How to Make a Good Thing Worse: A Comparison of Approaches to Helping Students Overcome Communication Apprehension

James C. McCroskey, Virginia P. Richmond, Bruce A. Berger, and H. John Baldwin

Over the past 15 years increasing attention has been directed toward the problem of high communication apprehension (CA) and approaches designed to help people overcome high CA. While a variety of approaches have developed to help students, the approach which has received the most attention and which has been incorporated in the most on-going programs is systematic desensitization (SD). The purpose of this paper is to review available research on the effectiveness of the SD approach to determine how it can be implemented with maximum positive impact.

CA is the fear or anxiety associated with either real or anticipated communication with another person or persons (McCroskey, 1977; 1982). It is conceptualized as a cognitively experienced phenomenon which may or may not have observable behavioral manifestations in a given case. In short, CA represents the way a person <u>feels</u> about communication, not how they communicate. Nevertheless, CA is seen as having behavioral implications. In particular, people with higher CA are seen as being more likely to avoid or withdraw from communicative contact when that option is available. It is important that we distinguish between CA and the constructs of reticence and shyness. Reticence, as currently conceived, is concerned with people who are ineffective communicators because they lack adequate communication skills (Phillips, 1981). Shyness is seen as the tendency to talk less than the norm, which may result from high CA, reticence, or other causal factors (McCroskey and Richmond, 1982a). In this paper we will focus exclusively on CA. People with high CA may be reticent and/or shy. However, many people who are reticent and/or shy do not experience high CA.

Research on Systematic Desensitization

SD is a behavior therapy which has been employed successfully to help people overcome a wide variety of phobic and neurotic anxieties. It is not a method developed specifically to deal with CA. Rather, its use with communication-based fear or anxiety is simply one of many applications of the theraputic method. The method has been tested world-wide in clinical and laboratory settings and found to consistently have strong positive effects both in the shortand long-term.

The first major study employing SD for communication-related anxiety was reported by Paul (1966; 1968). He found SD to be highly effective in overcoming speech anxiety both in the short-term and over a two-year follow-up period. It was also significantly superior to traditional insight therapy, a placebo treatment, and a control condition in which subjects took a public speaking course.

James C. McCroskey and Virginia P. Richmond are in the Department of Speech Communication at West Virginia University, Morgantown, West Virginia 26506. Bruce A. Berger is in the School of Pharmacy at Auburn University, Auburn, Alabama 36849. H. John Baldwin is in the School of Pharmacy at West Virginia University, Morgantown, West Virginia 26506.

-213-

Two studies reported by McCroskey introduced the SD approach to the field of communication. In the first study it was determined that SD was effective in helping students overcome CA and that the method could be employed by nonpsychologists with minimal training in its use (McCroskey, Ralph, Barrick, 1970). In the second study, the largest study yet reported to test the impact of SD, it was determined that SD could be implemented successfully on a very large scale and was, therefore, capable of use in virtually any communication program (McCroskey, 1972).

On the basis of these early studies, which have been replicated several times subsequently, we can conclude that SD is a highly effective method of helping individuals overcome high CA. What is not clear from these individual studies is what are the circumstances under which SD is most effective. In other words, are there elements in programs which either enhance or detract from the effectiveness of SD when applied to the problem of CA? This paper will attempt to answer this question.

SD and Other Components

In programs that have been implemented to help students overcome high CA, various combinations of three components are common. These are SD, communication courses, and skills experience. No individual study has examined in a systematic fashion the individual and combined effects of these components. Generally, it has been assumed that the best program would involve all three components and that each would make a unique positive impact. As we will note below, this assumption, while reasonable in its face, does not seem to be correct. In order to examine the assumption and probe the value of each of the components, we selected nine studies that have employed a common dependent variable, change scores on the Personal Report of Communication Apprehension (PRCA) (McCroskey, 1970; 1978; 1982).

The PRCA is the most commonly employed measure of CA in research involving this construct. It has a variety of forms, all of which correlate among themselves above .90. For our purposes, the older form, the 20-item PRCA, was used as a base line. In studies which newer forms were employed, their scores were transformed to mathematical equivalence with the scores on the 20-item measure. Studies which did not employ the PRCA were not considered, because it was not possible in the absence of the raw data from those studies to make mathematic cally valid comparisons.

In the sections below we will discuss the studies which have examined the components of programs and component combinations. A summary of the results of these studies is presented in Table 1.

