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ABSTRACT

Albert Ellis's Rational Emotive Therapy (RET), which assumes that a person can change an emotional disturbance by discovering and disputing the irrational ideas giving rise to that emotion, has been used effectively in treating public speaking anxiety. To compare RET with other treatments for communication apprehension, 52 high communication apprehensive individuals were placed in three treatment groups. Group 1 supplemented the development of communication skills with RET training; group 2 used skills training and systematic desensitization, the relief of anxiety through relaxation techniques; and group 3 worked only on building students' communication skills. Comparisons of pretests and posttests revealed that while all three groups showed significant decreases in speech anxiety after the 4-month program, no group's results differed significantly from any of the others. In other words, all methods worked equally well. Further research is needed on the possible impact that the "Pygmalion" effect, achievement rising to meet student or teacher expectations, and the "Hawthorne" effect, productive change following attention to "lonely" students, have on findings. (MM)

ALLEVIATING COMMUNICATION APPREHENSION THROUGH RATIONAL EMOTIVE THERAPY: A COMPARATIVE EVALUATION

This article describes a Rational Emotive Therapy approach to treating classroom communication apprehension. The study compared the RET approach, systematic desensitization, and skills only. Each method of treatment produced significant differences from pretest to posttest. The study opens future discussion about the effects of the Pygmalion and Hawthorne effects.

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ALLEVIATING COMMUNICATION APPREHENSION THROUGH RATIONAL EMOTIVE THERAPY: A COMPARATIVE EVALUATION

To understand and treat communication apprehension invites the continued efforts of communication educators. The fear and avoidance symptoms associated with this condition have been defined in earlier research,[1] while later researchers have redefined and explored variables correlated with communication apprehension and its related concepts.[2] Recently, great strides have been taken to clarify communication apprehension as a part of the cause and reticence as a part of the effect of this communication-related phenomenon.[3]

Within the realm of the highly communication apprehensive or the reticent student, a number of correlates to this syndrome have been observed. The list includes scores of variables, among them fear of audience disapproval, fear of failure, lack of eye contact, low verbal output, confusion, introversion, social alienation, ethnic divergence, low self-concept, feeling low warmth, little tolerance for ambiguity, low self-control, low adventurousness, low surgency, low emotional maturity,[4] and high fatalism.[5]

Beyond research interest in definitional bases and quantitative correlates of this communication syndrome, however, is the sometimes perplexing question of just how to treat or alleviate the situation, particularly in the speech classroom experience. Foss, for instance, identified twelve learning theory approaches

and five skills training approaches typically utilized in speech programs around the nation to treat communication apprehension.[6] And, clearly, an increasing number of treatment programs within speech departments can be anticipated in coming years.[7] With an increasing number of programs has also come a sense of electicism in applying a variety of approaches to most individual needs. In past efforts, treatment has centered on systematic desensitization,[8] skills training,[9] cognitive modification and cognitive restructuring,[10] group counseling,[11] and individual counseling,[12] to name a few.

Considering these and other approaches, Ross argued that many do not offer specific guidelines for developing a communication apprehension program.[13] Phillips suggested that despite the variety of methods, some may lack theoretical underpinnings.[14]

The purpose of this study is to report research efforts to develop and evaluate a classroom treatment communication apprehension program, based on a theoretical commitment to rational emotive therapy. This current work has evolved over a five-year period of development and research evaluation. In this rational emotive therapy approach, we hope to add input to the challenge recently offered by Phillips, who called for "a future characterized by the development of effective pedagogies" and noted "the consensus is that a training technology is now required."[15] We do not claim for the present approach to answer the need for a perfect "training technology" but we offer this description as another link in insightful models for apprehension treatments.

Theoretical Perspectives

Rational Emotive Therapy

Ellis' theory is based on assumptions that it is the view people take of things that disturb them not the things themselves. Communication apprehension (CA) may be considered a kind of emotional reaction associated with communicative performance. Ellis explained that "Human emotions are largely derived from human thinking processes; therefore, RET attempts to change emotional disturbances by changing thinking habits."[16] We must first determine exactly what are the irrational or illogical aspects of his/her thinking and then learn to think in a more rational manner. Essentially, a person may change an emotional disturbance by changing his/her thinking.

