

Correlates of Compulsive Communication: Quantitative and Qualitative Characteristics

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This study focuses on communication correlates of compulsive communication. Participants in the study completed the Talkaholic Scale as a measure of their tendency to be a compulsive communicator. Measures of other trait orientations related to communication also were completed. Results indicated that compulsive communication has low positive relationships with assertiveness, willingness to communicate, self-perceived communication competence, and neuroticism. It also has low negative relationships with introversion and communication apprehension and moderately high negative correlation with self-reports of behavioral shyness. Categorical analyses indicated that "talkaholics," those people scoring two standard deviations above the mean on the measure, are likely to report low behavioral shyness, high willingness to communicate, high extroversion, high assertiveness, and high responsiveness. Thus, attributions that a person "talks too much" are likely based on qualitative rather than quantitative perceptions.

KEY CONCEPTS Compulsive communication, Talkaholic Scale, talkativeness, communication apprehension, willingness to communicate

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Research on the impact of talkativeness on interpersonal perceptions such as source credibility, leadership ability, interpersonal attraction, powerfulness, and attitude similarity has found strong, positive, linear relationships (Allgeier, 1974; Daly, McCroskey, & Richmond, 1976, 1977; Hayes & Meltzer, 1972; Hayes & Sievers, 1972). This research indicates that the more a person talks, the more that person is perceived to be credible, a leader, interpersonally attractive, powerful, and to have attitudes similar to those of the perceiver. This linear relationship has been found across the spectrum, including such excessively high talk levels as one person talking 75 to 95 percent of the time in a small group. Plots and tests of the relationships indicate no meaningful decline of positive perceptions even at the most extremely high levels of talking behavior (Daly et al., 1976). At the risk of over-simplifying this extensive and complex body of research, it is appropriate to conclude that generally talk is good, and more of it is better.

Since talkativeness is so positively valenced in U.S. society, it is not surprising most of the research relating to predispositions and orientations toward talking have focused on problems of communication avoidance rather than problems of excessive communication. Variability in people's talking behavior has been the subject of research in the fields of communication and psychology for most of the 20th century. The quantity of talk, and the

reasons for variability in quantity of talk, has been a central focus of much of this research. Primary attention has centered on factors believed to result in less talking such as high communication apprehension, low self-esteem, introversion, and inadequate communication skills (Daly & McCroskey, 1984; Jones, Cheek, & Briggs, 1986; Leary, 1983; McCroskey, 1977; McCroskey & Richmond, 1991; Phillips, 1981; Zimbardo, 1977). Comparatively little attention has been directed toward high verbalizers, particularly extremely high verbalizers. When the phenomenon of over-communication is mentioned at all in this literature, it usually is viewed as an aberrant response to high communication apprehension (McCroskey, 1984) or is couched in vague references to people who "talk too much."

Recently, the construct of compulsive communication, and a measure of this orientation, has been introduced into the literature (McCroskey & Richmond, 1993). People scoring highly on the "Talkaholic Scale" are referred to as "talkaholics," the name taken as an analog to the compulsive and excessive behavior of "alcoholics" and "workaholics." The construct references "individuals who are aware of their tendencies to over-communicate in a consistent and compulsive manner" (p. 107). It is recognized that, as with alcoholics and workaholics, there probably are people who are compulsive communicators but are not aware that they are, and others who are aware of their compulsive behavior but are unwilling to admit it to others. Such people likely would not be identifiable through use of the Talkaholic Scale, or any other self-report measure presently available.

While talkaholics are seen as engaging in compulsively directed behavior, the negative valence associated with compulsive drinking (which can lead to a wide variety of health and social problems) and compulsive working (which also can lead to health problems as well as relationship problems) is not suggested as inherent in the compulsive communication construct. The positivity or negativity of this communication orientation remains to be established in future research.

McCroskey and Richmond (1993) suggest the results of the research on the association between quantity of talk and interpersonal perceptions calls into question the concept of talking "too much." In studies involving real communication as well as studies employing highly unique simulations, the results are essentially the same: no level of talking could be appropriately labeled as talking "too much." The application of negative valence to high amounts of talk may be a function of confusing communication *quality* with communication *quantity*:

One possible explanation for [the] apparent discrepancy between results of the formal research and what lay people consistently report is that lay reports may be confusing quality with quantity. That is, if a person does not like what someone says, one of the ways of describing that response is to refer to the person as one who "talks too much." Thus, "talks too much" is a negative quantitative term for a negative qualitative reaction. Indeed, it might be difficult for person "A" to use the "talks too much" description for a person who spends an excessive amount of time talking to other persons about A's positive qualities, even though such behavior might be somewhat embarrassing to "A." (McCroskey & Richmond, 1993, p. 108.)

