Willem Verbeke & Richard P. Bagozzi

Sales Call Anxiety: Exploring What It Means When Fear Rules a Sales Encounter

The goal of this study is to develop and test a conceptualization of sales call anxiety (SCA) on the basis of current insights from the cognitive approach to social anxiety. Sales call anxiety is an irrepressible fear of being negatively evaluated and rejected by a customer, and it is coupled with a desire to avoid undertaking specific functional actions in selling situations. The authors present and test a model of SCA in two selling situations known to have threatening consequences for salespeople: canvassing and closing. The authors find that SCA consists of four components: negative self-evaluations, negative evaluations from customers, awareness of physiological symptoms (e.g., a queasy stomach, shaky voice, blushing), and protective actions (e.g., avoiding eye contact, fiddling with the hands, shunning self-disclosures). The authors show that these dimensions are functions of negative affectivity and anxiety-provoking contextual cues and that they negatively influenced the performance of 189 mortgage salespeople.

We have more fears than we need and it seems that our utterly efficient fear conditioning system, combined with an extremely powerful ability to think about our fears and inability to control them, is probably at fault.

—The Emotional Brain, Joseph LeDoux

"C" all reluctance" or the fear of making contact with the customer has long been recognized by salespeople as a problem. However, no researchers have investigated the nature of this frequently debilitating symptom (Ingram, LaForge, and Schweper 1997; Weitz, Castleberry, and Tanner 1992). Part of the problem is that call reluctance and fear of making a contact have largely been left undefined. To provide a basis for the research described in this article, we define sales call anxiety (SCA) as the fear of being negatively evaluated and rejected by customers, which is accompanied by urges to avoid contact with customers or, when contact is made, to refrain from interacting effectively and asking for a commitment.

It is estimated that SCA is prevalent in selling situations and will reach intense levels for up to 40% of salespeople at some points in their careers (Ray 1995). A need exists to understand better what SCA is, when it occurs, and how to manage it.

The goal of this article is to develop a conceptualization of SCA that is grounded in current insights from the cognitive approach to social anxiety. Specifically, we focus on how SCA unfolds in two selling situations (canvassing and closing) and how it affects the salesperson’s ability to interact with customers. In addition, we propose an operationalization of SCA and investigate how SCA relates to personality traits, anxiety-provoking contextual cues, and performance. Our conceptualization and empirical investigation is designed to provide managers with a way to recognize and understand why salespeople seek to avoid undertaking appropriate actions before and during a sales call. We also discuss how SCA can be controlled to the benefit of the salesperson and firm.

The article proceeds as follows. First, we explore the concept of SCA on the basis of recent conceptualizations of social anxiety developed by Clark and Wells (1995) and others (e.g., Barlow 1988; Wells and Matthews 1994). We discuss the situation specificity of SCA, as well as its antecedents and consequences. Then, using a sample of 189 salespeople, we investigate how SCA manifests itself during cold canvassing and closing a sale, two prototypical selling situations known to cause fear in many salespeople. We then propose managerial implications and future research questions.

Memory Processes and Selling

In the field of sales management, there is agreement that salespeople’s use of declarative and procedural memory systems during customer interaction depends on the amount of attention resources that a salesperson has available in a given situation (e.g., Szymansky 1988). In addition, some researchers have pointed out that metaknowledge (e.g., working smarter or the willingness to learn) affects the way salespeople use selling situation categories and the ways they apply scripts during the sales interaction (Sujan, Weitz, and Kumar 1994). However, only a few studies have investigated the role of memory processes with regard to emotional behavior in making a sale (e.g., Badovick, Hadaway, and Kaminski 1992; Brown, Cron, and Slocum 1997). For example, on the basis of research by Bagozzi, Baumgartner,

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and Pieters (1998), Brown, Cron, and Slocum (1997) show that selling can be regarded as a goal-directed activity and that, in the pursuit of the sales goal, anticipated emotional reactions to success or failure influence the actions that the salesperson takes. In other words, goal pursuit and subsequent performance can be regarded as under self-control, but cognitive and emotional processes also initiate and guide goal pursuit (Bagoezzi 1992).

Implicit in the process of goal pursuit, but not studied to date, is how instrumental acts—such as selling tactics during customer interactions—are maintained or abandoned at least temporarily, after they are initiated, and then possibly reactivated. Simon (1967) was one of the first theorists to suggest that the cognitive control of purposive action is facilitated by what he termed “interrupt mechanisms” or what psychologists now call “cognitive interference” or “attentional disruption” (Sarason and Sarason 1986). By this, Simon meant that ongoing goal-directed behaviors are often evaluated, modified, and even forsaken before a goal is reached, but purely cognitive mechanisms cannot account for such occurrences. Simon (1967) speculated that human emotions interrupt the cognitive control of action, so that new assessments of progress and goal commitment can be made and changes instituted as required. However, he never identified the emotional processes or the way they operate.

Social Anxiety and Cognitive Interference

Social anxiety is a strong emotion that functions as an important interrupt mechanism in goal-directed sales behaviors. How might social anxiety manifest itself in a sales situation? A salesperson may experience anxiety in anticipation of criticism from a supervisor, rejection by coworkers, ridicule by peers, conflicts between work and family pressures, or conflicts between company policies and moral standards. But probably the most salient causes of SCA for salespeople are the fear of failure and the disapproval and repudiation by customers. Indeed, research in sales management suggests that when salespeople fail, it negatively affects their feelings of self-esteem (Goodwin, Mayo, and Hill 1997) and attributions used to explain failure, which in turn affect motivation (Johnston and Kim 1994) and emotions negatively (Badovick, Hadaway, and Kaminski 1992). Thus, compared with many other occupations, personal selling seems to contain inordinate opportunities for social anxiety because of its very nature, which includes the possibility of multiple rejections and failures on a daily basis and the effects of this potential on feelings and thoughts about the self.

