AN EVALUATIVE STUDY OF
THE TREATMENT OF SPEECH ANXIETY

by

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June, 1973
I wish to sincerely extend my appreciation to all those "significant others" who made this study possible.

During the past two years Dr. Kim Giffin has been an inspiration. His ability to actualize the concepts of trust and empathetic listening permitted many of the ideas in this study to be spawned.

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My deepest appreciation goes to my wife Roanne, who served as typist, proofreader, critic, and inspiration. Finally, a special touch to Stacy and Shaun, the kids who inspired the journey to the land of the Jayhawk.

R.E.B.
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CHAPTER I

INTRODUCTION AND STATEMENT OF THE PROBLEM

I. Background

Since the spring of 1967, the University of Kansas has offered a program of speech confidence to those students identified as having special difficulties with anxiety when faced with interpersonal communication settings. Originally, special counseling sessions were offered to students outside their Fundamentals of Speech class. Later the program was expanded to special sections, offered for one semester of credit to volunteer enrollees and induced referrals.

Interest in a special program to assist students with speech anxieties developed from an awareness that not all students benefit from the traditional approach to the teaching of speech. Studies reported by Buehler and Linkugel (1962), Baird and Knowler (1963), and Ross (1964) indicate that the majority of college freshmen regard the opportunity to present a short talk as a threatening situation. However, participation in speaking experiences, accompanied by peer group and instructor reinforcement, served to reduce student threat response for 80 per cent of the students according to studies by Greenleaf (1947), Low and Sheets (1951), Paulson (1951), and Giffin and Bradley (1967). Clearly, for most students the opportunity to participate in varied speech experiences was beneficial. For a minority, however, the experiences provided no improvement in their confidence or in some cases, resulted in a deteriorating effect.
Giffin and Bradley (1967) measured the incidence of speech
anxiety among 177 randomly selected Fundamentals of Speech students by
use of the Dickens, Gibson, and Prall (1950) Short Form of the Personal
Report of Confidence of a Speaker (PRCS) originally developed by
Gilkinson (1942). A pre-test was administered at the beginning of the
speech course, and a post-test was administered upon completion of the
course. Results indicated that for the majority, the mean difference
significantly changed in the desired direction. However, for the
group of students in the lower quartile, as measured at the beginning
of the course, there was no significant difference.

During the following semester, Giffin and Friedrich (1968)
replicated the study using all students enrolled in Fundamentals of
Speech sections (N = 1041). Once again, the mean difference was
significant well beyond the .01 level of confidence except for those
falling within the first quartile. Both studies support the con-
clusion of Paulson (1951) that in a college speech course "some speech
students do not improve in confidence."

Efforts to provide an effective program for those students
identified in the lower quartile as lacking confidence have met with
moderate success in recent years. PRCS scores at the start and close
of the semester have been used to indicate improvement of confidence
among the members of special anxiety sections. An unpublished report
by Barnes (1972) listed significant improvement (p. < .05) in seven of
the nine sections tested from the fall of 1968 to the spring of 1972
using two tailed t-tests. It should be noted, however, that adequate
experimental controls were lacking for all sections. No control
group was tested to provide for adequate control of history and test-
retest effect.

In addition to routine counseling and teaching of anxiety
students, Giffin and his assistants have endeavored to research certain
areas of speech confidence. Most of the work has fallen within five
categories (Giffin, 1967c): (1) What is the nature of speech anxiety?
(2) What is the incidence of speech anxiety before and after partici-
pation in the introductory speech course? (3) What are the possible
causes of speech anxiety? (4) Will a program of group counseling
significantly reduce speech anxiety in cases where it is ordinarily
not reduced by participation in the introductory speech course?
(5) What variables in the group counseling program are significantly
related to the desired results? The findings of this research will
be reported in the review of literature; but in general, speech
anxiety has been defined and its significance established. Those
lacking confidence have been identified as generally being slightly
neurotic and possessing: a strong desire to achieve success and
avoid failure, a low self-concept, low trust of others, a social
alienation tendency, low initiative, poor social relations, a tendency
to avoid interaction situations, and general anxiety.

The causes of speech anxiety have not been identified, but a
correlation has been shown with fear of others' opinions, suppression
in childhood, and lack of previous speaking experience.

While significant ground work has been laid in identifying
speech anxiety, much remains to be done in determining those teaching
(or counseling) techniques which significantly relate to reducing such anxiety. The purpose of this study is to test the procedure currently being used at Kansas University.

II. Statement of the Problem

Various types of anxiety are generally treated by psychotherapeutic or behavior therapy methods. Most reported studies select one method or the other but rarely combine the two. At Kansas University, for example, Giffin and his associates have reported success in using group counseling techniques with a heavy Rogerian influence (Giffin and Bradley, 1969). Meanwhile, McCroskey and his associates at Illinois State have reported success using systematic desensitization (SD) (McCroskey, 1972). Both approaches have been used as a supplement to, or in place of, regular classroom instruction.

Judith Wells (1970) administered SD to a discussion and debate class, but no attempt was made to integrate SD into the course content, and the treatment period lasted for only five class sessions. Even though the study purported to be a field study, conditions were still limited to a quasi-laboratory approach.

This study will attempt to merge psychotherapy and behavior therapy into a normal classroom routine of instruction in interpersonal communication. The study will not attempt to determine which method of treatment is responsible for an introspective and behavioral change. Instead, the focus will be upon whether a change can be achieved as part of the standard course content. In general, this study is an
evaluation of a course entitled "Speech Confidence" which has as its major objective increased confidence in high-apprehensive students.

III. Definition of Speech Anxiety

The concept of speech anxiety has been termed "stage fright," "reticence," "communication apprehension," and other synonyms by various researchers. The term speech anxiety will be used in this study, in spite of using a scale of "communication apprehension."

Speech is regarded as verbal, symbolic interaction. The term is used to collectively refer to many communication settings such as discussion and dyadic conversation, as well as public speaking. Many students closely identify with anxiety in a particular context, but Brady and Hunt (1955) have found that individuals who have anxiety in one context, generalize the response to other stimuli as well. While a student may strongly fear a particular speaking context, he may generalize to all oral contexts.

Speech anxiety is a particular type of anxiety or neurotic response. Anxiety arises as a response to certain stimulus operations (Lundin, 1961). According to Estes and Skinner (1941):

Anxiety has at least two defining characteristics: (1) it is an emotional state, somewhat resembling fear, and (2) the disturbing stimulus which is principally responsible does not precede or accompany the state but is 'anticipated' in the future (p. 390).

The response of anxiety is to an aversive condition which is primarily anticipated rather than experienced. Malmo (1957) refers to anxiety as a "pathological state in which the patient appears chronically
over-reactive (physiologically) to every stimulating situation (p. 286)." In terms of speech anxiety, the communicator becomes so emotional that his behavior is hampered. Frustration develops from the impaired performance resulting in increased debilitating behavior or "anxiety hysteria" (Hinsie and Campbell, 1960, p. 8).

Significantly, the aversive condition does not have to exist except in the mind of the respondent. Anxiety is a learned behavioral response in which the original aversive stimulus may be quite removed from the anticipated stimulus. Bryngelson (1966) recounts having witnessed a hanging in which the victim's last words were, "If I had known the why of my behavior, I would not be standing here at this moment (p. 23)." In a similar manner, the anxious speaker may behave in a manner not understood even to himself.

Humans respond to aversive conditions by reflexes. When behavior is reinforced it is likely to occur again. According to Skinner (1971), escape and avoidance play an important role when aversive conditions are generated by other people. If a person feels he is being evaluated by another person or group in a negative manner, he will attempt to escape from the condition, behave in a more acceptable manner, or attack as a means of defense. The anxious speaker may withdraw from communication contexts or attempt to act in a socially acceptable manner; or if the other two options appear to be closed, may attack his auditors. Thus while the most commonly recognized form of speech anxiety is reticence, a speaker may appear to others as very calm or even dominant in discussions. For this reason, speech anxiety
will be regarded as an introspective feeling of high anxiety in anticipation of threatening communication contexts.

The parameters of speech anxiety as conceptualized at Kansas University have been identified by Giffin and Heider (1970). All stated limitations will be applicable to this study. Giffin and Heider (1970, pp. 2-3) define speech anxiety as follows:

The term speech anxiety is not used here to refer to ordinary tension felt by the average person when meeting a communication situation. Neither is the term used to refer to a reasonable tension experienced by a person facing a situation entirely new to him. Nor is speech anxiety used to refer to the threat-response of a speech-handicapped person (i.e., a stutterer) for whom an 'ordinary' speech situation may properly be viewed as very difficult and threatening. The term, speech anxiety, is used here to refer to what society identifies as an unrealistic or unreasonable fear of communicating in a rather ordinary social situation. In one sense this type of anxiety can be viewed essentially as neurotic behavior, that is, a behavior viewed by society as inappropriate or detrimental or both (cf. Hinsie and Campbell, 1960, 50-54). While such fear is judged as unreasonable by society, to the speech anxious person such fear is, of course, very real and the effects of this fear are also real.

For the "normal" speaker, speech anxiety can be identified as a momentary tightening of the stomach muscles, a lump in the throat, and perspiring hands. For the anxiety speaker, as defined here however, anxiety is not a passing fear, but a daily problem with which he is unable to cope in a socially acceptable manner.

IV. Theoretical Framework

Each semester a few sections of interpersonal communication fundamentals are designated "Speech Confidence" for those students with self-perceived problems of communication anxiety. Various methods are
used to enlist students desiring assistance. Letters and information are sent to college academic advisors regarding the service. Fliers and posters advertise the course at the enrollment table, and some students are referred by previous confidence class members. A portion of the students, however, are referred by fundamentals of speech classroom instructors. Referrals are based upon scores obtained from an introspective measure of speech anxiety administered during the first day of class.

In the past, the Personal Report of Confidence of a Speaker (PRCS) has been used at Kansas University to determine the levels of confidence among fundamentals of speech students. However, the PRCS tests primarily those anxieties related to formal speaking situations. McCroskey (1970) has devised a scale to tap anxiety related to various types of speaking situations. The composite score is an indicator of introspective speech anxiety. The Personal Report of Communication Apprehension - College (PRCA) was used in place of the PRCS because it measures apprehension related to more dimensions of communication than just public speaking. Since students enrolled in interpersonal communication classes and the confidence sections are taught by small group and dyadic interaction methods, the PRCA - College seems to be the appropriate instrument. A more detailed discussion of the PRCA - College and PRCS will follow in the Review of Literature (Chapter II).

Since enrollment in Speech Confidence sections is voluntary, motivations of students taking the course vary greatly. Most indicate a general anxiety in public speaking and interpersonal relations. Some, however, have more specialized needs, i.e., foreign students
lacking confidence in speaking with Americans, black students lacking confidence in speaking with whites. In these cases the students may have a high level of confidence in speaking with their own race or nationality but lack confidence in speaking with the majority of the University community.

Based upon pre-test scores of the PRCA, students in the confidence sections scoring below the upper quartile range are counseled with regard to transferring to regular fundamentals of speech sections. Meanwhile, students enrolled in the regular sections who score in the upper quartile range of the PRCA, are referred to the program by the instructors. Due to anxiety arising from the possibility of transferring into a new and "special" section, many students prefer to stay in their regular sections. An additional reason for some students staying in their regular sections is that Fundamentals of Interpersonal Communication involves face to face dyadic and small group communication. Students may view this approach to the teaching of speech as non-threatening, or at least less threatening than formerly tested public speaking classes.

Since the Speech Confidence sections are offered for the purpose of assisting students with self-perceived problems of speech anxiety, and enrollment in the confidence sections is entirely voluntary, the logical question is: Do students with high apprehension elect to take the confidence sections in preference to the standard interpersonal communications sections? The currently held assumption is that a greater percentage of students enrolled in Speech Confidence fall in the upper quartile of PRCA scores for all speech fundamentals students
than students enrolled in Fundamentals of Interpersonal Communications sections. If this assumption is found not to be true, then either the course of Speech Confidence is not fulfilling its purpose of assisting those lacking in confidence, or the PRCA is not correctly identifying those students with self-perceived problems of anxiety.

Since students are induced on the basis of the PRCA scores, the assumption of a higher percentage might seem to be a self-fulfilling prophecy. However, it should be noted that students are under no obligation to leave the confidence sections should their score fall below the upper quartile range nor are students with high apprehension scores under any obligation to enroll in the special sections. Since the PRCA has not been used previously at Kansas University, documentation for comparison of sections is needed.

Studies by Giffin and Bradley (1967) and Giffin and Friedrich (1968), based upon PRCS scores, have documented that students at Kansas University increase in confidence as a result of completing a course in public speaking. A commonly acknowledged goal of students in taking an introductory speech course is to improve in confidence and competence. The method used in traditional public speaking classes is to allow the student many speaking experiences followed by critiques. A combination of practice and criticism theoretically increases competency resulting in improved confidence. For the least confident students, however, the anticipated speaking experiences have a traumatizing effect resulting in weak performances followed by negative evaluations and criticisms. For 20-30 per cent of the students, a course in public speaking does not fulfill objectives of increased competency and confidence. The
immediate neurotic response to an aversive condition is avoidance. The student avoids enrolling in a speech course or fails to attend on days of assigned speeches. Avoidance behavior should not be permitted, according to Lundin (1961) because the neurotic response will become excessively dominant. However, he contends that individuals should not be placed in a situation that will reinforce the anxiety state, i.e., a public speaking class in which evaluations and criticisms are given by instructor and peers. Gerald Phillips (1970) contends that the typical public speaking course is founded upon three untenable assumptions: (1) that students can learn to speak by emulation, (2) that required performance will cultivate skill, and (3) that criticism is sufficient to bring about positive behavioral change. He urges instead for a non-evaluative "therapeutic community" in which cognition and behavioral change result in an alteration of personality.

The avowed goals of Fundamentals of Interpersonal Communication, as taught at Kansas University, seem to more directly meet Phillips' proposed "therapeutic community." The primary objective of the course is increased student understanding of communication behaviors, establishing the potential for improved communication capabilities. According to information provided enrolled students, the course is designed to contribute to functional intelligence and self-expression. Through development of a climate conducive to interpersonal growth, students increase their ability to provide others with feedback which in turn results in heightened self-awareness in relation to others. Increased cognition and self-awareness developed in a climate of safety promote improved confidence in communication settings.
Small group and dyadic experiences are viewed by most students as less threatening than giving a formal public address in front of an audience. Due to decreased threat potential, all students should improve in confidence during the course of the semester. No evidence is currently available to determine whether students increase in confidence, as measured by the PRCA, through means of participating in a course limited to interpersonal communication. The assumption to be tested by this study is that: both speech confidence students and regular fundamentals students will decrease in their level of speech anxiety during the one-semester courses.

On the other hand, the less threatening interpersonal communication classes may not be fulfilling the function of improving students' confidence due to the low level of anxiety arousing stimuli. Documentation concerning student increase in confidence will serve as a check on whether the speech confidence and interpersonal communication courses are meeting their goals of increased student confidence.

The goal of increased confidence is achieved somewhat vicariously in the interpersonal communication classes. Dyadic and small group exercises are conducted in order to make the cognitive concepts more meaningful to the students. Behavior modification is primarily contingent upon increased awareness of communication theory and practice. Direct focus is not placed upon confidence levels. In contrast, the Speech Confidence sections have, as their central focus, decreased anxiety with applied theory used to implement behavior modification. The theoretical rationale for the Speech Confidence sections will be developed fully in Chapter III of this study. In general, direct
discussion and focus is placed upon the undesired behavior while encouragement is provided for the desired behavior.

Findings cited earlier documented that those students enrolled in public speaking classes who were low in confidence, failed to improve in removal of anxiety; but those students placed in special treatment sections, improved in confidence significantly. Therefore, the logical assumption is that since the confidence sections are specifically designed to remove anxieties and since the regular sections do not have the removal of anxieties as a central focus, speech confidence students will show a greater decrease in speech anxiety than will speech anxiety students enrolled in regular sections. If the results fail to support this assumption, either the confidence sections are no longer needed in light of the recently developed interpersonal communication classes, or the confidence classes need to be modified to better meet the needs of the students.

V. Report of Pilot Study

As part of the standard procedures used in the interpersonal communications sections, a pre-test of communication anxiety is administered on the first day of class. The two-fold purpose of this procedure is: to alert the instructor to those students initially lacking confidence in order for the instructor to support participation, and to advise students significantly lacking confidence on the existence of the Speech Confidence sections.

In the fall of 1972, I informally checked to see if there was an increase in confidence, as measured by the PRCS, in interpersonal
communication classes as reflected by the mean difference of group change scores. The questions I sought to determine in this informal study were: Is there an increase in confidence during interpersonal communication classes and do those falling in the lower quartile of pre-test scores increase in confidence? I theorized that the nature of the interpersonal communications classes was less threatening than traditional public speaking classes. If the students perceived less threat, then they would be more willing to test their communication skills, resulting in increased confidence. The informal study found indications that the general direction of change was for increased confidence in all sections and increased confidence among those scoring in the lower quartile range. These results provided a theoretical framework for a more formal pilot study the following fall. Several limitations should be noted, however. The PRCS was not viewed by students or instructors to be a valid measure of speech anxiety since it dealt only with public speaking. Second, maturation and history were not controlled for by use of a control group. Since the study was conducted in a fall semester course composed primarily of freshmen students, general anxieties due to college procedures may have had a significant effect on test scores. Third, no attempt was made to control for pre-test sensitizing effect and regression effect. Both may have had an effect on change scores.

Upon recommendation of students and teachers, the PRCS was phased out, and McCroskey's PRCA - College was tried out in the spring of 1972. A few sections were used to test student and
teacher reactions as to the face validity of the instrument. General satisfaction was reported in the scoring procedures and the face validity of the PRCA as an instrument to measure general speech anxiety.

In the fall of 1972, all sections of interpersonal communications were given the pre-test of the PRCA with the exception of nine sections held out for purposes of testing pre-test effect. Instructors advised students falling in the upper quartile range about the possibility of transferring to the confidence section.

