is simply too severe or chronic to ignore” (Cioffi 1991, p. 28).<sup>6</sup> Failure to successfully apply distraction techniques might even result in feelings of loss of control. In addition, experiences of high physiological symptoms, themselves, signal to the individual that he/she suffers from a loss of control, thus further intensifying the person’s feelings of loss of control and possibly leading to generalized learned helplessness (Seligman 1975). Such feelings enhance a person’s urge to show protective actions. Second, exposure therapists argue against use of attentional deployment techniques, as it runs counter to the effects of exposure therapy (e.g., Foa and Kozak 1986). Successful exposure therapy involves anxiety-disconfirming physiological experience. Therefore, the person has to focus his/her attention on the physiological sensations to notice that the symptoms decline. Distraction by focusing one’s attention on external cues draws attention away from the emotional experience, thus making it more difficult for persons to realize a disconfirmation of their learned anxiety patterns that leads to extinction (e.g., Sartory, Rachman, and Gray 1982; Grayson, Foa, and Steketee 1982). As Foa and Kozak (1986, p. 25) sum it up, “avoidance of fear-relevant information prevents amelioration of anxiety.” We therefore suggest:

**Hypothesis 3:** When physiological sensations are intense (weak), attentional deployment will not (will) reduce protective actions of salespeople experiencing SCA.

### **The Physiological Perspective: Situation Modification as a Coping Strategy**

Direct effects. First, it should be pointed out that situation modification in response to feared situations has been found to be an adequate strategy for anxiety disorders in general (e.g., Foa and Kozak 1986; LeDoux 1995). As a consequence of prolonged and repeated exposure to and confrontation with a feared situation, emotional processing of fear information and habituation to the situation take place. When physiological responses decrease during the confrontation, information about the absence of physiological arousal is generated (Foa and Kozak 1986). Planful

problem-solving approaches of a salesperson, who encounters difficulties during his/her sales interactions, focus specifically on the anxiety eliciting situation, and therefore should trigger SCA and lead to similar processes as in exposure therapy.

Second, based on control theory (e.g., Brehm 1966; Seligman 1975), psychologists argue that the experience of uncontrollable aversive stimuli induces feelings of incompetence, anger, or anxiety. On the other hand, the perception of being able to control a feared situation gives the person the safe feeling that he or she can change the situation before things get out of hand (Miller 1979). Situation modification as a coping strategy is closely linked to perceived control: successfully modifying a situation increases the feelings of control and the self-efficacy of the person (e.g., Bandura 1997). According to this model, exposure is effective in reducing protective actions to the extent that it increases the person's judgment of his/her abilities to perform fear-related behaviors (Bandura 1977). In this regard, Butler (1985, p. 656) comments on the use of situation modification approaches as a treatment of social anxiety: "Practice probably also increases the range of social experience, knowledge about social events and the number of social skills available. All these factors are likely to increase the patient's sense of control over difficult situations and self-confidence, and these in turn motivate patients to practice (or not to avoid) entering difficult situations." As a consequence, salespeople who regularly use situation modification strategies to cope with their SCA should effectively reduce their protective actions in the long run. Thus we hypothesize:

**Hypothesis 4:** Situation modification will reduce protective actions by salespersons experiencing SCA.

Research concerning the use of exposure as a means of reducing anxiety and related protective actions has yielded mixed results. Although an appropriate treatment for reducing protective actions for some forms of anxiety, exposure has proved to be less efficient as a treatment for other forms of anxiety (e.g., Rachman 1998; Motley 1991). Reasons for these seemingly contradictory findings might be found in the focus on different components of anxiety (i.e.,



cognitions versus physiological aspects). Therefore, we expect interaction effects between the components of SCA and situation modification as a coping strategy. Two interactions of particular interest follow.

Interaction effects with anxiety cognitions. Successful problem-solving demands resources from salespeople. Matthews and Wells (2000, p. 79) argue that in the case of strong anxiety cognitions “attention is withdrawn from external stimuli and diverted toward internal thoughts. ... Worry may sometimes be adaptive, to the extent that it prepares the person to cope with a subsequent event, or it can facilitate reflective problem solving. However, it has the general effect of reducing the availability of attentional resources for other activities so that the worrier is cognitively impaired, as shown in many experimental studies (Eysenck 1992; Sarason, Sarason, and Pierce 1995). In particular, worry is likely to interfere with task-focused coping in demanding situations.”<sup>7</sup> Similarly, Baumeister, Heatherton, and Tice (1994, p. 112) note the following on the effect of negative beliefs: “When people engage in ruminative, emotion-focused thoughts and behaviors, they are less likely to engage in active problem-solving thoughts and behaviors (Carver, Scheier, and Weintraub 1989; Klinger 1993; Nolen-Hoeksema 1993). In other words, one reason brooding about one’s emotional state or problems is an ineffective mood control strategy is because it seems to interfere with active problem-solving.”

Second, described as catastrophic beliefs and worries about consequences (e.g., Leary and Kowalski 1995; Heimberg et al. 1995), anxiety cognitions are by definition negatively related to perceived control; that is, high anxiety cognitions lead to low self-assurance and low perceived self-efficacy (Bandura 1997). If the individual nevertheless tries to engage in situation modification while suffering from strong anxiety cognitions, his/her low self-efficacy might influence the behavior negatively, thus making successful situation modification unlikely (Carver, Scheier, and Weintraub 1989). Such a failure, in turn, should enhance the existing feeling of loss of control, thus producing the urge to escape the feared situations by turning to protective actions. Hence, we propose:

**Hypothesis 5:** When anxiety cognitions are high (low), situation modification will be less (more) effective for reducing protective actions by salespeople experiencing SCA.

