

What Psychological and Physiological Barriers Cut Off Communication

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Effective communication is often very difficult to attain. This is due to the presence of various barriers to communication in everyday experience. However, the psychological and physiological barriers to communication are less highlighted. Apart from the semantic and linguistic barriers, the psychological states of both the speaker and the listener have a lot of impact on the quality of the message exchanged between the two parties. Anger, excitement and other psychological states influence the degree of attention and impact the quality of communication that is possible between two parties (Spencer-Rodgers & McGovern, 2002). Aspects of physiology are equally pertinent to concentration and communication effectiveness. For instance, anyone going through pain may never be in a state to receive or give accurate communication.

Stress and depression are psychological states that reduce an individual's ability to concentrate and communicate effectively. The stress may cause someone to show aggression and other dispositions that hamper proper suitability for effective communication. The disposition to receive messages and to respond promptly and appropriately is diminished in these sorts of conditions. Important skills like self-expression and articulation of thought or ideas are gravely distorted by these psychological states. Anger is another psychological state that gravely hampers communication because people lose important attitudes that produce effective communication. People often say what they later regret when angry, and it is not advisable to communicate in a professional forum when one is angry. Similarly, the angry listener may misinterpret communication due to their anger (West & Turner, 2010). In other areas of interpersonal skills, the people who exude low self-esteem may never be adequately assertive to demand the kind of engagement that they deserve in interpersonal communication. Such people may also feel intimidated by the mere presence of others and lose sight of the relevant attitudes and dispositions for proper and effective communication.

Physiological barriers to communication may take diverse forms. For instance, when people do not have the adequate hearing ability, it is very difficult to receive information and to relay feedbacks. If there is background noise, those with hearing impairment may find it so difficult to communicate. One's state of health could be besetting, and that could grossly hamper effective communication. For instance, a severe headache, lack of feeding and intake of water exhibited in thirst may make people unsettled and thus distracted to listen when being lectured or taught by a less exciting speaker. When people are nursing given pain in their body or limbs, their concentration will be diminished, and thus it is impossible to have them facilitate proper communication engagement with others (Afifi & Weiner, 2004). In addition, since people communicate with a diversity of psychological and physiological conditions, it is useful to have the speakers and the recipient of the information come to understand their reactive positioning to enhance understanding and thus boost communication.

In conclusion, communication is only complete when the remitter of the message has delivered the message, it is translated by the recipient, and the relevant feedback is relayed. Such a chain of processes need to be adequately supported by the two parties, and mutual concernment and understanding is relevant.

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