To understand how SCA might occur in different situations, we focus especially on cognitive theories of social anxiety, as they have attracted considerable attention recently in psychology and lead to practical remedies for people suffering from social anxiety (Wells 1998). Early research by Ellis (1962) and Beck (1976) suggests that anxious people possess hypervalent cognitive schemas (called “memory biases”) that continuously present a view of reality as dangerous and the self as vulnerable. To the extent that anxious people possess these schemata, they will more likely appraise or perceive a myriad of situations as threatening, which in turn reduces their belief that they can handle the situations or cope with them properly. Both appraisals, which interfere with memory processes during conversations, are thought to occur automatically and represent an ongoing integrated process. Although Beck has updated his theory (e.g., Beck and Freeman 1990), other researchers have refined schema theory to describe and treat specific types of anxiety disorders, such as social anxiety. The most well-known theories in this regard include Barlow’s (1988) anxious apprehension theory, Clark and Wells’s (1995) cognitive approach to social anxiety, and Rachman’s (1998) anxiety model. In contrast to previous approaches that viewed social anxiety as a pathology, the newer theories regard many anxiety-related problems as common errors of normal functioning rather than as signs of deep-rooted abnormalities (Rachman 1998, p. 64). We term these theories “attention-based cognitive anxiety models” (see the next section). Attention-based cognitive anxiety models differ from the pathological conceptions of anxiety in the following ways:

1. Early theories focused on how vigilant schemata contribute to anxiety responses, whereas researchers now focus on attention biases and cognitive processes that are produced in specific situations that contain threat-related stimuli. As we discuss subsequently, the attention of people with anxiety is focused on external signals as well as internally produced signals, such as physiological symptoms that typify anxiety. As Mineka and Nugent (1995, p. 187) suggest, anxiety is associated with continuous monitoring of a situation for signals of potential threat and requires a cognitive system that scans for such threats.

2. The persistence of social anxiety is reinforced by characteristics of the anxiety response itself. That is, the behavioral responses that emerge from dysfunctional appraisals are often involved in the maintenance of danger appraisals and beliefs about situations, as well as people’s beliefs about themselves in those situations. In other words, if anxious people avoid or flee from threatening situations, they never verify whether the situations were truly dangerous and thus maintain anxiety and thwart learning. This perspective has promoted contemporary remedies rooted in learning how to control attentional processes and beliefs (e.g., Barlow 1988; Rachman 1998; Wells et al. 1995).

3. Some research shows that people with certain personality traits develop situation-specific feelings of anxiety (e.g., Barlow 1988; Rachman 1998). Among these traits are negative affectivity (NA) and anxiety sensitivity. Although some people are prone to developing social anxieties in one or more social situations, they do not do so necessarily in all social situations, which suggests the need to specify anxiety-provoking cues in any particular context.

Attention-Based Cognitive Anxiety Models and the Components of SCA

People suffering from social anxiety typically have a strong desire to convey a particular favorable impression of themselves to others, yet they have a marked insecurity about their ability to do so (Clark and Wells 1995). In particular, when they enter threatening social situations, they believe they are in danger of behaving in an inept and unacceptable fashion, and they think that such behaviors will have negative consequences such as loss of self worth, status, and rejection (see Clark and Wells 1995, p. 69). Researchers
stress that these thoughts enter people's minds only in difficult or ambiguous situations, in which the self-doubt erupts more or less automatically. Clark and Wells (1995) and Barlow (1988) conceive of these anxious thoughts as "anxiety programs," which are complex constellations of cognitive, somatic, affective, and behavioral changes that are designed to protect a person from harm in objectively dangerous environments. When they are activated by cues in the situation, these anxiety programs amplify the perceived danger in those situations. Attention to threatening or ambiguous aspects of the situation takes priority over other cues. This narrowed focus of attention heightens the arousal of anxiety that subsequently becomes the focus of attention, an effect that causes people to find further evidence for perceived danger. As a consequence, attention overload sometimes occurs, which negatively affects people's ability to handle social interactions and the quality of interpersonal communication. In a selling situation, this may elicit negative reactions from customers, which anxious salespeople in turn perceive as proof of their inability to handle similar situations. Finally, some of the self-generated symptoms might produce further symptoms (e.g., talking too fast is often accompanied by hyperventilation and increased heart rate). These self-amplifying or paniclike behaviors have been observed by psychologists (Clark and Wells 1995) as well as by such applied scholars as Dudley and Goodson (1992, p. 77), who have found that "doomsayers experience panic attacks" in personal selling contexts.1

Two more characteristics must be added to this self-reinforcing anxiety process. First, people high in social anxiety are motivated to search for information that gives them clues about how others think about them. But when people suspect that others negatively evaluate them, they avoid examining the full extent of the negative evaluations, because they are afraid that people might reject them if they ask for feedback. Second, after experiencing negative social events, people suffering from social anxiety tend to ruminate excessively about what went wrong. This rumination reinforces their fears of the situation and reduces their feelings of self-efficacy for handling similar situations in the future.

**Dimensions of SCA**

Sales call anxiety can be considered a special case of social anxiety (Rachman 1998). On the basis of the work of Clark and Wells (1995), who investigate general social anxiety, we propose the following:

H1: Sales call anxiety comprises four dimensions: negative self-evaluations, perceived negative evaluations from customers, imagined physiological symptoms, and urges to perform protective actions.

The four dimensions of SCA are thought to occur during, and even before, encounters with customers.

The first dimension of SCA involves negative evaluations of the self that arise in anticipation of a specific encounter with a customer (e.g., in cold canvassing or closing a sale). These negative expectations entail ruminations about past failures, negative images of the self in previous as well as anticipated sales encounters, and exaggerated considerations of what can go wrong and how the salesperson might fail. Examples might include "I will not remember all the selling points and will have trouble getting the words out" or "I will be nervous and will lose control and look foolish." In summary, one characteristic of SCA is salespeople's insecurity about their ability to perform well and convey a positive impression to customers.

The second dimension of SCA is imagined negative evaluations from customers. People who have high social anxiety have a strong desire to convey favorable impressions of themselves to others, which is coupled with a strong need to know what others think about them (Clark and Wells 1995; Pozo et al. 1991). Yet their insecurity about their ability to perform and communicate a positive image, which is exacerbated by excessive rumination about past failures and images of future failure, creates strong anticipatory social anxiety. Research suggests further that people high in social anxiety tend to set unrealistically high standards for social performance (Clark and Wells 1995). Examples might include "I must get every customer to like me" or "I must not ever show signs that I do not know my product or do not believe in my product."