Interaction effects with physiological sensations. The psychology literature indicates that exposure therapy might be particularly beneficial for persons with anxiety disorders characterized by high degrees of felt physiological symptoms. This occurs because the underlying mechanism is physiological habituation as a result of repeated elicitation of, and exposure to, anxiety (Rachman 1998). Successful habituation, however, requires prior evocation of physiological anxiety reactions, as Foa and Kozak (1986, p. 22) point out: “Because we construe a fear structure as a program to escape or avoid, it follows that activation of fear cannot occur without preparatory physiological activity.” From this perspective, situational modification should be more efficient in anxiety reactions with a higher versus lower physiological component. In addition, the ability to down-regulate one’s physiological sensations (through repeated exposure) enhances the person’s sense of control and self-efficacy. Thus, situational modification might act as a resource for salespeople, which allows them to counter their urges to use protective actions as a means of coping with their SCA. As a consequence, the stronger the physiological sensations the salesperson is able to control, the stronger should be his/her experience of positive control. We therefore propose:

**Hypothesis 6:** When physiological sensations are intense (mild), situation modification will (will not) reduce protective actions more effectively for salespersons experiencing SCA.

## **Method**

### **Respondents and Procedure**

Questionnaires were given to 180 salespeople who worked in a direct selling environment. These people sold computer courses. Ninety-nine salespeople returned the questionnaires, for a 55 % response rate. In exchange for their participation, respondents received a gift of \$12. The sample may be described as follows: a majority (78 %) of the salespeople were men, 27 % of the

salespeople were younger than 30 years old, 46% were between 30 and 40, 18% between 40 and 50, and 9% was older than 50. With respect to experience, 35% of the sample had been with the organization less than 2 years, 35% had been with the firm between 2 and 6 years inclusive, and 30% were with the company for between 6 and 20 years. Finally, most salespeople had finished basic and advanced vocational studies. Only 1% had a university or college degree. The items in the questionnaire were presented in an analogous way to the procedure used by Verbeke and Bagozzi (2000). As suggested by Bickart (1993), the questionnaires were printed in different versions such that different sections were counterbalanced to avoid carryover effects. The SCA items were introduced with an instruction that asked the respondent to put him/herself in the position of closing a sales interaction:

“You are engaged in a sales conversation with a customer. After some time, you want to make the sale final. During this phase, you need to communicate some details about the offer before the contract can be signed. You realize that obtaining the offer during this conversation is important for you. What is going on in your mind?”

These instructions were then followed by items designed to measure the dimensions of SCA in closing situations as suggested by Verbeke and Bagozzi (2000). That is, negative self-evaluations, negative evaluations from customers, physiological symptoms, and protective actions were measured. Scenarios were used to study SCA because it is unethical to directly manipulate the emotions of participants, particularly negative emotions like SCA. Our approach follows rather common practice in psychology whereby emotions are indirectly induced by asking respondents to put themselves in the place of protagonists in a vignette (e.g., Roseman 1991; Smith and Lazarus 1993). Additionally, research shows that real and imagined reactions to emotional stimuli (by direct manipulation and by scenarios) converge to a high degree (Robinson and Clore 2001).

Following the SCA section, salespeople were next asked for their strategies of coping with SCA that they normally used. The items were introduced with the words: “In sales conversations,

you might experience a certain amount of tension and uneasy feelings. The following questions refer to ways that you might cope with these feelings. Please indicate the extent to which you use the following strategies.” The coping strategy items then followed.

## Measures

For testing the structure of the scales, we performed maximum likelihood factor analysis with oblimin rotation by use of SPSS on the items of each scale. The different dimensions of the scale were analyzed, and items not loading .50 or greater on focal factors and loadings .25 or more on non-focal factors were deleted. Criteria for accepting factors relied on inspection of the scree plot (Briggs and Cheek 1986; DeVellis 1991). The reliabilities for items of each scale were also assessed by means of Cronbach alpha. The factor loadings and reliabilities are summarized in Table 1, where it can be seen that all measures achieved satisfactory reliabilities exceeding the minimum of .70 recommended by Nunnally (1978). The items used in the questionnaire can be found in Appendix 1.

(Place Table 1 about here)

Sales Call Anxiety. For measuring SCA, we used the same items as Verbeke and Bagozzi (2000). Psychological research shows that social anxiety is situation-specific (e.g., Leary and Kowalski 1995; Rachman 1998). In their studies of SCA, Verbeke and Bagozzi (2000) identified canvassing and closing as the most anxiety-provoking contexts in sales situations. Because only a few of the salespeople in our sample were responsible for recruiting new customers (canvassing), but all salespeople had to close sales, we focused only on closing situations as cues in the questionnaire items.

1) Anxiety cognitions. We used the two closing sets of items from Verbeke and Bagozzi (2000) for capturing anxiety cognitions (see Appendix 1). First, dysfunctional beliefs about the self were measured by 6 items (e.g., “I hope that I will not start to stutter.”); second, beliefs about social evaluation were measured by 8 items (e.g., “The customer thinks that I am not able to sell something.”). The results of the factor analysis suggest that the items load on a single factor

explaining 58 percent of the total variance (KMO = .81; eigenvalue = 4.84, with 40 percent variance explained). Two items on social evaluations were excluded from further analysis because they loaded on a separate factor. The reliability of the anxiety cognition scale was .86, and the factor loadings for the one factor solution reveal high loadings in all cases (see Table 1).

- 2) Physiological sensations. Here we also used the items from Verbeke and Bagozzi (2000). First, we measured experiences concerning verbal communication behavior by 8 items (e.g., “I speak too much.”); second, we measured experiences referring to non-verbal behaviors by 6 items (e.g., “My hands begin to tremble.”). All responses were obtained on a seven-point Likert-scale. Factor analysis supports a one-factor solution (KMO = .82; eigenvalue = 5.15, with 47 percent of the variance explained). Three items were deleted because of having crossloadings on a second factor, resulting in a final scale of 11 items. The reliability of the items for the total scale was .87, and all loadings were high (see Table 1).
- 3) Protective actions. We adopted the 10 items from Verbeke and Bagozzi (2000) comprising both voluntary and involuntary protective actions. Responses were obtained on seven-point Likert-scales. The exploratory factor analysis suggests that the items form a single factor (KMO = .87; eigenvalue = 4.43; explained variance = 49 percent). One item that loaded on a separate factor was excluded from the analysis, resulting in a final scale consisting of 9 items. The reliability of this scale was .87, and all loadings were high (see Table 1).

