

5-1997

A Description of the Approaches to Communication Apprehension

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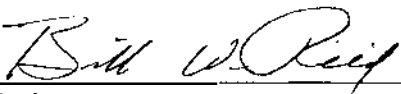
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A DESCRIPTION OF THE APPROACHES TO
COMMUNICATION APPREHENSION

by

ERIC D. WARNER

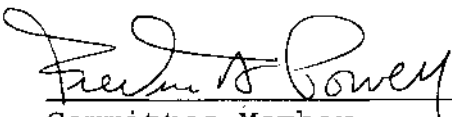
A Thesis submitted to the Faculty
of Communication at State University of
New York, College at Brockport
in partial fulfillment of the requirements
for the degree of
Master of Arts
May 1997



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of Communication by:

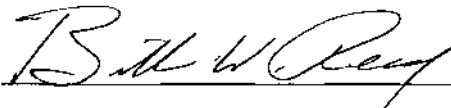


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A DESCRIPTION OF THE APPROACHES TO COMMUNICATION APPREHENSION

INTRODUCTION

To say that effective communication is necessary to succeed in all of life's endeavors is an understatement. Communication is at the core of society. It is what defines us as human beings and the environment in which we inhabit. Understanding the basic tools of communication is of great importance in the attempt to better ourselves, our community, and our civilization. A thorough analysis of the communication process can prove useful in our attempt to communicate effectively with others in the home, the workplace, and in the public forum.

Unfortunately, there are blockades to effective communication that can undermine our attempt at understanding one another. One major block is communication apprehension. Much has been written about this subject over the past fifty years, lending accuracy to its widespread effect and negative impact on various speaking occasions. This study focuses on the major methods of treatment for communication apprehension.

In order to appreciate how communication apprehension affects communicative efforts, the

communication process must be clearly defined and understood. The typical communication model is seen as a circle, with communication portrayed as a two-way street. The sender of the communication forms an idea or thought which is, in turn, transformed into a symbol and sent through a medium. The receiver decodes the symbol, translating it into a thought or idea in order to discern the sender's intent. Along the way, the message can become distorted, either through a lack of clarity on the part of the sender or noise (internal, external, or semantic) experienced by either the sender or receiver. In order to reassure the sender that the message has been understood, the receiver often sends feedback, verbal or nonverbal, and the communication process comes full circle. This model of communication can be applied to the public speaking occasion, where the vast majority of communication apprehension takes place.

The public speaking occasion can be viewed as a context for the communication process. It is one way to communicate, but not the only way. The speaker must encode ideas into symbols, transmit those symbols clearly, and continually adjust the presentation in response to the verbal or nonverbal responses received from the audience, all while experiencing tremendous amounts of stress and pressure. This pressure can

cause many to experience communication apprehension, which can severely interrupt symbol transfer.

Communication apprehension, also known as stage fright, speech anxiety or speech tension, is simply the "anticipation of a situation that is perceived as threatening. In public speaking, anxiety is the discomfort or tension that precedes or accompanies the delivery of a speech."¹ This apprehension causes a variety of symptoms and can be traced to a number of different possible origins, including, but not limited to, learned behavior and personality traits. Since communication is so vital to our well-being, a thorough study and understanding of communication apprehension can help in dealing with this pervasive problem.²

Research Question

This thesis is a normative, descriptive examination of the effects of and treatments for communication apprehension. The thesis attempts to answer the following research question: "What are the major methods of treating communication apprehension as revealed through a survey of textbooks and journals?" The method for answering this research question is further explained in the subsequent purpose and scope section.

Purpose and Scope

The purpose of this study is to examine material written on the subject of communication apprehension in an attempt to fully answer the proposed research question. This study reviews public speaking textbooks, theoretical publications, and studies reported in scholarly journals. Results found in this material is synthesized and possible classroom implications are discussed. Specifically, this study surveys the major methods that are utilized in the treatment of communication apprehension. A summary of each method is provided, along with applicable classroom implications in a subsequent chapter.

Because of the limited scope of this study, an analysis of speech pathology, including conditions such as stuttering, is not discussed. This study, on the other hand, deals with communication apprehension as it relates to the "average" person in the educational setting.

Previous Studies

At the forefront of communication apprehension analysis is James McCroskey. He has written and co-written numerous articles in the field in the last twenty years. His studies range from gender and

communication apprehension³ to the effect of classroom seating arrangements on student performance.⁴ There have also been many studies which deal with possible solutions to the communication apprehension problem. These studies, which deal with variables such as audience characteristics,⁵ imaging,⁶ and rhetoritherapy,⁷ are often therapeutic in nature and receive large amounts of attention in scholarly journals.

In *Social Learning and Imitation*, N.E. Miller and J. Dollard propose an approach/avoidance theory that makes assumptions about conflict behavior and its role in communication apprehension. Rollo May discusses anxiety in *The Meaning of Anxiety* as a positive experience which helps individuals achieve self-realization. He states, "By moving through anxiety-creating experiences, one seeks and partially achieves realization of himself. He enlarges the scope of his activity and, at the same time, the measure of selfhood".⁸

Loren Reid puts forth the concept of culture and communication apprehension as a learned behavior. He describes American culture as having expectations and customs for the speaking situation which produces a very strict view of effective and proper speaking. A deeply rooted part of our culture calls for a speaker to be polished and poised.⁹ While these are not

inflexible rules, they still place enough pressure on the speaker to create stress and apprehension.

In a sense, this process is similar to Kenneth Burke's concept of guilt. In Burke's system, there is a perfect societal standard to be achieved. Because humans are fallible and cannot achieve this "perfection," guilt ensues and a method of purging that guilt must be administered. As a potential learned behavior, communication apprehension can result from the "perfect" standard created by our culture for the speaking occasion. Since we are virtually unable to achieve this societal perfection, the stress (guilt) that results inhibits our ability to communicate to the audience.

Sheldon Metcalfe reports a study showing how the human body reacts to stress. These reactions are divided into stages known as the "general adaptation syndrome." Metcalfe discusses the alarm reaction, the resistance stage, and the phase of exhaustion as part of the neuro-physical reaction of the body during a public performance.¹⁰

These studies, along with many others, represent the body of knowledge currently held in the field of communication apprehension. In a later section, a variety of studies that relate to the purpose of this study will be discussed at length.

Sources

The sources for this study, as indicated earlier, are public speaking textbooks, theoretical publications and scholarly journals. Relevant material conforming to the purpose and scope is discussed in order for students and faculty to gain a deeper understanding of how communication apprehension affects the classroom.

Plan of the Report

This thesis seeks to synthesize the current body of knowledge and information in the area of communication apprehension. Therefore, a thorough understanding of what communication apprehension is, how it manifests itself, and possible solutions to lessen the negative effects is important in gaining insight into how communication apprehension affects the classroom. These areas are discussed, along with a compilation of communication apprehension research, in order to develop a complete body of information of relevant communication apprehension material.