A third dimension of SCA is salespeople's physiological symptoms, which they use to infer customers' reactions to themselves and to appraise how well they are doing overall. Common reactions to SCA, which are largely uncontrollable at least at the outset, are a pounding heart, an unsteady voice, blushing, sweating, and shaky hands. Physiological symptoms reflect the fact that social anxiety is mediated primarily by the sympathetic nervous system. However, the parasympathetic nervous system sometimes comes into play as well and is manifested by a drop in blood pressure and accompanying feelings of dizziness or weakness. Moreover, it has been found that people who have high social anxiety tend to overestimate how negatively others evaluate them in interpersonal exchanges (Rapee and Lim 1992; Stopa and Clark 1993), which amplifies the communicators' perceptions of their own physiological symptoms and further increases social anxiety. A preoccupation with physiological symptoms causes salespeople to see themselves from the point of view of the customer, and this adds to their negative self-evaluation (e.g., "The customer sees that I am nervous and sweating profusely and will think I am incompetent").

The final dimension of SCA involves urges to perform protective actions. These are similar to what clinical psychologists term "safety-seeking behaviors" (e.g., Clark and Wells 1995; Wells et al. 1995), or what psychologists call emotion-regulatory processes or coping responses (Barret 1995; Lazarus and Folkman 1984; Thoits 1990). Psychologists have found that one of the symptoms or concomitants of social anxiety is an automatic reaction that reduces or relieves the negative effects of anxiety. Protective actions encompass a wide range of coping responses, many of which are involuntary but some of which can be learned or

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1Doomsayers, according to Dudley and Goodson (1992), are salespeople who believe beforehand that they will fail. This promotes a type of call reluctance.
unlearned to a certain extent as personal policies. Examples of the more involuntary protective actions are gazng away and avoiding eye contact, speaking quickly, and fiddling with the hands. Protective actions more subject to self-control entail avoiding self-disclosures, saying less, controlling the breathing (e.g., taking deep breaths, breathing slowly), or standing still. It also entails salespeople focusing on their own and the customer’s voice and feet or holding onto objects. Withdrawal from contact and avoidance of future contact are extreme and usually dysfunctional protective actions.

In accordance with Clark and Wells (1995), we believe it is fruitful to conceive of SCA as functioning in two ways. First, SCA manifests itself along a continuum from no social anxiety to severe, debilitating social anxiety; second, SCA manifests itself in a broad range of situations known to provoke social anxiety. More concretely, one salesperson might experience intense SCA during cold canvassing but only moderate levels of SCA during the finalizing stages in sales conversation, or vice versa, whereas others might experience high SCA in both situations (e.g., Dudley and Goodson 1992). Similarly, Singh and Rhoads (1991) suggest that a salesperson might experience role ambiguity related to colleagues but not to customers, and vice versa. When SCA is examined as a situation-specific enigma, it appears less pathological and therefore perhaps more manageable if we focus on the self-attentive processes that cause anxiety in those situations. This situation-specific perspective is at the center of discussion among specialists working on social phobia (e.g., Heckelman and Schnier 1995; Rachman 1998). Therefore,

\[ H_3: \text{Salespeople undergo SCA as a matter of degree that ranges from low to high levels of intensity. Two common contexts in which salespeople face SCA are canvassing (cold calling) and closing the sale.} \]

Antecedents and Consequences of SCA

**Personality as an antecedent of SCA.** Although the focus of our research is situational aspects of SCA, we also wish to investigate one antecedent to social anxiety identified in psychology and organizational behavior research. Negative affectivity is a disposition of mood and indicates the general vulnerability of people to experiencing aversive emotional states: “High-NA individuals tend to be distressed and upset and have a negative view of self, whereas those low in the dimension are relatively content and secure and satisfied with themselves” (Watson and Clark 1984, p. 465). We think of NA as a type of trait social anxiety, a personality characteristic that endows or predisposes people to react emotionally in a particular way across many situations. Watson and Clark (1984, p. 465) note that NA is a unidimensional construct, and people scoring high in NA possess chronic subjective feelings of nervousness, tension, and worry. Furthermore, Watson and Clark (1984, p. 466, emphasis in original) posit that NA manifests itself even in the absence of any overt stress and people high in NA are, “in any given situation, more likely to experience a significant level of distress.” In summary, NA is a disposition that reflects individual differences in the general propensity to experience negative emotions and have a negative view of the self.

Some research supports the effects of NA on job stress and job strain for professional and managerial personnel in an insurance company (Brief et al. 1988) and for employees across a wide range of companies (Chen and Spector 1991; see also Watson and Pennebaker 1989). Thus, we propose the following:

\[ H_3: \text{Negative affectivity will positively influence SCA.} \]

That is, we expect NA to increase the salesperson’s SCA in particular situations. Support for this hypothesis can be found in Watson and Clark’s (1984, p. 466) review of the literature, in which they document that high-trait anxious people react more strongly to stressful situations but, in the absence of stress, tend to be no more anxious than those low in NA. Likewise, given the tendency of high-NA people to fixate on and magnify mistakes, frustrations, disappointments, and threats (Watson and Clark 1984, p. 466), we expect that NA should also accentuate SCA. In addition to main effects for NA, we explore whether NA interacts with anxiety-provoking cues to influence SCA.

**Dependence of SCA on situational cues.** Canvassing and closing are distinct global settings in which selling occurs, but the real determinants of SCA are particular anxiety-provoking cues that function within these settings. Different anxiety-provoking cues can be identified for canvassing and closing. This interpretation is consistent with modern definitions of social anxiety that regard it as “a persistent fear of one or more social or performance situations in which a person is exposed” (American Psychiatric Association 1994, pp. 416–17; see also Wells and Mathews 1994).