It was hypothesized that since an entire semester elapses between pre and post-tests, no pre-test effect would be found. This was tested by means of a t test comparing post-test-only scores with pre-post test scores. A requirement of .05 level of significance was set as no pre-test effect. In other words, the grand mean of post-test-only groups was compared with the grand mean of the post-test groups having a pre-test. The results, reported below, revealed no significant difference.

A test of pre to post change scores for correlated groups revealed significant increases in confidence during the course of the semester.

Even though no significant difference was found between post-test-only and pre-post test groups, an additional check was made to determine whether the post-test-only scores were significantly different than the pre-test scores. If no significance was found, it could still be argued that the instrumentation effected the post-test scores. The t test for independent groups revealed, however,
that there was a significant difference between pre-test and post-test-only scores.

### TABLE 1.
Test For Pre-Test Effect

<table>
<thead>
<tr>
<th>Mean Pre-Test Scores PRCA</th>
<th>Mean Post-Test Scores PRCA</th>
<th>Mean Post-Test Only Scores</th>
<th>df</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>56.947</td>
<td>57.926</td>
<td></td>
<td>18</td>
<td>.849</td>
<td>NS</td>
</tr>
<tr>
<td>60.811</td>
<td>56.947</td>
<td></td>
<td>9</td>
<td>6.619</td>
<td>.01</td>
</tr>
<tr>
<td>60.811</td>
<td>57.926</td>
<td></td>
<td>18</td>
<td>2.873</td>
<td>.02</td>
</tr>
</tbody>
</table>

Correlation between pre-test and post-test matched groups .714

To control for history and maturation, the second semester pre-test scores were compared with the first semester pre-test and post-test PRCA scores. Campbell and Stanley (1963) refer to history and maturation as particular problems for repeated measures that occur over a long period of time. For example, most students enrolled in Speech Confidence and Fundamentals of Interpersonal Communication are freshmen. It is plausible that anxieties due to enrollment in a large university and adjustments to new living conditions may be reflected on the pre-test first semester PRCA scores. Significant change in level of confidence at the end of the semester may be attributable to adjustment to university procedures and living conditions. On the other hand, if students enrolling in speech courses second
semester demonstrate the same level of anxiety as those given the
pre-test first semester, and if they are significantly more anxious
than those given the post-test first semester, then the change must
be attributed to something other than the passage of time. This test
can be regarded as rather strict since the greatest amount of adjust-
ment changes and consequent anxiety should generally occur during the
first semester.

Table 2. indicates that there is no significant difference
between first semester pre-test and second semester pre-test. Fur-
thermore, first semester post-test scores are significantly lower
than second semester pre-test scores. Something besides history and
maturation had an effect upon students enrolled in speech first
semester that was absent in students not enrolled in speech. I con-
clude that enrollment in a Fundamentals of Interpersonal Communi-
tions class has a positive effect upon student levels of confidence.
Internal validity concerns of history and maturation must be rejected.

TABLE 2.

Test For History and Maturation Effect

<table>
<thead>
<tr>
<th>Mean Pre-Test PRCA Scores</th>
<th>Mean Post-Test PRCA Scores</th>
<th>Mean Pre-Test PRCA Scores</th>
<th>Second Semester PRCA Scores</th>
<th>df</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>60.813</td>
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<td></td>
<td>18</td>
<td>.469</td>
<td>NS</td>
</tr>
<tr>
<td>56.948</td>
<td>60.404</td>
<td></td>
<td></td>
<td>18</td>
<td>3.375</td>
<td>.01</td>
</tr>
</tbody>
</table>
In summary, informal and formal pilots of the proposed study seem to indicate that overall, students increase in confidence during the course of Fundamentals of Interpersonal Communication. Students low in confidence also appear to increase in confidence in contrast to earlier public speaking studies. There seems to be no pre-test effect or effects due to history and maturation.
CHAPTER II

REVIEW OF LITERATURE

In order to study the treatment of a problem, one must know its symptoms, causes, and how to measure the intensity. Literature on speech anxiety can be similarly grouped for review purposes.

I. The Nature of Anxiety

Speech anxiety is viewed as a mild form of psychoneurosis (cf. Walter and Scott, 1962) which takes the form of a neurotic response elicited by a threat provoking situation. According to Lundin (1961), anxiety is a group of responses an organism makes under certain stimulus conditions. Two defining characteristics of anxiety are: (1) an emotional state, resembling fear, and (2) a disturbing stimulus principally responsible that does not precede or accompany the state but is "anticipated" in the future (Estes and Skinner, 1941). This is in line with Clevenger's (1955) definition of stage fright as an emotional condition where the stimulus of the emotion is the communication situation.

This emotional condition of an anxious person has been divided into state and trait anxiety by Spielberger (1966) in his work with students experiencing test anxiety. A state of anxiety (A-State) is regarded as a transitory emotional state while a trait of anxiety (A-Trait) is a more basic personality characteristic. In his Trait-State theory, Spielberger predicts that A-State scores will fluctuate as a function of different stress conditions, and persons who are high
in A-Trait will tend to exhibit elevations in A-State more frequently and of a greater intensity than will persons who are low in A-Trait, especially in situations characterized by a threat to self-esteem, e.g., speaking to a group of strangers. Applied to speech anxiety, the severely apprehensive communicator would be expected to experience anxiety under a large number of conditions, while the communicator who experiences a more "normal" momentary anxiety prior to speaking would not be expected to have a general trait of anxiety. Findings of at least a dozen researchers summarized by Clevenger (1958) have determined a general anxiety factor is significantly correlated with speech anxiety. Positive relationships have been found between degree of speech anxiety and personal adjustment scores such as: (1) degrees of introversion, neuroticism, submissiveness, and self-confidence on the Bernreuter scales (Jones, 1947); (2) amount of depression and psychoestenic (a neurosis characterized by morbid anxieties) on the Minnesota Multiphasic Personality Inventory (Holtzman, 1950; Low and Sheets, 1951); and (3) anxiety scales on the Taylor Manifest Anxiety Scale (Clevenger, 1958).

This study is primarily concerned with those students who could be defined as experiencing trait anxiety. The distinction between trait and state anxiety is helpful, however, in understanding two types of students interested in a speech confidence course. For some students, a high state of anxiety may exist at enrollment or on the day in which the speech anxiety instrument is administered. One student, who scored high in confidence, for example, explained that the reason he voluntarily enrolled in a Speech Confidence section was
because of self-doubts resulting from a recent marriage rejection. On the other hand, some students who score high in anxiety later report during interviews that they do not perceive themselves as being above average in communication apprehension nor do they perceive themselves as having difficulties in communicating with others.

A State Trait Anxiety Inventory (STAI) has been developed by Spielberger, Gorsuch and Lushene (1969) which consists of two separate self-report scales for measuring the two anxiety concepts. The A-Trait scale consists of twenty statements such as "I lack self-confidence," and "I feel secure," designed to determine how people generally feel. The A-State scale consists of twenty statements such as "I am tense," and "I am relaxed," designed to describe how people feel at a particular time of testing. Most speech anxiety scales, such as Gilkinson's PRCS and McCroskey's PRCA, are trait scales to determine general speech anxiety rather than situational anxiety. It is important to note, however, that a student in a state of anxiety due to some perceived aversive condition may score high on a trait scale due to his immediate state of mind.

In general, an emotional trait of speech anxiety can be regarded as a neurotic response to a feared communication stimulus. Students with abnormally high anxiety in speaking situations will generally be high in anxiety in a variety of conditions. Since psychoneurosis is regarded as a fear judged by society as unreasonable (Drever, 1964) speech anxiety is treated in this study as an unreasonable fear of communicating in rather ordinary social situations.

The conditions which pose as a threat to the anxious
communicator do not have to exist in reality. Lundin (1961) suggests that for anxiety to be produced there must be a "primary aversive stimulus" preceded by a "neutral stimulus." However, it is while the person is in the neutral state that he perceives the feared stimulus. A response is made to avoid the stimulus, resulting potentially in never experiencing the aversive condition. For example, if the person fears interacting with strangers, he may avoid situations which would place him in contact with strangers. Following this line of reasoning, it is not surprising that studies by Low (1950); Mimms (1939); Chenoweth (1940); and Wilkinson (1938) have all demonstrated that speakers lacking confidence also tend to lack initiating capacities.

In an early theoretical formulation of anxiety, Freud (1936) regarded anxiety as an unpleasant state consisting of feelings of apprehension, dread, or anxious expectation. Neurotic anxiety was dependent upon internal impulses while objective anxiety was synonymous with fear of an external source. Consistent with Freud's conception of anxiety, Basowitz, Persky, Korchin, and Grinker (1955) define anxiety as "the conscious and reportable experience of intense dread and foreboding, conceptualized as internally derived and unrelated to external threat (p. 3)." This definition and conceptualization lends further support to the notion that the threatening stimulus may not exist anywhere but in the mind of the perceiver.

If a person perceives an aversive condition, the immediate response will be withdrawal or avoidance. However, in the case of communication anxiety, daily activities may preclude this responsive behavior. Skinner (1971) suggests that escape from a threatening
stimulus may also take the form of attack and doing approved behavior. Reticence or withdrawal are commonly recognized in speech anxiety literature as responses to communication settings. Anecdotal evidence is common, however, of anxious persons who lash out at their surroundings. A person with a "chip on his shoulder" is many times recognized as insecure or anxious. The third form of escape proposed by Skinner is to behave in the approved manner. This response pattern is many times confused with having overcome anxiety associated with the behavior. Speech teachers who regularly advise apprehensive students to practice longer, often justify the merit of their advice on eventual behaviors that are reflective of desired speaking skills. Generally students are not asked how they feel about communicating since the behavior appears acceptable.

Aggression and approved behavior give partial explanation for why physiological measures using expert judges do not correlate with introspective anxiety measures. A number of studies have tried to validate scales of speech anxiety such as the PRCS by correlations with physiological symptoms (i.e., Dickens and Parker, 1951), or with observed speech behavior (i.e., Dickens, Gibson and Prall, 1950). In general these studies have produced either non-significant or low correlations (summarized by Clevenger, 1959). Part of the difficulty may be attributed to the fact that in laboratory tests, participants are not given the opportunity to escape from the aversive condition. Therefore, according to the theoretical perspective of Skinner, some of the participants can be expected to model the desired behavior or to attack some aspect of the aversive condition. In either case,
physiological symptoms may appear to suggest confidence.

This is, however, not the entire picture. For some communicators, anxiety may have a debilitating effect to the extent that flight, aggression, or approved behavior is not possible. Malmo (1957) indicates that anxiety denotes "a pathological state in which the patient appears chronically over-reactive (physiologically) to every stimulating situation (p. 286)." The physiological effect of acute fear is explained by Arnold (1968) as follows:

Adrenalin and sympathetic stimulation do not improve muscular performance. Rather, they reduce efficiency by increasing lactic acid formation and by interfering with glucose and oxygen utilization. Sudden fear may bring a sudden urge to flee and so provide a powerful spur to action. When this urge leads to successful escape and the danger is past, the effects of sympathetic stimulation quickly subside. But when escape is impossible and fear becomes chronic, the physical and psychological effects of fear soon incapacitate a man for serious work. Mental work becomes impossible because attention is focused on the threatening danger. The central effect of fear makes it difficult to remember, imagine, or decide upon action. Physical work becomes increasingly laborious because the cumulative effect of sympathetic stimulation seriously reduced muscular efficiency (p. 353).

For some people, rather than exhibiting avoidance, aggression, or approved behavior, they may appear frozen, unable to speak so much as their name. In other cases, the accompanying muscular tension may result in tightened vocal cords causing a higher pitched voice or contracted limb muscles resulting in stiff unnatural movements.

The problem for the researcher is that the perceived aversive condition will vary from person to person even though each person may have reported general speech anxiety. Furthermore, the learned behavioral response pattern may vary from person to person. In general, communication anxiety can be regarded as a neurotic response (Paul,
1966) to a feared stimulus. Behavioral responses are "learned" by reduction or removal of the aversive condition. Each time an individual successfully avoids the condition, the behavior is reinforced. By the time a student is in college, clearly established response habits have been formed.

In summary, speech anxiety is viewed as a neurotic response to an internally perceived aversive condition. Habits of response are learned by escape from the feared stimulus. Reduction or removal of the stimulus tends to reinforce the behavioral response.

An interesting aspect of neurotic responses to communication settings is in the self-perpetuation of the learned behavior. The key factor of neuroticism, according to White (1964), is that the neurotic person is aware of the emotional disturbance, but lacks insight into the problem, remaining powerless to solve it. In a discussion of the psychosomatic aspects of anxiety, Grinker (1966) proposed that the best way to produce anxiety is to impede or block communication. This is in line with Mowrer's (1964) contention that neurosis develops from lack of relieving a conscience and Jourard's (1958) position that neurosis is related to inability to know one's "real self" and to make it known to others. By avoiding interactions with others, the speech anxious person reinforces his avoidance habit perpetuating the neurosis. The only way to remove the neurotic response is to increase communication. But forced communication conditions are responded to in defensive modes of behavior such as aggression, compliance with expectations, or mental and physical traumatizing.
Causes of speech anxiety are difficult to determine precisely. However, when speech anxiety is treated as a neurotic learned response, then insight can be gained from research on neurosis. The initial breakthrough in understanding neuroticism was achieved by Watson (1920) in his famous "Little Albert" experiment.

Watson set out to train an infant to fear a rat. Little Albert was selected on the basis of solid psychological and physical health. Upon sudden presentation of a white rat, the nine month old infant showed no signs of fear and occasionally reached out for the rat. On the other hand, a loud unexpected noise would produce evidence of fear and crying by Albert. Watson then linked the two stimuli by offering the rat to Albert, and just as the infant started to touch the animal, metal plates were crashed behind his head. After only seven sessions of pairing the rat and the noise, Albert reacted with strong fear of the white rat alone. Furthermore, the conditioned emotional response spread to stimuli bearing a resemblance to the white rat. A dog, rabbit, and fur coat, which had not previously evoked any signs of fear, now caused various degrees of fear response. After a month had passed little Albert still reacted fearfully to the white rat and related stimuli.

This intriguing study of Little Albert's "learned" anxiety compellingly demonstrated that some maladaptive fears may be conditioned, they may spread to related stimuli, and they may endure over time even after the original "cause" of anxiety has been removed.
Of particular importance to speech anxiety, was a series of studies conducted by Jones (1924) under the guidance of Watson. A common practice among speech teachers is to advise the anxious speaker to keep practicing. Counselors often suggest that reticent students enroll in one or two semesters of speech. Jones' studies demonstrated the significant limitation of this practice.

Watson had demonstrated how fears could be acquired. It now remained for Jones to determine how to remove the fears. Using seventy institutionalized children, ages three months to seven years, who responded with strong fear to certain conditions, Jones hypothesized that fears would dissipate if not aroused over time. Over a period of weeks and months, however, the anxieties failed to die. Furthermore, attempts to remove the fears by repeatedly presenting the feared stimuli also failed and in some cases resulted in intensified anxiety.

Applying Watson's classic study to speech anxiety, one might assume that a rather traumatic communication experience or series of experiences may be the "cause" of apprehension spread over a range of related stimuli. Anecdotal testimony of some students seems to give credence to this possibility. Perhaps even more likely the experience(s) occurred in early childhood years resulting in a learned habitual response pattern long after the original aversive condition has been forgotten.

One theory of childhood influence upon speech anxiety has been advanced by Giffin and Heider (1967). They link speech anxiety to self concept and contend that if a child encounters negative feedback in communications with others, negative feelings about self are
likely to follow. Psychologists believe that an individual's mental attitude toward self are fixed as early as one or two years of age, and at least by the age of seven (Erickson, 1963; Allport, 1955; Berne, 1964). Therefore, Giffin and Heider conclude that attempts by a child to communicate to his parents, if met by negative parental response, may produce an undesirable self-concept. In the words of the theorists:

It appears that parental suppression of a child's communication can produce speaker anxiety which can be carried into adult speech situations; it seems quite probable that the foundation of maturity development and the basis for a positive self-concept are undermined when a child's communication meets suppression.

By the time the child has reached high school or college, self-concept and behavioral responses are firmly established. It is generally believed that self-concept reaches a high degree of organization during the course of development and resists change once self-definition and differentiation have taken over (Lecky, 1945). In a study conducted by Engle (1959), for example, stability was found to exist over a two-year period as determined by Q sort scores. Of particular relevance to the treatment of speech anxiety, however, positive self-concept was significantly more stable (p < .05) over a two-year period than negative self-concept.

Low self-concept has been found to correlate significantly with speech anxiety (Gilkinson, 1943; Crowell, Katcher and Miyamoto, 1955; and Borman and Shapiro, 1962). The theoretical rationale for this relationship is firmly established in the social interactionalist school of Mead (1934) and his followers. According to this
school of thought, a person's self-image is developed through interactions with others. A person not only learns who he is from others, he "becomes" a reflection of significant others. In the poetic phraseology of Buber (1970), "I become I as I learn to say You." A similar position is held by Rogers (1951) who maintains that when an individual interacts with trusted others, he is able to form new perceptions of himself. In a study of self-concept, Kipnis (1961) reported that individuals change their self-concepts over time so that they are more congruent with perceptions of persons to whom they are attracted.

Unfortunately, while valuable information about self can be gained from others, an additional characteristic of the anxious speaker is poor social relations. According to Clevenger (1959), "The personality factor expected to correlate best with stage fright is social adjustment (p. 142)." In a comparison of students low in anxiety with those high in anxiety, Low and Sheets (1951) found those experiencing most speech anxiety were less effected in their social relationships. This finding was in line with the earlier study conducted by Low (1950) in which he reported "high stage fright" students participated in fewer extra-curricular activities in high school, had their first date at a later age, and reported qualities of shyness and withdrawal significantly more (p< .01) than students "low in stage fright."