Thus, just because one person references another as one who "talks too much," does not necessarily mean that other person really is a compulsive communicator—or even that the person talks more than the average person. Whether talkaholics are consistently evaluated negatively and/or experience negative communication outcomes is an issue which remains open for future research. It is quite possible that talkaholics are highly effective communicators in spite of their communicative excesses, particularly in a culture which has a high value for talk. It is also possible that being labeled as one who talks too much is a function of one's communicative competence. Therefore, both talkaholics and

people who communicate no more than the average person may be given the same label. Put another way, there may be communicatively competent individuals who are talkaholics and are highly successful communicators who are not thought of as talking too much, and communicatively incompetent talkaholics (and non-talkaholics) who are highly unsuccessful communicators, at least some of whom may be described as "talks too much" in response to their communicative incompetence.

The Current Research

The current investigation was undertaken in an effort to distinguish the compulsive communication construct (and measure) from other communication orientations and dispositions which have received considerable attention in the literature. Our primary concern was with the convergent and divergent validity of this construct and measure with respect to others which focus on communication avoidance. Thus, we examined the association of compulsive communication with behavioral shyness, communication apprehension, willingness to communicate, self-perceived communication competence, assertiveness, responsiveness, and introversion. We anticipated a substantial negative correlation with behavioral shyness (McCroskey & Richmond, 1982) and more modest negative correlations with communication apprehension (McCroskey, 1970; 1984) and introversion (Eysenck, 1970, 1971). We expected modest positive correlations with willingness to communicate (McCroskey, 1992; McCroskey & Richmond, 1987), self-perceived communication competence (McCroskey & McCroskey, 1988), and the assertiveness component of social style (Bem, 1974; Merrill and Reid, 1981; Richmond & McCroskey, 1990; Wheelless & Dierks-Stewart, 1981). We were uncertain what relationship there would be with the responsiveness component of socio-communicative style. One line of thought would be that highly responsive people would be more likely to have a higher need to communicate than responsiveness to others. A contrary line was that responsive people would be more sensitive to the responses of others and, hence, less likely to over-communicate.

Since talkaholic behavior is presumed to be compulsive, we wanted to determine whether that compulsion might be neurotic (Eysenck, 1970; 1971) in origin. We expected, consequently, that any observed correlation with neuroticism would be positive. We also suspected that compulsive communication could be a response to an extremely high level of affect orientation (M. Booth-Butterfield & S. Booth-Butterfield, 1990). Again, we expected any observed correlation to be positive.

Finally, because many attributions are made about excessive communication on the part of females or males, generally by members of the opposite sex, we examined all of the variables measured for existence and magnitude of any differences that could be attributed to biological sex. Given our previous experiences with variables in this area (McCroskey, Simpson, & Richmond, 1982), we expected any associations to be small and/or socially inconsequential.

Method

A total of 811 college students enrolled in a variety of basic interpersonal and public communication courses participated in the first phase of the study. The study was conducted the first period of the class to avoid any bias which could result from instruction in the course. The participants completed ten scales which were presented to them in a systematically rotated manner to prevent fatigue from adversely affecting responses to any single measure. The measures included were ones developed to measure the constructs discussed above. These measures are described below.

FIGURE 1 The Talkaholic Scale

DIRECTIONS: The questionnaire below includes sixteen statements about talking behavior. Please indicate the degree to which you believe each of these characteristics applies to you by marking, on the line before each item, whether you (5) strongly agree that it applies, (4) agree that it applies, (3) are undecided, (2) disagree that it applies, or (1) strongly disagree that it applies. There are no right or wrong answers. Work quickly; record your first impression.