For canvassing, one source of anxiety arises when salespeople must initiate contacts with prospects who are of a higher rank or social status. The salespeople are put in an awkward position because of differences in expectations and customs that might arise as well as the uncertainty whether deference must be shown, and if so, how, when, and how much. A second source of anxiety in canvassing settings is the near-universal reaction people have to meeting new people. Without prior knowledge of the needs, style, and other characteristics of a prospect, the salesperson is asked to face a set of unknowns that could thwart the initial encounter. A third source of anxiety stems from the need to create a favorable first impression and convey specific positive qualities of the selling organization and its offerings. In summary, canvassing presents a vague and ambiguous situation in which things can go wrong and the salesperson is vulnerable to rejection and failure. The anticipation of concerns about the unknown activates SCA programs. In summary, we suggest the following:

\[ H_4: \text{Sales call anxiety will be provoked to the extent that salespeople are sensitive to difficulties in dealing with new customers, higher status customers, and the conveyance of positive qualities of their firm and its products, three facets of canvassing.} \]

For closing, the strongest source of anxiety is the anticipation of asking for a commitment and being rejected. So much rides on obtaining a commitment that the dread of failure is a real and feared consequential outcome. Anticipatory anxiety here can lead to cycles of approach-avoidance, procrastination, and strong apprehension. Another source of
anxiety is the thought of admitting failure to a supervisor and explaining why a failure occurred. Therefore, we submit the following:

H3: Sales call anxiety will be provoked to the extent that salespeople are sensitive to difficulties associated with asking for a commitment and discussing their performance in this regard with their supervisor, two aspects of closing sales.

Performance-related consequences of SCA. Sales call anxiety intrudes into goal-directed activities and potentially influences performance negatively. How might this happen? One way that performance might be negatively affected is through the interference that social anxiety produces in customer–seller exchanges. Parallel to psychological researchers, we expect social anxiety to drain or limit salespeople’s attentional resources and so interfere with their ability to process social cues (Clark and Wells 1995; Rachman 1998). Related to this is the general tendency in people high in social anxiety not to “check out what is really happening” in interpersonal encounters (Clark and Wells 1995, p. 72). People who have high social anxiety “are not data driven but function rather like an automatic program which is activated in a social situation,” and this leads them “to run through a repertoire of negative thoughts without really paying attention to what is happening in the situation” (Stopa and Clark 1993, p. 264). This behavior is dysfunctional for personal selling, in which complex communications of needs and offers and counteroffers are necessary for success.

But not only failures in attention occur as a consequence of social anxiety in interpersonal communication. Excessive self-focus, negative self-evaluations, and overestimation of how negatively others view the self can lead to protective actions that make the salesperson high in SCA come across as unfriendly and unresponsive. This, in turn, can elicit similar reactions from customers. The result can be a breakdown in communication and lowered performance.

Likewise, when social anxiety induces or is accompanied by negative self-evaluations by salespeople, they may become discouraged and avoid certain interactions. Even if they do not give up completely, salespeople high in SCA may become distracted by their feelings and physiological symptoms, which makes them work nervously and display less attention to the task at hand. Disruptive social anxiety may also interfere with working smart (Sujan, Weitz, and Kumar 1994). All these reactions can depress performance. As a consequence, we propose the following:

H3: The greater the perceived SCA, the poorer is the performance in terms of communication effectiveness and sales volume.

Method

Salespeople and Procedure

A total of 500 questionnaires was sent to salespeople from a subdivision of a large Dutch bank. The salespeople sell mortgages to consumers. Of these salespeople, 196 returned the questionnaires. After eliminating incomplete questionnaires, we ended up with a final sample of 189 salespeople, for a 38% response rate. On the basis of comparisons of sociodemographic characteristics and length of tenure, no significant differences were found between respondents and the entire sales force.

Mortgage sellers are ideal subjects for a study of SCA because they engage in extensive cold canvassing, face many rejections in the course of a day, work in a competitive environment, are compensated on the basis of commission, and undergo constant pressure to sell to customers across a wide spectrum of status and other differences. The sample can be described as follows: A majority of the salespeople were men (approximately 60%), most were younger than 35 years of age (approximately 52%), and a few salespeople (approximately 9%) were more than 50 years of age. With respect to experience, approximately 10% of the sample had been with the organization less than 2 years, and almost 55% had been with the company between 6 and 20 years. Finally, most salespeople had finished basic and advanced vocational studies, but only 1% had a university or college degree. This profile is typical of mortgage salespeople across Europe.

Questionnaire Design

To construct a pool of items for measuring each of the variables under study, focus group interviews were organized, and several tests were administered in stages, as DeVellis suggests (1991). Managers were asked to identify situations in which their salespeople encounter apprehension problems when selling. The managers identified canvassing and closing as the most anxiety-provoking contexts for selling mortgage-related products. The identification of canvassing and closing as general anxiety-provoking contexts is consistent with basic research in psychology on anxiety. Indeed, a key defining element of social anxiety is that it occurs in situations that imply initial encounters (e.g., new customers), consist of people who are regarded as having power or status, or place the person in a conspicuous position that is difficult to escape physically (Beatty 1988, Buss 1980; Leary and Kowalski 1995). Thus, analogous to when a person stands before an audience to give a speech, canvassing and closing demand that the salesperson make actual contact with a customer and provide specific information and requests. To avoid doing this or to flee from such encounters, which is an urge salespeople with SCA frequently feel, would be dysfunctional for the salesperson and the firm.

Canvasing and closing are also two activities that occupy much of the time of mortgage salespeople in the setting at hand and are among the most important tasks they perform. Therefore, questions presented to subsequent focus groups were tailored to address these two prototypical contexts to generate items for the final questionnaire. First, items that reflect the four dimensions of SCA typical for canvassing and closing were generated for presentation in focus groups (as proposed by Clark and Wells 1995; Leary 1991; Patterson and Ritts 1997; Salkovskis 1991; Trower and Gilbert 1989). Second, for each of the two situations, we generated specific anxiety-provoking cues by asking salespeople to specify particular events and experiences that created the most anxiety for them. Five anxiety-provoking cues were identified: three for cold canvassing (i.e., dealing with higher-status customers; preparing for and communicating
with new, unknown customers; and conveying positive characteristics of the bank and its offerings) and two for closing (i.e., asking for a commitment and discussing performance with the sales manager). All items contributed to the initial item pool were evaluated for relevance and understandability by salespeople and sales managers. It should be noted that the salespeople who participated in focus group interviews were not part of the final sampling.