Rational emotive therapy (RET) has two orientations. First, RET attempts to reveal basic irrational philosophies that people hold. Second, RET reveals how irrational philosophies may be rejected and changed. In short, RET seeks to change intensely and deeply held emotions and thinking patterns.[17] The method is didactic (rather than passive) since it advocates verbal discussion, action, effort, and practice in the A-B-C-D-E model of RET.[18]

Briefly stated, the model includes A, the activating experience; B, the belief about A; C, the upsetting emotional consequences; D, the disputing of irrational ideas. The subject considers A, a problem or circumstance; B, examines the self-talk said as a result of the A situation; and C, sees that B (not A) caused the unwanted emotion. The subject then D, attacks and challenges the irrational ideas and E, finds ways to change

irrational philosophies.

After the A-B-C-D-E model is used to determine irrational philosophies, a consideration of basic ideas which cause these misunderstandings is undertaken. Often the exploration of irrational ideas is used specifically where the concern is appropriate to the particular subject's needs. Ellis' personal comments concerning RET and speaking, in particular, are summarized:

1. In RET, B is an important irrational Belief, such as: "I must do well in public speaking. The audience has to approve of me." To challenge this must, individuals with the disturbed feelings (e.g., anxiety) or dysfunctional behavior (e.g., avoidance of public speaking), had better clearly see that they are insisting or demanding (instead of preferring) that they (or others) act in a certain manner; and then they had better actively and vigorously Dispute (at point D) this must.

2. The must is often implicit, as when people say, "I'd like to do well in speaking," but really mean, "and therefore I must." In RET, we ask them to look for and acknowledge their musts. Once they do so, they can ask scientifically oriented questions, such as: "Is it true that I must?" To which the answer would be: "No, it isn't; though it would be preferable if I spoke well, there is no reason why I have to."

3. When people are helped by RET to find their irrational musturbatory beliefs and the derivatives of these beliefs, they can put a Why before them and thus actively Dispute them. Thus, they can ask themselves: "Why is it awful if I fail at speaking?" Answer: "It isn't - it's only inconvenient!"[19]

Let us turn briefly to examine the RET approach specifically used in treating communication apprehension.

RET and Treatment of Communication Apprehension

Several research studies provide support for the use of RET as a method for overcoming speech anxiety. Using RET, a placebo,

and no treatment, Trexler concluded that "RET is more effective than AP (Attention Placebo) in reducing PSA (Public Speaking Anxiety)." RET was particularly effective in short-term efforts to relieve specific emotional problems.[20] Meichenbaum, Gilmore, and Fedoravicius[21] compared RET, desensitization, and a combined desensitization and insight condition. They found that a "group insight treatment emphasizing self-instructional training was as effective as was a group desensitization in reducing speech anxiety." Their study also suggested that an insight therapy based on modifying self-verbalizations in an anxiety-producing situation was particularly helpful to clients experiencing high social distress. Desensitization works well, they concluded, with clients suffering from low general social distress.

Meichenbaum also examined RET in overcoming test anxiety by comparing RET, group desensitization, and a waiting list control group. The study indicated that a "cognitive modification treatment procedure, which attempts to make high test anxious subjects aware of the anxiety-engendering self-statements they emit and aware of incompatible self-instructions and behaviors they should emit, was most effective in reducing test anxiety.[22]

Describing the Speech Confidence Laboratory of the University of Hawaii at Manoa, Neer revealed the usefulness of RET in diagnosing and reducing public speaking anxiety. By correlating irrational beliefs with student apprehension, researchers reported that high apprehensives are more likely than low apprehensives to hold irrational beliefs about public speaking.[23]

Confidence Class: A Theoretical Approach to Classroom Treatment of Communication Apprehension

The treatment that we are calling the "confidence class" is based on the theoretical premises of RET. The actual operationalization described here attempts to combine the better parts of desensitization and skills approaches. Ellis' view of this combination of methods was particularly influential as he responded in our personal interview regarding this matter:

> Skill training and desensitization in some important ways amount to similar therapeutic methods, although many therapists don't seem to realize this. Let's take skill training - which we do, in RET, at what we call point A, the Activating event or Activating experience. Students fail to speak well at point A, partly because they have little experience in or knowledge of doing so, tell themselves at point B that they are worthless individuals (because they think they must do well) and become anxious and depressed at point C (emotional and behavioral Consequence). Skill training helps them speak better at point A; and they therefore tell themselves at point B (Belief System), "I see that I can speak well. Isn't that good! Now that I see that I'm so competent, I'm a good instead of a bad person!" They therefore stop their self-downing and feel much less anxious and depressed at point C, and consequently have confidence that they will subsequently keep speaking well.
>
> This, however, is a very inelegant solution; and

although most of the other psychotherapies would be quite happy with it, we would not think it highly effective - since these people who now have "self-confidence" or "self-esteem" only have it because they are doing better than before. Once they do poorly again (at speaking or anything else), they will go right back to demanding that they must do well, and will go back to their self-downing. In RET therefore, we would not only give them skill training, thereby enabling them to speak better, but we would also show them that even if they fall back and speak poorly, they can always accept themselves and never down themselves as humans - because there is never a reason why they have to, why they must do well in order to accept themselves. In RET, in other words, we teach them how to think unabsolutistically and how to have unconditional self-acceptance, whether or not they perform well in speaking or in any other activity.