Coping tactics. The development of the scales for measuring salespeople’s tactics for coping with SCA was mainly based on the work of Gross (1999), Rachman (1998), Wells (2000; Wells and Mathews 1994), and Foa and Kozak (1986) by adapting their therapy models for emotion regulation to the sales context. Situation modification refers to attempts to actively change a situation that induces SCA. Item creation drew upon Foa and Kozak (1986) as well as Folkman et al. (1986) and resulted in 4 items referring to confrontational/approaching behaviors of the salesperson (e.g., “In difficult moments (for instance in closing) I do not give in but try to find a way to influence the customer.”). Attentional deployment refers to distraction from problems and

focusing on the task instead and is the most frequently employed type of measurement found in psychological research on anxiety (e.g., Rachman 1998; Wells and Matthews 1994; Wells 2000). Drawing upon this literature, we measured attentional deployment by 5 items (e.g., “I do not allow myself to get distracted by laughter or improper behavior of the customer.”).

An exploratory factor analysis indicates that the coping items form two factors as expected (KMO = .79, eigenvalues = 3.66 and 1.35, respectively, explaining 72 percent of the variance). After exclusion of two items with unsatisfactorily high crossloadings we achieved final scales for situation modification consisting of 4 items (range of factor loadings = .69 to .91) and for attentional deployment consisting of 3 items (range of factor loadings = .81 to .94). Cronbach alphas for the two scales were .82 and .85, respectively.

#### Analytical procedures

Confirmatory factor analysis (CFA) was used to test for the convergent and discriminant validity of measures of variables. Because 39 items were used as measures (see Table 1), we combined items into parcels of three indicators each for anxiety cognitions, physiological sensations, and protective actions, and we used the individual items for situational modification and attentional deployment as indicators, so as to achieve a ratio of sample size to the number of parameter estimates of nearly 5:1. This meant that we used a type of “partial disaggregation” model for our test of the CFA, as recommended by Bagozzi and Edwards (1998).

To test the relationships between coping strategies, SCA components, and protective actions, we used a set of linear regression analyses. Interaction effects between coping strategies and SCA components were included in the analysis by adding the multiplicative products of the scores of the interacting variables as interaction terms (Aiken and West 1991; see also House 1981). We used LISREL to perform regressions (Jöreskog and Sörbom 1996, ch. 4 and p. 196). Measurement error was taken into account as recommended by Jöreskog and Sörbom (1996; see also Hayduk 1987) and done by Verbeke and Bagozzi (2000). The regression of coping strategies and anxiety components (i.e., anxiety cognitions and physiological sensations) on protective actions

was computed as a hierarchical analysis, testing only main effects in a first step and adding the interactions between coping and anxiety components to the analysis in a second step to check for improvements in explained variance. All variables were mean centered.

### **Results**

The five-factor CFA model for the measures of the variables fit satisfactorily:  $\chi^2(94) = 198.80$ ,  $p = .00$ , RMSEA = .086, NNFI = .92, CFI = .94, and SRMR = .069. Factor loadings were relatively high: situational modification (.63 - .83), attentional deployment (.69 - .81), anxiety cognitions (.84 - .94), physiological sensations (.66 - .93), and protective actions (.81 - .89). Table 2 shows the intercorrelations among factors, where it can be seen that the factors are correlated at low to moderately high levels (range: -.61 to .60), and the confidence intervals suggest that discriminant validity has been achieved.

The findings for the regression analysis are summarized in Table 3. We discuss the main and interaction effects hereafter.

(Place Table 3 about here)

Regarding protective actions, the two coping strategies and the two SCA components explained 28 percent of the variance as main effects. By adding the interaction effects of coping strategies with SCA components to the analysis, an additional 20 percent in variance of protective actions was explained, thus significantly improving the explained variance over the main-effects model. Specifically, both SCA components (i.e., anxiety cognitions and physiological sensations) affect protective actions. In accordance with Verbeke and Bagozzi's (2000) findings, salespeople showed more protective actions when SCA increased, as reflected in the two components. Situation modification had a negative direct impact on protective actions. Salespeople therefore reduced their protective actions effectively by applying active problem-solving approaches. Attentional deployment strategies failed to produce a significant main effect on protective actions. As a result, Hypothesis 1 and 4 are supported.

The results of the interaction effects regarding protective actions show an interesting pattern. Situation modification was found to have a positive effect in interaction with anxiety cognitions, whereas in interaction with physiological sensations, the direction of the effect changes, thus resulting in a negative effect on protective actions. The opposite was found for the interaction effects between attentional deployment and the SCA components. That is, whereas attentional deployment has a negative effect in interaction with anxiety cognitions on protective actions, it has a positive effect in interaction with physiological sensations, as predicted. As a consequence, the effectiveness of the two coping strategies is tied to specific SCA patterns in terms of SCA component intensities.

As House (1981) recommends, the full interpretation of regression findings should be plotted for different levels of the interacting variables. To plot the interaction effects, we therefore partitioned the sample into individuals with high versus low anxiety cognitions and high versus low physiological sensations, with scores one standard deviation above and one standard deviation below the mean (see Jaccard and Turisi 2003). The corresponding regression lines are shown in Figures 2 to 5.

(Place Figures 2 to 5 about here)

As can be seen in Figure 2, attentional deployment reduces protective actions when anxiety cognitions are present. The impact of attentional deployment on protective actions is greater for high versus low anxiety cognitions. That is, attentional deployment proves to be a more efficient coping strategy when anxiety cognitions are high as compared to when anxiety cognitions are low. Hypothesis 2 is therefore supported. Figure 3 shows the opposite effect of attentional deployment in the presence of physiological sensations. The use of attentional deployment strategies is counter-indicated when physiological sensations are present. The salesperson's urge to use protective actions gets stronger with increasing use of attentional deployment strategies. The extent of this increase is significantly greater when felt physiological sensations are high versus low. Hypothesis 3 is thus supported.



Reversed patterns of findings occur for situation modification as a strategy for coping with SCA. The effectiveness of situation modification strategies increases to the extent that physiological sensations increase (Figure 4) and decreases to the extent that anxiety cognitions grow (Figure 5). Situation modification lowers protective actions in the presence of physiological sensations. This effect was found to be stronger in the high physiological sensations condition compared to low physiological sensations condition (Figure 4). Hypothesis 6 is therefore supported. Using situation modification when anxiety cognitions are high leads to an increase in protective actions, whereas the same coping strategy has no effect on protective actions, when anxiety cognitions are low (Figure 5). This finding supports Hypothesis 5.