1. James C. McCroskey, "The Validity of the PRCA as an Index of Oral Communication Apprehension," Communication Monographs, 45, Aug. 1978, pp. 192-203.
2. Many surveys administered over the past 20 years have shown that communication apprehension is consistently among the top two "greatest fears" among the general American population.
3. James C. McCroskey, "Classroom Seating Arrangements: Instructional Communication Theory versus Student Preference," Communication Education, 27(2), 1978, pp. 99-111.
4. James C. McCroskey, "Biological Sex and Communication Apprehension," Communication Quarterly, 30, Spr. 1982, pp. 129-133.
5. Joe Ayres, "Situational Factors and Audience Anxiety," Communication Education, 39(4), Oct. 1990, pp. 283-292.
6. Joe Ayres; et al, "Speech Anxiety: Visualization," Communication Education, 43(3), Jul. 1994, pp. 252-259.
7. L. Kelly and R.L. Duran, "Rhetoritherapy Revisited: A Test of its Effectiveness as a Treatment for Communication Problems," Communication Education, 39(3), Jul. 1990, pp. 207-227.
8. Rollo May, The Meaning of Anxiety, rev. ed., Norton Publishing Co., New York, NY, p. 391.

9. Loren Reid, Speaking Well, Artcraft Press, Columbia, MO, 1977. pp. 96-98.
10. Sheldon Metcalfe, Building a Speech, Harcourt Brace College Publishers, Fort Worth, TX, 1994. p. 89.

CHAPTER TWO

Definition and Characteristics of Communication Apprehension

Communication apprehension is a term often used but seldom understood. Many times, an educator or therapist will use the term in a generic sense without an understanding of the complexities of the problem. For the purpose of this thesis, an understanding of the meaning of communication apprehension and its characteristics is the first step in examining the various methods of treatment.

At the beginning of this study, the author assumed that everyone knowledgeable in the area of communication apprehension would agree on the basic tenets of definition. That assumption was shattered quickly. There is some difference of opinion as to the definition of communication apprehension, even among learned scholars. In the interest of gaining a well-

rounded understanding of communication apprehension, four different definitions are offered here.

Joseph DeVito claims that the apprehension which people feel is a learned behavior. People have been conditioned to respond to communication situations. "An obvious conflict is established between the conditioning to remain silent (learned as a child) and the current pressures to communicate. This conflict is experienced as fear: fear of avoiding the communication situation (because of the need to communicate) and, at the same time, fear of communicating (because of the previous conditioning)."¹ The inability to resolve this conflict causes the fear to grow and spiral to the point where the person becomes so gripped with fear that he cannot communicate.²

James H. Byrns provides a different definition of communication apprehension, which he calls "anxiety." "Anxiety is the anticipation of a situation that is perceived as threatening. In public speaking, anxiety is the discomfort or tension that precedes or accompanies the delivery of a speech."³ According to Byrns, this anxiety is usually marked with feelings of doubt or apprehension and by various physical reactions such as sweating palms or shaking legs. Also, this anxiety can "distort your perception of the quality of

your performance" and can lead to further anxiety in the future.⁴

Sharon Bower defines communication apprehension as a learned emotional reaction. "The current performance stimulates an emotional reaction because it resembles past situations where you felt fearful. Your imagination then triggers a physical response such as perspiration, weakness, or dizziness. Because emotions are learned behaviors, undesirable emotions can be unlearned or modified."⁵ Bower's view, then, relies heavily on previous experience and its impact on future opportunities. Internal behaviors (thoughts, imagination, etc.) help form attitudes toward people, ideas, and situations. These attitudes trigger a physical response, such as sweating, dizziness, or elevated heart rate.

Bert Bradley provides a unique perspective in the definition debate. He asserts that a person who is experiencing stage fright (his term for communication apprehension) is not feeling fear, but anxiety. In this sense, stage fright is a misnomer. "The speaker is not afraid of the audience; he is not afraid of the situation. What the speaker actually experiences is anxiety or tension because of concern over the quality of his effort and its outcome."⁶ Bradley's formal definition, then, is "a normal form of anxiety or emotional tension occurring in anyone confronted with a

situation in which the performance is important and the outcome uncertain."⁷

It is clear that although these authors do not agree on a basic definition of communication apprehension, most professionals who deal in this area do concur with the symptoms of communication apprehension. As Walter and Scott point out, certain physical changes take place during stage fright that can aid the speaker. They indicate that the body may obtain more than its usual energy under tension because of the following changes:

1. More blood sugar, which furnishes energy, is available.
2. Insulin, which increases the permeability of the membrane surrounding the cells to the blood sugar, is secreted, with the result that more food can get inside the cells.
3. Thyroxin, a catalyst that speeds the burning of sugar inside the cells, is added to the blood stream.
4. Blood pressure increases.
5. Respiration increases.
6. The conductivity of nerves increases slightly.
7. More oxygen is available so that more fuel is burned.
8. The poisons from metabolism are removed more speedily so that toxicity and fatigue are

reduced.⁸

Thus, the speaker can potentially think more rapidly about the subject while on his/her feet delivering the speech.

Jane Blankenship offers seven symptoms of communication apprehension: lack of eye contact, rapidity, hesitation phenomena, lazy articulation, lack of vocal volume, lack of vocal variety, and lack of bodily movement.⁹ All these symptoms affect most speakers at one time or another, but the beginning speaker often experiences many of these symptoms all at once. One symptom of particular interest is hesitation phenomena. Blankenship asserts that, in normal speech, pauses are as common and necessary as any other aspect of conversation. Pauses permit delay, the time needed for the thought process to take place. These pauses, however, are often filled with utterances such as "um" or "ah" in the speaking situation. The speaker must learn to allow these natural pauses to remain silent in order for the presentation to be completely effective.¹⁰

Elton Abernathy provides two more symptoms of communication apprehension: loss of memory and an irrational belief that the worst will happen.¹¹ Loss of memory is often the result of the brain's ability to think more quickly due to the physiological changes that accompany the fear response (see pg. 14). This

symptom can be quite distressing to the student who has not prepared himself and his notes thoroughly.

The irrational belief that the worst will happen is often manifested before the speech actually begins. Thoughts such as, "I'm going to forget everything" or "The podium is going to collapse and I'm going to fall over" are common in the minds of those who have this irrationality. The fear of humiliation is usually the underlying theme in all such statements and often manifests itself in irrational thoughts.

Sheldon Metcalfe reports a study which shows that the human body reacts to stress in three stages: the alarm reaction, the resistance stage, and the phase of exhaustion. The alarm reaction is a physical "call-to-arms" for the body to release a number of chemicals in response to the situation. During the resistance stage, the body stabilizes, maintains itself, and begins to adapt to the stress. In the phase of exhaustion, the body systems that were summoned to cope with the stress are depleted. When tension is chronic and continues for a period of days or years, serious damage can result.¹²

All of these symptoms seem to indicate a potentially serious problem. An examination of the root causes of communication apprehension would be helpful in the attempt to fully understand it.

Communication apprehension can be traced to unfortunate experiences in the past. As a learned behavior, it may represent emotional conditioning and conflict. An individual may have made three or four speeches, each inducing real fright. As a result, the fear experience becomes closely and intensely conditioned to the speaking occasion. After this has taken place, the mere prospect of giving a speech and facing an audience evokes fear.¹³

Abernathy discusses three alternative causes of communication apprehension. The first is fear of a new situation. Many people have a genuine fear of the unknown and, in this case, the unknown is the speaking occasion. Added to the pressure of standing in front of an audience and speaking is the instructor, who must act as a critic and grade the performance.

