THE COMPARATIVE EFFECTIVENESS OF BEHAVIOR REHEARSAL
AND SYSTEMATIC DESENSITIZATION IN THE
TREATMENT OF SOCIAL ANXIETY

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A review of the literature shows that there have been several experiments and case studies in which systematic desensitization has been used with some form of behavior rehearsal or counseling to reduce anxiety. The combination of treatments made it impossible to assess which approach was most successful. The present study was concerned with comparing the relative effectiveness of behavior rehearsal and systematic desensitization in the treatment of social anxiety.

The subjects were twenty-four females who were taking freshman English courses at North Texas State University during the Spring of 1972. These subjects were selected on the basis of Social Anxiety and Distress Scale scores and assigned to either a behavior rehearsal, systematic desensitization, or no treatment group.

Treatment subjects met three times a week for four weeks. Each experimenter conducted behavior rehearsal with one subject and systematic desensitization with another subject. A thirty-item hierarchy of social situations was enacted with all treatment subjects.
Desensitization subjects demonstrated significantly greater ($p<0.05$) anxiety reduction scores than did the no treatment group. No other differences between groups were significant. Suggestions for continued research in the assessment of behavior rehearsal and systematic desensitization were discussed.
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AND SYSTEMATIC DESENSITIZATION IN THE
TREATMENT OF SOCIAL ANXIETY

THESIS

Presented to the Graduate Council of the
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Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

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CHAPTER I

INTRODUCTION

The idea for this thesis derived from a case study in which the author was recently involved (Jaremko, Friedberg, Godsey, 1971). The use of systematic desensitization combined with behavior rehearsal showed effective results in reducing the level of anxiety experienced by a client in interpersonal relationships. Verbal statements by the client, as well as objective assessment of the therapeutic progress, suggested considerable improvement over her pre-therapy condition. However, the combination of treatments made it impossible to assess which approach was most successful in ameliorating the condition which brought the patient to therapy. The present thesis focused on this problem and the attempt to determine the relative effectiveness of systematic desensitization when compared with behavior rehearsal in the reduction of interpersonal anxiety.

There have been several similar experiments and case studies in which desensitization has been used with some form of behavior rehearsal or counseling. For example, McManus (1971) found that group desensitization in conjunction with counseling was successful in modifying the academic performance
of test-anxious students. In the counseling discussions, the students dealt with the study habits and attitudinal and behavioral responses needed to replace their anxiety-associated responses. Also, in Rubin and Franks' 1968 book, an article by Garfield, McBrearty and Dichter, "A Case of Impotence Successfully Treated with Desensitization Combined with In Vivo Operant Training and Thought Substitution," describes the positive results of the combined treatments. It was interesting to note that the subject of this study suffered total sexual impotence for a period of one year prior to seeking help, but experienced ejaculation after only four weeks of therapy.

Franks (1969) also reports that Lazarus was successful in 86 per cent of 220 cases receiving more than one desensitization session. Franks states, "Like Wolpe, Lazarus was focused upon the total treatment of private cases, rather than upon evaluation of systematic desensitization, so that almost all cases received differential relaxation training, assertion training, assertion training and behavioral rehearsal."

Osipow and Walsh (1970) mention a case study by Katahn (1967). Katahn reported using desensitization and personal counseling with a varsity basketball player who requested counseling to reduce anxiety associated with his basketball playing. Counseling consisted of discussing subject's attitudes toward his sport, his mother and father, his attitudes
and future plans. The effect of desensitization is again in question. In another study Katahn, Strenger and Cherry (1966) found significant results with the combined program of group counseling and desensitization in the reduction of test anxiety scale scores. While students felt that the relaxation training and systematic desensitization were helpful, all considered the advice and discussion to have played the more important role.

Systematic desensitization in itself has had excellent results. Wenrich (1970) states, "The variety of respondent disturbances successfully ameliorated by systematic desensitization is very broad. Among those treated and reported by Wolpe and Lazarus (1966) are fears and anxieties related to closed places, height, illness, storms, guilt, examinations, being watched, jealousy, crowds, criticism, personal devaluation, palpitations, talking before an audience, authority figures, falling, death, rejection, masturbation, disapproval, failing, stuttering and sex." Mealiea and Nawas (1971) found systematic desensitization superior to implosive therapy in the treatment of snake phobia. The evidence seems to support the efficacy of systematic desensitization.