The question of "why" speech anxious persons avoid interactions with others may be partially answered by an additional characteristic attributed to them. Giffin and Masterson (1967) maintain that a
personality factor related to speech anxiety is a combination of characteristics identified by Atkinson and Feather (1966) as motivation to achieve success and to avoid failure. The achievement-oriented person is generally attracted to activities requiring skill. He is confident and enthusiastic about approaching a task in which the possibility of success is ambiguous. The failure-threatened person resists activities in which the outcome is uncertain or in which he will be compared with others. His anxiety in competitive situations is symptomatic of resistance to participation.

A combination of low self-concept, poor social relations, and avoidance of interactions leads to the speculation that the speech anxiety student may feel socially alienated. The concept of social alienation is defined by Hajda (1961) as:

"...an individual's feelings of uneasiness or discomfort which reflects his exclusion or self-exclusion of non-belonging or non-sharing, an uneasy awareness of perception of unwelcome contrast with others."

When a person is estranged from those with whom he is expected to interact, Laing (1961) indicates the effects may be severe contributing to withdrawal from social interaction. Walzlawick, Reavin and Jackson (1967) propose that "'loss of self' is but a translation of the term 'alienation' (p. 86)." An interesting distinction is drawn between speech anxiety and social alienation by Giffin, Heider, Groginsky, and Drake (1970). They suggest that while the two concepts are very similar, speech anxiety is typified by avoidance of interaction, and social alienation is reflected by withdrawal from interaction. The two concepts may be causally linked with social
alienation, resulting in speech anxiety. Using the Public Opinion Questionnaire (POQ) and the Giffin Trust Differential (GTD) on ten sections of Fundamentals of Speech to determine the relationship between trust and alienation, Giffin, Heider, Groginsky, and Drake found speech anxiety and social alienation closely related to self-concept.

Extensive research has been conducted by Giffin (cf. 1966, 1967a, 1968, 1969) studying the concept of trust. He operationally defines interpersonal trust in the communication process as (1967a):

"Reliance upon the communication process of another person in order to achieve a desired but uncertain objective in a risky situation (p. 224)." Three major elements make up his definition: (1) a person relying upon behavior of another, (2) a desire to achieve an uncertain objective, (3) a risky situation. Giffin (1971) goes on to note that the existence of all three does not necessarily assure a trusting relationship. In the case of an anxious speaker, he is relying upon a listener as a means of achieving reinforcement in a communication setting. Unfortunately, the desire to trust the feedback of an audience is blocked by the anxious speaker's fear of receiving negative responses.

This dilemma is viewed by Giffin and Heider (1967) as a "focal conflict." Whitaker and Lieberman (1964) explain a focal conflict as a need or wish (disturbing motive) opposed by a fear (reactive motive). The clash of motives creates anxiety within an individual until the anxiety is reduced by a solution. For the speaker lacking confidence, the solution is maladaptive. If escape is possible, he withdraws
from the conflict, resulting in poor adjustment to social situations and a reinforcement of an aversive behavior.

A compounding problem of trust for the person with speech anxiety, as noted by Loomis (1959), is that communication produces trust. As communication increases, trust increases. Research by Ainsworth (1949), Low (1950) and Wilkinson (1938) supports the converse of increased communication -- increased trust by demonstrating that adult speakers experiencing speech anxiety lack trusting tendencies. Using the Guilford-Martin Personality Inventories (1948), Ainsworth (1949) found college students in the lower quartile of speaking effectiveness revealed significantly more seclusiveness. Low's (1950) biographical questionnaire revealed that "high stage fright" students reported being on guard in social relationships significantly more ($p < .01$) than students experiencing "low stage fright." The plight of a person with low self-concept is enunciated by Giffin, Heider, Groginsky, and Drake (1970) when they note that one who is in greatest need of help from others will probably have difficulty perceiving available resources of assistance.

From a slightly different theoretical perspective, Barnes and Giffin (1973) posit a possible relationship between self-esteem, speech anxiety, and low cognitive complexity. The authors contend that the anxious person may trust the communications of others more than his own; thus self-image may be heavily dependent on the perceived perceptions by others. Based upon balance theory of Heider (1958) and developmental theory of Werner (1957), the speech anxious person may have few mental constructs in which to deal with perceived
feedback from valued others. Thus perceived negative feedback is believed but avoided while perceived positive feedback is disbelieved.

In summary, one who lacks confidence in speaking is viewed as slightly neurotic, possessing a general trait of high anxiety. The person will tend to avoid interaction situations and will not initiate the interaction. As a consequence, he will probably have poor social relations, low self-concept, feel alienated from others, and will find it difficult to trust his relations with others. The underlying cause of this condition may be due to a single significantly traumatizing event or a series of repeatedly reinforced conditions. A strong possibility exists that the event or events occurred early in the development of a child resulting in learned habitual responses to adverse conditions even after the original stimulus has disappeared.

It is impossible to determine whether one or more correlates of speech anxiety are linked in a causal relationship. As Giffin (1967b) has noted, "The identification of correlatives of speech anxiety may suggest possible causes of its presence; however, correlation . . . can only give clues -- it cannot establish causality (p. 6)."

For purposes of this study of the treatment of speech anxiety, correlates may be helpful in understanding the behavior of a person enrolled in a speech confidence course but will not necessarily assist in the reduction of communication anxieties. If speech anxiety is treated as a learned behavioral response habit, a search for underlying causes may not be necessary. The key factor would be developing procedures for redirecting responses and altering perceptual expectations of feared stimuli.
Once the problem of speech anxiety has been identified, the task is to measure its severity among speakers.

In his synthesis of experimental research on stage fright, Clevenger (1959) indicated that researchers have three ways to measure speech anxiety: self report scales, observer ratings, and devices which index physiological changes. He goes on to note that these measures do not reflect the same thing: correlations between the various types of measures are typically very low. Giffin (1967), for example, after reviewing studies attempting to validate the PRCS by correlations with physiological symptoms of emotion or with observed speech behavior, concluded: "further research is needed on the relationship between degrees of fear of speech situations and corresponding behavioral responses (p. 9)."

Part of the difficulty rests with the fact that introspective measures such as the PRCS and PRCA are tapping what Spielberger (1970) refers to as trait anxiety. Observer ratings and physiological indexes, on the other hand, are based upon state anxiety (Lamb, 1972). In the earlier discussion of speech anxiety as a neurotic habitual response, I indicated that the common response to aversive conditions is to escape. If escape is removed, as in virtually all cases of observer and physiological measurements, then the response pattern may take one of three forms: aggression, approved behavior, or muscular freezing. Since the feared communication setting is dependent upon the perception of the anxious person, any given context
in which a state of anxiety is measured will have different adverse effects upon each person tested. Therefore this study will involve only an introspective communication-bound anxiety measure and a measure of avoidance behavior. Since avoidance behavior has been previously discussed as a correlate of speech anxiety, this review will be limited to three introspective measures. The instrument used most commonly in the past (PRCS), the instrument to be used in this study (PRCA), and finally, a study conducted by Heider (1970) in which an instrument was developed to measure various types of anxiety arousing stimuli.

Gilkinson's (1942) original PRCS consists of 104 descriptive statements used to measure confidence felt by a student before and after a specific speaking situation. The first fifty-four statements are intended to reflect varying degrees of fear while the remaining fifty are intended to reflect degrees of confidence. Each student responds to the statements by circling "yes," "no," or "?". Over 400 students at the University of Minnesota participated in Gilkinson's initial study where a split-half reliability coefficient of .93 was found.

The list of 104 statements was reduced to 25 "fear" items and 25 "confidence" items in a study reported by Dickens, Gibson, and Prall (1950). Using Gilkinson's own data for item analysis, items were selected on the basis of most significant correlation with total score. Short form scores correlated with the original scores with an r of .99± .003.

In a study of the PRCS-Short Form, Friedrich (1968) reported
finding twenty-six research reports using the PRCS or some deviation of it. A factor analysis of the PRCS by sex revealed three major orthogonal dimensions in the scale: "Situational Speaker Anxiety," "Situation-Free Speaker Confidence," and "Situation-Free Speaker Anxiety." To test whether the PRCS ignores any significant aspects of the classroom speaking situation, a Likert-type summed rating scale was devised, "Speaker's Self Perception Inventory" (SSPI) whose items were representative of the total attitude toward speaking in the classroom situation. Factor analysis revealed sub-dimensions of two factors: "Situational Speaker Anxiety" and "Situation-Free Speaker Anxiety" leading to one conclusion that the PRCS covers the main dimensions of attitude space. Item analysis of the PRCS by sex indicated sex differences exist. On all but one item, females indicated either less confidence or more anxiety than males. However, factor analysis of the PRCS by sex revealed that these sex differences do not necessitate separate inventories for males and females.

Friedrich concludes, on the issue of sex, that while the same instrument can be used for both sexes, separate norms should be established. The final question the study sought to determine was whether the PRCS-Short Form adequately represents the PRCS. An r coefficient of .9882 indicated a high degree of relationship between the two.

To place Friedrich's study in proper historical perspective, it is important to note prior to 1968, most Fundamentals of Speech classes focused upon platform speaking. Rhetoric and public address were the primary concerns of pedagogues in the discipline. Therefore, since the statements on the PRCS were limited to feelings and
perceptions of public speaking, it was appropriate for use in Fundamentals of Speech classes. With the advent of "communication" classes broadening the focus of "speech" to all forms of symbolic interaction, however, the instrument was no longer as directly relevant to the needs of the course. Based upon the concept of spread of generalizability, one could speculate that if a student was apprehensive about communicating with an audience, he would be apprehensive about communicating in various contexts and vice versa. This is speculation at best, however, and students justifiably resented filling out an anxiety scale on public speaking when they were enrolled in courses not involving public speaking.

A concern for multidimensionality within instruments was echoed by McCroskey (1970) while reporting new scales purporting to measure communication-bound anxiety in multiple contexts. Noting a need for some measure of tapping anxieties related to various communication settings, McCroskey elected a Likert-type self-report scale because of its ease in administration to large numbers of students, lack of expense, and history of high reliability.

Four scales developed were: PRCA-College, PRCA-Ten (tenth graders), PRCA-Seven (seventh graders), and PRPSA (public speaking anxiety). Since the PRCA-College is the only instrument used in this study, discussion will be limited to its development. An initial pool of 76 Likert-type items were generated. These items focused on interpersonal communication, small group communication, public speaking, and mass media speaking situations. Some items, such as "I dislike to use my body and voice expressively," did not relate
exclusively to any one context. All 76 items were administered in a five-choice response format to approximately 250 college students. The responses were subjected to principal components factor analysis and varimax rotation. The 20 items with highest factor loadings (all above .50) were selected to compose the initial instrument.

College students at Michigan State University (N = 1,434) were administered the instrument to test reliability. "Internal consistency reliability estimates (odd-even) ranged from .92 to .94. Test-retest reliability over a ten day period (N = 769) was .83 (McCroskey, 1970, p. 272)." The instrument was later administered to 2,479 students at Illinois State University. The mean for all students was 60.45 with a standard deviation of 11.58. Internal consistency (odd-even) reliability estimate was again .93. Since the mean position of 60 can be regarded as neutral, scores above 60 can be regarded as above average anxiety, and scores falling below would indicate below average apprehension. McCroskey reports students approximately one standard deviation above the mean are "almost always highly anxious. Subjects scoring over 80 (approximately two standard deviations above the mean) can be described as severely apprehensive (p. 274)."

While reliability tests appear strong, validity tests leave much to be desired (by McCroskey's own admission). Face validity is suggested on basis of item selection. Validity tests of observer ratings were rejected on the basis of unreliability and impossibility of observing behavioral symptoms such as withdrawal. Physiological measures also were rejected due to the difficulty of testing in multiple contexts and inability to measure withdrawal behaviors. A
crude validity indicator was reported informally on the basis of student ratings of discussion participants. Highly-anxious students were ranked lower in quality of participation following a discussion among heterogeneously grouped speech students. This test of validity was reported informally and must be regarded as a rather rough test of validity at best. More research is definitely needed to test the validity of the PRCA.

A doctoral dissertation of Heider (1970) attempted to test the effects of setting variables on reported approach or avoidance tendencies in communication interaction. Her primary concern was to determine those environmental factors which influence communication avoidance tendencies. Secondary objectives included the development of an instrument for subjects to report behavioral approach-avoidance tendencies, and development of techniques to reduce communication anxieties.

Four setting variables were presented on two levels as follows:

(1) audience size, five or twenty-five members
(2) audience feedback, accepting or critical
(3) audience expertise, fellow students or graduate students and professors
(4) subjects' familiarity with the topic of discussion, familiar or unfamiliar.

The results indicated that subjects do report a difference from environmental setting to setting in their approach-avoidance tendencies. Generally, the fifty-eight tested speech students tended to prefer the larger audience if feedback was likely to occur. They definitely would prefer to receive accepting feedback rather than
critical and would prefer to speak in front of peers rather than faculty. Finally, students were far more comfortable with familiar topics rather than unfamiliar.

Of particular relevance to the current study of speech anxiety is Heider's use of avoidance of communication interaction as a behavioral indicator of speech anxiety. Subjects were asked to respond on a seven interval bi-polar scale what they do or do not generally do in communication situations based upon past experiences. By varying the situation variables, it was possible to determine the variance each situational factor controlled over approach and avoidance tendencies. A validity check was devised by having each student discuss with classmates a familiar topic. Two group size dimensions of small (five members) and large (twenty-five members) were utilized. Class members and instructors then rated amount of participation of each class member in the two groups. A significant correlation was found between a subjects' rating of his own participation in the two group settings and the two scores obtained from the Communication Behavior Differential.

In summary, three introspective instruments related to speech anxiety have been reviewed. Gilkinson's (1942) Personal Report of Confidence of a Speaker has been in use the longest, has generated the most research, and has been shown valid and reliable. It is, however, limited to speaker-audience situations. McCroskey's (1970) Personal Report of Communication Apprehension is suited to more general communication contexts but has limited validation. Heider's (1970) Communication Behavior Differential is an attempt to measure
introspectively approach-avoidance behaviors. The instrument suffers from lack of complete validation (only two scores have been partially validated) and its length (subjects are asked to respond to 192 items).

IV. Treatment

Once speech anxiety has been identified and measured, the problem of treatment remains. This section will summarize some of the major theoretical approaches to treatment. Two major schools of thought divide most approaches to treatment into either a psychotherapeutic approach, heavily influenced by Carl Rogers, or a behavior modification approach, championed by B. F. Skinner.

Since by definition those students low in confidence can be regarded as slightly neurotic, a logical conclusion is that therapeutic treatment of neurotics can be applied to the treatment of speech anxiety. More specifically, some of the group therapy techniques seem particularly applicable.

A landmark study by Fiedler (1950) determined that successful therapists are in common agreement as to the essential elements of an ideal therapeutic relationship in spite of their divergent schools of psychotherapy. Interestingly enough, he found greater agreement among successful therapists from divergent schools of thought than between successful and inexperienced therapists within the same school of training. The ideal therapeutic relationship was characterized as being warm, accepting, and understanding.

Fiedler's finding was carried one step further by Rogers (1957)
who contended that the therapist's ability to communicate empathic understanding and unconditional positive regard for the patient and his being a congruent or genuine person in the relationship were not only necessary but sufficient to meet the conditions needed for the therapeutic change. Rogers is credited for collectively regarding the three elements as conditions for a climate of psychological safety.

As an outgrowth of a seminar conducted by Rogers, several attempts were made to measure empathy, warmth, and genuineness. One of the seminar participants, Truax (Truax and Carkhuff, 1967, p. 25), explains the importance of a climate of psychological safety between the patient and therapist when he notes that despite divergent psychoanalytic theories, "all have emphasized the importance of the therapists' ability to be integrated, mature, genuine, authentic or congruent in his relationship to his patient." Furthermore, they have all stressed "the importance of the therapists' ability to provide a nonthreatening, trusting, safe or secure atmosphere by his acceptance, non-possessive warmth, unconditional positive regard, or love."

Finally, he contends that virtually all theories of psychotherapy "emphasize that for the therapist to be helpful he must be accurately empathic, be 'with' the client, be understanding, or grasp the patient's meaning."

Truax developed his "Accurate Empathy Scale" in 1961, and his "Unconditional Positive Regard" and "Genuineness" scales in 1962. The scales were used by experts listening to taped samples of psychotherapeutic interaction varying from two minutes to as long as
sixteen minutes of therapy transactions. In Truax's words (1967, p. 43), the scales are "highly inferential and crude in construction" but they provide a beginning attempt to specify the operational meanings of the concepts. Truax also has devised a "Relationship Questionnaire" in which the client is asked to answer true or false to a series of statements regarding the therapist and client relationship. Unfortunately, the questionnaire is long with 141 questions. Truax also has had trouble correlating the results of this instrument with those obtained by observers.

Genuineness or authenticity is regarded as the most basic element by Rogers and Truax (1966). They reason that an empathic understanding cannot exist without a prior feeling of nonpossessive warmth. In turn, neither empathy nor warmth can be meaningful in an encounter unless it is "real". For Truax and Carkhuff (1967, p. 32), genuineness implies "a direct personal encounter, a meeting on a person-to-person basis without defensiveness or retreat into facades or roles, and so in this sense an openness to experience". A therapist must be himself in whatever his response denotes.

Non-possessive warmth for the client means accepting him as a person with human potentials. It involves, according to Truax (p. 58) "a non-possessive caring for him as a separate person". A therapist can evaluate the patient's behavior if it is clear that his valuing of the individual as a person is unconditional.

"Empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the clients current feelings (Truax and
Carkhuff, p. 46)." Empathy can be regarded as clearly expressing the feeling that "I am with you" as the therapist fits his remarks to the mood and thinking of the client.

Most importantly, these three elements combine to create a climate in which the patient feels free to express himself. Beyond the client-therapist relationship, it can be asserted that this climate is necessary for a genuine encounter between two people. As Shoben (1953) has noted the three therapeutic ingredients are qualities of universal human experience that are present or absent in all human relationships.

Perhaps the ideal climate is most vividly portrayed in the writings of Martin Buber. He wrote (1953, p. 104) that man's personal growth is not in self-reflection but in the relations between the one and the other, between me, that is, preeminently in the mutuality of the making present — in the making present of another self and in the knowledge that one is made present in his own self by the other — together with the mutuality of acceptance, affirmation and confirmation.