The second cause is a general feeling of inadequacy. This feeling may result from one's past experience, preparation, health, or appearance. Many students who suffer from feelings of insecurity or inadequacy find those feelings intensified as they stand vulnerable before an audience.

The third cause is conflicting psychological drives. A normal human instinct tells the speaker to get out of the speaking situation while, at the same time, his cultural and intellectual side is afraid of what others would think if he runs.¹⁴

Finally, Andersch provides five assumptions about approach/avoidance behavior which, taken as a whole, can account for some speakers' apprehension.

1. The tendency to approach a goal becomes stronger the nearer the individual is to the goal.
2. The tendency to avoid an undesirable stimulus becomes stronger the nearer the individual is to the stimulus.
3. Assuming that there has been a conflict between approach and avoidance, the avoidance impulse increases its intensity as the approach continues.
4. An increase in the drive associated with the approach or the avoidance will make that particular road more available to the individual.
5. When there are two competing responses, the stronger of the two will dominate.¹⁵

It is no wonder that the student experiencing this approach/avoidance struggle will encounter some level of apprehension! All students must deal with their own anxieties and inadequacies throughout their educational lives. With root causes based in psychological drives and emotional conflict, it comes as no surprise that a majority of students claim to struggle with communication apprehension at some point in time. In fact, many surveys have shown the widespread effect of apprehension in the lives of students.

In a study of two groups of college students, 210 in one group and 277 in the other, Knower found that "fifty-six percent of the first group and sixty-one percent of the second group listed some form of nervousness as one of their speech problems." In another study of 512 high school speech students, Knower discovered that "seventy-four percent of them judged themselves to be at least somewhat nervous when speaking."¹⁶

According to Loren Reid, 70 to 85 percent of college students indicate that they worry about nervousness in communicating. Most of these describe their tension as moderate or mild; comparatively few as severe.¹⁷ In addition, a recent survey of 2,543 male and female adults asked respondents to pick items from a list representing situations in which they had some degree of fear. Speaking before a group was the highest-ranked fear at 40.6%. It ranked higher than other common fears such as height (32.0%), financial problems (22.0%), death (18.7%), and elevators (7.6%).¹⁸

In 1957, the School of Dramatic Art and Speech at Ohio University conducted extensive research regarding basic courses in speech. It was discovered that of 700 students polled, 93% indicated the most important result of taking a basic speech course should be a better personal adjustment to speaking situations and

solutions to the problem of stage fright. Ninety-seven percent of these students stated they experienced stage fright to a significant degree.¹⁹

Stephen Lucas reported a poll taken among college students which asked the students to identify their greatest fears from a list of social situations.

"Giving a speech" was named by 70% of the field as one of their greatest fears, second only to a party with strangers (74%) and slightly ahead of being asked personal questions in public (65%).²⁰

1. Joseph DeVito, The Elements of Public Speaking. Harper and Row, New York. 1981. Pages 57-58.
2. Ibid.
3. James Byrns, Speak for Yourself: An Introduction to Public Speaking. Random House, NY. 1981. Page 59.
4. Ibid.
5. Sharon Bower, Painless Public Speaking. Prentice-Hall, Inc., Englewood Cliffs, NJ. 1981. Page 7.
6. Bert Bradley, Fundamentals of Speech Communication: The Credibility of Ideas. Wm. C. Brown Co., Dubuque, Iowa. 1974. Page 271.
7. Ibid.
8. Jane Blankenship, Public Speaking: A Rhetorical Perspective. Prentice-Hall, Inc., Englewood Cliffs, NJ. 1972. Page 285.
9. Blakenship, pages 286-291.
10. Ibid.
11. Elton Abernathy, Fundamentals of Speech Communication. Wm. C. Brown Co., Dubuque, Iowa. 1970. Page 198.
12. Sheldon Metcalfe, Building a Speech. Harcourt Press, New York. 1994. Page 89.
13. Bryant, page 25.
14. Abernathy, page 197.
15. Elizabeth Andersch and Lorin Staats, Speech for Everyday Use. Holt, Rinehart, and Winston, New

- York. 1950. Pages 60-61.
16. Bert Bradley, pages 272-273.
 17. Loren Reid, Speaking Well. McGraw-Hill Book Co.,
New York. 1977. Page 86.
 18. Ibid.
 19. Andersch, page 60.
 20. Stephen Lucas, The Art of Public Speaking.
McGraw-Hill, Inc. 1995. Page 8.

CHAPTER THREE

Major Methods of Treatment for Communication Apprehension

As the aforementioned studies show, the fear of expressing one's thoughts is a serious problem for many people. The costs of this inability to communicate comfortably are great. Academically, students who suffer from communication apprehension have lower scores on college entrance exams and their grade-point averages are lower, as are their grades in smaller classes.¹ Socially, apprehensive communicators interact less in small groups and are perceived by others as less extroverted, competent, and socially attractive.² Because of these negative academic and social effects, along with others such as employment difficulties and low self-esteem, an analysis of the major methods of treatment would be beneficial in the effort to assist those who suffer from debilitating apprehension.

Any study involving methods of treatment for communication apprehension would be incomplete without an analysis of systematic desensitization. It is the most widely published treatment in communication and psychology journals and is regarded, at this point, the most effective treatment available. In analyzing systematic desensitization, along with subsequent treatments, four basic questions will serve as a guide in this study. First, the treatment will be defined and explained (What is systematic desensitization?). Second, the treatment will be analyzed for its effectiveness (Does systematic desensitization work?). Third, the treatment will be studied for its efficiency (Is systematic desensitization a practical treatment?). Fourth, the treatment will be scrutinized for weaknesses (Are there any drawbacks to systematic desensitization?). By using various studies and the results of those studies, a complete analysis of each method of treatment will hopefully be achieved.

Systematic Desensitization

Systematic Desensitization, as a successful method of dealing with communication apprehension, is well established. As early as 1966, Paul and Shannon were able to use systematic desensitization for reducing their clients' fear of public speaking.³ Subsequent

work by experts such as McCroskey and Daly⁴, along with many others, has shown that systematic desensitization is both an effective and efficient means of dealing with communication apprehension. In systematic desensitization, the client is deeply relaxed and then instructed to imagine scenes from a hierarchy of anxiety-provoking stimuli. Initially, the client is asked to imagine the weakest item on the list and, if relaxation is unimpaired, is gradually presented incremental degrees of stimuli until he/she is completely desensitized to even the most upsetting scene in the hierarchy.⁵ Systematic desensitization, also known as reciprocal inhibition, is based on the idea that when one reflex dominates another, the symptoms from the dominated reflex disappear. If a student's reflex while delivering a speech in the classroom is to develop symptoms of fear and anxiety, then systematic desensitization would replace that reflex of fear with a reflex of calm and relaxation. If the student can learn to utilize the reflex of calm, then the symptoms of the dominated reflex (in this case fear and anxiety) would disappear. This process is explained by Joseph Wolpe, a pioneer in systematic desensitization: "If a response inhibitory to anxiety can be made to occur in the presence of anxiety-evoking stimuli so that it is accompanied by a complete or partial suppression of the anxiety response, the bond

between these stimuli and the anxiety response will be weakened."⁶ The essential principal of reciprocal inhibition is that an organism cannot make two contradictory responses at the same time. Behavior therapy assumes that anxiety responses are learned (conditioned) behaviors and may be extinguished by reconditioning. If the response that is contradictory to anxiety results in a more pleasant state or more productive behavior, the new response to the anxiety-evoking stimuli will gradually replace the anxiety response.⁷