In contrast to the employment of systematic desensitization, Lazarus (1971) suggests the use of assertive training for social anxiety. "Behavior rehearsal (Lazarus, 1966), a special form of role playing, is often an integral part of assertive training. This procedure enables the therapist to
model desirable patterns of behavior and affords the patient a means of learning by imitation." Woody (1969) states that "behavior rehearsal not only teaches the child new, more assertive behaviors and counteracts the anxiety-producing power of the situations (according to the reciprocal inhibition principle), but also gives the child insight into his own needs and motives and insight into those of other children.

Lazarus (1971) uses behavior rehearsal in a case study of a partially impotent young man apparently with considerable success. The experiment which showed the greatest effect of behavior rehearsal was done by Lazarus (1966). Behavior rehearsal was shown to be almost twice as effective as direct advice and non-directive reflection-interpretation in the management of specific interpersonal problems. A part of Lazarus' (1966) discussion is of importance. He states, "This technique is a crucial and versatile learning device which places exclusive emphasis on active participation." Sturm (1965) has indicated that techniques like behavior rehearsal would reveal an advantage over traditional psychotherapy in that they have "a far greater potential to (1) generate vivid, lifelike behavior and cues, thereby maximizing the utility of response and stimulus generalization; (2) condition a total behavioral response-physiological, motoric, verbal, and (3) dispense the powerful reinforcements of enacted models and other characters, who in real life or in fantasy have already dispensed reinforcements." These statements by Lazarus and
Sturm and the research combining therapy techniques provided the background central to the present thesis: while systematic desensitization reciprocally inhibits anxiety, behavior rehearsal does this while also employing the effects of modeling and practicing the appropriate responses. So, with the above as context, the formal hypothesis of the present experiment was that behavior rehearsal will be more effective than systematic desensitization in reducing social anxiety and distress as measured by the Social Anxiety and Distress Scale.
CHAPTER II

METHOD

Subjects

The Social Avoidance and Distress (SAD) Scale (Watson and Friend, 1969) was used as a criterion in selecting the subjects. Watson and Friend found that 25 per cent of their subjects scored 12 or above, which they designated as high anxiety group. The score of 12 or above was also used in choosing subjects in this study. Sixteen English professors gave the author permission to come into their freshman classes at the first of the class period to administer the SAD. Copies of the SAD were numbered consecutively.

After handing out the scale to the girls the following prepared statement was given:

First of all, would you put the number of this questionnaire in your notebook or someplace where you can refer to it. My name is Mick Friedberg, and I'm a graduate student in psychology. This paper is part of an experiment for my thesis. Please label the statements as true or false, and be as accurate as you can. I'll pick up the papers when all of you are finished.

One hundred and fifty-seven copies of SAD were given out and of these forty-two subjects scored twelve or above. It required a week to hand out the SAD to all the freshman classes. The identification number of the subjects who scored twelve or above was called out, and these subjects were asked to
remain after class. The following was said to these girls:

The reason that I selected your number was because you scored fairly high on anxiety scale. The experiment that I'm working on involves the reduction of social anxiety. I am comparing two experimental techniques that have both been successful in reducing anxiety. By social anxiety I mean being nervous around people or nervous in social situations. I need your help. I want you to volunteer for my experiment. It will require three hours of your time a week for four weeks. This will help me to finish my master's thesis and possibly help you to be more at ease in social situations. These techniques work directly with social anxiety and have nothing to do with Freudian psychotherapy. If this interests you would you give me your name, address, and phone number. I will come by to talk to you about it.

Thirty-one of the 42 high scoring subjects signed up.

It was decided that twenty female subjects would be placed in the two treatment groups and that ten would be in the control group. The author saw each of the twenty female subjects to find out a regular time they would be available on Monday, Wednesday, and Friday. At this time the girls were asked to rank the following six scenes as situations evoking lowest to highest anxieties, and this is their ranking:

1. Talking to landlady or dorm mother about a needed repair to your apartment or room.
2. Talking with someone you know about a controversial topic.
3. Asking one of your parents for something when you're not sure they will go along with it.
4. Talking to an older person about a superficial topic.
5. Talking with students in a class about a class project.
6. Talking to a stranger about a superficial subject.