The concept of psychological safety for individual growth can easily be applied to group relations or climate. Slavson (1956) suggests that the therapist symbolizes the father figure in groups while the group as a whole represents the mother image. Patients expect and demand protection, kindness, understanding and support from the group. Or in other words, the group provides a climate in which the individual's anxieties can be relaxed and alternative behaviors can be tried. Giffin and Heider (1967) have referred to the person experiencing his "true self" within the group climate.

In summary, research, both empirical and theoretical, suggests
that therapists who are viewed by clients as empathic, warm, and genuine are effective. The degree to which these elements are present determines the degree of constructive change in the patient. Furthermore, the elements combine to create a climate of psychological safety in which the individual can test his behavior as a means of personal growth.

Research indicates that development of these conditions are not limited to trained therapists. Rogers (1961, p. 37) indicates, "There seems every reason to suppose that the therapeutic relationship is only one instance of interpersonal relations, and that the same lawfulness governs all such relationships". Aspy (1965) studied the relationship between the level of therapeutic conditions offered by teachers of third grade reading classes and the consequent gains in children's reading achievement levels. Using tape recordings of the teacher's classroom instruction, measures of the levels of the therapeutic conditions offered in the classroom were made (using Truax scales). The findings of Aspy strongly indicated that teachers who were warm, empathic and genuine were able to produce greater behavioral change in terms of reading achievement than those who were less warm, empathic and genuine. A follow-up study by Aspy and Hadlock (1966) confirmed and expanded the previous findings. Students taught by teachers high in accurate empathy, non-possessive warmth and genuineness showed a reading achievement gain of 2.5 years during a five-month period while pupils taught by low-conditions teachers, gained only 0.7 years. As an additional benefit, truancy was much lower in the high-conditions classrooms.
Swan (1970) studied the relationship between personality integration and the manifestation and perception of therapeutic behavior in a sensitivity training laboratory. Personality integration was measured by the total scores on the Tennessee Self-Concept Scale. Swan hypothesized that self-concept scores would be related to the offering of accurate empathy, unconditional positive regard, congruency and willingness to be known by the laboratory participants. The therapeutic variables were measured by use of the Therapeutic Perception Test, and significant positive relationships were found for each variable with the exception of willingness to be known. Swan also found that persons offering high levels of personality integration were perceived by other participants as functioning in a therapeutic manner throughout the life of the group. In addition, Swan administered a topological measure of social self-esteem on a pre-post basis. Although no significant differences were apparent, it was found that positive change in social self-esteem was associated with the offering of high levels of unconditional positive regard.

A study conducted by Shilling (1970) attempted to discover the feasibility of a short term training program for disadvantaged, relatively uneducated blacks. The program was designed to teach them to function as helpers in a facilitative role. He compared the effectiveness of two training methods and sought to determine whether training had an effect on the presence of interpersonal anxiety in the trainees. Shilling found that youth can be trained to function facilitatively and that a systematic training program as opposed to non-systematic, unstructured T-group experience was most
effective. Of special interest is the finding that the acquisition of interpersonal communication skills was negatively correlated with the presence of anxiety aroused in interpersonal situations.

Meichenbaum, Gilmer, and Fedoravicius (1971) dealt directly with the phenomenon of speech anxiety and sought to compare group insight and group desensitization methods in its treatment. Subjects were given a Confidence of Speaking scale, a Social Avoidance and Distress scale and Fear of Negative Evaluation scale in addition to a speech anxiety questionnaire. Their results indicated that desensitization group treatment appeared significantly more effective than insight treatment with subjects whose anxiety was confined to formal speech situations. On the other hand, insight group treatment was more effective with subjects who suffer anxiety in many varied social situations.

The findings of Truax and Wittmer (1971) are also relevant to treatment procedures. They tested the effects of a therapist's focus on a patient's source of anxiety and the interaction with the therapist's level of accurate empathy. Their results indicated that the therapist's focus on the source of a patient's anxiety had a significant effect on the outcome of therapy as measured in terms of the client's social effectiveness. The best outcomes were when there was a high degree of accurate empathy and a high focus on the patient's anxiety source.

If a climate is perceived as safe, then a person should feel free to reveal himself to the other group members. This revelation can be referred to as self-disclosure. Jourard and Lasakow (1960)
explain that self-disclosure refers to the process of making the self known to other persons. According to Jourard (1958), accurate portrayal of the self to others is an identifying criterion of a healthy personality, while neurosis is related to inability to know one's "real self" and to make it known to others.

Direct experimental evidence on the relationship of perceived empathy, genuineness, and warmth with amount of self-disclosure is not available. Related research into the relationship of self-disclosure and trust has been conducted by Vondracek and Marshall (1971). Using the Rotter Interpersonal Trust instrument and a newly devised measure of self-disclosure, they found a correlation of only .08. In explanation, they fault their own study as well as previous ones for treating self-disclosure as a relatively constant personality variable rather than as a process variable. They note studies showing that self-disclosure depends upon the nature of the target person, the relationship between the discloser and the target person, the verbal and nonverbal behavior of the target person, and the nature of the information to be disclosed (p. 239).

What happens when a person self-discloses? He watches for confirmation or in some cases, disconfirmation of his intimate fears. In the case of speech anxiety, he tries speaking with the complete expectation of being attacked. Group members provide feedback to the individual in their responses or lack of responses. If the group has developed genuine empathy, the individual should find his fears ungrounded. As a result, interaction should increase gradually with the individual constantly "checking out" his fears.
Part of the growth process is learning to cope with undesired information as well as positive reinforcement. Mullan and Rosenbaum (1962) suggest the psychotherapeutic technique of "going around". All group members are asked to fully and spontaneously share their perceptions of a single member's problem of interaction. This forces all patients into the role of co-therapists. For the first time, patients realize that they contribute to one another's welfare. The technique attempts to defeat the neurotic's belief that what he perceives cannot be true and cannot be real, for by the time the individual comes to psychotherapy there is real loss of self-regard. Attempts are made, therefore, to develop the individual's ego defenses and controls in order for him to recognize his own individuality and worth.

Granoff (1971) attempted an objective measurement of the relations between a set of self-disclosing behaviors and two criteria: degree of satisfaction in interpersonal relationships and self-esteem. He found a significant positive association between satisfaction in one's interpersonal relationships and engagement in self-disclosing behaviors and a strong positive correlation between satisfying relationships and self-esteem.

In review of the psychotherapeutic theory, a growth facilitating climate can be developed within a group, or between client and therapist. This climate of psychological safety is fostered by development of accurate empathy, warmth, and genuineness. If the climate is perceived, the speech anxious person should respond by self-disclosing some of his hidden self. Upon receiving feedback,
the individual should develop a clearer perception of his true self, leading to the ultimate abatement of anxieties.

Psychotherapy, in the sense that it is being used here, can take a variety of forms. For example, Henja (1960), a speech pathologist, treats speech disorders by nondirective play therapy. The basic assumption is that individuals possess the ability to resolve their own problems of adjustment with only indirect assistance from a therapist. When an atmosphere is established in which the person feels free to express himself, speech improves automatically.

A somewhat more structured approach is advocated by Backus and Beasley (1951) in formulating their speech therapy with children. They maintain that interpersonal relations are of greater importance than drills, exercises, and word lists for use in speech correction. Their procedure involves stimulating children to make "natural" verbal responses in a group situation.

More directly related to speech anxiety, Golburgh and Glanz (1962) counseled nine students who expressed difficulty in participating in classroom discussions. A matched group according to expressed difficulty and College Entrance Examination Board Verbal Scores served as a control group. The experimental group of students were involved in eight weekly group counseling sessions lasting for one hour each. Emphasis was placed upon discussion of common difficulty with the counselor employing "an accepting, clarifying, interpretive, and supporting function (p. 103)." Significant changes in the improved direction were reported in the self-ratings, instructor ratings, and the scores on a Self-Attitude Scale. Only peer
ratings failed to meet the .05 per cent level of confidence set for significance.

At Kansas University, Giffin and Heider (1967) reported psychotherapy used in counseling speech anxious students. Following the findings of Fiedler's (1950) ideal client-therapist relationship, they utilized a non-directive approach in which manipulative, extremely directive methods were avoided. In the same vein, Giffin and Adams (1967, pp. 13-15) suggested that a helping relationship in counseling for speech anxiety should include: (1) a climate, or atmosphere, or complete openness and freedom of expression; (2) a counselor who demonstrates a sincere understanding and sensitivity and; (3) the opportunity for trust and confidence. They concur with Rogers (1957) that there is little difference between a therapeutic relationship and any good interpersonal relationship.

In general, the psychotherapeutic approach used by some psychiatrists, speech pathologists, and speech communicationists is largely a "climate" built upon a relationship among participants in which the client can risk himself enough to solve his own problems.

For analytically minded therapists, "climate of safety" and "therapeutic relationships" are rather hazy concepts that generally escape quantification and clarification. A rather startling consideration is "the fact that approximately two out of three people with neurotic illnesses can be expected to recover without receiving any formal treatment (Eysenck and Rachman, 1965, p. 272)." With this in mind, it is not surprising that many therapists look rather skeptically at somewhat "mystical" methods used in treating neurosis.
Someone with no background at all and no understanding of any therapeutic procedures could look good when charting records of "cured" cases.

In contrast to most methods of Rogerian psychotherapy, behavior therapy is directive. In theory at least, the behavior therapist determines the symptom of the neurosis and treats it directly on the assumption that if the symptom is removed, the underlying problem will disappear. As Eysenck and Rachman (1965) tersely state the issue: "Get rid of the symptom (skeletal and autonomic) and you have eliminated the neurosis."

The difference between psychotherapy and behavior therapy is even more fundamental than the issue of directive versus non-directive treatment. According to Freudian theory, neurotic symptoms are adaptive mechanisms as evidence of repression. Learning theory does not posit any underlying causes but regards neurotic symptoms as simply learned habits. Eysenck and Rachman (1965, p. 12) graphically contrast the therapies in the following manner:

<table>
<thead>
<tr>
<th>Psychotherapy</th>
<th>Behavior Therapy</th>
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<tr>
<td>2. Regard symptoms as evidence of repression.</td>
<td>2. Regard symptoms as evidence of faulty learning.</td>
</tr>
<tr>
<td>3. All treatment of neurotic disorders must be historically treated.</td>
<td>3. All treatment of neurotic disorders is concerned with habits existing at present; the historical development is largely irrelevant.</td>
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4. Cures are achieved by handling the underlying (unconscious) dynamics not by treating the symptom itself.

5. Interpretation of symptoms, dreams, etc. is an important element of treatment.

Interpretation of dreams and consideration of client history are more directly out of Freudian psychology than the Rogerian methods discussed in the previous section. However, when Mowrer (1964, p. 29) advocates using group therapy by encouraging a frightened student to "tell his story" as in Alcoholics Anonymous meetings, he is implicitly attempting to bring unconscious motivations to the surface. Repressed history, on the other hand, does not hold such importance for the behavior therapist.

According to Eysenck and Rachman (1965), many speech anxious persons should be particularly amenable to counter conditioning as found in behavior therapy. Introverted and highly emotional people seem to be "constitutionally predisposed to develop dysthymic neurosis, that is to say anxiety states, obsessional and compulsive habits of behaviors, phobias, and so forth (p. 58)." Extroverted and highly emotional people are predisposed to develop psychopathic criminal, and hysterical reactions. "Psychopaths generally condition poorly and fail to acquire the conditioned responses characterizing the socialization process (p. 24)" while introverts condition more easily.

Behavior therapy, or conditioning therapy, is defined by Franks
(1969) as "the beneficial modification of behavior in accordance with experimentally validated principles based upon SR concepts of learning and the biophysical properties of the organism." In general then, behavior therapy involves modification of deviant or distressing behavior by techniques based upon clinically tested learning principles.

The treatment method most commonly used for anxiety is systematic desensitization (SD). Basically, desensitization is a treatment method involving: (1) training in deep relaxation, (2) construction of hierarchies of anxiety arousing stimuli, (3) graduated pairing of anxiety arousing stimuli with the relaxed state. Wolpe (1958) is generally regarded as the father of the method, who in turn utilized the findings of Jacobson (1938) and Pavlovian-type animal studies. Jacobson (1938) found that progressive relaxation training could result in a deep muscular relaxation which in turn produces a reduction in physiological arousal and a pleasant affective state. Based upon these findings, Wolpe (1958) formulated a counter conditioning theory for eliminating disfunctional anxiety. According to the reciprocal inhibition principle, the ability of given stimuli to evoke anxiety will be permanently weakened if "a response antagonistic 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 responses (p. 7)." The antagonistic response is deep muscle relaxation, and the anxiety-evoking stimuli are imagined in a hierarchical order from least to most disturbing.

One of the chief proponents of SD for treating speech anxiety
is McCroskey (1972). His system appears rather simple and could be used by any one with a little advance preparation. Clients are asked to recline in chaise longues and to listen to a pre-recorded relaxation tape followed by a systematically presented, standardized hierarchy.

In contrast, Paul (1969) described the procedures moving more slowly. His system involves an expenditure of time and energy for developing rapport and becoming acquainted with the individual client's needs and aspirations.

Before systematic desensitization is undertaken, the usual clinical preliminaries are carried out: i.e., establishing rapport, assessment of the nature and basis of the client's problems, determination of assets and liabilities, and specification and explanation of treatment programs deemed appropriate.

After the initial orientation period, the procedure involves devoting half the time to establishing the hierarchy and half the time to relaxation training.

A manual of SD procedures prepared by Vitalo appears in Carkhuff's (1969, vol. I) book on Helping and Human Relations. Vitalo stresses that "for training to be successful, the full cooperation of the client is essential." In accord with this position, Paul (1969) reports cases where relaxation is discontinued for a session or more until the client could again focus his mind on the treatment. Outside disturbances can be significantly strong to cause the client mental unrest, preventing relaxation.

Hierarchies can be established through interviews (Paul, 1969), testing or questionnaire method (Vitalo, 1969), experimenter developed
hierarchy (Wolpe, 1958; McCroskey, 1972), Q-Sort, or a combination of any of the above. In treatment of a specific neurosis such as speech anxiety, a thematic hierarchy is developed in which items consist of discrete stimuli differing qualitatively or quantitatively while incorporating increasing degrees of the defined feature. For example, speaking to five superiors may be hierarchically higher in threat potential than speaking to ten peers. Spatial-temporal hierarchies focus upon points along the approach to the target. For example, sitting in an audience with whom the person will speak, approaching the front of the audience, and facing the audience may be hierarchical gradients for speech anxiety. Spatial-temporal hierarchies can be effectively fitted into a thematic hierarchy dealing with communication anxiety.

While most therapists use similar methods of developing hierarchies, an important question seems to be whether a hierarchy formed by the client is more relevant to the needs of the client than a predetermined thematic hierarchy as used by McCroskey (1972). If SD is used in large groups in which little time is available, a predetermined hierarchy may be advantageous. The apparent disadvantage would be lack of flexibility in meeting individual or group needs, assuming that groups differ even within single neurotic themes such as speech anxiety.

A deep state of relaxation is induced by having the client systematically tense and relax muscle groups. Individual therapists report different muscles to be tensed, but generally the muscles are grouped as follows: left forearm, entire left arm, right forearm,
entire right arm, left leg, right leg, neck and shoulders, forehead, eyes, nose and mouth, and abdominal (Lang and Lazovik, 1966). In order to facilitate relaxation, easy chairs, dimmed lighting, and soft music may be used (McCroskey, 1972).

When the client is deeply relaxed, the therapist introduces the lowest anxiety arousing stimulus in the hierarchy. The client is asked to visualize the stimulus while deeply relaxed. If any tension is felt, the client is asked to signal the therapist by some predetermined method such as raising an index finger. The basic idea advanced by Wolpe (1958) is that the stronger affect state will take over the weaker affect state. Eventually, if relaxation is the dominant affect, the client is asked to remove the stimulus from the mind and return to focusing on relaxing the various muscles (Paul, 1969).

Each stimulus on the hierarchy is presented twice, followed each time by a brief period of relaxation. Sessions last for fifteen to thirty minutes with the therapist always returning to a non-anxiety arousing stimulus to be presented for a longer period of time in order to assure the client of not being left in a state of anxiety.

While the exact length of time for relaxation and stimulus presentation vary slightly among therapists, the general procedure is: item No. 1, 15 seconds; relax, 10 seconds; item No. 1, 15 seconds; relax 10 seconds; item No. 2, 15 seconds; . . . until a stimulus cannot be envisioned without anxiety arousal. When an item is too threatening, a less threatening variant of the item may be presented or the last successful hierarchical item can be introduced for a longer time period (30 seconds).
McCroskey (1972) and Paul (1969) both report success in treating speech anxiety by means of SD. One particularly significant study was conducted by Paul (1966). Five psychoanalytically oriented psychotherapists treated students from public speaking classes. The University of Illinois students were reportedly very fearful before audiences in fundamentals of speech classes. Each psychotherapist was asked to treat nine students — three by SD, three by their own kind of insight therapy, and three by a kind of direct suggestion. After five sessions, 86 per cent of the SD group were improved, 20 per cent of the insight group, and none of the suggestion group. These findings are particularly significant in light of the therapist's avowed belief in psychotherapy.

A follow-up study conducted by Paul and Shannon (1966) differed from the previous experiment only in that they used group rather than individual desensitization. The results indicated that SD is as effective in a small group (ten member) as it is when individually administered.

The component parts of SD were studied by Kondas (1967). He attempted to determine whether relaxation alone or the hierarchy alone could be equally as effective as the entire procedure. The results indicated that SD is more effective than relaxation alone, and relaxation alone is more effective than visualizations of the hierarchy alone.