### **Discussion**

SCA is an intrusive, persistent fear about dealing with customers and results in the undertaking of protective actions which have negative impacts on performance (Verbeke and Bagozzi 2000). We presented a revised SCA model (cf. Verbeke and Bagozzi 2000) consisting of cognitive and physiological components, both of which affect the individual's protective actions. Then we developed hypotheses concerning how salespeople cope with SCA. Two coping tactics were studied: situation modification and attentional deployment. Coping was then found to interact differentially with the two components of SCA to influence protective actions. The results indicate that situation modification is well suited for reducing protective actions, and attentional deployment is an effective means for lowering protective actions, but under specific circumstances (that is, in interaction with specific SCA components; see comments below). In other words, our study shows that salespeople who are capable of using the appropriate coping strategies can manage their SCA effectively.

Significantly, we found interaction effects between anxiety components and coping strategies for reducing protective actions: situation modification seems to decrease protective actions best under conditions of intensely felt physiological sensations (versus less intensely felt sensations), whereas attentional deployment seems to be the best strategy for handling protective

actions when anxiety cognitions are high (versus low). In other words, our findings indicate that the effect of one and the same coping strategy might yield positive or negative effects, with a change in intensity of the particular SCA components. What is an effective strategy for reducing protective actions under conditions of high anxiety cognitions proved to worsen protective actions under conditions of high physiological sensations. In this regard, a salesperson's coping efforts are embedded in specific SCA environments that can facilitate or hinder their functioning. Attentional deployment as a coping technique is an effective means to regulate a person's cognitions, which makes it highly efficient for reducing protective actions with a strong cognitive basis (i.e., in interaction with intense anxiety cognitions). The experience of being able to reduce the negative (anxiety) cognitions relieves the urge to escape the anxiety-inducing situation. In the presence of intense physiological sensations, however, attentional deployment will even increase protective actions, as the salesperson realizes that s/he is not able to control his/her anxiety physiology and thus has to engage in protective actions to avoid the SCA situation. Situation modification attempts, on the other hand, focus on regulating physiological sensations. As a consequence, when physiological sensations are high, the experience of reducing the anxiety physiology has a plummeting effect on protective actions. Strong anxiety cognitions though -- through occupying the salesperson's attentional and cognitive resources -- inhibit successful situation modification, with such an experience, in turn, fostering anxiety and associated urges to withdraw.

We now present implications of these findings for existing perspectives on how salespeople can develop coping tactics in order to deal with their SCA. We especially focus on the issue that both coping strategies can be productive or counter productive, depending on the nature and intensities of the SCA components.

Given that the two coping strategies prove to be fruitful in reducing anxiety and related protective actions, one could argue that salespeople should learn to use both strategies, which might be called the "maxi approach". Such a proposition is popular with practitioners (e.g., Bourne 2000) as well as academics (e.g., Verbeke and Bagozzi 2000). The philosophy behind this idea might be

that, depending on the situation, people could choose from a range of coping techniques. Psychologists (e.g., Saarni 1997; Gross 1999) have noted that the effectiveness of a particular coping behavior is highly dependent on the criteria adopted and the situation at hand. It therefore may be adaptive and effective to have a range of different coping strategies available from which one can flexibly choose (e.g., Lazarus and Folkman 1984; Saarni 1997). Saarni (1999, p. 226) supports this policy: “optimal self- and emotion-regulation development appears to entail the acquisition of a flexible repertoire of coping strategies”. As a consequence, salespeople might be trained to apply a wide range of coping strategies. In such training, salespeople should be instructed in different skills (encompassing particular problem-solving approaches and distraction techniques) that enable them to cope effectively with negative emotional events. As a consequence, salespeople who have successfully learned different coping strategies should be able to effectively regulate their SCA, regardless of whether cognitions and physiological sensations are high or low. But as this study also shows, applying this philosophy might not always be wise. Attentional deployment, for instance, will be a counterproductive coping strategy when physiological sensations become more intense. Judging situations correctly and flexibly switching between different coping strategies within different situations might require considerable cognitive resources from salespeople as well as extensive training and practice.

A second coping philosophy (a “mini approach”) is based upon different reasoning. Intraindividual differences might play an important role in coping with SCA, since “the simple question of what works best” should be replaced by “the more important question of what works best for whom” (Zinbarg et al. 1992, p. 262). Psychological research indicates that components of SCA might have a dispositional side (e.g., Wells 1994; Main 1983); that is, different types of SCA (in terms of combinations of high/low anxiety cognitions and physiological sensations) might be due to stable individual differences. First, anxiety cognitions refer to a focus on one’s negative beliefs (e.g., being rejected by the customer) that might be captured by the notion of self-consciousness as a trait (e.g., Fenigstein, Scheier, and Buss 1975), specifically public self-

consciousness which relates to a person's dispositional concern with his/her social appearance and the impressions made on others. Similarly, Wells (1994; Wells and Papageorgiou 1998) shows that worrying has a dispositional side to it. For felt physiological symptoms, psychologists have also identified trait characteristics. Shields and Stern (1979) and Main (1983) discovered a disposition for focusing on somatic perceptions. Particularly in the context of social anxiety, some researchers have identified a group of people termed, "physiological reactors", who are especially characterized by high arousal during social interactions and respond better to physiology based treatments (Oest, Jerremalm, and Johansson 1981; Jerremalm, Jansson, and Oest 1986). These findings imply that the type of SCA a salesperson experiences (as a particular combination of high/low anxiety cognitions and physiological sensations) might be relatively constant across time and situations. If indeed people do have systematic SCA responses (wherein one component dominates the other), teaching people a plethora of coping techniques might be an ineffective strategy, because a lot of coping strategies might turn out to be counterproductive when the person's SCA reaches a certain intensity level. Therefore, these people should focus instead on the coping strategy that is most efficient for their specific type of SCA: situation modification in the case of high physiological sensations and attentional deployment in the case of high anxiety cognitions.