Questions presented on the final questionnaire followed standard practice in the literature. The actual questionnaire was administered in Dutch, but a rough English translation is presented here (for a list of all items discussed subsequently, see the Appendix). To avoid carryover effects, the questionnaires were printed in three different versions wherein different sections of the questionnaire were counterbalanced (Bickart 1993). The SCA items were introduced with an instruction that attempted to put the salesperson in the position of anticipating or engaging in a sales interaction. Specifically, the items were introduced with the following question for cold canvassing: “You are having a first conversation with a new and unknown customer. You will have to ask many personal and significant questions about the person’s income, financial situation, and family situation…. A successful conversation is important to you. What is going on in your mind?”

These instructions were followed by items designed to measure the four dimensions of SCA in canvassing situations. For negative self-evaluations, six items were used (e.g., “I hope I will not shut down/clam up”). For negative evaluations from customers, ten items were used (e.g., “The customer will think that I do not come across convincingly”). Physiological symptoms were measured by seven items (e.g., “I am nervous,” “I cannot sit still during periods of salience”). Finally, protective actions were measured with six items (e.g., “I adopt a passive attitude”). Responses for these SCA measures were recorded on seven-point, “completely disagree” to “completely agree” scales.

For sales closing, the SCA items were introduced with the following instructions:

After the orienting discussion with customers, you engage the customer in conversation. You want to make final the sale. During this phase, you need to communicate some details about the offer before the mortgage contract can be signed. You have communicated to your manager that you will attempt to make final the sale, and now you realize that obtaining the offer is important to you. What is going on in your mind?

Similar to those for cold canvassing, the four dimensions of SCA were measured separately for closing. Specifically, for negative self-evaluations, six items were used (e.g., “I hope I will not rattle off my words”). For negative evaluations from customers, eight items were used (e.g., “He will laugh at me afterward”). Physiological symptoms were measured by seven items (e.g., “I become panicky”). Finally, protective actions were measured with five items (e.g., “I offer the customer too many extras”).

To measure cues within the four contexts that provoke SCA, we asked salespeople to respond to 24 items introduced by the following instructions: “In the following situations, you might experience a certain amount of tension and uneasy feelings. Please indicate the extent to which you experience tension.” Then the following items were presented: 4 for meeting with customers of a higher status, 5 for preparing for and communicating with new prospects, 4 for being assertive about themselves and the organization, 7 for approaching and asking for a commitment from customers, and 4 for discussing performance with a manager. Responses were recorded on seven-point, “never experience tension” to “always experience tension” scales.

Performance was measured with a scale based on research by Behrmann and Perreault (1984). One component of performance referred to sales volume and was measured with five items (e.g., “exceeding all sales targets and objectives,” “generating sales of new company products”). The second component of performance addressed communication quality in the sales interaction and was measured with four items (e.g., “convincing customers that you understand their unique problems and concerns,” “working out solutions to customers’ questions or objections”). Finally, NA was measured with a scale from Tellegen (1982). Twenty items were used.

Scale Development

Exploratory factor analyses were performed on the items for each scale. Maximum likelihood estimation with oblimin rotation was done with SPSS (1993). The different dimensions of scales were analyzed, and items not satisfying the following criteria were deleted: (1) dominant loadings greater than .40 and (2) cross-loadings less than .25. Criteria for accepting factors relied on inspection of the scree plot (Briggs and Cheek 1986; DeVellis 1991). The reliabilities for items of dimensions of each scale were also assessed by means of Cronbach’s alpha.

In Table 1, we summarize the results of factor analyses for each scale: Kaiser–Meyer–Olkin of all the factor analyses are substantial. In addition, the factor loadings are generally high, and the lowest loading is equal to .41. Note especially that two factors corresponding to cold canvassing and closing were found for negative self-evaluations and for perceived negative evaluations from others. The items measuring physiological responses and protective actions each loaded on one factor. Not surprisingly, physiological responses and protective actions reflect reactions that are governed by the autonomic nervous system and thus tend to be invariant across different anxiety-provoking situations. We also present the reliabilities of each scale in Table 1. The reliabilities are high and exceed the minimum of .70 recommended by Nunnally (1978). Finally, means and standard deviations of measures are provided in Table 1.

Regression models

To take measurement error into account formally and avoid problems of multicollinearity, we used LISREL (Jöreskog and Sörbom 1996) to perform regressions. One set of regressions tested the effects of anxiety-provoking situations and NA on SCA: $SCA = (\text{anxiety provoking cues, NA})$; four regressions were run, one for each dimension of SCA (i.e., negative self-evaluation, negative evaluation from customers, physiological symptoms, and protective actions). Three anxiety-provoking cues (i.e., dealing with higher-
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status customers, meeting new customers, and conveying qualities of the organization) plus NA were entered as independent variables for canvassing, and two anxiety-provoking cues (i.e., asking for commitment and anticipating discussion of performance with managers) plus NA were entered as independent variables for closing sales. The second set of regressions tested the effects of SCA on performance: performance = f(SCA); two regressions were run, one for each dimension of performance (i.e., communication performance and volume performance).

To test for interactions between NA and anxiety-provoking cues on SCA, we performed two analyses. First, we used classical regression analysis in which the main effects of NA and anxiety-provoking cues, as well as their interaction, were entered. This approach uses full information but does not take into account measurement error. Second, to take into account measurement error, we split the sample at the median based on SCA and used structural equation models to do the regressions. This approach does not use full information in the sense of classical regression analysis. Thus, there is a trade-off between the two procedures. Unfortunately, because of sample size restrictions and the need to represent four interactions and five main effects, structural equation models with latent variables cannot be used both to take into account measurement error and to use full information underlying the interactions.