- _____ 1. *Often I keep quiet when I know I should talk.
- _____ 2. I talk more than I should sometimes.
- _____ 3. Often, I talk when I know I should keep quiet.
- _____ 4. *Sometimes I keep quite when I know it would be to my advantage to talk.
- _____ 5. I am a "talkaholic."
- _____ 6. *Sometimes I feel compelled to keep quiet.
- _____ 7. In general, I talk more than I should.
- _____ 8. I am a compulsive talker.
- _____ 9. *I am not a talker; rarely do I talk in communication situations.
- _____ 10. Quite a few people have said I talk too much.
- _____ 11. I just can't stop talking too much.
- _____ 12. *In general, I talk less than I should.
- _____ 13. I am not a "talkaholic."
- _____ 14. Sometimes I talk when I know it would be to my advantage to keep quiet.
- _____ 15. *I talk less than I should sometimes.
- _____ 16. I am not a compulsive talker.

*Filler item. Asterisk should not be included when scale given to subject.

SCORING: To determine the score on this scale, complete the following steps:

Step 1. Add the scores for items 2, 3, 5, 7, 8, 10, 11, and 14.

Step 2. Add the scores for items 13 and 16.

Step 3. Complete the following formula:

Talkaholic score = 12 + total from Step 1 - total from step 2.

Compulsive Communication

The Talkaholic Scale (TS; McCroskey & Richmond, 1993) is presented in Figure 1. It includes ten scored items and six filler items designed to balance the polarity of items in the actual scale. Alpha reliability for the 10-item scale in the present study was .92. In keeping with the conceptualization of talkaholics being comparatively rare and highly deviant from most communicators, we considered only those people who scored more than two standard deviations above the norm on the scale as true "talkaholics." People scoring 40 or above on this scale qualified for this designation.

Communication Apprehension

Communication apprehension is an individual's level of fear or anxiety associated with either real or anticipated communication with another person or persons. It was measured with the Personal Report of Communication Apprehension (PRCA-24) developed by McCroskey (1993). The alpha reliability for this 24-item instrument in this study was .95.

Shyness

The conceptualization of shyness employed in this research was that advanced by McCroskey & Richmond (1982). This conceptualization envisions shyness as the relative absence of talk. That is, those people scoring highly on the shyness scale talk less than other people. There are no items referencing fear or anxiety in this measure; hence, unlike other

shyness measures, it is not redundant with the measurement of communication apprehension. It is, therefore, a self-report of a person's talking behavior tendencies. We were concerned that this measure (and conceptualization of shyness) might be a reciprocal of the talkaholic measure (and conceptualization of compulsive communication). This shyness instrument was originally reported under the name "Verbal Activity Scale" (VAS: McCroskey, 1977). Later, as the scale was studied more intensively, its scoring was reversed and subsequently referred to as the "Shyness Scale" (SS: McCroskey, Andersen, Richmond, & Wheelless, 1981; McCroskey & Richmond, 1982). The alpha reliability for this 14-item measure in this study was .92.

Willingness To Communicate

Willingness to communicate is seen as a predisposition toward approaching, as opposed to avoiding, communication. It is presumed that people who are highly willing to communicate are very likely to initiate communication with others when under conditions of free choice. The Willingness To Communicate scale (WTC: McCroskey, 1992; McCroskey & Richmond, 1987) was employed in this study. This scale asks subjects to report directly their probability of initiating communication (on a 0-100 percent continuum) under a variety of general communication contexts and types of receivers. Other instruments purporting to measure this type of orientation typically do so only indirectly and are confounded by items directly assessing fear and/or anxiety. The alpha reliability for the WTC in the present study was .87.

Self-Perceived Communication Competence

The conceptualization and measurement of communication competence are subject to considerable controversy. While acknowledging that it may or may not be meaningfully related to objective external measures of communication competence, self-perceived communication competence was advanced by McCroskey & McCroskey (1988) with the rationale that people make important communication decisions based on their self-perceptions. This rationale has also been advanced by Phillips (1968, 1984) in his reticence theory. Although true behavioral competence may be highly variable as a function of situation and context, talkaholics are presumed to be situationally indifferent. Hence, the broadly based measure of self-perceived communication competence (SPCC) was selected for use in this study. This 12-item instrument had an alpha reliability in this study of .91.