One of the most important steps in utilizing systematic desensitization is in the hierarchy stage. Each client must develop a specific hierarchy based on the particular fear involved, taking care to avoid large incremental increases in anxiety. Small increases are more desirable and might resemble the following hierarchy, which is arranged in a continuum from least to most anxiety producing:

1. You have just been told that you are expected to present a speech.
2. You are sitting at your desk trying to decide on a good topic for your speech which is to be given two weeks from now.
3. You have determined a topic for your speech which is due in one week. You are working on organizing your speech and deciding about main ideas.

4. You are in class listening to a fellow student present a speech.
5. You are in class. A classmate is presenting a speech and is very nervous while doing so.
6. It is two days before you give your speech. You are alone in your room practicing the speech out loud.
7. Now it is the day before your presentation. You are practicing the speech in front of a friend.
8. Your preparation and practice are virtually completed now. You will present your speech tomorrow. You are thinking about how you will do.
9. The day of your presentation is here. You are in the classroom waiting for the instructor to arrive.
10. You are the third speaker of the day. The first speaker has just finished. You take a moment to glance at your notes.
11. The second speaker has finished. It is now your turn. You get out of the chair and move to the front of the room. As you turn to the audience you see their faces. Look at them for a moment.
12. You begin your speech. You are trying to remember what you intended to say while keeping your eyes on the audience.
13. You are still speaking. Your speech is almost over and you are about to move to the conclusion. You pause momentarily to check your notes.

14. You have finished the speech. An audience member raises a question. You respond.

15. You have returned to your seat. You are listening to the instructor and a few of your classmates comment about your speech.⁸

As the client is able to move through each step in his/her mind without any anxiety, the reflex of fear can be replaced with the reflex of calm.

As a result of the many studies of systematic desensitization, much has been written on its effectiveness as a treatment for communication apprehension. According to McCroskey, Ralph and Barrick, "The results obtained with systematic desensitization have been relatively consistent over an extremely wide range of therapists, clients, and problems, usually producing positive results in other areas of the client's life. The application of systematic desensitization to less debilitating anxieties than phobias has produced alleviation of anxiety among nonpathological clients, notably student populations with academic anxieties."⁹ They further report, "Systematic desensitization...can significantly reduce students' anxiety to speech situations, and that speech educators with training can successfully administer it for these anxieties. It is generally recognized that speech courses, while helping some students to overcome this problem, do not provide

adequate assistance to students with severe speech anxiety. Systematic desensitization may provide a solution to this problem."¹⁰

Jaremko and Wenrich performed a study in 1972 and found that the results "support the use of desensitization as a therapeutic technique in the prevention of anticipated fear or anxiety...It appears reasonable to conclude that the subjects in the experimental treatment group may have had their fear of the two experimental situations reduced or prevented."¹¹ Jaremko and Wenrich found that it may become feasible to desensitize a client to a wide variety of common situations. The obvious example is fear of public performance, along with other situations such as fear of snakes or anxiety in a psychiatric patient making the transition from the hospital to the world at large.

Since systematic desensitization is a behavior therapy program, it is reasonable to expect that, if administered correctly, it ought to produce actual behavioral changes. This hypothesis was tested by Lazarus (1961). He found that acrophobics and claustrophobics could go to rooftops and observe traffic and/or sit in very small cubicles without experiencing unusual amounts of anxiety. Findings like these lead to the belief that the effect of systematic

desensitization can be generalized to actual behavior changes in real-life situations.¹²

Two other important studies involving systematic desensitization include Emory (1967) and Paul and Shannon (1966). Emory found desensitization effective in reducing test anxiety in college students, and, very importantly, his results indicated no significant differences in reduction of test anxiety between students treated with individually developed hierarchies and students treated by the use of a standardized hierarchy for relief of test anxiety.¹³ Paul and Shannon worked with college students whose anxiety about public speaking restricted their academic success. Their study compared group desensitization, insight-oriented therapy, attention-placebo treatment, and individual desensitization. They found that both group and individual desensitization techniques proved to be effective and both were superior to insight-oriented therapy and attention-placebo treatment in reducing anxiety.¹⁴

The practicality of systematic desensitization can be observed in its ease of administration and the various settings in which it can be utilized successfully. As stated earlier, systematic desensitization is a simple process, usually consisting of three main steps: (a) training in deep muscle relaxation, the primary anxiety-inhibiting response;

(b) construction of anxiety hierarchies for the patient; and (c) counterposing relaxation and anxiety-evoking stimuli from the hierarchies.¹⁵ These steps can become so automatic with certain clients that they can be helped by paraprofessionals (teachers, guidance counselors, etc.)¹⁶ or can even perform the steps themselves with no external guidance.¹⁷ Most cases of systematic desensitization use occur in an office setting; more specifically, a psychologist's office. Because of the ease of implementation, however, systematic desensitization can be utilized in a variety of settings. Sooner or later, most counselors are likely to encounter clients who are afflicted by specific anxiety to some degree and for whom systematic desensitization may contribute to more effective functioning. The client who is well-qualified for a job but is judged unfavorably because of excessive nervousness during the interview process is a prime candidate for systematic desensitization. Another person who would benefit from treatment would be someone who becomes so anxious while being taught the responsibilities and techniques of a new job that he fails to learn properly or makes mistakes that would cause him to lose the position. Therefore, it may become necessary for management or personnel employees to become familiar with systematic desensitization in order to help colleagues in the workplace. Guidance

counselors in elementary and high school settings can also benefit from the effects of systematic desensitization. Charles A. Bugg, an elementary school counselor, has found that a modified form of systematic desensitization can help students with problems such as test and speech anxiety provided that the following two conditions exist: (1) the counselor must spend enough time listening to the student, reflecting his feelings and concerns, and helping him describe and clarify his problem situation to determine that anxiety is in fact the culprit and to gain some reasonable idea of the counselee's hierarchy and (2) the counselee must conscientiously apply the techniques of systematic desensitization at every opportunity in both imagination and reality.¹⁸ Whatever the counselor's setting, whenever he encounters a client whose functioning is hampered by some specific anxiety, he might use systematic desensitization to help his client overcome the negative effects of the anxiety and achieve his goals and potential.