Our study shows that salespeople should apply one coping strategy above another when their SCA tends to be characterized by strong cognitions versus physiological sensations. Recall that the two coping techniques, which salespeople used in this study, were largely automatic and not intentional. This seems to imply that these techniques, if used in a more intentional way, would be functional. Yet, selecting and applying the proper tactics for coping with SCA in real-life situations may be a difficult task to achieve by oneself. As Rosenbaum (e.g., 1983) argues, it is difficult for people to apply therapeutic methods on their own. Indeed, managing one's emotions might not be easy, because emotional experiences (and thus SCA) occur via implicit pathways in the central and autonomic nervous system. Salespeople might therefore have difficulties in identifying or making their SCA explicit, let alone managing it (e.g., Stanton and Franz 1999).

Sales managers should therefore coach their salespeople and assist them in the diagnosis of, and the coping with, SCA. First, sales managers should be taught how to detect signs of SCA in their salespeople. The presence of SCA might be indicated by a salesperson's inability to successfully close sales interactions, even when they know their product well and have good communication skills. These and other behavioral patterns might signal SCA issues. Second, once SCA is detected, managers have to help their salespeople explore more deeply the type of SCA they are suffering from, with a goal of trying to uncover whether they are stuck with negative beliefs and worries or whether they focus too intensely on their physiological sensations and presentational styles. Finally, sales managers should help their salespeople in the training and use of coping strategies. As Verbeke and Bagozzi (2000, p. 97) point out, sales managers "should take a coaching attitude when salespeople are prone to develop SCA". Verbeke and Bagozzi (2000) did not consider the specific coping alternatives we studied herein, but these can be used effectively in training and on-going management practices to help salespeople overcome SCA.

### **Further Research**

An interesting question that arises from our findings is whether different types of SCA are enduring or whether they vary across time and situations. Because we did not investigate systematic relationships between personality variables, this topic will require future research. If SCA can be linked to such trait variables as locus of control (Rotter 1966), self-consciousness (e.g., Fenigstein, Scheier, and Buss 1975), or autonomic nervous system reactivity (Klein and Cacioppo 1993), then it might be expected to be rather stable, for example.

Second, we focused on the effectiveness of particular coping strategies on SCA components and protective actions. Yet, it might be interesting to investigate SCA and coping behavior of higher performing, as opposed to less successful, salespeople. And if it is the case that better performing salespeople use more coping tactics and use a maxi coping philosophy, say, this might speak in favor of teaching a wider range of different strategies to salespeople, rather than focusing on one particular technique. There is an additional argument speaking for a maxi approach of

coping: by limiting one's repertoire of coping strategies, salespeople might become less versatile, thus reducing their general coping resources in novel situations (e.g., Bonanno 2001). But, are salespeople really capable of efficiently choosing between multiple coping techniques while experiencing SCA? This issue is in need of future research.

Third, it would be informative to investigate how exactly salespeople develop their coping strategies. Do salespeople come to the job with or without needed coping tactics in their repertoire? To what extent are salespeople able to learn from past failures in sales situations, and to what extent across various sales contexts is SCA present and what coping responses should be used to address it? Research here might provide answers to the question whether, as some authors argue (e.g., Meichenbaum 1977; 1985), coping strategies can be learned in training on the job or whether such resourcefulness is more a trait that is acquired early in life and therefore management needs to take this into account when selecting new salespeople. A number of interesting individual difference and situational issues remain to be studied in salesforce research.

Finally, although research has shown that SCA is negatively related to a salesperson's communication performance and sales volume performance (Verbeke and Bagozzi 2000; Verbeke and Bagozzi 2003), there is reason to believe that SCA also reduces job satisfaction and increases turnover rates as well as absenteeism of salespeople. Verbeke and Bagozzi (2003) for instance, found that SCA leads to attempts to avoid future contact with customers. For the case of strong SCA, this might cause salespeople to disengage from their jobs in order to avoid customer contacts, negatively impact performance, and eventually lead to turnover. Moreover, repeated feelings of SCA can be viewed as considerable job stressors, and the link between stress and job dissatisfaction, absenteeism, as well as turnover is well-established (e.g., Porter and Steers 1973; Mobley et al. 1979). Yet, future research is needed to clarify the link between SCA and these variables.

## Footnotes

1. Referring to similar phenomena, some authors call such behaviors protective actions or safety seeking behaviors (e.g., Verbeke and Bagozzi 2000), others avoidance behaviors (e.g., Rachman 1998) or withdrawal (e.g., Leary and Kowalski 1995).
2. Disorders of fear regulation are at the core of many pathological conditions. For instance, anxiety, panic, or phobic disorders are common symptoms of fear regulation (e.g., LeDoux 1995). We therefore refer to research from fear studies as well as from anxiety studies for describing the boundary conditions of SCA.
3. LeDoux (e.g., 1995; 1998) conceives of anxiety as a product of learning (Pavlovian conditioning), similar to exposure therapists (e.g., Wolpe 1958; Foa and Kozak 1986).
4. These two strategies also capture the general distinction between problem- and emotion-focused coping (e.g., Lazarus and Folkman 1984; Endler and Parker 1990), and correspond to such distinctions as active versus passive coping (e.g., Bongard 1995), or primary versus secondary control (e.g., Rothbaum, Weisz, and Snyder 1982).
5. Similarly to SCA, test anxiety is characterized by a preoccupation with self-denigrating and seemingly catastrophic thoughts (Sarason and Sarason 1990; Wine 1971).
6. In support of this conclusion, Suls and Fletcher (1985) show that attention to somatic symptoms is preferable to distraction, when the focus of the attention is on concrete characteristics of the physical sensations rather than on diffuse physical states or cognitive responses. This process of observing physical sensations is called “sensory monitoring” (e.g., Leventhal et al. 1979; Leventhal and Mosbach 1983) and is presumed to come with relatively neutral perceptions of the sensations. Research on chronic pain and pain in childbirth support this view (e.g., Leventhal et al. 1989; Kabat-Zinn 1982; 1984).
7. Worrying can be used as a synonym for anxiety cognitions in the context of social anxiety. Researchers use both terms interchangeably (e.g., Leary and Kowalski 1995).

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## Appendix 1: Questionnaire Items

### *Situation modification*

(sm1) "In difficult moments (for instance in closing) I do not give in but try to find a way to influence the customer."