Social Style

Social style, as conceptualized by Merrill and Ried (1981), is composed of two dimensions, assertiveness and responsiveness. The conceptualizations of these constructs has evolved from the early work of Jung. Many instruments have been developed to measure the constructs. We chose the Assertiveness-Responsiveness Measure (ARM) reported by Richmond and McCroskey (1990) for use in this study. The assertiveness and responsiveness constructs are presumed to be orthogonal, and the ARM instruments meet that criterion. The two dimensions of this instrument each include ten items and the scores for the two are uncorrelated. The alpha reliability for the assertiveness dimension in the present study was .89. The alpha reliability for the responsiveness dimension was .88. The correlation between the raw scores of these two measures in the current study was $r = .10$. Given the large sample size in this study, that correlation is statistically significant ($p < .05$), but the two measures share only one percent of common variance. Hence, the orthogonality assumption was functionally supported.

Introversion and Neuroticism

Introversion and neuroticism have been studied extensively in the field of psychology, particularly by Eysenck (1970, 1971). They have been found to be uncorrelated (and were in the present study also). A twelve-item measure of introversion and an eight-item measure of neuroticism were drawn from Eysenck's work. Special care was taken to avoid items specifically referencing fear or avoidance of communication in order to keep the measure from artificially overlapping other instruments specifically designed to measure these matters. The introversion measure produced an alpha reliability of .83 and the reliability of the neuroticism measure was .80.

Affect Orientation

The affect orientation measure advanced by M. Booth-Butterfield and S. Booth-Butterfield (1990) was employed in this study. This instrument was designed to measure "one's awareness of emotions and their importance and use in guiding behavior" (p. 457). The measure was found to be unrelated to communication apprehension in previous research, thus we did not need to be concerned that the two instruments were redundant. The alpha reliability of this 20-item instrument in the present study was .86.

Biological Sex

In the second phase of this research we examined the relationship of biological sex to scores on the measures noted above. Since we only asked respondents to identify their sex on one instrument, and the instruments were systematically ordered in the participants' packets, approximately one-fifth of the participants failed to indicate whether they were male or female. Thus, the sample size for this phase of the research was 660—373 males and 287 females.

Data Analyses

The first phase of the examination of the data centered on correlation and regression analyses. Simple Pearson correlations of the Talkaholic Scale scores with the other variables were computed. Subsequently, step-wise regression analyses were conducted to determine the shared variance of the TS scores with those from the other variables.

The second phase of the data analysis involved a series of simple analyses of variance with biological sex as the independent variable and scores on the primary measures in the study as the dependent variables. A multivariate analysis of variance was conducted initially. It indicated a significant difference attributable to biological sex did exist but accounted for little variance (<2 percent). Hence, our focus will be on the differences relating to the individual variables.

The final phase of the data analysis focused on the 42 participants who scored above 40 on the Talkaholic Scale. The distribution of scores on the TS scale is somewhat skewed. As a result, although their scores fall two standard deviations from the mean, these individuals represent approximately 5 percent of the total sample rather than the expected 2.5 percent. The mean for all subjects who have completed the scale is 24.8 with a standard deviation of 7.6. Two standard deviations above the mean is 40, two standard deviations below is 9.6. Since the lowest possible score is 10.0, there were no subjects in that tail of the distribution. Categorical analyses were initiated by creating three levels (high, moderate, and low) on all of the remaining variables. In each case, participants scoring more than one standard deviation away from the sample mean were classified into the appropriate high or low

category for that variable. Chi-square analyses were computed to determine where divergent classifications could not be explained by chance.

Results

The simple correlations between scores on the Talkaholic Scale and the other measures in this study are reported in Table 1. All but two of the correlations were statistically significant. The correlations with responsiveness and affect orientation were very small and non-significant.

The strongest negative correlation, as expected, was with scores on the behavioral shyness scale. While the scores on the two instruments have 38 percent shared variance, our concern that they would be virtually isomorphic was shown to be unwarranted. Clearly, to be a talkaholic is more than to just be a person who talks more than most people. This finding provides some support for our belief that compulsion may be the critical distinction.

Introversion and communication apprehension were found to have much smaller, although significant, negative correlations with the talkaholic scale. These relatively small relationships indicated that just being an extrovert or a low communication apprehensive does not mean one is a compulsive communicator.

Three communication orientations were found to be significantly positively related to talkaholic scores, but the relationships were small. Assertiveness, willingness to communicate, and self-perceived communication competence were found to share between two and eight percent variance with compulsive communication. Most importantly, it is clear that simply to be highly assertive, or highly willing to communicate, or to see one's self as highly communicatively competent does not mean one will be a talkaholic. The discriminant validity between the measure of compulsive communication and these measures of other constructs is strong.