Somewhat contrasting results were found by Calef and MacLean (1970) in their comparison of reciprocal inhibition and reactive inhibition therapies for treating speech anxiety. Reciprocal
inhibition treatment was SD. Reactive inhibition treatment involved teaching the patient to make a deliberate effort to feel and experience his anxiety by attending to all the unpleasant sensations accompanying the anxiety (cf. Malleson, 1959, p. 226). Ten college students received reciprocal inhibition therapy in a group, ten received reactive inhibition therapy, and ten received no treatment. Both treatment methods were found to be equally effective and both significantly superior to no treatment. The reactive inhibition therapy is somewhat comparable to the hierarchy alone method studied by Kondas. In contrast to Kondas' conclusion, however, Calef and MacLean conclude that "reactive inhibition therapy may be more efficient than reciprocal inhibition therapy, since it is a simpler procedure (p. 51)." A definite limitation of this method, however, is that the student may not want to tolerate the anxiety aroused. A basic principle underlying the reactive inhibition therapy is that the person cannot be allowed to escape from his condition. Most programs in which students seek removal of speech anxieties permit withdrawals or non-attendance, which would be the normal method of escape for the anxious student.

A particularly relevant study conducted by Wells (1970) attempted to assess the effects of SD on individuals with communication anxiety in small groups. Anxiety was operationalized as avoidance behavior and anxiety scores on the PRCS. Using three judges to count the number of interactions per individual during a small group discussion lasting twenty minutes, she computed percentage of interactions compared with total interactions. Wells
contended that percentage of interaction for high-anxiety students should increase following SD treatment. Classes of elementary discussion and debate constituted two treatment classes and two control classes.

Students with high anxiety were identified as those falling in the lower quartile of PRCS scores. Unfortunately, the test was an abbreviated PRCS making it impossible to determine how anxious the "high anxious" students were in comparison to the general student population. If the course of discussion and debate served speech majors only, or was an optional course offering, the students may have been initially confident.

Three hypotheses were tested: (1) Subjects, regardless of treatment condition, with high communicative anxiety will demonstrate less willingness to interact than subjects with moderate communicative anxiety who, in turn, will demonstrate less willingness to interact than the subjects with low communicative anxiety; (2) Subjects, regardless of pre-test anxiety levels, who receive SD training will demonstrate a greater reduction in communicative anxiety than subjects who do not receive SD treatment; (3) Taking pre-test scores into account, all subjects receiving SD treatment will be more willing to interact than their counterparts who did not receive SD treatment.

The first hypothesis was partially supported. A significant difference in percentage of interactions was found between high and middle anxiety Ss and between high and low anxiety Ss. Wells concluded that the finding "suggests that it is possible to isolate
high anxious individuals with a behavioral measurement. The self-reported high-anxiety Ss demonstrated less willingness to interact on the behavioral measure (p. 47)."

The second hypothesis was not supported. SD and Control Ss showed no significant difference in PRCS difference scores. It should be noted, however, that SD participants represented a heterogeneous class of anxiety levels. High pre-test levels of confidence may have allowed for little improvement as a result of the treatment. In Wells' own words, "It may be advisable to limit the participation in SD training to Ss who demonstrate a high level of anxiety (p. 48)."

A significant difference was found in analysis of behavioral difference scores for high-anxious Ss who received SD and high-anxious Ss in the Control groups. High-anxiety Ss increased percentage of interactions following treatment significantly more than high-anxiety Control group Ss.

The results of this study are congruent with previous studies that have been unable to show a relationship between introspective and behavioral measures of speech anxiety. Wells concludes that the behavioral measure is a better method of determining speech anxiety, but she fails to justify her conclusion. The only apparent justification for her claim is that the behavioral measure supported the hypotheses while the introspective measure failed to support the predicted change.

Group SD was compared with individual SD by Ihli and Garlington (1969) who report that group SD is as effective as individual desensitization in the treatment of test anxiety. In a study conducted by
Katahn, Strenger, and Cherry (1966) desensitization procedures with groups of patients seemed to facilitate the reduction of anxiety. The researchers indicate that their patients (students) reported that talking with students in the treatment context, becoming aware of others with similar problems, and learning better study habits were crucial factors in reduction of anxiety. Lazarus (1961), one of the first to use group SD, noted that desensitization is facilitated by talking to persons with similar problems in a relatively nontreating situation.

A problem with combining discussion and SD is that interpretation of results are confounded. In order to deal with this issue, Cohen (1969) compared group interaction desensitization, noninteraction desensitization, and no treatment. Subjects in the interaction condition were:

- encouraged to discuss particular problems and alternative means of handling these problems. The discussion was directed toward issues of test anxiety and the experimenter structured discussion so that members of the group interacted with each other. The interaction took place during the non-desensitization periods, and included discussion of intraexperimental situations (for example, the process of relaxation) as well as extraexperimental experiences (for example, performing during the actual test) (p. 17).

Cohen found that while both types of desensitization were more effective than no treatment, group interaction plus desensitization was more effective than desensitization alone in reducing test anxiety.

In summary, SD has been found in several studies to be superior to insight therapy or no treatment for removal of anxiety. Relaxation and hierarchy presentation both appear to be necessary for
successful treatment, and group SD is at least as effective as individual desensitization. Finally, group discussion seems to contribute to positive outcomes.

Another possible treatment of speech anxiety has been suggested by Barker, Cegala, Kibler, and Wahlers (1972). They contend that hypnosis may be as effective as SD with additional advantages of shortened relaxation period, less effort on the part of the subject and expensive reclining chairs unnecessary. Significant disadvantages include: certification is needed in many states, many therapists lack training in hypnosis, and more time is needed in preparation for the subject. No indication is offered by the authors as to whether such a treatment method is being compared to SD. In addition, it should be noted that no study found has tested the necessity of expensive lounge chairs, and the authors fail to indicate whether they think group hypnosis could be achieved for treatment purposes.
CHAPTER III

METHODOLOGY AND PROCEDURES

The purpose of the study is to determine whether a course of Speech Confidence is an effective method of helping students high in speech anxiety to overcome fears of communicating in various communication contexts or whether a course in Fundamentals of Interpersonal Communication can be equally effective. As a means of answering this question, students enrolled in Speech Confidence classes will be compared with students of similar anxiety levels enrolled in Fundamentals of Interpersonal Communication classes. Taking into consideration that enrollment procedures may have a significant effect upon resultant change, variables of volunteering and inducement are controlled for in the study. Table 3. is a visual display of the design and the number of students used as subjects in each cell.

At the outset it should be noted that two cells contain only two subjects making analysis extremely difficult to achieve significance. This is, of course, an inherent limitation of a field study. There was no way to control for achieving a larger or smaller number of subjects in a given cell.

More detailed explanation of the design appears in the following sections. The purpose of this chapter is to explain methods and procedures used in the study.
### Table 3.

**Group Design**

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<th>High Anxiety Volunteer</th>
<th>Low Anxiety Volunteer</th>
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<tbody>
<tr>
<td></td>
<td>Induced</td>
<td>N = 19</td>
</tr>
<tr>
<td>B1</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>B2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Q1</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Interpersonal Comm.</td>
<td>20</td>
<td>12</td>
</tr>
</tbody>
</table>

N = 41 N = 28 N = 34 TN = 103

### I. Selection of Subjects

All students enrolled in Fundamentals of Interpersonal Communication (1B) at Kansas University during the spring semester of 1973 constitute the population of this study. This course, or a course of Fundamentals of Speech Speaker-Audience (1A), is required of all undergraduates in the College of Liberal Arts and Sciences unless otherwise exempted.

During the academic year 1972-73, approximately 350 students were exempted on the basis of: (1) having completed a year of high school speech, drama, or debate with a B or better, (2) having completed a semester of high school speech, drama, or debate with a B or
better and a semester of extracurricular speech activities, (3) having passed a performance examination consisting of an extemporaneous speech delivered to a panel of three judges.

Students at Kansas University are expected to have completed their speech requirement prior to their junior year. Most students elect to fulfill their requirement during their freshman year. However, students of all classifications are found in the fundamentals sections. In the spring of 1973, 891 students were enrolled in Fundamentals of Interpersonal Communication. Two sections of "Honors" and three sections of Speech Confidence are included in the total population of forty sections. Each section, except one, was taught by a graduate assistant, and each section contained a maximum of twenty-eight students.

Enrollment in sections, except for Honors and Speech Confidence, was based solely upon available schedule time. Students did not know who their instructor would be nor who their fellow classmates were to be. Only those students with even numbered identification cards were permitted to enroll in the spring; those with odd numbered identification cards enrolled in the fall. The previously cited pilot study which compared pre-test scores from the fall and spring (see p. 17) suggests that the spring semester students are representative of all students who enroll in Fundamentals of Interpersonal Communication (1B) since no significant difference was found on pre-test scores of confidence for each semester.

Enrollment in Honors was dependent upon acceptance into the Honors Program. Fliers and posters at the enrollment table informed
students of the Speech Confidence sections (see Appendix A). Interestingly enough, two weeks later when students high in anxiety were interviewed, few indicated having noticed the available information. Enrollment procedures may be too hectic to sufficiently provide most students with information concerning special course options.

Twelve different groups were identified for comparison based upon two major variables: (1) the nature of their enrollment, and (2) anxiety level.

Three groups of students were identified as volunteers for the Speech Confidence classes. Each class constituted a separate enrollment group since the instructors, class size, time, and location differed for each group. Quiggins' 9:30 section (Q1) had a total of twenty-one volunteers, Barnes' 9:30 section (B1) contained twelve initial volunteers, and Barnes' 10:30 section (B2) had only five initial enrollees.

The Speech Confidence volunteer generally had to be influenced somewhere during the enrollment process to elect Speech Confidence in preference to Fundamentals of Public Speaking (1A) or Interpersonal Communication (1B) classes. Enrollees in 1B, on the other hand, did not necessarily elect not to enroll in Speech Confidence. Therefore, to assure comparable volunteers, selected 1B enrollees were interviewed for the purpose of determining whether the students had volunteered for 1B in preference to Speech Confidence.

On the first day of class, the entire population of students completed the Personal Report of Communication Apprehension (PRCA). (See Appendix B for directions provided the instructors and Appendix
C for a copy of the PICA.) Instructors were then asked to score the responses according to a standardized scale and to refer all student scoring 70 or above to the Speech Confidence instructors. Only those sections in which one or more students were actually interviewed by the Speech Confidence instructors were used in the study. Therefore, only fifteen sections of the total population of sections were selected to comprise the Fundamentals of Interpersonal Communication enrollment group.

Twenty-eight interviewed students were induced to transfer from 1B to a Speech Confidence section (See Appendix D for interview format). The term "induced" is used here to mean that a student elected to take Speech Confidence upon being informed of the purpose of the course. A conscious effort was made to only provide information and to avoid influencing the students' choice. When asked which course a person should take, the interviewer indicated that was a choice which had to be made by the person alone. The basis of the decision not to make a conscious effort to influence course selection was: (1) it may be ethically unsound to remove the choice of a student whether to engage in behavior modification, particularly in the case of using behavior therapy (SD); and (2) once a person decides to enroll in a course for the express purpose of improving confidence, he may be more open to change. Freund (1960), for example, found in treating homosexuals that patients who sought treatment on their own volition were more successfully treated than patients who were pushed into treatment by an external source. It logically follows that students who choose to face their difference in level of
confidence will be more amenable to change.

Of the students who were induced to transfer sections, only sixteen were able to make the change. Twelve students volunteered to transfer but upon learning the available section times, were unable to fit the offerings into their schedule. It is possible that the decision to modify behavior may be enough to initiate behavioral change even when not specifically treated. The potential for self-change underlies non-directive psychotherapy. Honesty with one's self is the key to reducing stage fright according to Mowrer (1964). Therefore, induced students who remain in Fundamentals of Interpersonal Communication would be expected to improve in confidence to a greater degree than those students volunteering to remain in 1B and explicitly deciding not to take Speech Confidence. Meanwhile, students who were actually treated should improve even more than simply induced but not transferred students.

Twenty students who were interviewed elected to remain in their fundamentals class. This group would be expected to change the least in level of confidence since they were unwilling to transfer to the special treatment sections.

In summary, eight groups were formed on the basis of enrollment. Three of the groups represented the initial Speech Confidence class ($B_1$, $B_2$, $Q_1$) enrollment, and one group represented the students who volunteered for 1B and elected not to take Speech Confidence. Four additional groups were formed within each enrollment group on the basis of having been induced to enroll in the Speech Confidence classes. Three of the groups were formed according to actual
transfer while one group constituted induced students who remained in the IB classes.

The second major variable used to identify subject groups was anxiety level. In addition to high apprehensive students, as defined by a score of 70 or higher on the PRCA, some students enrolled in Speech Confidence in spite of being below the designated high anxiety level. These students were slightly above average in anxiety (60-69), or in some cases below average in anxiety (60 and below). All of these students were invited to transfer to a standard section of IB, but the choice was left to the individual. Some transferred, but many remained in the confidence sections. Motivations for electing to stay in the class varied. In some cases, they desired to improve communication confidence in speaking to a particular group, e.g., blacks to whites, foreigners to Americans. Other students rationalized that everyone could use more confidence in communicating, and some may have been attracted to the classmates, instructor, or time of the class. In any case, the choice of transferring out was left to the student. Therefore, a third type of student enrolled in Speech Confidence was the low anxiety student constituting a total of seventeen students.

A matched group of low-anxiety students enrolled in Fundamentals of Interpersonal Communication was selected by means of a stratified random sampling procedure. All students falling in the below 70 category of scores on the PRCA were eligible for selection if their score matched a score found in the Speech Confidence class. In order to control for instructor influence, one subject was drawn
per selected section. The remaining three subjects were drawn from
a pool of students whose scores matched the remaining scores as
nearly as possible.

All of the low apprehensive Ss were regarded as volunteers.
In this case, however, the Speech Confidence volunteers explicitly
elected not to transfer to a standard section while the Fundamentals
of Interpersonal Communication students were not explicitly given
the opportunity to enroll in Speech Confidence sections. Two
assumptions were made about these low anxiety students. One, they
will not improve in confidence to as great a degree as the high
apprehensive Ss. Second, based upon Wells' (1970) findings, the
volunteer, low anxiety, Speech Confidence Ss will not improve to a
significantly greater degree than the matched group in Fundamentals
of Interpersonal Communication.

In summary, twelve cells of Ss were formed for this study.
Four cells of Ss were determined by enrollment group: Barnes, 9:30
(B1); Barnes, 10:30 (B2); Quiggins, 9:30 (Q1); and Fundamentals of
Interpersonal Communication Class. Each of these groups were sub-
divided according to volunteering and anxiety level: High Anxiety,
volunteer; High Anxiety, induced; and Low Anxiety, volunteer.

II. Methods of Measurement

Two methods of measuring speech anxiety were used. First, an
introspective scale purporting to measure communication apprehension
(PRCA). Second, a behavioral response measure devised to tap
acceptance/avoidance behavior.
The PRCA was administered on the first and last day of class to the entire population of Fundamentals of Interpersonal Communication (including Honors and Speech Confidence sections). The instrument consists of twenty statements regarding general responses to various communication contexts. A possible weakness of the instrument is its obvious intent. Anyone can easily determine what it is attempting to measure. Therefore, given sufficient motivation, a student could select his responses to reflect his desired image. As a means of reducing student suspicion about the possible use of the results for evaluation purposes, particularly on the post-test, the instrument was administered to all students, even those not directly involved in the study. I propose that students lacked sufficient motivation to respond untruthfully.

The acceptance/avoidance instrument consisted of a letter from the chairman of the Speech and Drama Department asking students to volunteer for assisting during enrollment proceedings in the following fall (see Appendix E for all correspondence used). A card was enclosed for the students to respond to the invitation. Students could elect to participate by either giving a talk (high threat potential), advising on a one-to-one basis (low threat potential), or not participate. A third "response" could also be a failure to respond.

The initial letter was sent during the last three weeks of the semester. A follow-up letter was mailed to all non-responders during the following week. At the conclusion of regularly scheduled classes, a letter was sent to everyone who had indicated a
willingness to participate informing them that the orientation proposal had been abandoned.

It was theorized that the most anxious students would avoid the communication opportunity or would elect the low threat option. Clearly some students would not respond at all regardless of anxiety level, and some students would decline the offer due to other commitments in the fall. However, since all subjects were representative of the larger population, it was concluded that these intervening variables would be evenly distributed through all cells of the study design.

III. Instructors

Two sections of Speech Confidence were taught by the researcher himself. A former high school teacher, I have taught Speech Confidence sections in three previous semesters. Therefore, a limitation of the generalizability of this study may be that I am an experienced instructor. Results might be attributed to instructor personality variables or previous teaching experience. Two means of controlling for instructor variables were utilized. First, I also taught one of the Fundamentals of Interpersonal Communication classes used in this study. Therefore, any influence I may have had on the Speech Confidence sections would also be applied, in a lesser degree to the 1B sections. Second, another instructor, with less experience, was utilized in conducting the third Speech Confidence class and one Fundamentals section.

Jim Quiggins taught interpersonal communication classes at
Illinois State prior to beginning his teaching at Kansas University in the fall of 1972. While teaching fundamentals classes at Illinois State, he directed systematic desensitization sessions following regular class sessions, under the direction of James McCroskey. In completing his master's degree, Quiggins conducted research on communication apprehension for his thesis (1972).

In general, both instructors of the Speech Confidence sections were experienced in research and teaching of anxious communicators. Therefore, no significant difference was anticipated between Speech Confidence classes as a result of instructor variables.

Eight additional instructors taught the balance of Fundamentals of Interpersonal Communication classes. Selection of instructors was based entirely upon referral procedures. All instructors of thirteen classes were asked to refer students scoring 70 and above on the PRCA to Quiggins or Barnes for interview purposes. Some instructors may not have had any students falling in that category, while others may have been unable to communicate the message adequately to eligible students. In any case, the eight instructors teaching 18 sections used in this study may be somewhat more cognizant of speech anxiety problems than non-participating instructors. If this should be the case, the control groups may result in greater improvement in confidence than would be expected in other non-participating sections. However, there is no solid evidence to suggest that these instructors differ in any significant way from non-participating instructors. Furthermore, the eight instructors were not aware of their indirect participation in this research.
No attempt was made to control individual instructor influence in the 13 sections. All sections were grouped as a single variable for volunteer high apprehensive subjects, induced high apprehensive subjects, and volunteer low-apprehensive subjects.