(sm2) "If customers use negative language or speak up against me, I am not afraid of asking them for their reasons."

(sm3) "If the customer is about to refuse my offer, I ask why, counter his arguments, and make a new proposition."

(sm4) "If I realize that in a sales situation the customer starts to react less positively to my offer, I try to find the reason why and convince the customer afterwards."

### *Attentional deployment*

(ad1) "If others show negative body language in the sales situation, I do not let this affect me."

(ad2) "I do not allow myself to get distracted by laughter or inadequate behavior of the customer."

(ad3) "I do not get confused by an inadequate or irrelevant remark of the customer."

### *Anxiety cognitions*

(cog1) "I hope I can listen carefully to what the customer says."

(cog2) "I hope I will not start stuttering."

(cog3) "I hope I will not fumble for words."

(cog4) "I hope I will be alert."

(cog5) "I hope I will not give in to the customer."

(cog6) "I hope I will not waffle my words."

(cog7) "The customer thinks that I do not have authority."

(cog8) "The customer thinks that I am not professional."

(cog9) "The customer thinks that I am an insecure person."

(cog10) "The customer thinks that I am not reliable."

(cog11) "The customer thinks salespersons from other suppliers are better salespeople than I."

(cog12) "I think that the customer will laugh at me afterward."

### *Physiological sensations*

(phy1) "My thoughts are wandering off."

- (phy2) "I suddenly start to stutter."
- (phy3) "I look away from the customer."
- (phy4) "I set out to talk louder now."
- (phy5) "I become panicky."
- (phy6) "I am already getting tired now."
- (phy7) "I cannot observe a silence."
- (phy8) "I dare not look the customer in the eyes."
- (phy9) "My hands are trembling."
- (phy10) "I am going to say too much."
- (phy11) "I am losing control over the conversation."

*Protective actions*

- (saf1) "In difficult moments I quickly change the subject."
- (saf2) "In difficult moments I adopt a passive attitude."
- (saf3) "In difficult moments I think "I should not ask this... I find this topic irrelevant..."
- (saf4) "In difficult moments I offer the customer too many extras."
- (saf5) "In difficult moments I say, "You do not have to decide now; you may think it over."
- (saf6) "In difficult moments I say to the customer, "You need not answer all questions."
- (saf7) "In difficult situations I often apologize quickly to the customer."
- (saf8) "In difficult situations I talk less persuasively to the customer."
- (saf9) "In difficult moments I dare not to argue with the customer."

Table 1. Factor Loadings and Cronbach's Alphas of the Coping and Sales Call Anxiety Scales

Situation modification	Attentional deployment	Anxiety cognitions	Physiological sensations	Protective actions
sm1 (.80)	ad1 (.81)	cog1 (.75)	phy1 (.63)	saf1 (.60)
sm2 (.91)	ad2 (.94)	cog2 (.70)	phy2 (.83)	saf2 (.61)
sm3 (.69)	ad3 (.87)	cog3 (.83)	phy3 (.81)	saf3 (.74)
sm4 (.83)		cog4 (.90)	phy4 (.58)	saf4 (.71)
		cog5 (.70)	phy5 (.72)	saf5 (.73)
		cog6 (.73)	phy6 (.61)	saf6 (.66)
		cog7 (.81)	phy7 (.76)	saf7 (.76)
		cog8 (.69)	phy8 (.88)	saf8 (.79)
		cog9 (.86)	phy9 (.70)	saf9 (.70)
		cog10 (.80)	phy10 (.89)	
		cog11 (.68)	phy11 (.68)	
		cog12 (.53)		
Cronbach's Alpha				
.82	.85	.86	.87	.87

Table 2. Factor Intercorrelations and Standard Errors

Situational modification	1.00				
Attentional deployment	.44 (.07)	1.00			
Anxiety cognitions	-.40 (.07)	-.36 (.07)	1.00		
Physiological sensations	-.39 (.08)	-.26 (.08)	.60 (.06)	1.00	
Protective actions	-.61 (.06)	-.43 (.07)	.52 (.06)	.56 (.06)	1.00

Table 3. Findings of Regression Analyses for Coping with Sales Call Anxiety (standardized regression coefficients):

Independent variables	Dependent variables	
	Protective actions	Protective actions
Main effects		
Situation modification	<b>-.31**</b>	<b>-.30**</b>
Attentional Deployment	-.09	-.09
Anxiety Cognitions	<b>.18**</b>	<b>.14*</b>
Physiological Sensations	<b>.37**</b>	<b>.36**</b>
Interaction effects		
Anxiety cognitions x situation modification		<b>.24**</b>
Anxiety cognitions x Attention deployment		<b>-.21**</b>
Physiology sensations x Situation modification		<b>-.31**</b>
Physiology sensations x Attention deployment		<b>.20**</b>
<u>F</u> -value (df)	31.62 (4)	18.93 (8)
(significance level)	( $p=.000$ )	( $p=.000$ )
<u>R</u> <sup>2</sup>	.28	.48

\* =  $p < .05$ ; \*\* =  $p < .01$

Figure 1. Sales Call Anxiety as a Syndrome of Two Psychological Reactions (anxiety cognitions and physiological symptoms) and One Behavioral Response (protective actions) and the Moderating Role of Attention Deployment Coping and Situation Modification Coping