The observed relationship between neuroticism and compulsive communication was in the expected direction, but the relationship was a weak one. It is clear that talkaholics are not just neurotic individuals.

The stepwise regression analysis we conducted generated a three variable model which predicted 43 percent of the variance in Talkaholic Scale scores ($F = 204.77$, $df\ 3/807$, $p < .0001$). The variables included were scores on the Shyness Scale, the PRCA-24, and the Neuroticism measure. As noted before, behavioral shyness was the variable with the highest simple correlation with TS scores. Consequently, shyness was selected as the first variable entering the model and accounted for 38 percent of the variance. The ability of both neuroticism and communication apprehension to predict TS scores was, as expected, mostly colinear with shyness. Neuroticism added only three percent and communication apprehension added only two percent to the overall model.

TABLE 1 Correlations With Talkaholic Scale

Shyness	-.62*
Introversion	-.29*
Assertiveness	.28*
Communication Apprehension	-.24*
Willingness to Communicate	.19*
Neuroticism	.16*
Self-Perceived Communication Competence	.15*
Responsiveness	.02
Affect Orientation	.00

*Significant, $p < .05$.

TABLE 2 Means, F-Ratios, and Variance Accounted for by Biological Sex

Variable	Male Mean	Female Mean	F-Ratio	<i>p</i> <	Variance Accounted For
Talkaholic Scale	23.9	26.0	12.53	.001	.02
Neuroticism	13.5	14.4	14.70	.0001	.02
Assertiveness	37.6	35.1	22.13	.0001	.03
Responsiveness	38.9	42.6	68.73	.0001	.09
Affect Orientation	72.5	77.8	50.89	.0001	.07

Table 2 reports the means, F-ratios, and variance accounted for by biological sex for all of the measures collected in this study which produced significant differences. No significant differences were found for willingness to communicate, behavioral shyness, communication apprehension, introversion, or self-perceived communication competence. This absence of significant differences is consistent with previous research.

Significant differences were observed between males and females on assertiveness, responsiveness, and affect orientation. Males were found to be more assertive whereas females were found to be more responsive and have a higher affect orientation. These differences are also consistent with previous research.

Females were found to score higher on both the Talkaholic Scale and on the neuroticism measure. Each difference, however, accounted for only about two percent of the variance. To probe this further, we determined the number of males and females who were identified as talkaholics. There were 15 males and 20 females (7 of the 42 talkaholics did not fill in a response to the biological sex question) who were talkaholics and 358 males and 267 females who were not. The chi-square for the difference was 43.04, $p < .0001$. The phi coefficient was .06.

Table 3 reports the results of the classification analyses for the three levels of each of our variables based on the data from only the 42 talkaholics. Since the classifications were based on one standard deviation variability from the mean of the present sample on each variable, it was expected that seven of the talkaholics should be classified into the high and low categories on each variable and the remaining 28 should be classified into the moderate category—if the given variable was not meaningfully related to compulsive communication.

Statistically significant deviations from chance classifications were found for five variables: behavioral shyness, willingness to communicate, assertiveness, responsiveness, and introversion. As would be expected, more talkaholics than chance were found to be low in shyness, high in willingness to communicate, high in assertiveness, and low in introversion (in other words, to be extroverts).

TABLE 3 Number of Talkaholics by Classification Level of Variables Studied

Variable	Classification Level			Chi-Square	<i>p</i> <
	High	Moderate	Low		
Shyness	0	16	26	67.57	.001
Introversion	5	17	20	29.03	.001
Assertiveness	18	21	2	22.61	.001
Responsiveness	14	26	1	12.28	.01
Willingness to Communicate	14	25	3	9.61	.05
Communication Apprehension	9	21	12	5.89	NSD
Neuroticism	10	29	3	3.61	NSD
Affect Orientation	10	29	3	3.61	NSD
Self-Perceived Comm. Competence	9	27	6	.75	NSD

Two surprises appeared. The first was that far more talkaholics were highly responsive than would be expected by chance, and only one was a low responsive. The second was that there were no more low communication apprehensives than high communication apprehensives among those identified as talkaholics. Neither the proportion identified as high communication apprehensives nor the proportion identified as low apprehensives differed statistically from what would be expected by chance in a normal population. While CA and TS scores were found to be modestly correlated, clearly being a low communication apprehensive is not highly predictive of being a compulsive communicator.