Although systematic desensitization is seen by many as the preferred treatment for communication apprehension, there are some who criticize it as a method of treatment and are quick to point out potential drawbacks. According to Goss, Thompson and Olds, "Systematic desensitization has suffered some criticism based on possible 'demand' effects. Some say

that subjects report improvement only because they get involved in the program and therefore must justify their effort. Indeed, self-report measures are easy to manipulate, but deceptively controlling one's behavior (involving 18 aspects of speech anxiety) is seemingly more difficult to do. In essence, we feel that the behavioral data are reasonably pure."¹⁹ Gerald Davison points out the practical limitations of systematic desensitization regarding levels of relaxation achieved, the clarity of aversive images, and the signaling of anxiety.²⁰ More important to Davison, however, is whether the images conjured in the imagination during the hierarchy phase transfer to the real-life situation. He concludes that "the process of systematic desensitization would not be expected to effect complete transfer from the imaginal to the real-life situation. For, even though a subject succeeds in imagining the various anxiety items without becoming anxious, the facts remain that: (a) The visualization is unlikely to involve all the stimulus elements for the respective level of the hierarchy; and (b) the hierarchy itself cannot possibly provide an exhaustive sampling of the population of fear elements."²¹

Rhetoritherapy

Rhetoritherapy is, at its foundation, the polar opposite of systematic desensitization. While McCroskey believes that anxiety causes ineffective performance, Gerald Phillips, the leading proponent of rhetoritherapy, believes that anxiety arises from the inability to perform well. The main difference between the two is how anxiety is viewed in the process of easing communication apprehension. McCroskey mandates treatment to reduce anxiety while Phillips calls for careful instruction in effective speech performance. At the heart of rhetoritherapy is its perspective of anxiety and its role in the communication process. "Anxiety can be a basis of neurosis because anxiety arises from frustration generated by nonproductive behavior. In this model, a person who consistently fails to accomplish his social goals would feel anxiety because of this failure, though he might not make a direct association between what he feels and what is happening to him as he attempts to relate to others. His problem, however, is to become more productive, which presumably would reduce his anxiety to a manageable level."²² To subscribe to a rhetorical point of view requires that anxiety be associated with both performance and perception of performance. If a person understood that his performance was ineffective,

he might feel anxious about performing, but the problem would be the nature of the performance, not the feelings about it.

The process of rhetoritherapy follows a simple model. It consists of a person who believes he has a problem communicating with others under some particular circumstances. The rhetoritherapist attempts to get the best possible description of the behavior of his student under those circumstances as well as a description of how others respond to him. Once it becomes clear precisely what behaviors are involved, the rhetoritherapist can suggest learning goals, and once learning goals are accepted by the student, training can begin. There is no attempt to discover causes, for they are not important to the teaching. If it is important to the student, however, to talk about underlying problems or to make conjectures about why he is unable to do certain speech tasks, he may discuss them with his teacher.²³ Rhetoritherapy is based on the assumption that "people can exert will and decide how they want to behave. Sometimes they are anxious because they made a poor decision about behavior, and sometimes because they are incapable of activating the decision they made. At any event, skill at oral communication appears to be an ad hoc process. It can begin only after the individual decides how he wants to behave. The rhetoritherapist seeks to instruct his

subject in 'ways and means': How to phrase a goal, how to organize progress toward it, and how to evaluate success."²⁴

Rhetoritherapy is based on a series of heuristic questions. The answers to these questions provide the substance for decisions concerning behaviors to select and how to adopt them. The nine questions are:

1. What can be accomplished in this situation through speech?
2. What are the factual details? What is the precise manner of the problem for which a spoken intervention is presumed to be a solution?
3. What caused the problem? What is viable in this case: dealing with symptoms, dealing with causes, or dealing with both?
4. What are the limitations in this situation? What can be done and what must not be done? What does the situation require?
5. What are my assets and limitations?
6. Who is the person or persons I am appealing to and what does their nature require that I do or avoid doing?
7. How would I know a successful act? What would happen if I did the best I could? The worst? What is most likely to happen?
8. What are my alternatives? What could I say and do? Which of the many options appears to be the one to

choose, based on comparison to assets, limitations, etc.?

9. Who has to do what about what, when and where, in what order, and with what anticipated outcome?²⁵

Once the individual has analyzed his situation through the use of the preceding questions, he is ready to proceed through a series of goals designed to produce the necessary changes in his behavior.

1. He learns to phrase behavioral goals in concrete terms which are expressed in actual behaviors, not feelings or attitudes.

2. He learns to analyze specific social situations in order to adapt his talk to requirements of propriety as well as to the requirements of the individuals whom he addresses.

3. He learns to propose and analyze alternatives through his own experience and vicarious experience offered by the instructor.

4. He learns to plan his behavior, order the steps, and rehearse it in a variety of ways so that he will feel comfortable.

5. He learns to monitor his behavior as he performs and to observe and evaluate the quality of the response made to him.²⁶

Emphasis is on specific actions and the learner is admonished to avoid thinking about long-term consequences once he has decided on a specific course

of action. The main message of rhetoritherapy is that "it is possible for people to solve their speech problems through systematic analysis and training. Often, when people change their social behavior they discover that others change their responses. If people can learn to control the way they change in order to evoke responses they find desirable, then they will discover themselves to be competent."²⁷

Although rhetoritherapy is a recently developed treatment, it has already achieved great success in various studies regarding its effectiveness. It has been demonstrated effective in 85% of nearly 1,000 cases checked 3 to 5 years after completion of the program, and carryover was documented in 18 of 20 subjects followed for 1 year after treatment.²⁸ Another study followed a group of reticent students for one year after a program of instruction. The investigator discovered that virtually all of them were able to do well at many communication events that they could not previously handle. Although they still felt tense, rhetoritherapy had enabled them to manage the tension. The students no longer perceived tension as an impairment and simply went on with the task of speaking.

Rhetoritherapy, although used predominantly for communication apprehension, can also be utilized in other areas of life with a process known as

"negotiation."²⁹ Negotiation is a process in which contemporary psychiatrists advocate discussion with the client to discover training needs, followed by agreement on a course of therapy, practice, and assessment of gain. To negotiate means that the nature of the problem is a matter for the individual to decide. In order to find help for the problem, however, the individual must discover the problem and be able to phrase it in such a way that the proper specialist can suggest some way to alleviate it. Therefore, negotiation is not about the etiology of the problem, but about how and when the problem is manifested. Because any problem with any cause can be helped by negotiation, it is a process which can prove useful in any circumstance, thus making the method universal in scope. There is no downside to this therapy. It is teaching under the best of circumstances: a skillful teacher and a committed pupil.³⁰ Underlying the whole process is the notion that, if the individual can learn to perform the steps of analysis and implementation under direction in a short-term learning experience, he will also be able to apply what he has learned to situations in his natural life when he is no longer a participant in the formal instructional situation.³¹

Rational Emotive Therapy

Rational emotive therapy was introduced by Albert Ellis in 1958. Its central theme is that "the disturbed person must learn to depropagandize, by thought and action, basic irrational ideas he has acquired in the course of life."³² Ellis assumes that cognitions regulate emotions; for example, one becomes depressed because he thinks negatively, and conversely one is happy when he indulges in positive thinking. The paradigm of anxiety is used to illustrate the emotive process. "Anxiety is the result of irrational thinking: If something is or may be dangerous or fearsome, one should be terribly occupied with and upset by it."³³ Ellis believes that, barring any real physical pain, there is no reason why anyone should be emotionally upset. When a person is upset, he or she is merely exercising ineffective cognitions. Unlike emotions, cognitions can be trained to promote reasonable behavior. Therefore, people do not have to be victims of their own thoughts or emotions. "Proper positive training requires that people first recognize and challenge their negative self-talk, challenge the illogical reasoning, and then replace it with rational self-talk."³⁴

There is some evidence that rational emotive therapy can be effective. One study, conducted with an

elderly population, found positive results in lessening the effects of anxiety.³⁵ A study conducted by Jacobs and Croake found that using Ellis' rational emotive theory resulted in increased rational thinking, reduced anxiety, and a decrease in the number of reported personal problems.³⁶ Similar studies have shown objective measures of improvement in the treatment of paranoid and depressive behaviors.³⁷

The main advantage of rational emotive therapy is its ability to be used in large group settings. Discussion groups, using Ellis' theory, were quite successful in reducing anxiety. This suggests efficient use of counselor time in assisting a large number of people in a short period of time. Because of the nature of the therapy (discussing fears and ways to negate them), support from other group members probably aids in the therapeutic process.