During the first treatment session two female subjects did not appear, and by the third session two more no longer
participated. The author was unable to locate the first two subjects in order to determine the reason for their absence. The second two subjects felt that their schedule did not allow time for the sessions. All but two subjects had regular attendance or made up a session that they missed. One systematic desensitization (SD) and one behavior rehearsal (BR) subject missed four sessions each. Both of these subjects went through a larger number of scenes on following sessions in order to catch up. One SD subject was planning to quit school to get married, but attended all sessions.

Apparatus

Treatment sessions were held in similar rooms in the same building. This assured uniformity of lighting and temperature. All rooms were made as free from distractions as conditions permitted. All experimenters used cassette tape recorders for playing the progressive relaxation tape. All subjects laid down on aluminum reclining chairs covered by blankets.

Experimenters

Each experimenter would do behavior rehearsal with one subject and systematic desensitization with another subject. Since there were twenty treatment subjects, ten experimenters were needed to assist in this study. The author asked for volunteers among male graduate and senior psychology students at North Texas State University. These experimenters met at the author's house four days before the experiment was to begin.
Experimenters were handed a paper on progressive relaxation, which the author found in the index of a book by Wolpe and Lazarus (1966), and were asked to record the progressive relaxation in their voice on a tape cassette. They were also handed a copy of an article on behavior rehearsal (Lazarus, 1966) and Wenrichs' (1970) chapter entitled Modification of Respondent Behavior: Desensitization in order to acquaint the experimenters with these techniques. Before the first treatment session experimenters were given the hierarchy of scenes to be used for both treatment groups. They were also given a "Lead Into Desensitization" sheet (Figure 2) and a list of "Appropriate Behavior Rehearsal Responses By Subjects" (Figure 3). Experimenters were instructed to make sure that BR subjects' responses were not too timid or too aggressive, as compared to the list of appropriate responses.

Design

The subjects were divided into three groups: systematic desensitization (SD), behavior rehearsal (BR), and no-treatment control (C). One subject was removed from the list of thirty-one subjects to leave a total of thirty subjects, ten in each group. Experimenters were shown a list of the twenty treatment subjects with the hour that the subjects had free from 8:00 A.M. to 5:00 P.M. on Monday, Wednesday, and Friday. Experimenters selected two subjects whom they could fit into their time schedule. They randomly chose one subject
for SD and the other for BR. This was to assure that SD and BR differences would not be attributed to experimenter's effectiveness. The reduction of mean scores on the SAD was the only dependent measure used in assessing the effects of therapy. To assure that any differences between the two treatment groups were not caused by a difference in hierarchy items, both groups used the same thirty item hierarchy. All treatment subjects heard the progressive relaxation tape during the first 25 minutes of each session and then had 25 minutes for either SD or BR. This was to make sure that differences in treatment groups were not due to progressive relaxation or therapy time.

Procedure

Subjects were given the number of a room to come to for the treatment sessions. Experimenters met with their subjects in these assigned rooms. Both experimenters and subjects were told that they would be meeting in these rooms for twelve 50-minute sessions. The sessions met at a regular time, which was agreed upon by both experimenters and subjects, every Monday, Wednesday and Friday for four weeks. Each experimenter worked alone doing SD with one subject and BR with another subject.

On the first session the experimenters gave an explanation of the theory of the treatment to their subjects. It was explained to all treatment subjects that progressive relaxation would help to reduce their overall anxiety. Subjects
in the SD group were told that anxiety and relaxation were incompatible responses, and that if they were in a state of deep relaxation while imagining anxiety evoking social situations, that they would be more relaxed in actual social situations. BR subjects were told that if they role played various social situations that this would reduce their anxiety in real life situations. It was explained that rehearsing a new verbal repertoire will increase the probability of adaptive behavior in the previously anxiety evoking situations. After these brief explanations of the theories behind SD and BR, all subjects experienced progressive relaxation.