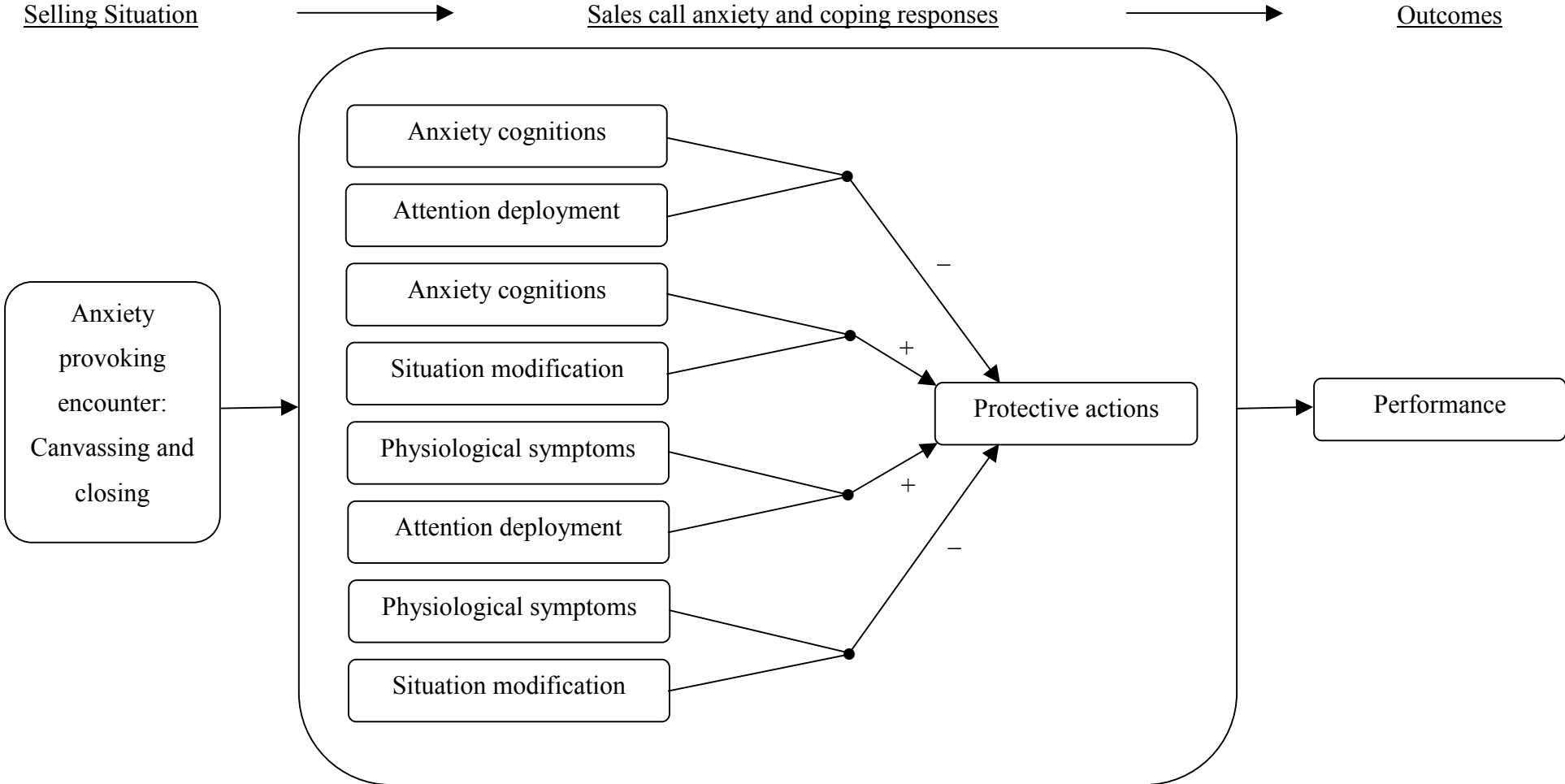


Figure 2: Interaction effects between attentional deployment and anxiety cognitions

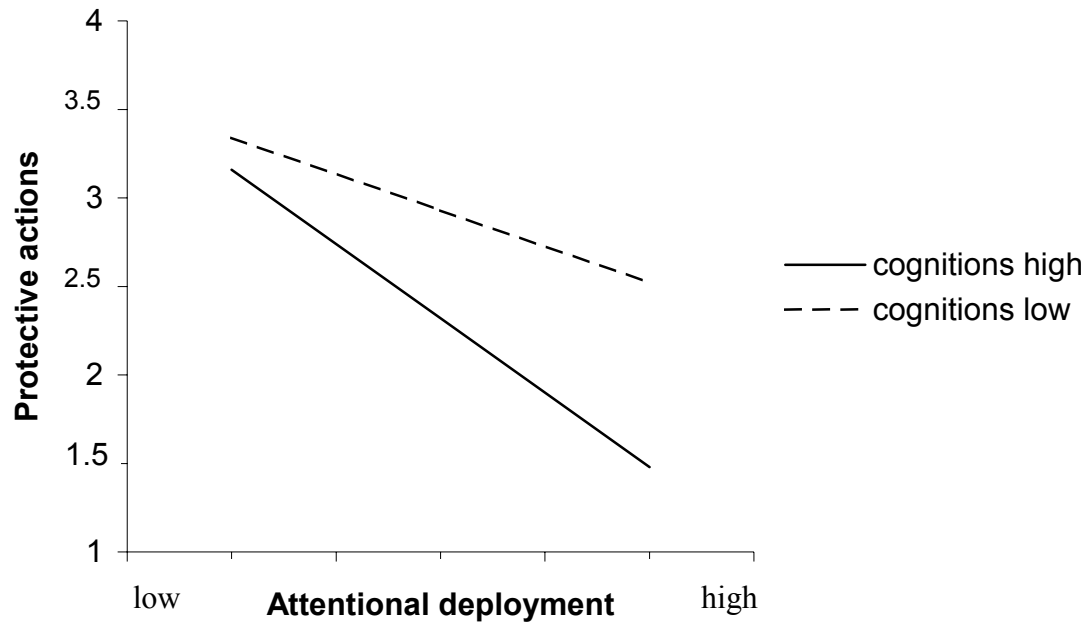




Figure 3: Interaction effects between attentional deployment and physiological sensations