SD Only

Only two studies have examined the impact of SD when no other component was involved. In the first of these Nichols (1969) administered SD to subjects in a laboratory environment in an intensive, one-week program. Although the subjects in the study were enrolled in a communication course, since the study was conducted at the very beginning of the semester the course could have had

-214-

only minimal impact on the outcome, hence our classification of this study as "SD only."

To estimate the effectiveness of the program, the percentage of possible change was computed. To compute this index the observed mean change was divided by the distance from the pretest mean to the lowest score possible on the measure. While it is not expected that every subject will report absolutely no CA after exposure to the program, this method provides an index for comparing effectiveness across independent studies. The possible change index for the vichols study was .417. An additional indication of effectiveness of the program in this study was the fact that the mean posttest score for the subiects was substantially below the cutoff level of scores indicating high CA. In short, this program was highly effective.

The only other study which involved a program with SD but no other component was recently completed by McCroskey and Richmond (1982b). In this study subjects were invited to participate and charged a fee (\$30.00) to join the program. The subjects were not taking a communication course, the program was administered in the evening in a clinical setting, and the subject age-range was 15-65. The possible change index in this study was .481. All but one of the subjects dropped from high to moderate CA and the other subject reduced CA but was still above the high CA cutoff. Interestingly, this subject was most anxious about dyadic communication and least anxious about public speaking, a pattern the reverse of the overwhelming majority of high CA people.

In summary, the two studies which have employed only the SD component to help subjects overcome high CA have yielded very positive results. Their average possible change index is .449.

SD Plus Course

Four studies have tested the impact of SD when administered while the subjects were taking a regular communication course. By far the largest of these was the study reported by McCroskey (1972). Because pretest and posttest means are not reported for that study, no possible change index could be computed. However, the mean change score obtained in that study was 14.5.

The three remaining studies all found a slightly greater shift than that reported by McCroskey. The study reported by Ertle (1969) produced an index of .2°6, that reported by Sheehan (1971) produced an index of .274, and the more recent study by Berger, Baldwin, McCroskey, Richmond (1982) produced an index of .283. The average possible change index for these three studies is .286. These results indicate administering SD alone with a regular communication course is less effective than SD alone. Adding the course component reduces the impact of SD by about 34 percent.

The consistency of the possible change index for these three studies is particularly important because the courses involved in the three studies were very different. One was a public speaking class, one was a communication theory class, and one was a fundamentals class. These results suggest that including any communication course may be expected to reduce the positive immact of a SD program.

-215-

SD Plus Course and Skills

Three studies have involved all three components-SD, a communication course, and skills experience. The study by Goss, Thompson, Olds (1978) although not reporting pretest and posttest means, making computation of the possible change index impossible, observed change scores approximately half way in between the other two studies. This study, however, is particularly important in that the results indicated significant behavioral change as well as change on the self-report scales as a result of the program. 0

The two other studies which included all three components observed extremely similar effects. In the Sheehan (1971) study the possible change index was .286, while in the Berger (1982) study the index was .278. The average possible change index for these two studies is .282. This index is virtually identical with that for the studies employing SD and a course but no svills component. Thus, it appears that adding a skills component makes no contribution beyond that produced by SD alone or in conjunction with a communication course. Including all three components is less effective than including only the SD component.

Course and Skills

One study has been reported which permits us to compare the effects of the course and skills components in the absence of the SD component. In the Berger and McGroskey (1982) study the course was specifically designed to help students lower their CA and students were exposed to a variety of skills experiences. The possible change index for this study was .168. The index indicates that use of these components is only slightly more than half as effective as SD with a course or SD with both a course and skills experience. In addition it is only about a third as effective as SD alone.

Course Only

No studies have been specifically designed to study the impact of only a course or only skills experience on reducing CA. However, in four studies subjects in a no-treatment control group were in communication courses, thus the impact of this component alone can be examined.

In the largest of these studies, the impact of the course was negative in an absolute sense (McGroskey, 1972). The average change score across the four studies was 5.1, which is less than 20 percent of the average shift for SD alone. The possible change index in the studies where it could be computed also reflected the weak impact of the course component. For the Nichols (1040) study the index was .098 and for the Sheehan (1971) study it was .142. The average for the two studies was .120. These results indicate the course alone is only about half as effective as SD with a course or SD with a course and skills experience and only about one fourth as effective as SD alone.

Conclusions

The consistency in findings of the research reviewed in this paper permits fairly clear conclusions. The use of SD alone <u>clearly</u> is the superior method

-216-

of helping individuals overcome high communication apprehension. Communication courses, with or without skills experiences, make only a marginally positive contribution to reducing CA. When combined with SD, such courses have a much larger impact, but a much smaller impact than use of SD by itself.