In summary, four enrollment groups were used in this study. Barnes instructed two Speech Confidence sections, Quiggins taught one Speech Confidence section, and ten instructors, including Barnes and Quiggins, conducted the Fundamentals of Interpersonal Communications sections treated as one group. Instructor variables were not expected to contribute to significant change of confidence scores.

IV. Fundamentals of Interpersonal Communication Method

Subjects in each of the selected sections were treated no differently than any of the other class members during the course of the semester. Furthermore, the sections as a whole were not treated any differently than the standard procedures used across all forty sections.

All students were required to read Giffin and Patton's Fundamentals of Interpersonal Communication (1971) and were asked to read certain selections from Giffin and Patton's Readings in Interpersonal Communication (1971). A standardized comprehensive examination was given to all sections at the end of the semester, along with the PRCA.

In developing this course, Patton has indicated that the primary goal is "increased student understanding of communication
behaviors, establishing the potential for improved communication capabilities (course objective provided all students in a packet of materials used for the course, 1972)." The course is viewed as "applied behavioral science, combining theory with practice."

Games and exercises are used in an inductive method of teaching to vivify and clarify textbook theory. Eight units of instruction are covered during two-hour per week sessions lasting fourteen weeks. Briefly, the eight units include: (1) principles of communication, (2) interpersonal needs for communicating, (3) perception of others, (4) interpersonal orientations, (5) semantics and listening, (6) communication contexts with emphasis on small groups, (7) barriers to communication, (8) methods of improved communications. Through increased cognitive awareness of communication principles, the student should develop an effective sense of self through participation in the exchange of ideas. By means of developing a climate conducive to interpersonal growth, feedback should result in increased awareness of self and improved confidence in interpersonal settings (all of the foregoing is explained to the students at the beginning of each term).

Throughout the semester, students engage in games and exercises followed by lectures and discussions. Short papers are occasionally assigned, and a major project involving small group participation concludes the semester.

The materials provided all sections are uniform and the instructors meet on a weekly basis to assure some degree of continuity across all sections. Therefore, little variance of experience
is expected for any of the subjects falling within the Fundamentals of Interpersonal Communication class.

V. **Speech Confidence Method**

The same textbooks are required reading for the Speech Confidence class members. The same final exam required of all other 1B sections is taken to assure understanding of the theoretical materials. In general, the goals of the two courses are the same, but a different emphasis is placed on the achievement of certain goals.

The central focus of the Speech Confidence classes is, of course, improvement of confidence in communication contexts. This is achieved primarily through two means. First, emphasis is placed upon developing a climate of safety in which students feel comfortable enough to risk themselves in being open with others. Second, eight sessions of systematic desensitization are used.

The final chapter of Giffin and Patton's text (1971) provides "guidelines for effective interpersonal communication." While the standard 1B sections devote only one day to this unit at the end of the semester, Speech Confidence classes spend four days at the beginning of the semester discussing the concepts and carrying out exercises devoted to empathy, warmth and genuineness. Throughout the balance of the semester, games and theoretical principles are related back to developing a helping relationship. Students are asked to turn the focus of a metaphorical microscope away from their own behavior and on to the behavior of others in order to achieve a
degree of empathy with others.

In accord with this practice, the instructors urge students to participate to their fullest extent in all the activities in class, but if any activity should be perceived as too threatening, the student may elect not to participate. Therefore, the burden of choice was always placed upon the student to elect the degree to which he would participate. As Giffin and Heider have noted (1970), providing the ground rule of choosing to participate "helps to insure participation by all students and displays understanding and empathy on the part of the instructor (p. 4)."

Throughout the semester, the instructors attempted to be congruent by keeping their words in line with their feelings, to be unconditionally accepting of the students, and to be as unevaluative as possible. Contributions to class discussions were encouraged by head nodding and follow-up comments reinforcing student contributions. Students were explicitly told that concerns and interests of theirs took precedence over pre-planned activities, and discussions were much less structured than in standard 1B classes. For example, one issue that is inevitably raised in class is "why be open?" In response to this question, a copy of Jourard's *The Transparent Self* (1971) was placed on reserve and students were invited to read the first three chapters where Jourard eloquently builds a case for the thesis that through self-disclosure, a person develops a healthy physical and psychological existence. When systematic desensitization was introduced, a copy of McCroskey's article (1972) was placed on reserve in order for the students to read about the
theoretical application of the method. In actuality, the practice of non-directive teaching resulted in the students reading more materials than they would have in the standard sections. Interestingly enough, while it is not unusual for IB students to complain of too much work for two hours credit, Speech Confidence class members were never heard to complain about their heavier reading load. This circumstance would appear to be attributable to the fact that additional readings were always left to the students' choice to read, and the readings were always a natural outgrowth of class discussion.

An apparent bind of the instructor is that if he is to be nonevaluative, how can tests and papers be graded and an eventual grade be assigned? This issue was not as difficult as it might seem. Short reaction papers were used regularly to allow the student to pull theory and practice together. Grades were not assigned to these papers, but the instructor commented upon the students' insights. The old addage "water seeks its own level" seems to fit well. Weaker students tend to be less conscientious about turning in assignments and are less regular in class attendance, making practice-applied-to-theory papers impossible to complete.

Both instructors used an essay mid-term exam, and this instructor provided the questions in advance in order to remove the anxiety due to the unknown nature of the exam. Spielberger and his colleagues at Florida State have determined that test anxiety is largely attributable to the unknown (see Spielberger, 1966, pp. 366-373). The challenge to the instructor is to provide testing situations where the unknown becomes known, where unjustified fears of
failure are dispelled, and where anxiety can conceivably be reduced in order to allow each student to achieve his own level of competency. Predicated on the assumption that speech anxious students experience a general trait of neurotic behavior, the instructors of the Speech Confidence classes reasoned that speech anxious students also experience some degree of testing anxiety. The Florida State researchers have used Computer Assisted Instruction (CAI) as a means of reducing test anxiety. Remote terminals are able to provide instantaneous feedback to the student on the correctness of a response, and the student is not permitted to proceed until the correct response is gained (see O'Neil, Spielberger, and Hansen, 1969). Since computers were not practical for classroom use, Quiggins and Barnes employed techniques such as providing the questions in advance and review sessions with sample questions to remove uncertainty regarding the testing situation.

In general, grades were not emphasized in class; students were encouraged to view grades not as an evaluation of self but rather as an evaluation of a behavior on a given day and hour judged upon the instructor's perceptual bias. It is the instructors' belief that if a student chooses not to prepare adequately for an exam, the instructor must be genuinely honest in his feedback by not unjustly rewarding inadequate responses. Naturally, in an open atmosphere as proposed here, students are encouraged to express their views in class and in conference with the instructor.

In line with the concept of psychological safety in the classroom, games, exercises, and discussions focused upon reinforcement
of openness. Games conducted in Fundamentals of Interpersonal Communication classes which introduce concepts of alienation and negative evaluations were avoided. Starpower, a simulation of social class structure, commonly used in 1B classes was not used, for example, because of its negative effect upon those placed in the "lower class." A limitation of this policy may be that the Speech Confidence classes were not representative of the real world. This criticism is similar to the artificiality found in an encounter group (Rogers, 1970). It is the instructors' position that the students had previously learned defensive behavior, suppression of feelings, and negative evaluation. Therefore, what we reinforced was alternative behaviors fully cognizant of the fact that the students would, to varying degrees, continue to use previously learned defense mechanisms. In an analogous manner, it is readily recognized that some degree of anxiety is beneficial to performance. What the instructors sought to remove was the anticipatory anxiety which results in avoidance or debilitating behavior. Students did not have to "learn" the positive effects of anxiety, but they did need to learn incompatible behavior (i.e., relaxing while anticipating speaking).

In addition to creating a climate of psychological safety and covering the theoretical concepts of interpersonal communication, eight class sessions were devoted to systematic desensitization (SD). The general practice followed by both instructors was to devote the first twenty minutes of the class to discussion of reading assignments or issues concerning class members. Students were then
invited to make themselves comfortable either in their chairs or on
the floor. Contrary to the procedures used by McCroskey, standard
classroom chairs were used during SD. A few students generally
elected to sit or lie on the floor, but most preferred to remain in
their chairs. All three sections were quizzed on whether they had
any difficulty relaxing in straight chairs and all indicated a
general ease in relaxing. This led the instructors to believe that
there is no inherent need for chaise longues which could result in
an unnecessary cost to the program. Lights were turned off and
shades pulled to reduce the brightness of the room, but the room was
by no means dark.

A thirty-minute tape was used for the first four SD sessions
and a fifteen-minute tape was used for the last four sessions.
Soft, nondescript music was used in the background as class members
were advanced through systematic tensing and relaxing of muscle
groups. Tapes were used in order to assure uniformity of relaxation
procedures and to provide relaxing music. These sessions were all
conducted in regular classrooms so normal outside distractions such
as construction work were not avoidable. Students did not seem to
be bothered by the distractions, and in one case the sound of rain
seemed to aid in even greater relaxation. The fifteen-minute tape
was used because students indicated they were able to relax more
rapidly than permitted by the thirty-minute tape. During the last
two sessions, students reported that even the fifteen-minute relaxa-
tion period was not needed. This is in line with Paul’s (1966)
experience. He reported that clients learn to relax to the point
where a mere suggestion was enough to achieve a state of deep relaxation.

During two of the early class sessions, students were asked to discuss communication contexts which were anxiety arousing. Upon determining twelve or more contexts, students were asked to rank the stimuli from most to least anxiety arousing. Finally, the consensus hierarchy was discussed in terms of repetitious stimuli and unnecessarily large anxiety level steps. These group hierarchies were used for each individual class. Quiggins also incorporated a standardized hierarchy developed by McCroskey (1972). The hierarchies differed among the three classes, lending support to this researcher's belief that groups may vary in their arousal stimuli even within a single anxiety theme.

The procedure followed after students were deeply relaxed was to ask them to envision a pleasant stimulus such as lying out in the warm sun on a spring day. Students were asked to signify if they felt any tension during the remainder of the session by raising an index finger. After envisioning the pleasant stimulus for fifteen to twenty seconds, the students were asked to remove the image from their minds and to again focus on their state of relaxation. Following fifteen seconds of relaxation, the students were requested to envision the lowest ranking hierarchy item. If any signs of arousal were evidenced after twenty seconds, the stimulus was removed from the mind and class members returned to relaxation. After re-introducing the item for twenty seconds more, if no tension was noted, the next hierarchical item was introduced. This
procedure was followed for twenty minutes or until an item could not be envisioned without tension. The session always ended on a successful item and at least three minutes prior to the end of the class in order to allow the students to come down from their state of floating.

Several students reported the sessions put them in a relaxed melancholy mood for several hours following SD. By the end of eight sessions, all three classes were able to proceed through the entire hierarchies without experiencing arousal.

The theoretical perspective of combining SD with regular classroom procedures was to allow students to test their behaviors in actual communication contexts following successful hierarchy item completion. In other words, if the successful item was discussing in class, the students had an opportunity to test their new state of relaxed discussion during the following class period. At the same time, if actual communication contexts resulted in familiar tension arousal, the student could more easily envision his contextual feelings during hierarchical presentation.

Perhaps the greatest difficulty experienced by the instructors was the limited number of class sessions. Only twenty-eight class sessions were available during the spring term. As a result, some procedures used in standard 1B classes had to be left out. Approximately six 1B sessions are devoted to the group project. This activity, while viewed as valuable, was cut from the Speech Confidence syllabus (each class syllabus varied according to the needs and interests of the particular Speech Confidence section; see
Appendix F for the general format followed). The other two sessions
were gained by reduced time devoted to textbook materials. It was
the belief of the instructors that the students were capable of
digesting much of the theory on their own. Students were encouraged
to raise questions in class regarding any materials covered in the
texts but not clearly understood.

In summary, Speech Confidence classes were organized to gain
three objectives: (1) develop a climate of psychological safety,
(2) use a systematic desensitization procedure, (3) instruction in
theory of interpersonal communication.

VI. Generated Hypotheses

Based upon information generated in Chapters I, II, and III,
the following hypotheses were tested in this study. A brief justi-

I. A greater percentage of students low in confidence, as defined
by a score of 70 or higher on the PRCA, will enroll in Speech
Confidence sections than Fundamentals of Interpersonal
Communication.

This hypothesis can be regarded as a crude validity check on
the PRCA. If the PRCA is accurately identifying students low in
confidence, those students would be expected to be most attracted to
a course designed to build confidence. Furthermore, if the course
of Speech Confidence is to achieve its goal of assisting those low
in confidence, it must appeal to the intended students.

II. Between enrollment groups analysis.
A. Speech Confidence groups will reflect significantly greater change in confidence levels, as measured by the PRCA, than will the Fundamentals of Interpersonal Communication group.

Previous studies have determined that students treated by systematic desensitization improve significantly more than control groups. Here at Kansas University, studies have found that students in the lower quartile of confidence do not improve in confidence as a result of taking a course in public speaking, while students taking classes in Speech Confidence have improved significantly in levels of confidence.

No significant difference in change levels of confidence is expected among Speech Confidence groups since students are enrolled in the sections on the basis of scheduling convenience, the instructors are both experienced in working with anxious speakers, and both have followed the same philosophical practice and procedures.

At the end of the semester, Speech Confidence group members are expected to respond more readily to a communication opportunity than students in the Fundamentals of Interpersonal Communication group. Furthermore, no significant response differences are expected among the Speech Confidence groups. Previous research has demonstrated that students treated by means of systematic desensitization respond more willing to classroom interaction.

III. Between anxiety-level groups analysis.

A. High-anxiety induced Interpersonal Communication group subjects will increase in confidence significantly more than high-anxiety volunteer Interpersonal Communication group subjects.
Previous studies have suggested that people who make up their mind to do something about their condition are more amenable to significant change than those who are not induced to face their condition.

Induced Speech Confidence group members are not expected to differ from high-anxiety volunteer Speech Confidence students since all groups have volunteered to work on improving confidence levels.

When given an opportunity to communicate at the end of the semester, induced Fundamentals of Interpersonal Communication group members should respond at a significantly greater rate than the volunteer high-anxiety Interpersonal Communication group members.

Induced and volunteer high anxiety Speech Communication group members are expected to respond to a communication opportunity at a similar rate of acceptance.

B. High-anxiety group subjects will change in levels of confidence to a significantly greater degree than low-anxiety group subjects.

Previous research has indicated that low-anxiety subjects do not improve significantly in confidence as a result of special treatment. It should also be noted that high-anxiety subjects may have more room for improvement than low-anxiety subjects.

Following this same line of reasoning, low-anxiety Speech Confidence groups would not be expected to differ significantly from the low-anxiety Interpersonal Communication group.

Given an opportunity to respond to a communication contextual situation at the end of the semester, the low-anxiety Speech
Confidence groups should respond in a similar manner to the low-anxiety Interpersonal Communication group. The total low-anxiety group should respond with acceptance to a communication opportunity at a significantly greater rate than the high-anxiety groups. On the other hand, these groups were formed at the beginning of the semester. A more appropriate test of the behavioral measure is to compare the post-test high-anxiety group with the post-test low-anxiety group. Previous research has indicated that speech anxious subjects avoid communication contexts at a greater rate than confident communicators.

Of those post-test high-anxiety subjects who volunteer to participate in a communication context, more are expected to respond favorably to a one-to-one communication context than to a public speaking context. Previous research has demonstrated that person-to-person communication is less threatening than speaker-audience communication. If a low-confidence subject responds favorably to a communication opportunity, the person is expected to elect the less anxiety-arousing situation.

IV. Between anxiety level groups by enrollment groups analysis.

A. High-anxiety Speech Confidence groups will significantly differ in change scores from high-anxiety Interpersonal Communication groups.

Previous research has documented that treatment by means of SD or counseling results in improved confidence significantly beyond standard speech class procedures.

Furthermore, high-anxiety Speech Confidence group members
would be expected to respond more willingly to a communication opportunity than Interpersonal Communication group members.

VII. Statistical Analysis

For the anxiety change scores, this study was conducted as a 4X3X2 factorial design with repeated measures on the last variable. The independent variables consisted of the anxiety grouping, enrollment grouping, and pre-post test scores on the PRCA. The data were subjected to an unweighted means analysis of variance.

Analysis of the behavioral measure was treated by means of Chi Square.
CHAPTER IV

RESULTS

The first tested hypothesis proposed that a greater percentage of students low in confidence, as defined by a score of 70 or higher on the PRCA, will enroll in Speech Confidence sections than in Fundamentals of Interpersonal Communication. The percentage was based upon scores obtained on the first day of class. Subsequent transfers were not taken into consideration in order to have a true reflection of initial enrollment preferences. All three Speech Confidence sections were combined for purposes of comparison with the fifteen Fundamentals of Interpersonal Communication sections.

Table 4. reflects support of the hypothesis. A higher percentage of students scoring 70 or above on the PRCA enrolled in the Speech Confidence classes than in the Fundamentals of Interpersonal Communication sections.

<table>
<thead>
<tr>
<th>Enrollment Group</th>
<th>First Day High Anxiety</th>
<th>First Day Low Anxiety</th>
<th>2 (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Confidence</td>
<td>22 (55%)</td>
<td>18 (45%)</td>
<td>16.66*</td>
</tr>
<tr>
<td>Fundamentals of Interpersonal Comm.</td>
<td>77 (23%)</td>
<td>253 (77%)</td>
<td></td>
</tr>
</tbody>
</table>

*p < .01
The contrast was even more striking when students were given an opportunity to transfer out of, or into, the Speech Confidence sections as a result of inducement procedures.

The remainder of the hypotheses involve analyzing the variance of mean change scores between and within groups. Table 5 presents the mean change scores for all groups and marginal mean change scores.