There were no reported drawbacks to rational emotive therapy except for the lack of research in the area of long-term success rates. It is not known whether the results of this procedure will be maintained over an extended period of time.

Flooding

The term "flooding" was coined by A.T. Polin in 1959, although there were many previous studies that

suggested the successful eradication of anxiety by arranging intense emotional reactions to take place in the presence of phobic stimuli.³⁸ The first implementation of the technique with human subjects was reported by Malleon (1959) who employed a hierarchy similar to that used in desensitization, although instead of encouraging relaxation, Malleon instructed the client to feel more frightened as he proceeded through the hierarchy.³⁹ Flooding, then, can be considered the polar opposite of systematic desensitization, since the goal is not to learn how to relax in the face of anxiety, but to overwhelm the nervous system with anxiety to numb any further experience. The goal of the therapist is to create a high degree of tension and anxiety so that the patient eventually cannot maintain his irrational emotional state.⁴⁰

Flooding has been proven effective through a variety of experiments, mostly in the 1960s and 1970s. Wolpin and Raines (1966) treated six women for a maximum of five sessions using one of three experimental conditions: (a) visualization of a 20-item hierarchy with no training or instructions of any kind regarding relaxation; (b) completion of a 20-step hierarchy with muscles deliberately tense; and (c) presentation of the most intense scenes from the top of the hierarchy with no training or instruction in

regard to either relaxation or tension.⁴¹ After the treatment sessions were completed, each woman had a reduction of anxiety. The results showed that each treatment method was effective, although some credit was given to the strong fulfillment-of-demand characteristics.

Rachman (1966) used flooding in the treatment of three subjects with a demonstrated aversion to spiders, comparing them with three subjects who had undergone treatment with desensitization and three no-treatment controls. Results indicated that flooding and control subjects showed no improvement on either an avoidance test or a fear thermometer, whereas desensitization subjects had markedly improved. It was concluded that since so few subjects were seen, and since flooding, control and desensitization subjects were seen at different times, caution should be taken in drawing firm conclusions from this experiment.⁴²

However weak some of the experiments using flooding have been, it is still considered a very practical treatment. In this sense, flooding and systematic desensitization are similar. The procedure can be utilized almost anywhere, from the therapist's office to the classroom. The only requirement of the procedure is a quiet, secure environment inhabiting a trained therapist and a willing subject. Flooding is also practical in another sense. The procedure is

effective with a broad range of phobias. Studies involving subjects with anxiety concerning public speaking, snakes, spiders and even other people have shown flooding a proficient treatment.⁴³

There are some drawbacks to the procedure, most having been mentioned already. It seems as if most of the studies involving flooding have very small numbers of subjects, thus calling the results into doubt. Other studies have not shown a uniform exposure time to the various treatments in the study which, again, leads to variability of results. The biggest question, however, is whether the flooding treatment itself is actually creating a change in people's behavior or if it is the subject's expectancy to change. "Cognitive factors facilitate the process by creating strong demands to perform or by establishing positive expectancies for change, resulting in a reduction of both avoidance behavior and subjective anxiety. Further, subjects may then be motivated to reinterpret their physiological reactions so that they are more consonant with the subject's overt behavior."⁴⁴ The question then remains: Does flooding cause the change, or does the subject's desire and expectancy to change cause the change?

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CHAPTER FOUR

The Impact of a Public Speaking Class on the Reticent Student

The close relationship between speech and personality has been noted by speech educators, classroom teachers, and others for many years. "Writers have observed the interest among scholars in studying the way in which the presence or absence of certain speaking skills not only represents personality, but also have an influence in shaping personality."¹ Rogers indicated the effect that perception of self has on behavior when he claimed that an individual "reacts to his environment as it is perceived and that most of the behavior adopted is consistent with his self-concept."² Because perception of self is directly related to behavior in general, perception of self as a communicator would seem to have

a specific impact on one's communication proficiency. "Whether or not self-images are realistic, it may be expected that they play an important part in the nature of the individual's communicative behavior."³ There is no reason to believe that communication behavior is exempt from the influence of how someone perceives himself as a communicator; rather, it seems reasonable to hypothesize that readjustment of communication behavior may be a matter of changing one's self-concept as a communicator.⁴ The question becomes, then, whether a course in public speaking can significantly enhance the self-concepts of participating individuals, thus producing more proficient communicators.

Self-concept, as used in this chapter, can be defined as "an integrated synthesis of all the elements which the individual includes as constituting himself."⁵ Any study which discusses the relationship between speech training and personality must recognize the central importance which the self-concept occupies in the organization and structure of the personality.⁶ The self-concept is developmental in nature through interaction with the physical and social environment. As people grow from infancy to adulthood, their self-concept expands to include different variables of time, space, people, and geographical range.⁷ The stability of the self-concept is dependent on the relative stability of the elements which compose it. Any

disruption to the equilibrium of the self-concept threatens the soundness of the personality. Even with this desire for stability, the self-concept is subject to change through occurrences such as bodily changes, different perspectives of the environment and specific experiences.⁸ It is at this point that the possible contributions of training in speech become pertinent.