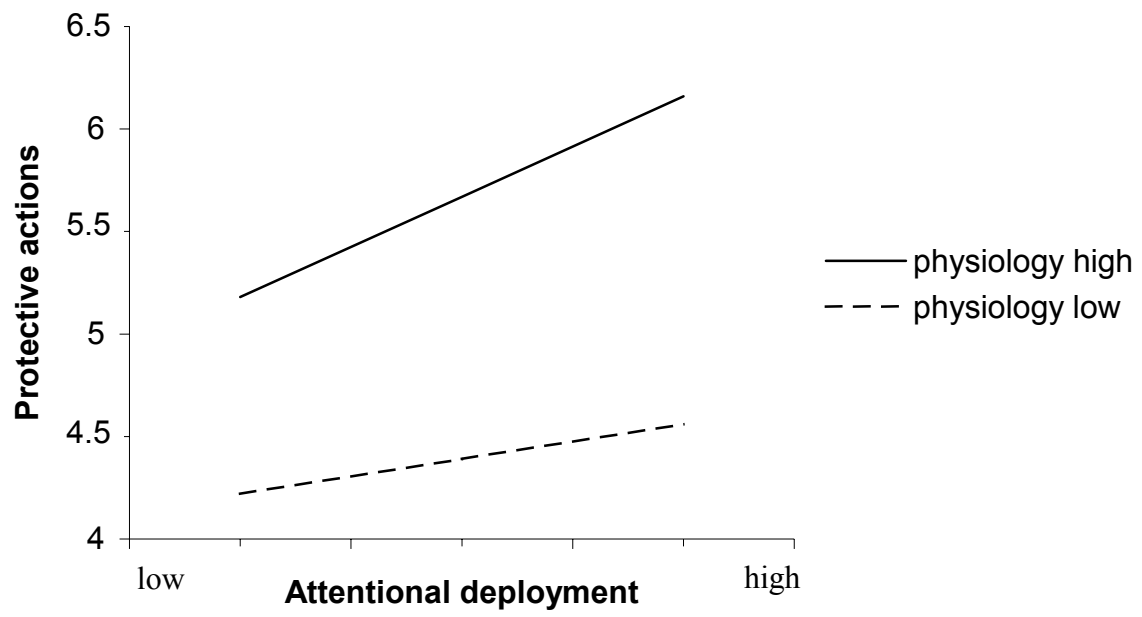


Figure 4: Interaction effects between situation modification and physiological sensations

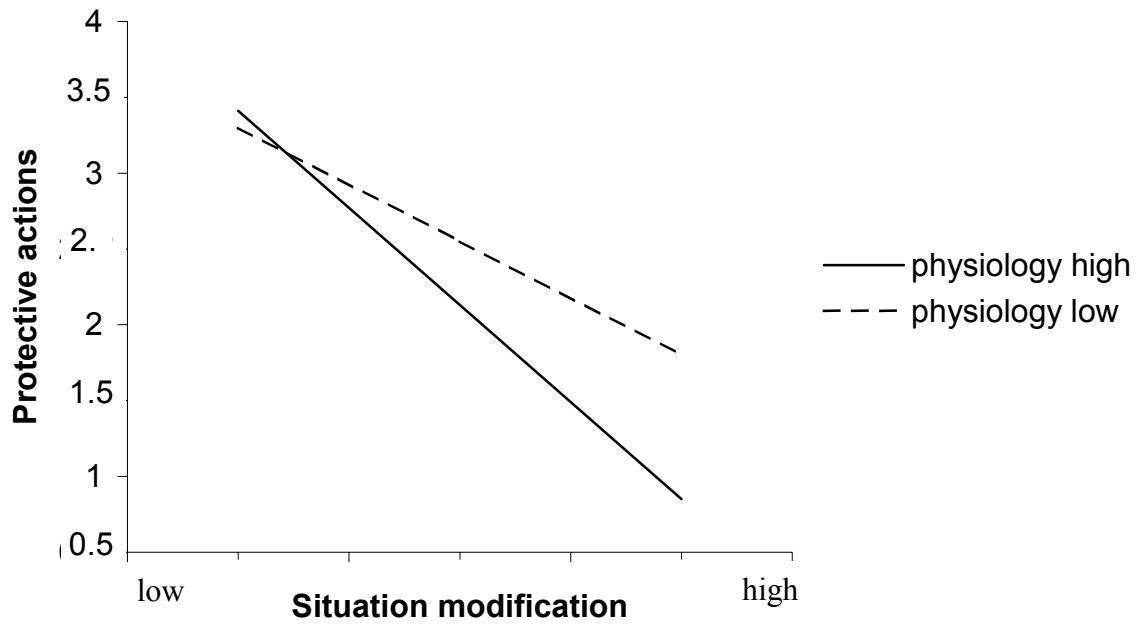
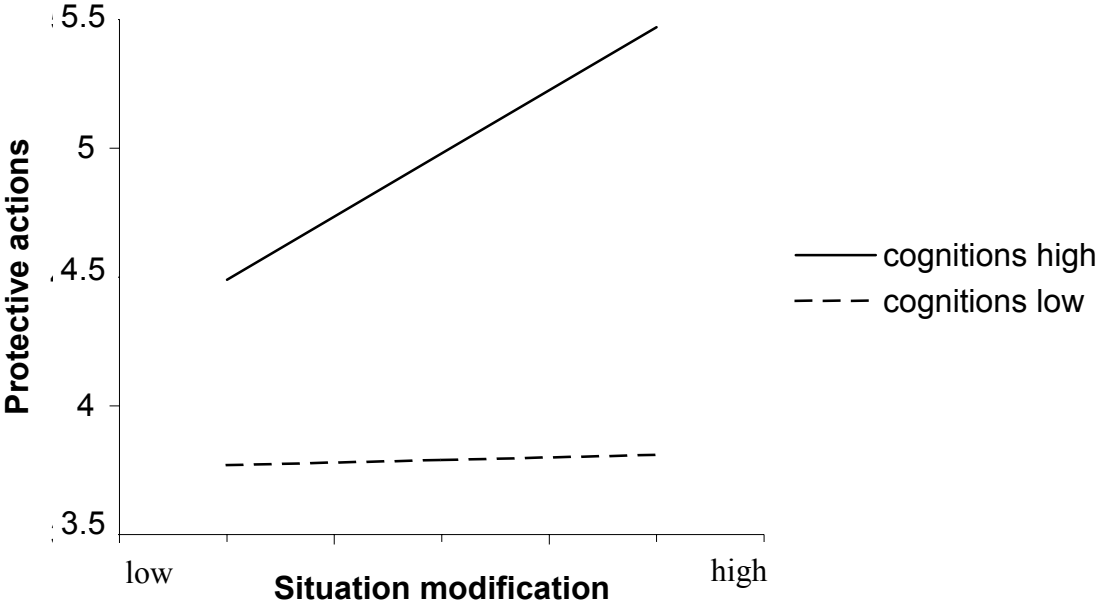


Figure 5: Interaction effects between situation modification and anxiety cognitions



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