**TABLE 5.**

Mean Change Scores For All Groups

<table>
<thead>
<tr>
<th></th>
<th>High Anxiety Volunteer</th>
<th>High Anxiety Induced</th>
<th>Low Anxiety Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>12.875</td>
<td>16.857</td>
<td>1.250</td>
</tr>
<tr>
<td>B2</td>
<td>5.000</td>
<td>9.714</td>
<td>7.000</td>
</tr>
<tr>
<td>Q1</td>
<td>12.000</td>
<td>13.000</td>
<td>6.000</td>
</tr>
<tr>
<td>Interpersonal Communication</td>
<td>13.050</td>
<td>10.167</td>
<td>5.118</td>
</tr>
<tr>
<td></td>
<td>10.731</td>
<td>12.434</td>
<td>4.842</td>
</tr>
</tbody>
</table>

The second hypothesis proposed that Speech Confidence groups will reflect significantly greater change in confidence levels as measured by the PRCA than will the Fundamentals of Interpersonal Communication group. Analysis of variance for introspective change scores failed to support the hypothesized difference. All groups
reflected significant change in levels of confidence in the anticipated direction, and the two methods of treatment failed to differ significantly in outcome. Table 6. presents the analysis of variance results.

**TABLE 6.**

Analysis of Variance Between Enrollment Groups

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups (TR)</td>
<td>1</td>
<td>5.524</td>
<td>.050</td>
</tr>
<tr>
<td>Pooled Ind.</td>
<td>101</td>
<td>111.353</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>110.316</td>
<td></td>
</tr>
</tbody>
</table>

The second hypothesis was also rejected on the basis of the acceptance/avoidance measure. Table 7. presents the responses of the combined Speech Confidence groups and the Interpersonal Communication group.

**TABLE 7.**

Chi Square Analysis Between Enrollment Groups

<table>
<thead>
<tr>
<th>Enrollment Group</th>
<th>Yes</th>
<th>No</th>
<th>NR</th>
<th>( \chi^2 ) (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Confidence</td>
<td>17 (31%)</td>
<td>17 (31%)</td>
<td>20 (37%)</td>
<td>3.306</td>
</tr>
<tr>
<td>Interpersonal Comm.</td>
<td>11 (22%)</td>
<td>24 (49%)</td>
<td>14 (29%)</td>
<td></td>
</tr>
</tbody>
</table>
In summary, the Interpersonal Communication group was not found to differ significantly from the Speech Confidence groups on either the introspective or behavioral measure of confidence.

Conceptually it was theorized that the three Speech Confidence groups would not differ significantly on either the introspective or behavioral measure. While it is impossible to directly test this null hypothesis, a glance at the marginal mean changes for enrollment groups B1, B2, and Q1 in Table 5 suggests a lack of significant difference between the three enrollment groups as reflected by the introspective measure.

On the other hand, the acceptance/avoidance measure did demonstrate a significant difference between Speech Confidence groups. Table 8 reveals that the three groups differ, and further analysis suggests that the unanticipated difference is increased when B1 and B2 groups are combined in comparison with the Q1 enrollment group.

**TABLE 8.**

Chi Square Analysis Between Speech Confidence Groups

<table>
<thead>
<tr>
<th>Speech Confidence Group</th>
<th>Yes</th>
<th>No</th>
<th>NR</th>
<th>( \chi^2 ) (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>9 (47%)</td>
<td>3 (16%)</td>
<td>7 (37%)</td>
<td></td>
</tr>
<tr>
<td>B2</td>
<td>3 (25%)</td>
<td>2 (17%)</td>
<td>7 (58%)</td>
<td>10.05*</td>
</tr>
<tr>
<td>Q1</td>
<td>5 (22%)</td>
<td>12 (52%)</td>
<td>6 (26%)</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05
The third hypothesis proposed that high-anxiety induced Interpersonal Communication group subjects will increase in confidence significantly more than high-anxiety volunteer Interpersonal Communication group subjects. This hypothesis was clearly not supported. The two groups did not differ significantly in change scores on the PRCA. Table 9, presents the analysis by t test of the two group means.

**TABLE 9.**

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>$S^2$</th>
<th>N</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induced</td>
<td>10.166</td>
<td>125.24</td>
<td>12</td>
<td>.7236</td>
</tr>
<tr>
<td>Volunteer</td>
<td>13.050</td>
<td>107.94</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

It was further hypothesized that when given an opportunity to participate in a project involving communication, the induced high-anxiety Interpersonal Communication group would respond at a greater rate than the volunteer group. Again, the hypothesis was not supported. Table 10, presents the number of responses of each group. Analysis by Chi Square determines a non-significant difference in distribution of responses.

In summary, both the introspective measure and the acceptance/avoidance behavior measure failed to support the hypothesized advantage of inducement.
TABLE 10.
High-Anxiety Interpersonal Communication Volunteer Versus Induced Group Responses

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>No</th>
<th>NR</th>
<th>$\chi^2_{(2)}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Anxiety Interpersonal Comm. Induced</td>
<td>3 (25%)</td>
<td>6 (50%)</td>
<td>3 (25%)</td>
<td>.120</td>
</tr>
<tr>
<td>High-Anxiety Interpersonal Comm. Volunteer</td>
<td>5 (25%)</td>
<td>11 (55%)</td>
<td>4 (20%)</td>
<td></td>
</tr>
</tbody>
</table>

Theoretically there should be no difference between the Speech Confidence volunteer and induced high-anxiety groups. Again, it is impossible to directly test the null hypothesis, but a study of Table 4 indicates a trend in favor of the induced group change for the Speech Confidence groups.

The behavioral measure reflects, as expected, no significant difference in the responses of the two types of high-anxiety Speech Confidence groups. Table 11 presents the data.

TABLE 11.
High-Anxiety Speech Confidence Volunteer Versus Induced Group Responses

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>No</th>
<th>NR</th>
<th>$\chi^2_{(2)}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Anxiety Speech Confidence Induced</td>
<td>5 (31%)</td>
<td>3 (19%)</td>
<td>8 (50%)</td>
<td>1.632</td>
</tr>
<tr>
<td>High-Anxiety Speech Confidence Volunteer</td>
<td>5 (24%)</td>
<td>8 (38%)</td>
<td>8 (38%)</td>
<td></td>
</tr>
</tbody>
</table>
High-anxiety group subjects were hypothesized to change in level of confidence to a significantly greater degree than low-anxiety group subjects. This hypothesis was supported. Analysis of variance data presented in Table 12, documents a greater change in high-anxiety group subjects than low-anxiety group subjects on the introspective measure.

TABLE 12.
Change Scores for High Anxiety Group Versus Low-Anxiety Group

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups (AL)</td>
<td>1</td>
<td>546.546</td>
<td>11.426*</td>
</tr>
<tr>
<td>Pooled Ind.</td>
<td>101</td>
<td>100.086</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>110.316</td>
<td></td>
</tr>
</tbody>
</table>

*p < .01

The low-anxiety group subjects were expected to respond with greater acceptance to a communication opportunity than the high-anxiety group subjects. According to data presented in Table 13., the groups did not significantly differ in type of responses.
TABLE 13.
High-Anxiety Versus Low-Anxiety Responses

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>No</th>
<th>NR</th>
<th>(\chi^2(2))</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Anxiety</td>
<td>18 (26%)</td>
<td>28 (41%)</td>
<td>23 (33%)</td>
<td>.1305</td>
</tr>
<tr>
<td>Low-Anxiety</td>
<td>10 (29%)</td>
<td>13 (38%)</td>
<td>11 (32%)</td>
<td></td>
</tr>
</tbody>
</table>

Furthermore, it was felt that high-anxiety group members who were willing to participate would limit their acceptance to a dyadic context more often than low-anxiety group members who responded affirmatively. Table 14, presents information demonstrating a non-significant difference in types of responses between anxiety level groups.

TABLE 14.
Types of Affirmative Responses for Anxiety Level Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Public Speaking or Public Speaking/Dyadic</th>
<th>Dyadic</th>
<th>(\chi^2(1))</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Anxiety</td>
<td>6 (33%)</td>
<td>12 (66%)</td>
<td>.003</td>
</tr>
<tr>
<td>Low-Anxiety</td>
<td>4 (40%)</td>
<td>6 (60%)</td>
<td></td>
</tr>
</tbody>
</table>

The acceptance/avoidance behavior measure was administered at the end of the semester. However, the high-anxiety and low-anxiety groups were formed on the basis of pre-test information.
Therefore it was hypothesized that high-anxiety group members, based upon post-test PRCA results would reject a communication opportunity at a more significant rate than low-anxiety group members. Using a PRCA score of 70 or above to define high-anxiety, the responses were re-evaluated. Table 15 presents data on types of responses for both post-test anxiety level groups. Once again the difference does not approach significance.

**TABLE 15.**

High-Anxiety Versus Low-Anxiety Responses
(Post-Test Grouping)

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>No</th>
<th>NR</th>
<th>$X^2(2)$</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Anxiety</td>
<td>5 (21%)</td>
<td>11 (46%)</td>
<td>8 (33%)</td>
<td></td>
</tr>
<tr>
<td>Low-Anxiety</td>
<td>23 (29%)</td>
<td>30 (38%)</td>
<td>26 (33%)</td>
<td>74.97</td>
</tr>
</tbody>
</table>

The post-test low-anxiety group was expected to respond more favorably to a public speaking opportunity than the post-test high-anxiety group. Using Fisher's exact test to determine critical values, Table 16, reveals that a significant difference did not result.

Theoretically the Speech Confidence and Interpersonal Communication low-anxiety groups should not differ. While it is not possible to test the null relationship, Table 17, lends support to the concept of a lack of difference between low-anxiety Speech Confidence.
TABLE 16.
Types of Affirmative Responses for Anxiety Level Groups
(Post-Test Determination)

<table>
<thead>
<tr>
<th>Group</th>
<th>Public Speaking or Public Speaking/Dyadic</th>
<th>Dyadic</th>
<th>( \chi^2 (1) )</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Anxiety</td>
<td>2 (40%)</td>
<td>3 (60%)</td>
<td>NS</td>
</tr>
<tr>
<td>Low-Anxiety</td>
<td>8 (35%)</td>
<td>15 (65%)</td>
<td></td>
</tr>
</tbody>
</table>

TABLE 17.
Analysis of Variance for Change Scores of Low-Anxiety Enrollment Groups

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>( \text{MS} )</th>
<th>( F )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Anxiety Enrollment Groups</td>
<td>1</td>
<td>.029</td>
<td>.001</td>
</tr>
<tr>
<td>Pooled Ind.</td>
<td>32</td>
<td>55.647</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>53.962</td>
<td></td>
</tr>
</tbody>
</table>

The behavioral measure also lends support for the lack of difference between the two major enrollment groups of low-anxiety subjects as revealed in Table 18.
Finally, it was hypothesized that high-anxiety Speech Confidence groups would significantly differ in change scores from high-anxiety Interpersonal Communication groups. The analysis of variance source table is presented in Table 19. The hypothesis was not supported. Both groups resulted in significant change with no significant difference between them.

**TABLE 18.**

Low-Anxiety Speech Confidence Versus Low-Anxiety Interpersonal Communication Responses

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>No</th>
<th>NR</th>
<th>(X^2(2))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Anxiety Speech Confidence</td>
<td>7 (41%)</td>
<td>6 (35%)</td>
<td>4 (24%)</td>
<td>2.495</td>
</tr>
<tr>
<td>Low-Anxiety Interpersonal Comm.</td>
<td>3 (18%)</td>
<td>7 (41%)</td>
<td>7 (41%)</td>
<td></td>
</tr>
</tbody>
</table>

**TABLE 19.**

Analysis of Variance for High-Anxiety Enrollment Groups

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Anxiety Enrollment Groups (TR)</td>
<td>1</td>
<td>11.871</td>
<td>.094</td>
</tr>
<tr>
<td>Volunteer (VO)</td>
<td>1</td>
<td>6.942</td>
<td>.055</td>
</tr>
<tr>
<td>TRXVO</td>
<td>1</td>
<td>81.951</td>
<td>.646</td>
</tr>
<tr>
<td>Pooled Ind.</td>
<td>65</td>
<td>126.774</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>122.469</td>
<td></td>
</tr>
</tbody>
</table>
The behavioral measure of acceptance/avoidance also was expected to reflect a significant difference between enrollment groups. A combination of the three Speech Confidence groups was compared with the Interpersonal Communication group. Table 20 presents the non-significant Chi Square analysis of groups.

### TABLE 20.

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>No</th>
<th>NR</th>
<th>$\chi^2_{(2)}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Confidence</td>
<td>10 (27%)</td>
<td>11 (30%)</td>
<td>16 (43%)</td>
<td>3.453</td>
</tr>
<tr>
<td>Interpersonal Communication</td>
<td>8 (25%)</td>
<td>17 (53%)</td>
<td>7 (22%)</td>
<td></td>
</tr>
</tbody>
</table>

In summary, the hypothesized difference between induced and volunteer high-anxiety Interpersonal Communication groups was not found. The hypothesized difference between Speech Confidence and Interpersonal Communication also failed to achieve significance. Support was found for a greater change in confidence among high-anxiety group members than among low-anxiety group members.

The behavioral measure also failed to find the hypothesized differences between groups. Furthermore, it failed to detect a significant difference between high and low-anxiety groups.
CHAPTER V

DISCUSSION OF RESULTS

The purpose of this study was to determine whether a course designed to increase student confidence in speech communication was a more effective method of improving confidence among high-anxiety enrollees than the regular course in Fundamentals of Interpersonal Communication. Secondary questions of enrollment methods, volunteering and inducement, and effect upon low-anxiety group members were also considered.

In general, two methods of measuring levels of confidence showed no significant differences between the two types of enrollment groups in change of confidence levels. Furthermore, inducement was not shown to be significantly more effective than voluntary enrollment. Neither high nor low-anxiety group members changed significantly more in Speech Confidence classes than in the Fundamentals of Interpersonal Communications classes. Finally, high-anxiety group members improved significantly more in confidence than low-anxiety groups.

This chapter will discuss the results in light of current literature on the treatment of speech anxiety and offer suggestions for further research.

I. Hypothesis II: Discussion of Results

Theoretically, if the Personal Report of Communication Apprehension (PRCA) is correctly identifying high-apprehensive
communicators, significantly more students would be expected to enroll in a course designed to provide assistance in building confidence. As expected, a significantly greater proportion of the students who enrolled in Speech Confidence scored in the upper quartile of the PRCA than those who enrolled in Fundamentals of Interpersonal Communication.

These results can be regarded as a rough test of validity for the PRCA. However, a definite limitation is that the instrument is an obvious measurement of speech anxiety. Students who were motivated to enroll in Speech Confidence may have responded to the instrument in a manner perceived to be desirable for enrollees in the course. However, this is a problem of virtually all testing procedures. The instrument was administered early on the first day of class without explanation in order to minimize the possibility of this occurrence.

It does appear that many students who are potential enrollees in a Speech Confidence course are not being sufficiently informed by the present enrollment process. Inducement in the form of providing information about the course appears to be an effective method of adding additional enrollees. On the other hand, compulsory enrollment on the basis of a high-anxiety PRCA score would be ill-advised since some students explicitly do not want a course directly focusing on confidence building.

II. Hypothesis IIIA: Discussion of Results

Four enrollment groups were compared on the basis of
increased confidence of group members. Three Speech Confidence
groups were not expected to differ significantly in mean group
change scores. They were expected to differ significantly from the
Interpersonal Communication group change.

As expected, instructor, time, location, and extraneous varian-
cence between Speech Confidence groups did not result in a signifi-
cant difference of group mean change scores. The smallest group
(B2) did result in the least change, but further research would be
required to determine whether group size is a significant influence.

Small group research indicates that in larger groups the most
active participants increase communications while the least active
participants decrease verbal interactions. Small groups, on the
other hand, result in a greater spread of participation (Bales,
1953, pp. 111-161). Therefore, in Speech Confidence groups with a
large percentage of inactive participants, larger groups would tend
to rely comfortably upon the most verbal members while smaller
groups would tend to be uncomfortable about the reluctance of non-
participants to interact. In other words, the high-anxiety group
member would find it more difficult to hide his non-participation in
a smaller sized group. Gradual change may be more easily achieved
in the non-threatening atmosphere than in the smaller group atmos-
phere where each person's contribution is the center of focus.

When the three Speech Confidence groups were combined in com-
parison with the Interpersonal Communication groups, no significant
difference was found. This is particularly interesting in light of
studies which have shown that high-anxiety students enrolled in
traditional public speaking classes do not improve in confidence (Giffin and Bradley, 1967; Paulson, 1951). Furthermore, these results are in contrast to studies by Wells (1970) and McCroskey (1970) which found SD to be more helpful in reducing anxiety than discussion lectures or non-treatment control groups.

Several reasons can be suggested for lack of a significant difference between the two major enrollment groups. First, the studies which found no improvement in confidence among high-anxiety public speaking class members utilized Gilkinson's PRCS. Even though a positive correlation between the PRCS and PRCA has been reported by McCroskey (1970), it would be desirable to test public speaking classes with the PRCA in order to determine whether the contrasting results are attributable to the change of instruments.

Perhaps of even greater importance is the contrasting methodology used by public speaking and interpersonal communication courses. Public speaking courses involve giving speeches in front of critical evaluating audiences. Interpersonal communication classes, by contrast, generally involve small group and gaming exercises with low threat potential. In the low threat conditions the high-anxiety person may have a greater opportunity to test his verbal behavior. Lack of evaluation and criticism may allow a greater sense of relaxed security with resultant improved confidence in communication skills. In any case, the notion that Interpersonal Communication classes are inefficient in developing speaking confidence must be rejected.

The logical question is why the Speech Confidence groups
failed to result in greater change than the Interpersonal Communication group. Part of the answer may be that the Interpersonal Communication groups were particularly effective in developing a climate of psychological safety. On the other hand, the Speech Confidence groups may not have been as effective as they could have been. By spreading the SD sessions throughout the semester it was felt that the students would have an opportunity to test his newly acquired relaxed state of communication. The practice of spreading the sessions may have diluted the cumulative effect of SD treatment. Another consideration is that the mechanics of the SD sessions, e.g. lack of chaise longues and lack of sound-proof rooms, may have prevented a strong effect. This possibility is rejected on the basis of student response. None of the students indicated any difficulty in relaxing or concentrating on the images.