Skill training, in other words, brings about what we call achievement-confidence or performance-confidence in RET (and what Albert Bandura calls self-efficacy); but it rarely helps bring about unconditional self-acceptance (or what Carl Rogers calls unconditional positive regard). That is why, in RET, we not only help people to do a great deal of problem solving and skill training (at point A), but we also invariably get them to look at their irrational Beliefs at point B, and to

change or surrender these beliefs, so that (ideally), under no conditions will they down themselves or create needless anxiety and depression.

Thus, in regard to speech anxiety, we would help people to see their irrational Beliefs ("I must do well at speaking and I'm an incompetent person if I don't!") and we get them vigorously to Dispute and challenge these absolutistic Beliefs. As they are doing so, we also give them skill training, such as speech training. And, along with our methods of cognitive restructuring and Disputing of their irrational Beliefs (iBs), we also give them in vivo desensitization - send them out, for example, to make speech after speech, until they see that they can do so competently and that it is hardly the end of the world when they don't. RET is invariably cognitive, emotive, and behavioral in its methods; and although it especially emphasizes cognitive and philosophic techniques, such as the awareness and Disputing of irrational Beliefs, it also includes behavioral methods such as skill training.[24]

This theoretical rationale supports the procedure used in this study. This procedure taps cognitive and behavioral skills.

Students who enter the fundamental speech "confidence classes" are screened by use of the PRCA inventory.[25] Those

scoring one standard above the mean are classified as apprehensives and invited to transfer into special confidence-building sections. The students read Ellis' A New Guide to Rational Living,[26] write a paper describing their thoughts about themselves and oral communication, and come to an individual conference with the instructor. Objectives of the conference are for the teacher to get acquainted with the student, ascertain concerns the student may have about himself or herself and communication skills, to note and discuss areas of need, and to determine ways to meet those needs. Warm up and get acquainted activities in the next whole class meeting help the student relax and enjoy a "speech class."[27] Formal instruction begins when the teacher briefly overviews possible causes of speech anxiety.

Next, three major areas of RET are explained to the students: the concepts of how emotions are learned and unlearned (or changed), the statements of irrational ideas (summarized previously), and the A-B-C-D-E model of overcoming irrational ideas. To overcome irrational ideas, the student learns to use the rational self-analysis or homework form developed by Dr. Ellis and used at the Institute for Rational Living. The form specifies each step of the A-B-C-D-E model and helps the student examine rational and irrational ideas.

After thorough grounding in RET through lecture, readings, examples, and discussion, along with the use of the rational self-analysis forms, students pursue units on communication goal development and communication skills. Topics of skills

development include social conversation, interviewing (social, informational, and business), group discussion, and public speaking.

Given this theoretical base, our primary concern was then to test the RET model on communication apprehensives. In two previous pilot studies we secured gains in reducing communication apprehension by 25 percent using the "confidence" approach. In this study, we were interested in examining those gains in comparison with other classroom methods. This research sought to compare three classroom approaches to treating communication apprehension: (1) the confidence (RET) method, (2) systematic desensitization, and (3) a skills only approach.

Research Evaluation of the Classroom RET Method

Subjects

Fifty-two high communication apprehensive individuals (25 males and 27 females) served as subjects during the semester. The subjects were chosen after initial screening on the PRCA.

Procedures

The apprehensive students were randomly assigned to three treatment groups (classes) for the semester. These groups were taught by the same person in order to reduce instructor differences and biases. The instructor was thoroughly skilled in each of the techniques used in the study.

Group one was exposed to the RET method described earlier. Group two was given systematic desensitization, a well-known treatment designed to alleviate anxiety in subjects through

various forms of relaxation techniques. In this study, a series of tapes developed by James Lohr[28] teaches relaxation and leads the students through a hierarchy of anxiety provoking speech situations leading ultimately to public speaking. The technique is based on the Wolpe relaxation method[29] which reduces gradually a hierarchy of threatening situations. The tapes were interspersed with lectures and classroom procedures appropriate in every other group.