Discussion

The results of the quantitative portion of this research provide support for the distinctiveness of the compulsive communication construct and the talkaholic scale. The construct presumes that being a compulsive communicator is not just being an extrovert, being a low communication apprehensive, being highly willing to communicate, being highly assertive or responsive, or seeing one's self as a highly competent communicator. The correlations of the scores on the talkaholic scale were all moderate to very low with these constructs—even though all of these constructs have strong association with communication approach and/or avoidance tendencies.

The only communication orientation measure substantially associated with talkaholic scores was that of behavioral shyness. That measure, unlike others of that construct, is not a measure of communication apprehension. Rather, it is a self-report of how much a person talks. It is scored so that minimal talking results in high scores—presumably representing a behaviorally shy person. As expected, this measure correlated negatively with the talkaholic measure. This confirms that talkaholics are high talkers, but indicates that *being a compulsive communicator*, as the construct suggests, is *more than just not being shy*. The regression analysis suggests that both low communication apprehension and high neuroticism may contribute to a person being a compulsive communicator. This finding with regard to communication apprehension, however, may be misleading because in the classification analysis neither the proportion of high nor low communication apprehensives deviated significantly from chance expectations. If low communication apprehension was a criterial characteristic of talkaholics, there should have been a disproportionate number of low-apprehensive talkaholics that was statistically significant without a similar disproportionality of high-apprehensive talkaholics. This was not the case.

The classification analyses provided us with important information that goes beyond the correlational results. These results confirmed the assumption that compulsive communicators are not behaviorally shy people. Not a single individual classified as a talkaholic was also classified as highly shy.

The profile of the talkaholic we can draw from the classification analyses is of a person who is extroverted, willing to communicate, and both assertive and responsive. Most notably, this person is neither neurotic nor low in communication apprehension. Contrary to the original conceptualization, neuroticism appears to play no meaningful part in producing the compulsive communicator, and not being apprehensive about communication seems to make no meaningful contribution either. Further, the compulsive communicator does not seem to have an inflated view of her or his communication competence.

Instead of identifying compulsive communication as a "disorder," the direction in which the original conceptualization pointed, it probably is more accurate to see this person as an outgoing, probably skilled and effective, communicator. The results relating to assertiveness and responsiveness are particularly important to this conclusion. People who are both assertive and responsive have been referred to by Bem (1974) as "androgynous."

This references what Bem sees as an ideal combination of positive tendencies of both males and females in this culture. These behavioral tendencies constitute the essence of communication competence according to at least one conceptualization of interpersonal communication competence (McCroskey, Richmond, & Stewart, 1986).

It now seems likely that people who are compulsive communicators, or as we have labeled them, "talkaholics," are not the same people who observers refer to as people who "talk too much." While anyone who talks longer than the listener has time to listen could be given that label, it appears less likely that moderate to highly responsive talkaholics would engage in this behavior. Only one of the 42 talkaholics studied could be classified as a low responsive. It seems likely that the attribution of "talking too much," as we have indicated previously, is the product of a qualitative rather than a quantitative evaluation. Future research is needed to probe this and alternative interpretations of these results.

Interviews with Talkaholics

In order to obtain a more qualitative perspective of the nature of talkaholics, we engaged about half of the students who were so-identified in informal interviews. We obtained interviews with all of the students who were in class near the end of the semester in which the above study was conducted. Since the students were only identifiable by a code number given them in their class, we had no other way to contact the absent students or know who they were.

Not surprisingly, all of the students were happy to leave class (mass lecture courses) and join us for interviews. In fact, none of them were able to keep quiet while we walked down a set of stairs and through a hallway to a room where we could hold an interview. While we had a set of questions we wanted to ask each student, in many cases we found it difficult to get them to move on to a new topic, since each of the interview settings included three-five talkaholics.

Since the recording equipment we planned to use to record the interviews did not work, we were unable to obtain a detailed transcript of everything said. Hence, this report will include some specific quotations we were able to write down but will focus mostly on the general reactions we observed.