An area that deserves further study is what a student does with non-evaluative feedback. Both the Speech Confidence and Interpersonal Communication courses focus on providing a student with information about his communicative behavior with others. If, as Barnes and Giffin (1973) have suggested, high-anxiety students are low in cognitive complexity, some may regard all feedback as negative while others may regard the information as positive reinforcement. Another possibility is that anxiety has a mentally debilitating effect upon the use of potential constructs available to the anxious communicator. A commonly recognized phenomenon is the difficulty some senders have in finding "the right words" in an anxious situation. The same principle may be at work in attending
to incoming stimuli. Because of heightened anxiety, the receiver may have less mental flexibility in dealing with feedback from others. In general then, extensive use of feedback may serve to offset some gains made by SD. In any case, using multiple types of treatment as in the Speech Confidence groups may confound the effect of any single method of treatment.

The acceptance/avoidance measure of confidence also failed to find any significant difference between the combined Speech Confidence groups and the Interpersonal Communication group. On the other hand, an unanticipated difference was found between the Speech Confidence groups.

A problem of the acceptance/avoidance measure was that students were asked to participate in an advising program to be conducted in the following fall. The assumption of homogeneity of group members suggested that intervening variables such as changing schools and summer vacations would be equally influential upon all groups. The limitation of this assumption is that the intervening variables may have been numerous enough to wash out any main effects. For example, a surprising number of the respondents indicated that they were changing schools, not returning, or would still be abroad during fall enrollment. It is impossible to assess whether these voluntary responses are actual reasons for absence or rationalizations of avoidance. In either case they seem to have had a heavy influence upon responses.

Further research should be conducted in the area of approach/avoidance behavior as an indicator of anxiety level. A possible
alternative method would be to have the communication opportunity occur in approximately the same time period as the regularly scheduled treatment period.

In general, acceptance/avoidance measure of anxiety seems to have potential but needs further refinement.

III. Hypothesis IIIA: Discussion of Results

High-anxiety induced Interpersonal Communication group subjects were hypothesized to change significantly more in level of confidence than high-anxiety volunteer Interpersonal Communication group subjects. This hypothesis was not supported.

A slight but non-significant difference favors the volunteer Interpersonal Communication group subjects. In comparing the volunteer versus induced Speech Confidence groups the slight but non-significant trend was reversed. Apriori discussion of volunteering suggested that volunteers for Interpersonal Communication may have made up their minds to face their speech anxiety on their own. The induced non-transferred group, on the other hand, may have felt that since they could not get in to the Speech Confidence groups, there was nothing they could do about their own condition. The reversal found in the Speech Confidence groups may have been due to the induced group members becoming more strongly convinced in the value of the course than those who initially enrolled.

In summary, there does not appear to be any significant advantage to inducing students to be treated for speech anxiety if they can not actually be treated. Nor does there appear to be any
significant advantage to volunteer or induced enrollment methods.

Overall, the induced group members did not significantly respond to a communication opportunity at a greater rate than the volunteer group members, giving further support to the idea that inducement is not a significantly better enrollment procedure. While no significant difference occurred within the Speech Confidence groups the trend of responses was in the same direction as the introspective measure, favoring the induced group.

IV. Hypothesis IIIIB: Discussion of Results

High-anxiety groups were hypothesized to change more in levels of confidence than low-anxiety groups. This hypothesis was supported on the basis of introspective change scores. Wells (1970) concluded that low-anxiety group members do not benefit from SD treatment. This conclusion seems to be well founded. However, it should be noted that the low-anxiety Interpersonal Communication group did not change any more, or less, than the Speech Confidence low-anxiety group members. Therefore, a ceiling effect may be operating. The high-anxiety group simply has more room to change than the low-anxiety group. Low-anxiety groups appear to remain relatively stable in both Speech Confidence and Interpersonal Communication groups, but each group moved toward increased confidence.

On the acceptance/avoidance measure, the high-anxiety subjects were not significantly different from the low-anxiety subjects. Additional analysis as to the type of acceptance failed to reveal a significant difference between high and low-anxiety subjects.
responding to a public speaking opportunity. A higher percentage of responses were received from the predicted groups, but since the difference was not significant the hypothesized differences must be rejected.

These findings are in marked contrast to the earlier public address studies of confidence. Giffin and Bradley (1967) and Paulson (1951) found low-anxiety speech class members significantly increasing in confidence while high-anxiety students failed to significantly increase in confidence. Again it should be noted that these earlier studies were conducted by use of the PRCS. The question remains whether the change in instruments affects the results.

V. Hypothesis IVA: Discussion of Results

High-anxiety Speech Confidence groups were hypothesized to significantly differ in change scores and acceptance/avoidance responses from high-anxiety Interpersonal Communication groups. Neither the introspective nor behavioral measure significantly demonstrated such a difference. These results have been discussed earlier with regard to Hypothesis IIIA.

One final point might be made with regard to the significant advantage found in McCroskey's SD program or Giffin's psychotherapeutic counseling program. Both of these programs met with the students outside regular class sessions. The Speech Confidence program used in this study attempted to achieve a significant difference within regularly scheduled classes. Perhaps a Hawthorne affect was working in the previous programs which was not as significant in
the Speech Confidence program. Since the PRQA and PRCS instruments are obvious in their intent, students may have been more motivated under the previous programs to respond in the perceived expected direction.

The findings of this study combined with the earlier studies seem to suggest that the low threat conditions of Interpersonal Communication and Speech Confidence classes can be beneficial for improved confidence among high-anxiety students but of lesser benefit to low-anxiety students. In public address classes, which are regarded as higher in threat potential, low-anxiety students appear to improve the most in confidence. This seems to suggest that a developmental approach to the building of confidence could be used in communication curriculums. Students identified as high in anxiety could be placed in courses utilizing an emphasis on building a climate of psychological safety in which small group and gaming exercises focus upon skills used in providing others with non-evaluative feedback. Upon achievement of increased confidence, students could progress to public address courses which appear to be more effective for the low-anxiety student.

Low-anxiety and high-anxiety students were not significantly distinguished on the approach-avoidance measure. Again, the percentage of responses are in the anticipated direction. However, since the difference did not reach the established significance level it is impossible to determine whether the results reflect anything beyond chance occurrence.
V. Conclusion

This study does not give support to the conclusion that a course designed to improve communication confidence by means of developing a climate of psychological safety and using systematic desensitization is significantly superior to a course in fundamentals of interpersonal communication (at least, as taught at Kansas University). There does seem to be support for the idea that an introspective change in level of confidence can be achieved by high-anxiety communicators enrolled in either course.

A legitimate goal of a fundamentals of interpersonal communications course, as taught at Kansas University, appears to be improvement of confidence in communicating with others. Those who can be expected to benefit the most are students who are found to be high in anxiety.

VI. Recommendations for Further Research

This study opens more questions than it answers. Why has SD been shown to be effective as a supplement to a speech program but not as an inherent part of a speech program? Is SD as an isolated treatment superior to a course in interpersonal communication? Can a program designed to develop a climate of psychological safety be just as effective in development of communication confidence as a program of SD or interpersonal communication?

A much needed study is one which would use the PRCA to measure change in confidence between comparable populations taking a
public speaking course, interpersonal communications course, and a control group not enrolled in either course. While it was felt that this would have been a valuable addition to the present study, it was felt that the population of students enrolled in the public address sections (1A) were not comparable to the students enrolled in Interpersonal Communications (1B). A true control group was not possible since this study was conducted in the spring semester after many students had completed the course in the fall, had sought exemption, or for some reason had avoided enrolling in the required course.

The PRCA is still in need of stronger validation. Problems of instrumentation and model behavior have plagued behavioral measures in the past. There are indications that approaching confidence levels from an acceptance/avoidance stance can be effective. A more refined method than used in the present study is needed.

Finally, the question has been raised, is there something in the psychological make-up of the anxious communicator that results in a twisting of feedback from others to fit a perceived self-image?

All of these questions merit additional research in order to more effectively treat the elusive neurosis of speech anxiety.

Allport, Gordon (1955). Becoming (New Haven, Conn.: Yale University Press).


Giffin, Kim (1968). The Trust Differential (Lawrence, Kansas: The Communication Research Center, The University of Kansas).


APPENDICES
ATTENTION ALL 1A OR 1B STUDENTS

A special section will be offered for students desiring help in the development of SPEECH CONFIDENCE. Credit can be obtained for the speech 1 requirement.

Emphasis will be placed on counseling for the removal of anxieties related to public speaking and interpersonal communication.

Sign up for:

<table>
<thead>
<tr>
<th>Section</th>
<th>Course</th>
<th>Time</th>
<th>Day</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>84139</td>
<td>Fundamentals of Speech</td>
<td>10:30-11:20</td>
<td>T-R</td>
<td>Barnes</td>
</tr>
<tr>
<td>84118</td>
<td>Fundamentals of Speech</td>
<td>9:30-10:20</td>
<td>T-R</td>
<td>Barnes</td>
</tr>
<tr>
<td>84096</td>
<td>Fundamentals of Speech</td>
<td>9:30-10:20</td>
<td>M-W</td>
<td>Quiggins</td>
</tr>
</tbody>
</table>
LETTER TO ALL INTERPERSONAL COMMUNICATION INSTRUCTORS

TO: All 1B Instructors
FROM: Dick Barnes

(1) It is vital that the PRCA is administered in all classes on the first day and scored before the second class session. PRCA forms and the score sheets can be obtained in 356 Murphy.

(2) Please refer all students who score 70 or higher to Jim Quiggins or me. Do not indicate the purpose of the five-minute conference.

My office hours for the first week of classes are:
8:30-9:20 MWF -- Fraser Annex B, Room 10
10:30-12:00 MWF -- Fraser Annex B, Room 10
1:00-2:00 MWF -- Fraser Annex B, Room 10
8:30-9:20 TR -- Lindley Annex, Room 6
1:00-4:30 TR -- Fraser Annex B, Room 10

Confidential Information - not to be provided to students

This semester there will be three sections of Speech Confidence compared with only one last semester. The primary means used to enroll students will be by means of transferring from standard sections. (This will help you lighten your class size and will require high-anxiety students to make a choice between a "special section" and his regular class.) We are particularly interested in those students who reject the option of transferring as well as those who select the option. In order to control for outside influence we are asking to confer with the students rather than your talking to them as has been done in the past.
APPENDIX C

PERSONAL REPORT OF COMMUNICATION APPREHENSION

PRCA-College

This instrument is composed of 20 statements concerning feelings about communicating with other people.

Indicate the degree to which the statements apply to you by marking whether you (1) strongly agree, (2) agree, (3) are undecided, (4) disagree, or (5) strongly disagree with each statement. Work quickly, just record your first impression.

1. While participating in a conversation with a new acquaintance I feel very nervous.
2. I have no fear of facing an audience.
3. I look forward to expressing my opinion at meetings.
4. I look forward to an opportunity to speak in public.
5. I find the prospect of speaking mildly pleasant.
6. When communicating, my posture feels strained and unnatural.
7. I am tense and nervous while participating in group discussions.
8. Although I talk fluently with friends I am at a loss for words on the platform.
9. My hands tremble when I try to handle objects on the platform.
10. I always avoid speaking in public if possible.
11. I feel that I am more fluent when talking to people than most other people are.
12. I am fearful and tense all the while I am speaking before a group of people.
13. My thoughts become confused and jumbled when I speak before an audience.
14. Although I am nervous just before getting up, I soon forget my fears and enjoy the experience.
15. Conversing with people who hold positions of authority causes me to be fearful and tense.
16. I dislike to use my body and voice expressively.
17. I feel relaxed and comfortable while speaking.
18. I feel self-conscious when I am called upon to answer a question or give an opinion in class.
19. I face the prospect of making a speech with complete confidence.
20. I would enjoy presenting a speech on a local television show.
APPENDIX D

INTERVIEW FORMAT

1. Name_________________________Current Section (Time)__________________________

2. Instructor_____________________

3. We have asked instructors to refer to us those students who score high on the questionnaire you filled out at your first class meeting. We want to discuss with you the opportunity for counseling in speech confidence while receiving credit for 1B. Were you aware that an opportunity existed for assistance in apprehension?______________________________________________________________________________________________________________________________

4. Do you feel the questionnaire was an accurate reflection of your feelings towards communication with others?______________________________________________________________________________________________________________________________

5. Explanation of program...Do you think you would be interested?______________________________________________________________________________________________________________________________

If not, why not?______________________________________________________________________________________________________________________________

6. Times available: 9:30 TR, 9:30 MW, 10:30 TR

Would you like for me to arrange a transfer for you?______________________________________________________________________________________________________________________________

If not, why not?______________________________________________________________________________________________________________________________

7. Would you be willing to assist in a possible study of high apprehension?______________________________________________________________________________________________________________________________

Address______________________________________________________________________________________________________________________________

Phone______________________________________________________________________________________________________________________________
APPENDIX E

LETTER OF INVITATION

Dear

Next fall we may be offering a variety of courses to fulfill the fundamentals of speech requirement. A proposal before the College of Liberal Arts and Sciences would allow students to enroll in a variety of courses to meet the oral communications requirement. If this proposal is approved we may be needing some students to inform incoming freshmen about the various fundamentals courses.

Your name has been selected from a list of students currently enrolled in Interpersonal Communication. We would like for you to consider taking a little time out of your schedule next fall to help orient prospective enrollees. We are interested in having you express your personal opinion rather than a mere echoing of departmental policy. As an unbiased student who has previously taken a communications course, you will be able to "tell it as it is" during enrollment week. We regret that remuneration, if any, will be small. Therefore, you would be doing this primarily as a favor to the Department of Speech and Drama, the University, and especially the incoming students.

Please return the enclosed card indicating your response within the week. Your willingness to participate does not mean that you definitely will be needed. If you will be used in the fall, we will contact you this summer with more detailed instruction. Thank you for your cooperation.

Sincerely,

Bobby R. Patton
Chairman,
Department of Speech and Drama

Encl.
PLEASE CHECK

______yes, I would be willing to inform incoming freshmen about the Fundamentals of Speech program by: (please check one or both of the following)

______giving a short talk to a meeting of students in each college.

______advising students on an individual basis.

______no, I will be unable or unwilling to assist next fall.

________________________________________________________________________
Name

________________________________________________________________________
Summer address
Dear

Recently you received a letter inviting you to participate in an orientation program for incoming freshmen. A card should have been included for you to respond whether you would like to be considered for some phase of advising.

My records show that you have not yet returned the card. Would you please respond within the next two days regardless of your willingness to participate. Thank you.

Sincerely,

Bobby R. Patton
Chairman,
Department of Speech and Drama

BRP:gm
LETTER OF WITHDRAWAL

Dear

Recently you returned a card to my office indicating a willingness to participate in an orientation program for incoming students. I sincerely appreciate your volunteering.

However, we now find that the previously proposed program will not be feasible at this time. I would encourage you to informally share your opinions of your speech course with new students next fall.

Again, thank you, and if the Department or I can be of assistance to you in the future, please do not hesitate to contact us.

Sincerely,

Bobby R. Patton
Chairman,
Department of Speech and Drama

ERP:gm
# APPENDIX F

**GENERAL FORMAT OF SPEECH CONFIDENCE CLASSES**

<table>
<thead>
<tr>
<th>Class Session #</th>
<th>Class Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intro., PRCA Chpt. 8</td>
</tr>
<tr>
<td>2</td>
<td>Empathy Exercise</td>
</tr>
<tr>
<td>3</td>
<td>Video Taping</td>
</tr>
<tr>
<td>4</td>
<td>Building Hierarchy</td>
</tr>
<tr>
<td>5</td>
<td>Building Hierarchy</td>
</tr>
<tr>
<td>6</td>
<td>SD (long tape)</td>
</tr>
<tr>
<td>7</td>
<td>SD (long tape)</td>
</tr>
<tr>
<td>8</td>
<td>SD (long tape)</td>
</tr>
<tr>
<td>9</td>
<td>SD (long tape)</td>
</tr>
<tr>
<td>10</td>
<td>Broken Squares Ex.</td>
</tr>
<tr>
<td>11</td>
<td>SD (short tape)</td>
</tr>
<tr>
<td>12</td>
<td>Discuss Chpt. 7</td>
</tr>
<tr>
<td>13</td>
<td>SD (short tape)</td>
</tr>
<tr>
<td>14</td>
<td>Mid-term Exam</td>
</tr>
<tr>
<td>15</td>
<td>SD (short tape)</td>
</tr>
<tr>
<td>16</td>
<td>Discuss Chpt. 1 and 2</td>
</tr>
<tr>
<td>17</td>
<td>Collage of Self</td>
</tr>
<tr>
<td>18</td>
<td>Discuss Chpt. 3 and 4</td>
</tr>
<tr>
<td>19</td>
<td>Win as Much as You Can Ex.</td>
</tr>
<tr>
<td>20</td>
<td>Positive Feedback Ex.</td>
</tr>
<tr>
<td>21</td>
<td>Semantics and SD</td>
</tr>
<tr>
<td>22</td>
<td>Dyadic Booklet</td>
</tr>
<tr>
<td>23</td>
<td>Calvetti Case Ex.</td>
</tr>
<tr>
<td>24</td>
<td>Calvetti Case Ex.</td>
</tr>
<tr>
<td>25</td>
<td>Trust Walk</td>
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<tr>
<td>26</td>
<td>Barriers and SD</td>
</tr>
<tr>
<td>27</td>
<td>Non-verbal Touch Ex.</td>
</tr>
<tr>
<td>28</td>
<td>Going Around Ex.</td>
</tr>
<tr>
<td>29</td>
<td>Review</td>
</tr>
<tr>
<td>30</td>
<td>Final</td>
</tr>
</tbody>
</table>

*Each class varied in exact order and type of exercises covered. All three classes had sessions of systematic desensitization (SD).*