Immediately after the first session the experimenters were given the thirty item hierarchy (Figure 1) of the social situations to be enacted with all treatment subjects. Experimenters were told to use their Lead Into Desensitization (Figure 2) sheet with their SD subjects and to use their Appropriate Behavior Rehearsal Responses by Subjects (Figure 3) sheet to assess the responses of their BR subjects. At each of the next ten sessions, three new scenes were enacted three times each. Therefore, the thirty items would be completed in ten sessions. It was assumed that this would be a slow pace, but this insured the uniform speed of the subjects' progress. Although 25 minutes were allowed for treatment, subjects went through their scenes in an average of 15 minutes. All subjects were able to finish the thirty items of the hierarchy. The experimenters brought people into the BR group to assist in
role playing scenes 19-30. On the eighth treatment session a
girl came in to role play scenes 19-21. One boy came in on
the ninth session and one boy on the tenth session to assist
on scenes 22-27. On the eleventh session two additional boys
came. All additional assistants were college students. At
the last session the subjects received no treatment and just
filled out the SAD. Subjects were asked for feedback on their
treatment and for any outside factors during the four weeks
that might have affected their answers. Only one girl reported
an influencing outside factor; this was the subject who was
planning to get married. The no-treatment control subjects
were contacted the same day and were administered the SAD.
CHAPTER III

RESULTS

Two subjects from each of the treatment groups discontinued the experiment, leaving eight subjects in each of these groups. Table I shows the results of the pretest and posttest totals on the SAD for the three groups. The mean reduction of scores for the SD, BR, and control groups were 7.25, 3.63, and .75, respectively.

**TABLE I**

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Difference</th>
<th>Mean Reduction</th>
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<tbody>
<tr>
<td>Control</td>
<td>150</td>
<td>144</td>
<td>6</td>
<td>.75</td>
</tr>
<tr>
<td>BR</td>
<td>122</td>
<td>93</td>
<td>29</td>
<td>3.63</td>
</tr>
<tr>
<td>SD</td>
<td>133</td>
<td>75</td>
<td>58</td>
<td>7.25</td>
</tr>
</tbody>
</table>

The Duncan Range Test was used to analyze the mean reduction of scores on the SAD. The SD group did significantly better than the control group. While SD did better than BR and BR did better than control, these differences were insignificant. Table II is used to show these results.
TABLE II

MEAN REDUCTION ON SAD BETWEEN BEHAVIOR
REHEARSAL, SYSTEMATIC DESENSITIZATION
AND CONTROL GROUPS

<table>
<thead>
<tr>
<th>Group</th>
<th>Control</th>
<th>BR</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>..</td>
<td>2.88</td>
<td>6.50*</td>
</tr>
<tr>
<td>BR</td>
<td>..</td>
<td>..</td>
<td>3.62</td>
</tr>
<tr>
<td>SD</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
</tbody>
</table>

*sig. .05

Table III shows the individual pretest and posttest scores on the SAD. All treatment subjects except two had a reduction in scores from pretest to posttest. These two subjects increased by only one point each. Both of these subjects were in the BR group. Five SD subjects and three BR subjects decreased their scores by five or more. The greatest change came with SD subject number eleven who reduced her score by twenty-one points. Table III also shows the effects of the individual experimenters. Experimenter number one is the same for both groups. Five experimenters had an average decrease in scores for their two subjects of five or more.
TABLE III
INDIVIDUAL PRETEST AND POSTTEST SCORES ON SAD FOR
BEHAVIOR REHEARSAL, SYSTEMATIC DESENSITIZATION
AND CONTROL SUBJECTS