We opened each interview with the following question: "If I said you talk a lot, would that surprise you?" This question received a unanimous "No!" and stimulated much laughter and some additional comments like "Get in line!" and "Tell me something I don't know." When asked if they thought of themselves as high talkers, all indicated they did. Some initiated comments to the effect that "Yes, I even talk when I shouldn't." When asked specifically whether they could recall a situation when they talked when they should not have, all indicated they could. Most indicated the behavior occurred in school, and they got in trouble for it—but several were quick to add they kept talking anyway and "everything worked out O.K." This was a persistent theme in the interview, talkaholics get in trouble for talking, but just keep talking anyway. As one student put it "I get into trouble every day for talking, but I still keep talking."

When asked whether they thought the term "compulsive communicator" could be applied to them, all indicated they thought it could. Typical comments given in response to this question were: "I feel I have to comment when someone says something—anything." "I am quiet with strangers—for about 30 seconds!" "I am a 'social butterfly' at parties and social events." When asked if they had ever tried to talk less, most indicated they had but many added comments such as: "Yeah, but I can't do it." "I can't stop talking." "I am driven to talk." One indicated he had never tried to talk less, because "I like to talk." When asked if they were in a small group meeting for an hour, would it be possible for them not to

talk, most indicated it would be extremely difficult or impossible. This question stimulated a discussion in one interview about how they hated lecture courses. When asked if they talked a lot in smaller classes, all indicated they regularly responded to instructor questions and asked questions of their own. Individual comments indicated that some "talk during lectures," "talk to friends," "like to sit in back and talk," and even "go to class to talk." When pressed to indicate whether they talked more in school or at home, most asserted that they talked a lot both places—no difference.

We asked the students whether anyone had ever called them "shy." Most laughed and indicated that had not happened. However, one indicated her parents told her she was shy when she was little, but she didn't remember being that way. Another recalled a teacher in elementary school had said he was shy, "but that was years ago." He went on to indicate he never liked that teacher, so he may not have talked as much in that class. In general, these talkaholics viewed shyness as a very negative characteristic and could not identify with "why anybody would be like that."

We probed to determine whether these students thought their compulsive communication was a "problem" for them. None of them would acknowledge it was a problem. In fact, some seemed to resent that anyone would even consider that to be a possibility. One said, "Maybe sometimes in the classroom, but even (in the classroom) there are still more rewards for talking than not talking." Other comments included: "I get what I want if I talk." "If I put the words across, people listen to me." "While I can talk myself into trouble, I can talk myself out of it." "You have to talk to manipulate others." When asked if they would change their orientation if they could, all indicated they would not. One student said, presumably on behalf of the five people in his group, "We talkaholics are somewhat abnormal . . . not weird, just abnormal. . . . Let's call us 'exceptional,' not abnormal!"

We asked questions to probe the "talks too much" description. We asked the students whether they knew anyone who talked too much. All indicated they did. One noted "I know some who are just like me, they talk too much most of the time." We then asked the student if they thought of themselves as talking too much. The response generally was that maybe sometimes they did, but most of the time they did not. Everyone acknowledged, however, that they had had someone tell them they talked too much. When asked if that bothered them, they indicated it did not. As one put it "No, I just keep talking, even when my roommate tells me to shut-up! She gets over it." We then asked what they thought of people who talk too much. Virtually all made a qualitative distinction in their responses. A characteristic response was "If they are making sense O.K., but if they are just going on and on, it is annoying."

We were interested in probing the students' perceptions of themselves as communicators. We asked whether they thought of themselves as more fluent and articulate than other people. While a few did, most did not. But when we asked them whether others frequently asked them to speak in their place, we were assured it was a very common experience, especially to represent their group in school or at work.

When we asked the students to self-report their grade-point-average, we encountered some hostility. While the reports were from 2.5 to 3.3, indicating a very normal range, one student strongly asserted "Who said grade point is a test of intelligence?"

The students indicated a wide range of preferences for career plans. Most of their career plans involved occupations which have high communication demands—operate own business, family practice medicine, public relations, advertising, industrial engineering.

While less than two percent of the students enrolled in the courses from which the students studied were drawn were majors in Journalism or Communication Studies, about a fourth of the talkaholics were in these majors. As an aside, when we were presenting a

program on compulsive communication at the national convention of the Speech Communication Association, over half of the people in the audience (about 85 people) identified themselves as talkaholics, and their scores on the Talkaholic Scale they completed at the session confirmed these perceptions. It seems likely that compulsive communicators are drawn to the communication discipline and its related professions.