While the above conclusions are justified by the data from the series of studies reviewed, several qualifications need to be expressed so that these conclusions are not overly generalized. First, the ineffectiveness of communication courses and skills experiences noted above only applies to the problem of reducing high CA. Clearly these components are not very useful for this ourpose. This does not infer that courses in communication are not useful for building a better understanding of communication or that skills experiences are not useful for improving the communication skills of students. We probably should not expect communication courses and skills experiences to help reduce high CA. That is not the primary purpose of such instruction. It would he nice if they helped with the CA problem, but it appears they do not.

Each of the components examined in this research review has a legitimate and important place in a communication education program. However, we might do well to remember the saying, "If it ain't broke, don't fix it." Not all students have the same needs, thus not all should be exposed to the same forms of communication instruction. For those who have high CA, SD should be provided, and it should be provided <u>before</u> any other component for maximum success. For students without high CA, this component is not relevant. For those students with deficient skills, skills experiences should be provided. Some of these students will also have high CA, others will not. For those with high CA, the SD component should be provided before the skills component. The large majority of students are neither high in CA nor reticent (skill deficient). For these students regular courses in communication are most appropriate, and SD and skills programs are not relevant.

Our major task is to identify the needs of our students and provide the instruction most appropriate to their needs. For those with high CA, that component is SD.

-217-

References

Berger, B. A. Unpublished research, Auburn University, 1982.

- Berger, B. A. and McCroskey, J. C. Reducing communication apprehension in pharmacy students. <u>American Journal of Pharmaceutical Education</u>, 1982, <u>46</u>, 132-136.
- Berger, B. A., Baldwin, J. H., McCroskey, J. C. and Richmond, V. P. Implementation of a systematic desensitization program and classroom instruction to reduce communication apprehension in pharmacy students. <u>American Journal of Pharmaceutical Education</u>, 1982, <u>46</u>, 227-234.
- Goss, B., Thompson, M. and Olds, S. Behavioral support for systematic desensitization for communication apprehension. <u>Human</u> <u>Communication</u> <u>Research</u>, 1978, <u>4</u>, 158-163.
- Ertle, C. D. A study of the effect of homogeneous grouping on systematic desensitization for the reduction of interpersonal communication apprehension. Unpublished dissertation, Michigan State University, 1969.
- McCroskey, J. C. Measures of communication-bound anxiety. <u>Speech Monographs</u>, 1970, <u>37</u>, 269-277.
- McCroskey, J. C. The implementation of a large-scale program of systematic desensitization for communication apprehension. <u>Speech Teacher</u>, 1972, <u>21</u>, 255-264.
- McCroskey, J. C. Oral communication apprehension: A summary of recent theory and research. <u>Human</u> <u>Communication</u> <u>Research</u>, 1977, <u>4</u>, 78-96.
- McCroskey, J. C. Validity of the PRCA as an index of oral communication apprehension. <u>Communication Monographs</u>, 1978, <u>45</u>, 192-203.
- McCroskey, J. C. <u>An introduction to rhetorical communication</u>. 4th Ed., Englewood Cliffs, NJ: Prentice-Hall, 1982, Ch. 2.
- McCroskey, J. C. Oral communication apprehension: A reconceptualization. In M. Burgoon, ed., <u>Communication Yearbook</u> 6, Beverly Hills, CA: Sage, 1982.
- McCroskey, J. C., Ralph, D. C. and Barrick, J. E. The effect of systematic desensitization on speech anxiety. <u>Speech Teacher</u>, 1970, <u>19</u>, 32-36.
- McCroskey, J. C. and Richmond, V. P. Unpublished research, West Virginia University, 1982. (b)
- McCroskey, J. C. and Richmond, V. P. Communication apprehension and shyness: Conceptual and operational distinctions. <u>Central States Speech Journal</u>, 1982, <u>13</u>, 458-468. (a)

-218-

Michols, J. G. An investigation of the effects of varied rates of training on systematic desensitization for interpersonal communication. Unpublished dissertation, Michigan State University, 1969.

Paul, G. L. Insight vs. desensitization in psychotherapy: An experiment in anxiety reduction. Stanford: Stanford University Press, 1966.

Paul, G. L. Two-year follow-up of systematic desensitization in therapy groups. Journal of Abnormal Psychology, 1968, 73, 199-230.

Phillips, G. M. <u>Help for shy people</u>. Englewood Cliffs, NJ: Prentice-Hall, 1981.

Sheehan, A. M. The effects of systematic desensitization and communication exposure on speech anxious students. Unpublished thesis, Illinois State University, 1971.

-219-