Results

In Table 2, we summarize the findings for the regression analyses. In the top panel, low to moderately high amounts of variance in SCA are explained, and all anxiety-provoking cues influence the four dimensions of SCA during both canvassing and closing. Nevertheless, several interesting patterns of results can be pointed out. During both canvassing and closing, the effects of anxiety-provoking stimuli are greatest on physiological symptoms and protective actions. Yet strong effects are found on negative self-evaluations and negative evaluations from customers for most anxiety-provoking stimuli. For each dimension of SCA, the effects of the anxiety-provoking stimuli are roughly equal during both canvassing and closing. When canvassing and closing are compared, the effects of anxiety-provoking stimuli on SCA are greater for the former. This occurs as well in the higher levels of explained variance for the dimensions of SCA during closing compared with canvassing. Finally, NA influenced all four dimensions of SCA during both canvassing and closing. The effects of NA were generally higher on physiological symptoms and protective actions than on negative self-evaluations and negative evaluations from customers, and higher coefficients occurred for closing than canvassing.

In the bottom panel of Table 2, relatively small but significant proportions of variance are explained in performance by SCA. For both canvassing and closing, more variance is explained in volume than communication performance. Physiological symptoms and protective actions have the largest effects on performance, yet the effects of negative self-evaluations and negative evaluations from customers are substantial.

The tests for interaction revealed that NA does not moderate effects of anxiety-provoking cues on SCA. No significant interactions were found under either canvassing or closing. Therefore, the results for the direct effects of NA on anxiety-provoking cues can be interpreted as main effects.

Discussion

Sales call anxiety can be conceived as an intrusive and persistent apprehension about dealing with customers in particular selling situations and is triggered by specific cues in those situations. Rather than being a simple global fear response, however, SCA was found to consist of four components: negative self-evaluations, imagined negative evaluations from customers, physiological responses, and protective actions. The experience of SCA, which is believed to happen largely automatically and unconsciously, was found to differ between cold canvassing and closing for negative self-evaluations and imagined negative evaluations from customers. Anxiety-provoking cues had larger effects on negative self-evaluation and negative evaluation from customers for closing than canvassing. In contrast, SCA with regard to physiological responses and protective actions was invariant across the two types of selling situations (i.e., similar physiological responses and protective actions, as a function of anxiety-provoking cues, occurred during canvassing and closing).

Negative self-evaluations involve insecurities with respect to situational appearances or characteristics, actions in sales encounters, or outcomes thereof. These are especially manifested in ruminations about past failures or shortcomings and images of difficulties and failure in anticipated sales encounters. The danger of a preoccupation with negative self-evaluations is that it can discourage and immobilize the salesperson, limit attentional resources needed to remain alert as well as be adaptive, and disrupt the processing of social cues and other aspects of interpersonal communication when customers are engaged. An important characteristic of SCA is that salespeople generate anxiety programs automatically. The data in this study suggest that SCA potentially makes salespeople vulnerable to dysfunctional social anxiety across a variety of selling situations, and this in turn negatively correlates with the salesperson's performance. Many salespeople who do not suffer from strong SCA may be able to hide their anxiety, because they choose to focus on less threatening selling activities or consciously or unconsciously avoid situations that provoke anxiety. Consequently, they may be relatively unaware that they experience anxiety in a detrimental way.

Sales managers should learn to detect signs of SCA in their salespeople. In many cases, sales managers will notice second-order effects of anxiety when sales force strategies change or when salespeople change accounts. For example, imagine a change from a defender strategy to a prospect strategy, in which salespeople are instructed to increase their quota of new customer contacts (Miles and Snow 1978). Such a change may be difficult for salespeople who feel anxious and threatened by such environmental and task disruptions. Innovations in automated selling and management might be able to incorporate ways to monitor SCA here. Current decision support systems enable managers to detect useful ratios (e.g., sales from new customers versus existing
TABLE 2
Findings

Antecedents of SCA

<table>
<thead>
<tr>
<th>Dependent Variables</th>
<th>Dealing with Higher-Status Customers</th>
<th>Meeting New People</th>
<th>Being Assertive</th>
<th>NA</th>
<th>R²</th>
<th>Asking for Commitment</th>
<th>Discussing Performance with Manager</th>
<th>NA</th>
<th>R²</th>
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<td>.25**</td>
<td>.24**</td>
<td>.15*</td>
<td>.13</td>
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Effects of SCA on Performance

<table>
<thead>
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<th>Dependent Variables</th>
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<th>Negative Evaluation from Others</th>
<th>Physiological Symptoms</th>
<th>Protective Actions</th>
<th>R²</th>
<th>Negative Self-Evaluation</th>
<th>Negative Evaluation from Others</th>
<th>Physiological Symptoms</th>
<th>Protective Actions</th>
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<td>−.52***</td>
<td>−.49***</td>
<td>.08</td>
<td>−.35***</td>
<td>−.35***</td>
<td>−.42***</td>
<td>−.41***</td>
<td>.12</td>
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<tr>
<td>Volume performance</td>
<td>−.38***</td>
<td>−.51***</td>
<td>−.68***</td>
<td>−.64***</td>
<td>.15</td>
<td>−.42***</td>
<td>−.43***</td>
<td>−.52***</td>
<td>−.51***</td>
<td>.18</td>
</tr>
</tbody>
</table>

*p < .05.
**p < .01.
***p < .001.
Customers that might indicate salespeople’s preferences for dealing with existing as opposed to new customers. Imbalances resulting in too many sales from existing customers might signal a problem in SCA for management to address. Sales managers should be careful not to jump to the conclusion that a salesperson in this case necessarily suffers from SCA. It is possible that the salesperson lacks certain selling skills and this deficit causes avoidance of new account prospecting.