In 1967, McCroskey reported his study of the effect of a beginning speech course on students' self-confidence as speakers. He found significant increases in self-confidence.⁹ Henrikson conducted a survey of 205 students enrolled in a lower-level speech course, asking those students to rate their levels of apprehension at the beginning and end of the course. His results showed that speech training promotes confidence in the speaking situation and that feelings of confidence following speech training are somewhat general and do not apply only to the types of speaking in which the student has participated during the course.¹⁰ He also found that there are a variety of factors influencing a student's level of apprehension. Practice, the instructor's attitude, and the attitude of classmates rank high as causes while feelings of success or failure or an analysis of the causes of apprehension rank low.¹¹

The aforementioned studies clearly show that communication apprehension is a problem not only to a

student's grade-point average but also to his or her self-concept. As was stated earlier, this apprehension can have detrimental effects in areas such as social interaction and employment opportunities. Consequences such as these leave most apprehensive communicators with feelings of inadequacy, unattractiveness, unparticipativeness, and friendlessness.¹²

Given the need for some way to aid reticent students, the question then becomes how to integrate treatment into the existing curriculum. Such integration can best be accomplished in basic departmental courses which offer some component of communication skills training, most commonly courses in interpersonal communication, public address, or communication survey.¹³ These courses seem ideally suited to treating reticent students for a variety of reasons. First, these classes reach a large number of students. For many students, this is the only exposure to the communication field and/or faculty for their entire college experience. This is especially true of reticent students. Although they perhaps need these classes the most, their strong desire to avoid interaction precludes them from attending.¹⁴

The second advantage of treating reticence in the basic communication course has to do with the pervasiveness of the problem. "Since almost all students are reticent to some degree, offering

treatment in the basic course can serve a large number of students, whereas a specialized course would have the unintended consequence of denying help to many people who could benefit from it."¹⁵

The third advantage is the growing concern in the academic environment for the education of the "whole" person, not just the mind. An increasing number of public speaking textbooks devote a significant amount of space addressing the problem of communication apprehension and its effects on the emotional and psychological state of the student. These same textbooks are also beginning to reflect the fact that apprehension, as well as other emotions, has a strong impact on communication and its eventual success or failure.¹⁶

The final advantage of treating reticence in basic communication courses is the improved level of communication behavior in other academic fields. "If communication educators can improve, even slightly, the degree of student participation throughout their institution, they will be providing a valuable service and most likely will gain the appreciation and support of colleagues in other disciplines."¹⁷

The main obstacle to the integration of reticence management into the basic communication course is the lack of time. Many instructors already find it difficult to cover all of the important course

information in one semester. Adding another element as potentially time-consuming as reticence management might appear almost impossible. Fortunately, there is a way to help the reticent student without sacrificing the time allotted for other topics. The solution involves a series of activities which expose the students to the usual course material while, at the same time, building confidence in communication.¹⁸

Adler lists seven criteria which integrated strategies of reticence management must satisfy in order to be effective and justify their inclusion into the curriculum.

1. The activity should relate to the subject matter of the course. This is absolutely necessary given the time constraints and the existing course outline.
2. The activity should stimulate emotional involvement, but produce no more anxiety than the student can manage. The requirements for success must be raised gradually, but at a rate that challenges subjects to improve without causing so much stress that they withdraw.
3. The activity should involve the entire group in some manner. This will help utilize limited class time in an efficient way.
4. The activity should be interesting and rewarding for students of all levels. It should challenge the intellect of both advanced and slower students and

should be valuable for those with either high or low levels of apprehension.

5. The activity should be structured enough to insure that students will be able to offer valid responses. Apprehensive students have a harder time answering broad requests for participation. The activities should allow students to choose from a more clearly defined number of responses.

6. The activity should not require a response which can be evaluated as right or wrong. Activities of this sort give students a growing sense of confidence in the intrinsic value of their ideas.

7. The activity should clearly relate to the student's interests and values. There is a strong correlation between relevance of subject matter and student interest. Activities that relate to both will undoubtedly be more effective over the course of a semester.¹⁹

Overall, the public speaking course can be an effective vehicle for the treatment of apprehensive or reticent students. Given the importance of the self-concept to every young adult, the negative impact that communication apprehension can have on that self-concept, and the opportunity for the communication faculty of any university or college to aid a large number of students, integrating reticence management

into the public speaking or interpersonal communication course seems almost necessary.

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CHAPTER FIVE

Summary

As was stated previously, communication apprehension has a variety of possible definitions, each dealing with a different aspect or perspective of the problem. Some scholars believe that apprehension is a learned behavior. People have been conditioned to respond negatively to the communication experience based on conflicting drives: the need to communicate and the fear of communicating.¹ Other scholars believe that communication apprehension results from anxiety over the quality of the performance. "What the speaker actually experiences is anxiety or tension because of concern over the quality of his effort and its outcome."²

Although scholars in this field do not agree on the basic tenets of definition, most agree with the symptoms of communication apprehension. Walter and

Scott claim that certain physical changes in the body can aid the speaker and enhance performance. They indicate that the body obtains more than its usual level of energy under tension because of changes such as increased blood sugar level, increased respiration, and a higher level of oxygen in the blood.³

A second symptom of communication apprehension is hesitation phenomena. Jane Blankenship asserts that the normal pauses in everyday conversation become abnormally filled with verbal utterances such as "uh" or "um" in the performance experience. The speaker must learn to allow these natural pauses to remain silent in order for the presentation to be completely effective.⁴

A third symptom of communication apprehension is exaggerated pessimism. This irrational belief that the worst is going to happen is often manifested long before the speech begins. Underlying all such thoughts is an intense fear of humiliation derived from the vulnerability of the speaker during the performance.⁵

A fourth symptom of communication apprehension is, quite simply, stress. Sheldon Metcalfe reports a three-step process the body takes in response to stress. The first phase, the alarm reaction, is a physical "call-to-arms" for the body to release chemicals in response to the stressful situation. The second phase, the resistance, occurs when the body

stabilizes, maintains, and begins to adapt. The third phase, the exhaustion, occurs when body systems are depleted.⁶

Just as scholars in the field of communication apprehension can not agree on the basic definition, they also do not agree on the root causes of the problem. Some believe that the apprehension can be traced back to unfortunate experiences in the past. As a learned behavior, it represents emotional conditioning and conflict. The first few attempts at performing in front of an audience can evoke fear, thus associating the feelings of fear to the speaking occasion. After this has taken place, the mere thought of giving a speech and facing an audience induces irrational emotional responses.⁷

Abernathy discusses three alternative causes of communication apprehension. Many people encounter some or all of these three at some point in their performance experiences. The fear of a new situation, a general feeling of inadequacy, and conflicting psychological drives all combine to render some potential speakers weak and ineffective.⁸

Andersch discusses approach/avoidance behavior which can account for some speakers' apprehension. The drive to approach the goal (deliver the speech) conflicts with the drive to avoid it. An increase in either drive will make that road more available to that

individual. When there are two competing responses, the stronger of the two will almost always dominate.⁹

With root causes based in psychological drives and emotional conflict, it comes as no surprise that a vast majority of students claim to struggle with communication apprehension at some point to varying degrees. The results of many surveys point to the pervasiveness of apprehension in the lives of people in a variety of circumstances.¹⁰

This apprehension becomes a serious block to effective communication for some, costing them a great deal. Academically, students who suffer from high levels of apprehension score lower on college entrance exams and have lower grade-point averages in high school and college.¹¹ Socially, apprehensive communicators are more likely to be less extroverted and less socially competent and attractive.¹² Because of these negative academic and social effects, along with others such as employment difficulties and low self-esteem, an analysis of the possible treatments for communication apprehension would be beneficial in an attempt to assist those with debilitating apprehension levels.

Systematic Desensitization, the most widely known treatment for communication apprehension, is based on the idea that when one reflex dominates another, the symptoms from the dominated reflex disappear. "If a

response inhibitory to anxiety can be made to occur in the presence of anxiety-evoking stimuli so that it is accompanied by a complete or partial suppression of the anxiety response, the bond between these stimuli and the anxiety response will be weakened."¹³ The essential principle is that two contradictory responses cannot be made at the same time. If the response that is contradictory to anxiety results in a more pleasant state, the new response to the anxiety-evoking stimuli will gradually replace the anxiety response.¹⁴ This gradual replacement is accomplished through the use of a hierarchy, which consists of different levels of a client's fear. When the client proceeds through a level without measurable anxiety, he moves on to the next level, one which is slightly more difficult. In the end, each level from least to greatest, can be experienced without anxiety.