<table>
<thead>
<tr>
<th>Control:</th>
<th>Subject</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>157</td>
<td>23</td>
<td>18</td>
<td>+5</td>
<td></td>
</tr>
<tr>
<td>114</td>
<td>22</td>
<td>26</td>
<td>-4</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>22</td>
<td>22</td>
<td>+0</td>
<td></td>
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<td>14</td>
<td>17</td>
<td>22</td>
<td>+5</td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>19</td>
<td>14</td>
<td>+5</td>
<td></td>
</tr>
<tr>
<td>116</td>
<td>15</td>
<td>9</td>
<td>+6</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>13</td>
<td>12</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>143</td>
<td>19</td>
<td>21</td>
<td>-2</td>
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<table>
<thead>
<tr>
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<th>Pretest</th>
<th>Posttest</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>32</td>
<td>13</td>
<td>4</td>
<td>+9</td>
</tr>
<tr>
<td>2</td>
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<td>3</td>
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<td>+3</td>
</tr>
<tr>
<td>4</td>
<td>109</td>
<td>18</td>
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<tr>
<td>5</td>
<td>57</td>
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<td>+2</td>
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<td>6</td>
<td>40</td>
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</tr>
<tr>
<td>8</td>
<td>9</td>
<td>16</td>
<td>17</td>
<td>-1</td>
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<table>
<thead>
<tr>
<th>SD: Experimenters</th>
<th>Subject</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Difference</th>
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<tbody>
<tr>
<td>1</td>
<td>39</td>
<td>12</td>
<td>7</td>
<td>+5</td>
</tr>
<tr>
<td>2</td>
<td>84</td>
<td>18</td>
<td>17</td>
<td>+1</td>
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<td>2</td>
<td>18</td>
<td>11</td>
<td>+7</td>
</tr>
<tr>
<td>4</td>
<td>134</td>
<td>12</td>
<td>5</td>
<td>+7</td>
</tr>
<tr>
<td>5</td>
<td>60</td>
<td>16</td>
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<td>+10</td>
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<td>8</td>
<td>98</td>
<td>16</td>
<td>12</td>
<td>+4</td>
</tr>
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</table>
Wolpe and Lazarus (1966) state that the mean number of sessions to reduce phobic anxiety with systematic desensitization is 11.2. Emory and Krumboltz (1967) found that standardized hierarchies were as effective as individualized hierarchies to reduce test anxiety. With these statements as context, it is not surprising to see the significant results of SD over no-treatment control in this study.

The results of the present study indicate that behavior rehearsal was ineffective in reducing social anxiety. In the present study, two and one-half hours were spent doing behavior rehearsal with a standardized hierarchy of social situations. Lazarus (1966) spent a total of two hours on one specific behavior problem with each subject. Future studies might show behavior rehearsal to be more effective if only a few deficiencies were treated and more time allotted. Other follow up studies might include SD versus BR and SD, individualized versus standardized hierarchies in BR, or SD versus BR with individualized hierarchies.

Another aspect of this study to consider is the dependent measure. Subjects indicated that they had difficulty in labeling the statements in the SAD as true or false. They
felt that an accurate response might be between the extremes of true or false, such as a continuum of one through ten. A continuum of this sort would also affect the statistical outcome as well. It might be good to have another dependent measure, such as their reaction to actual social situations.
APPENDIX

FIGURE 1
SYSTEMATIC DESENSITIZATION HIERARCHY

1. You and your roommate are sitting in your room talking about school, classes, etc.
2. You need to ask your roommate for $2.00 to buy some toothpaste, soap, etc.
3. You come back to your room after an hour and your roommate has left some of her clothes and things on your bed. You want to lay down and you ask your roommate to remove her things.
4. The door to your room gets stuck a lot and you go down and talk to your dorm mother about it.
5. You and your roommate are talking and she asks you if you are voting Republican or Democratic and when you answer she takes the opposite stand.
6. You are talking with a girl in the dorm and she asks you if you smoke marijuana and she takes the opposite view from you.
7. A clerk in a store waits on someone who has come in after you, and you call his attention to it.
8. You are standing in line at a movie and someone cuts in front of you, and you call his attention to it.
9. You are sitting in a movie and the person behind you keeps kicking your chair. You ask him to stop it.
10. You are at your parents' home and you need to ask them for $30.00 for some books and other school needs.

11. You are at your parents' home and you ask them if you can go to Austin next weekend with some friends.

12. You are at home and you and your parents are disagreeing on the Vietnam issue.

13. You are sitting in class and the professor has asked that the students raise their hands if they know the answers to his questions about the book that you have just read.