When a sales manager detects symptoms of SCA in one or more salespeople, the next task is to make the salespeople aware that their performance suffers from SCA. Managers then should inquire why their salespeople, for example, find it difficult to achieve closure during interactions with customers. By doing so, the salespeople and their managers make the SCA programs explicit (e.g., “I now realize that I do not visit new customers because I fear negative consequences of canvasing”). When they are made explicit, such disclosures can help both salespeople and sales managers start joint problem solving to overcome SCA. Thus, the sales manager should take a coaching attitude when salespeople are prone to develop anxiety. One coaching suggestion for sales managers is that they should avoid any stigmatization about SCA. This can be done by suggesting to salespeople that anxiety is contingent on situational cues that can be anticipated and coped with and that everybody will experience SCA to a certain degree now and then. In other words, SCA is not necessarily a pathological problem (Rachman 1998). When salespeople recognize that they are vulnerable to anxiety in certain circumstances, this sets the stage for various corrective efforts by management and self-regulation by salespeople.

We propose that one or more of six different programs can be used to address SCA:

**Freeing up memory space through disconnected mindfulness.** One approach to counteracting negative self-evaluations is to help salespeople reengineer their anxiety programs. This might involve helping the salesperson disconfirm counterproductive thoughts and negative self-appraisals during a sales visit. Constructive self-analyses can be promoted by training the salesperson to ask such questions as “What evidence do you use to infer that the customer might not like you?” and “What signals do you look for when visiting customers?” Such questions might help salespeople develop self- and task-related metaknowledge (knowledge about their self-knowledge of SCA) that enables them to break through the cycle of escalating anticipatory fears consciously (e.g., Clark and Wells 1995). By teaching salespeople to focus on cues that reflect positive information and avoid cues that normally trigger overwhelming fears, which tend to occupy the salespeople’s memory and prevent the activation of adaptive resources, the salespeople can learn to free up attentional resources. Key adaptive resources to emphasize include the matching of customer needs to the seller’s offerings and matching the selling strategy and specific appeals to customer type. This entails the adaptive selling tactics of “knowing what” and “knowing how” (Weitz 1978, 1981). Only by managing anxiety will it be possible for salespeople to practice adaptive selling behavior and work smarter (e.g., Spiro and Weitz 1989; Sujan, Weitz, and Kumar 1994).

**Reduction of approval seeking.** Imagined negative evaluations from customers will be intensified to the extent that salespeople have an excessive need for approval but are afraid of asking for it (Baumeister and Leary 1995; Strickland 1977). Therefore, it is advisable to (1) help salespeople better understand what their self-worth is based on, so as not to overemphasize the need for approval (or to not be disapproved) for its own sake, and (2) recruit salespeople who are not obsessive in the need for approval and help them develop impression management techniques that focus more on customer and product knowledge than on approval seeking and the need to belong, per se. This is not to suggest, however, that though the sales job is inherently stressful, sales managers should not seek to reduce, for example, role stress. Role stress has been known to evoke feelings of job tension and dysphoric cognitions (Singh 1993; Kramer 1994), and those levels of job tension and dysphoric cognitions might make salespeople vulnerable to rejection by the customer and so bring about the development of SCA.

**Relaxation.** Sales call anxiety is also exhibited through physiological symptoms. Excessive self-focus on shaky hands, sweating, a quiver in the voice, or an upset stomach can aggravate social anxiety and interfere with interpersonal communication. One way to offset the effects of physiological symptoms is to concentrate on relaxing the muscles during a sales interaction. Indeed, through practice, relaxation techniques can have generalized, long-term effects on reducing anxiety. In more extreme cases of SCA, such as before closing a big deal that has been worked on for months, pharmacological agents such as beta-blockers may be called for (Liebowitz et al. 1988). Encouragement to engage in sports or recreation outside work might promote relaxation and renewal (Zillman, Johnson, and Day 1974). Some firms have in-house athletic facilities and counseling services and sponsor periodic educational and recreational programs designed to relieve tension and social anxiety. Finally, with practice in selling and the development of interpersonal skills and product and customer knowledge, the negative effects of physiological symptoms should become easier to control.

**Regulatory tactics.** Protective actions, the fourth component of SCA, are potentially the most damaging in two senses. At the point of salesperson–customer interactions, such protective actions as averting eye contact, speaking quickly, avoiding self-disclosures, or prematurely withdrawing in an effort to escape embarrassment can break down trust and lead customers to question the competence of the salesperson. Even before salespeople engage with customers, such protective actions as putting off calling a customer or other forms of procrastination, refusing to answer a telephone call from a customer, or planning to avoid certain topics in an anticipated exchange can lead to lost sales. Probably the most important remedy for overcoming dysfunctional protective actions is to develop self-regulatory tactics. To the extent that salespeople can develop scripts to activate when customers raise questions or objections or when the salespeople feel an urge to avoid encounters or discuss issues in an exchange, they will be better able to handle SCA and...
function effectively. For example, when salespeople experience setbacks after a customer asks a product-related question to which they have no answer, they can respond by saying something to the effect of “I cannot answer your question fully now but will call you back this afternoon after I investigate our policies more completely.” Other self-management tactics can be developed to select alternative ways to make a sale, monitor goal striving, maintain commitment, and overcome impediments to goal achievement.

Professional treatment. On occasion, SCA may become overwhelming, and professional help may be required. In such cases, it is likely that salespeople will display anxiety across a broad range of selling situations, which makes their successful functioning in the sales force more doubtful. For some salespeople, several therapies are available for coping with social anxiety (Heimberg et al. 1995), and various self-help programs may be useful (e.g., Cheek 1989; Markaway et al. 1992).

Selection criteria. The data in this study show that the personality trait NA is correlated with the development of SCA. The NA scale may thus be used as an additional criterion in the selection of salespeople and perhaps as a check later in a salesperson’s career to verify whether cynicism has developed over time. Research shows that other personality traits, such as fear of negative evaluation and anxiety sensitivity for which scales exist, may be associated with social anxiety (Peterson and Reiss 1987; Rachman 1998).

Further Research
A topic not considered in the present study but worthy of further research is the possibility that, at least for some salespeople, anxiety can spur them on to greater achievements. Some athletes and performers arouse themselves in preparation for a performance through anxiety-provoking thoughts to energize their performances (e.g., Martens 1977). It is possible that SCA can be functional for some salespeople under certain conditions. To uncover these possibilities, it may be necessary to model the relationships of SCA to its correlates in nonlinear patterns. For example, SCA might initially stimulate salespeople, but when a threshold is reached, it will not have an effect. Yet some point later, under intense SCA, performance may be negatively affected. This will be difficult to study in the field and may require special laboratory testing with salespeople under controlled conditions.