The final question we asked the talkaholic students was whether they would want to date a compulsive communicator. Most indicated they would not, but several strongly noted that they did not want to have anything to do with a shy date either. A representative comment was "No, I don't want to date a talkaholic, but I don't want a shy date either. I want someone who is a moderate talker but who will still let me dominate the conversation."

Conclusions

The qualitative impressions from the student interviews present a picture of the compulsive communicator consistent with that drawn from the quantitative data. People who are aware they are talkaholics are generally pleased with their orientation and do not see it as a problem. They would not change if they could, but do not think they could change even if they tried. While they acknowledge that they sometimes get in trouble by talking when they shouldn't, they feel they generally can talk themselves out of whatever trouble they get into, and believe, on balance, there are a lot more rewards available for talking than for keeping quiet. It should be recognized that some jobs require a person to talk an extremely high quantitative level, but the occupant of that job is not necessarily a talkaholic. People who answer the telephone for 8 hours a day talk a lot, so do teachers at some levels, so do tour guides, so do radio personalities, so do people in direct sales, as do many others. Many of these people can "shut it off" when they want to. The talkaholic may be more limited in her/his ability to do that.

Although data from self-proclaimed compulsive communicators presents a persuasive case that extremely high quantity of communication is not a problem, at least for these people, we should be careful not to over-generalize these results. It is quite possible that excessively high communication quantity is a problem these talkaholics simply do not recognize—much as many alcoholics and workaholics fail to acknowledge their problems. Or, they may recognize it but deny its existence to others because they do not believe they can change anyway.

Future research should seek to identify individuals who others believe "talk too much" and determine whether these people actually are compulsive communicators or whether they may be people with inadequate communication skills or insensitivities which lead them to be offensive to others. Of course, it is possible they could be compulsive communicators and be insensitive or lack communication skills, although the fact that almost all talkaholics in this study identified themselves as moderately to highly responsive would suggest this is not likely the case.

At this point it would appear that people who commonly are labeled as ones who "talk too much," and people who are compulsive communicators may not be the same people. The term "talks too much" may be a quantitative description of a qualitative problem. That is, we may say a person talks too much if we don't like what the person says or how they say it—it is not the amount but the nature of the communication to which we object. This disapproval of the quality of the communication, however, may be expressed by describing the person as one who "talks too much." If so, the problem is one that appropriate instruction in communication may be able to solve, or at least reduce. As in other matters, once we can isolate the cause of the problem, we are well along the way toward solving it.

Telling talkaholics to be quiet is not likely to have any positive impact, for they are unlikely to be able to do so, even if they wanted to. The research results to this point suggest that we may not really want many of these people to talk less. They appear generally to be reasonably competent and effective communicators. Although we began this research assuming that there were people who are compulsively driven to communicate and that this compulsion causes them (and probably others around them) problems, we are not convinced the original assumption is completely accurate. The research does suggest that some people indeed are compulsive communicators, but the evidence of this being a problem for those people is scant indeed. Whether it is a problem for *others* remains an open question. Thus, future research should examine both the communication behaviors and orientations of compulsive communicators as well as the reactions of other people to these individuals. Do compulsive talkers also have a compulsion to write? Does their loquaciousness cause them to score higher on the Role Category Questionnaire (Beatty & Payne, 1984). What are these individuals' self-perceptions of their interaction involvement (Cegala, Savage, Brunner, & Conrad, 1982)? What are other people's perceptions of their interaction involvement? Do others perceive them as competent communicators? How does compulsive communication impact a person's perceived credibility, interpersonal attractiveness, and communicator style?

These are but a few of the questions deserving further examination. When we realize that one in twenty people we meet are projected to fall into this category of compulsive communicator, the importance of future research in this area becomes clearer. While one-in-twenty represents the traditional point where statisticians begin to question the importance of a phenomenon, when we can expect one student in any class of twenty students to be a talkaholic (5 in a class of 100), or one in every twenty customers in a restaurant to be a talkaholic, or one in even a small organization of twenty or more people, the impact that talkaholics can have in everyday society seems much larger than we first thought when we began this research effort.

We believe the next step in this research needs to be an attempt to sort out the kinds of people we refer to as ones who "talk too much" from the people we have identified in this research as "talkaholics." At this point, we suspect they may be completely different people. More likely, there is some overlap between these two types. Exactly how much remains to be determined.

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