According to McCroskey, Ralph and Barrick, "The results obtained with systematic desensitization have been relatively consistent over an extremely wide range of therapists, clients, and problems, usually producing positive results in other areas of the client's life. The application of systematic desensitization to less debilitating anxieties than phobias has produced alleviation of anxiety among nonpathological clients, notably student populations with academic anxieties."¹⁵

The practicality of systematic desensitization can be observed in its ease of administration and the various settings in which it can be utilized successfully. The steps (hierarchy) of systematic desensitization can become so automatic with some clients that they can be helped by paraprofessionals¹⁶ or can even perform the steps themselves.¹⁷ Regardless of the counselor's setting or the client's situation, systematic desensitization can be used to help overcome the negative effects of the anxiety.

Although systematic desensitization seems universal in scope and application, there are some who criticize it as a method of treatment and are quick to point out potential drawbacks. "Systematic desensitization has suffered some criticism based on possible 'demand' effects. Some say that subjects report improvement only because they get involved in the program and therefore must justify their effort."¹⁸ There is also question as to whether the images conjured in the hierarchy stage translate to real-life situations. "[E]ven though a subject succeeds in imagining the various anxiety items without becoming anxious, the facts remain that: (a) The visualization is unlikely to involve all the stimulus elements for the respective level of the hierarchy; and (b) the hierarchy itself cannot possibly provide an exhaustive sampling of the population of fear elements."¹⁹

Rhetoritherapy is, at its foundation, the polar opposite of systematic desensitization. While McCroskey believes that anxiety causes ineffective performance, Gerald Phillips, the leading proponent of rhetoritherapy, believes that anxiety arises from the inability to perform well. At the heart of rhetoritherapy is its perspective of anxiety and its role in the communication process. To subscribe to a rhetorical point of view requires that anxiety be associated with both performance and perception of performance. If a person understood that his performance was ineffective, he might feel anxious about performing, but the problem would be the nature of the performance, not the feelings about it.

Rhetoritherapy is based on the assumption that "people can exert will and decide how they want to behave."²⁰ Their progress toward the goal of successful communication will begin only after the individual decides how he wants to behave. The emphasis is on specific actions and the client is admonished to avoid thinking about long-term consequences. The main message of rhetoritherapy is that it is possible for people to solve their communication problems through training and analysis. If people can learn to control the way that they behave in order to evoke the response that they find

acceptable, then they will consider themselves competent.²¹

Because of the documented success of rhetoritherapy and its universal scope, this treatment has expanded outside the realm of communication apprehension to other areas of life through a process called "negotiation."²² Psychiatrists who utilize negotiation advocate discussion with the client to discover training needs, followed by agreement on a course of therapy, practice, and assessment of gain. Negotiation is not about the etiology of the problem, but about how and when the problem is manifested. Because almost any problem with any cause can be helped by negotiation, it is a process which is useful in any circumstance.²³ Underlying the whole process is the notion that, if the individual can learn to perform the steps of analysis and implementation, he will also be able to apply what he has learned to situations in his natural life when he is no longer a participant in the formal instructional situation.²⁴

Rational Emotive therapy was introduced by Albert Ellis, who claimed that people must learn to depropagandize, by thought and action, basic irrational ideas they have acquired in the course of life.²⁵ Ellis assumes that cognitions regulate emotions and that anxiety is the result of irrational thinking. "Proper positive training requires that people first

recognize and challenge their negative self-talk, challenge the illogical reasoning, and then replace it with rational self-talk."²⁶

The main advantage to rational emotive therapy is its ability to be used in large group settings. Using Ellis' theory, discussion groups were quite successful in the reduction of anxiety. This suggests efficient use of counselor time in assisting a large number of people in a relatively short period of time. Because of the nature of the therapy, support from other group members undoubtedly aids in the process.

Flooding, a term coined by A.T. Polin in 1959, is the eradication of anxiety by arranging intense emotional reactions to take place in the presence of phobic stimuli.²⁷ In its methodology, flooding is the opposite of systematic desensitization, since the goal is not to learn how to relax in the face of anxiety, but to overwhelm the nervous system with anxiety to numb any further experience. The goal of the therapist is to create a high degree of tension and anxiety so that the patient eventually cannot maintain his irrational emotional state.²⁸

As a procedure, flooding can be utilized almost anywhere, from the therapist's office to the classroom. The only requirement is a quiet, secure environment with a trained therapist and willing subject. Not only can flooding be utilized almost anywhere, but it can be

effective in treating a broad range of phobias. Studies involving subjects with anxiety concerning public speaking, snakes, spiders, and even other people have shown flooding a proficient treatment.²⁹

The only question remaining concerning flooding (and any other treatment for that matter) is whether the flooding treatment itself is actually creating a change in people's behavior or if it is the subject's expectancy to change. "Cognitive factors facilitate the process by creating strong demands to perform or by establishing positive expectancies for change, resulting in a reduction of both avoidance behavior and subjective anxiety. Further, subjects may then be motivated to reinterpret their physiological reactions so that they are more consonant with the subject's overt behavior."³⁰

Investigating whether a public speaking class can be used as an effective treatment for communication apprehension draws one's attention to the relationship between speech and personality and how this personality, or perception of self, effects behavior. Because perception of self is directly related to behavior in general, perception of self as a communicator would seem to have a specific impact on one's communication proficiency. There is no reason to believe that communication behavior is exempt from the influence of how someone perceives himself as a

communicator; rather, it seems reasonable to hypothesize that readjustment of communication behavior may be a matter of changing one's self-concept as a communicator.³¹

Self-concept, an integrated synthesis of all the elements which an individual includes as constituting himself,³² is developmental in nature through interaction with the physical and social environment and occupies central importance in the organization and structure of the personality.³³ Any disruption to the equilibrium of the self-concept threatens the soundness of the personality. Since communication apprehension can be viewed as a disruption to that equilibrium, finding a way to incorporate reticence management into the classroom will not only improve the student's speaking skills but will also reduce the threat to the equilibrium of the self-concept.

Such integration can best be accomplished in basic departmental courses which offer some component of communication skills training.³⁴ These courses seem ideally suited for the treatment of reticent students for four main reasons. First, these classes reach a large number of people, many of whom have limited exposure to the communication classroom. Second, the pervasiveness of the problem demands treatment in a larger class, where more people can benefit in a shorter time period. Third, the growing concern for

the education of the "whole" person warrants helping the student population not just academically but also socially as well. Fourth, the benefits received from such treatment tend to carry into other academic disciplines, making the student more successful in other endeavors apart from the public speaking occasion.³⁵ The chance to improve the lives of students outweighs any time constraints felt by the instructor and should be viewed as a great opportunity not only to aid the student in public speaking skills but also to assist the student to become a more productive member of society.

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