It is most likely that SCA emerges during the sales career. Johnston and Kim (1994, p. 78), for example, suggest that “Many new salespeople quit their job within a few months because they are not suited for it after a few instances of failure.” As sales become more automated and selling patterns more easily detected, the sales environment is a good opportunity to study causal relationships between failure and the onset of SCA.

In our study, we focus on anxiety in salespeople that stems from relationships with customers (only one dimension—talking with a manager about performance—did not directly reflect relationships with customers). Anxiety might also be expected to result from interactions with other salespeople, sales managers, friends, and family members. These possibilities deserve further study.

Finally, it would be informative to investigate other forms of self-conscious emotions in personal selling. Shame, embarrassment, guilt, and pride are likely candidates for study, but they have not been studied systematically in personal selling to date.

APPENDIX
Scales and Items Used in the Study

I. Negative self-evaluation
A. Cold canvasing
1. I hope this conversation does not flop.
2. I hope I will not shut down/clam up.
3. I hope I will not come across as an unfriendly person to the customer.
4. I hope I will not get the idea again that I am not able to have a constructive conversation.
5. I hope it will not turn out that advisors from other banks will be able to convince the customer better than I will.
6. I hope the customer will not turn away from me when I keep asking questions.
B. Closing
1. I hope I can listen carefully to what the customer says.
2. I hope I will not start stuttering.
3. I hope I will not fumble for words.
4. I hope I will be alert.
5. I hope I will not give in to the customer.
6. I hope I will not waffle my words.

II. Perceived negative evaluation from customers
A. Cold canvasing
1. The customer will think the following of me:
   a. there you have again another “salesperson.”
   b. that I do not come across as a credible salesperson.
   c. that I do not get across convincingly.
   d. that I have doubts.
   e. that I adopt a kind attitude to prevent refusal.
   f. that bad experiences lie ahead for him with this salesperson.
2. I will think of the customer:
   a. that he only smiles to get rid of me.
   b. that he does not like me.
   c. that he will tell other people that I am not a competent person.
   d. that he will tell other people that I am a very accommodating person.
B. Closing
1. The customer will think the following of me:
   a. that I do not have authority.
b. that I am not professional.
c. that I am an insecure person.
d. that I am not able to sell.
e. that I am not reliable.
f. that advisors from other banks are better salespeople than I.
2. I will think of the customer:
a. that he will laugh at me afterward.
b. that he will not do any more business with me at a later stage.

III. Physiological symptoms
A. I am nervous.
B. I talk less quickly.
C. I repeat myself.
D. My thoughts are wandering off.
E. I suddenly start to stutter.
F. I look away from the customer.
G. I set out to talk louder now.
H. I become panicky.
I. I am already getting tired now.
J. I cannot observe a silence.
K. I dare not look the customer in the eyes.
L. My hands are trembling.
M. I am going to say too much.
N. I am losing control over the conversation.

IV. Protective actions
A. I avoid direct questions like “Please will you sign the offer?”
B. I quickly change the subject.
C. I adopt a passive attitude.
D. I think “I should not ask this…. I find this topic irrelevant.”
E. I offer the customer too many extras.
F. I say, “You do not have to decide now; you may think it over.”
G. I say to the customer, “You need not answer all questions.”
H. I often apologize quickly to the customer.
I. I talk less persuasively to the customer.
J. I dare not argue with the customer.

V. Cues in situations that provoke SCA
A. Meeting customers with higher social status
   1. I talk to a customer with a higher income.
   2. I talk to someone who has a higher professional status than I have (e.g., the director of a firm).
   3. I talk to a well-known Dutchman.
   4. I talk to a customer with an impressive appearance and self-assured manner.
B. Preparing for and communicating with new prospects
   1. I prepare for a sales conversation with a new and unknown prospect in my sales office.
   2. I prepare for a conversation with an unknown prospect.
   3. Unexpectedly, I have to meet an unknown prospect because my colleague is excused.
   4. I prepare myself for a sales conversation with an unknown prospect at his home.
   5. Unexpectedly, I have to meet a prospect who walked into the sales office.

C. Being assertive about self and organization
   1. I have to tell the customers, “We are the best bank.”
   2. I have to explain to the customers what we have to offer to them compared with other competing banks.
   3. I have to explain to the customers what they might expect from me during and after the conversation.
   4. I have to explain to the customers what I now expect from them during the sales conversation.

D. Discussing performance with the sales manager
   1. I have to share my sales results with my manager.
   2. I have to talk with my manager about my sales results.
   3. I have to discuss my sales results with my manager, and it appears I did not achieve my sales quotas.
   4. I have to tell my sales manager how I go about selling mortgages to customers.

E. Approaching and asking for a commitment from the customer
   1. The customer tells me that my offer is too expensive, and I have to refuse this.
   2. The customer shows me the offer from a competitor, and I have to reply to this.
   3. I ask customers whether they know someone else who would be interested in buying mortgages from my bank.
   4. I ask customers if they are interested in buying a mortgage from my bank.
   5. Beyond my expectations, customers appear to be well informed about mortgage offers from competitors.
   6. I ask customers whether they will sign the mortgage contract.
   7. Customers speak to me about something that I do not do well (e.g., I did not show up at an appointment).

VI. Performance
A. Sales volume
   1. Producing a high market share for your company in your territory.
   2. Generating high levels of dollar sales.
   3. Quickly generating sales of new company products.
   4. Identifying and selling to major accounts in your territory.
   5. Exceeding all sales targets and objectives for your territory during the year.
B. Sales interaction
   1. Listening attentively to identify and understand the real concerns of your customer.
   2. Convincing customers that you understand their unique problems and concerns.
   3. Working out solutions to a customer's questions or objections.
   4. Undertaking actions when customers have problems.
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