14. You are sitting in classes and the professor has asked that the students raise their hands if they know the answers to his questions about the book that you have just read. You raise your hand and answer one of the questions.

15. After class the students go to the professors desk to pick up a handout and the professor tells you that you gave a good answer to the question he asked and asked if you liked the book. You answer him.

16. You are in class and the boy next to you (who you are attracted to) asks you for a sheet of paper which you give to him. You both smile.

17. After class the boy asks you for your name, tells you his, and asks you where you live. You talk about class for a few minutes and then he says he'll see you later and leaves.
FIGURE 1--Continued

18. That evening about seven o'clock the boy in class calls you to ask you to go to a show with him at eight o'clock. You accept.

19. You are at a part of twelve people, six of whom you know. One of your girlfriends introduces you to a girl that she knows.

20. Your friend leaves and you are talking with this girl. You say that the music is too loud (soft) and she disagrees.

21. You talk for awhile and this girl asks you if you want to go outside and smoke a joint. You reply.

22. You go to a party with two of your girlfriends where there are twenty people, none of whom you know but about half that you have seen on campus. You see that the boy sitting next to you is going to the kitchen and you ask him to bring you a drink.

23. The boy brings you your drink and sits down near you. You are attracted to him and you introduce yourself.

24. He asks you what you think about drugs and you reply.

25. You are at the same party with your two girlfriends and a boy who you are not attracted to sits down next to you. He introduces himself.

26. That boy then asks you how you like the party. You reply.

27. That same boy says that he is going to the store to get
some cigarettes and asks if you would like to come along. You reply.

28. You are standing in front of the English building talking with a boy that you know. Two boys that he knows come up and he introduces them to you.

29. The three boys ask you questions about school, dorm life, and music.

30. You start talking about the Vietnam war and all three boys take the opposite view from you.
LEAD INTO DESENSITIZATION

I am going to ask you to imagine a number of scenes. You will imagine them clearly and they will generally interfere little, if at all, with your state of relaxation. If, however, at any time you feel disturbed or worried and want to draw my attention, you will be able to do so by raising your left index finger.

First, I want you to imagine (scene 1) (pause 15 seconds). Now stop imagining that scene and give all your attention once again to relaxing. If the scene you imagined disturbed you in the slightest degree I want you to raise your left index finger now.

Now imagine (scene 2) repeat.

go on relaxing
stop and just think of your muscles
let go, and enjoy your state of calm
think of nothing but your own body
FIGURE 3
APPROPRIATE BEHAVIOR REHEARSAL RESPONSES BY SUBJECTS

1. What courses, major field, teachers, likes and dislikes, schedule.

2. I need to buy some toothpaste and soap, but I do not have any cash. Could you lend me $2.00?

3. Roomate's name, would you move your things so I can lay down awhile.

4. Dorm mother, the door to our room keeps getting stuck. Could you get someone to look at it for me?

5. Ask her how she is voting, tell her you are voting the opposite way and ask her why she is voting the way she is. She should indicate a like or dislike for Nixon, his policy on war, economy, civil rights, or any major issues.

6. Do you or don't you, why?

7. Clerk, I believe that I was next.

8. I have been standing in line for ten minutes and I think that you should go to the end of the line.

9. Would you please stop kicking my chair.

10. Mom, dad, I'm going to need some additional books in English and history and I'll need $30.00.

11. Mary and Jan and some other people are going to Austin next weekend to visit some friends, and they want me to go with them.

12. Nixon, patriotism, Vietnamization, communist threat versus
one million dead, supporting a dictator, cost, imperialism.

13. Who wrote *Grapes of Wrath*, *Catch 22*, *Tom Sawyer*, etc.
15. Yes, no, why?
17. Talk about class.
18. Ask her how she is doing, what's new, and then date.
19. Introduce her to real girl.
20. After disagreement she must say why she likes the music her way.
21. I can dig it, I think I'll pass.
22. Real boy. She asks to bring drink, he agrees.
23. She introduces.
24. Reply to drug question. Why?
25. She tells him her name.
26. Why?
27. Why?
28. Introduce two real boys.
29. No yes or no or it's all right answer, must be a full sentence.
30. See 12.
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