The third treatment group was given skills training only. Groups one and two also had skills training, but group three did not have the confidence techniques (RET) nor did they receive systematic desensitization. The skills taught were the same throughout each condition of the study: social conversation, interviewing, group discussion, and public speaking.

Burgoon's Unwillingness to Communicate scale,[30] the McCroskey PRCA,[31] and the Phillips "R" scale[32] served as the dependent variables. Subjects in each condition were given a pretest in January and a posttest in May. The analysis, then, sought to examine changes over this four-month period.

Method of Data Analysis

A two factor (groups x trials) mixed design for repeated measures was analyzed in this study. The groups in the analysis of variance were the RET, systematic desensitization, and the skills only, while the trials were the pretest and posttest evaluations for each group. Reliability analysis, using Cronbach's alpha for internal consistency, was also conducted for each of the scales.

Results

Reliability of Scales. As Table 1 indicates the Burgoon Unwillingness to Communicate scale showed a pretest reliability of .90 and a posttest reliability of .84, for an average reliability of .87. The McCroskey PRCA revealed a pretest reliability coefficient of .88 and a posttest score of .81 for an average of .85. Finally, the "R" scale demonstrated a pretest reliability of.86 and a posttest coefficient of .83 for an average reliability of .85. Thus, all three scales seemed to maintain reasonably high internal reliability. Perhaps of interest to some readers is the intercorrelation of the three scales indicated in Table 1.

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table 1 about here

Comparison of Methods. For the Unwillingness to Communicate scale, the data revealed that each of the three conditions produced significant amounts of change from the pretest to the posttest. The RET condition changed from 79.33 to 60.47, the systematic desensitization from 75.74 to 57.21, and the skills only condition from 75.17 to 58.61. We also examined statistically the amount of change among the three groups, but no statistically significant difference appeared (tables 2, 5).

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table 2 about here

For the PRCA the results are similar. The RET group went from 85.27 to 64.27, the systematic desensitization from 84.26 to

64.68 and the skills only from 81.83 to 64.22, all of which were statistically significant amounts of change from pretest to posttest within each group (tables 3, 5). The amount of change among the three groups showed no significant differences.

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table 3 about here

Tables 4 and 5 reveal that the three conditions changed appreciably from pretest to posttest on the "R" scale. The RET group went from 48.80 to 35.67, the systematic desensitization group from 45.42 to 34.74, and the skills only group moved from 44.72 to 33.11, each statistically significant changes. Comparison of the change scores among the three conditions revealed no significant differences.

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table 4 & 5 about here

Discussion

Regardless of the three scales used for comparison, the results showed that a Rational Emotive Therapy based approach, a systematic desensitization approach, and a skills only approach work about equally well in reducing communication apprehension. The score values from pretest to posttest across all three dependent scales changed significantly in the direction of reducing communication apprehension.

Unreported in the analysis was a set of comparisons of the

pretest scores for each experimental condition. Although the reader will observe some initial differences among groups on their pretest scores, these differences were not significant. The same was true for the posttest scores and the change scores, since various post-hoc analyses revealed no significant differences among the three conditions.

We fully expected some difference of superiority of one method over the other, particularly RET over the other two methods. Although the RET method was higher in total change, the differences were not significant. The data led us to conclude that any method in this particular study worked about as well as any other method. This finding may be especially interesting in light of the controversy that was reported by Page between the school of thought advocating "anxiety" as a major cause of communication apprehension and the school of thought suggesting lack of skills as the major problem.[33] The treatment for the first has traditionally been systematic desensitization, the treatment for the second, skills training, and both groups have produced impressive results in treating students. The confidence approach, based on RET, was believed to offer still another alternative added to a growing number of traditions of treatment. However, even in a classroom setting, all three methods seem to be effective, perhaps for reasons argued cogently elsewhere by Phillips.[34] The RET method utilizes both skills and cognitive restructuring by challenging irrational beliefs. Students also receive in the program experiences that condition them positively through field desensitizing. The cause of the effect, however, may have other roots.

For instance, could a kind of Pygmalion effect or self-fulfilling prophecy occur? Once they agree to the class, the students arrive believing change is supposed to happen, and then they change because of their own expectations. On another hand, the instructor's belief in the students' ability to change may be a single independent variable which verbally and nonverbally is communicated to the students who then come to believe in themselves. We are not certain of the role of expectancy theory in treating communication apprehension.

Even for students who do not expect change, the fact that the instructor gives attention to "lonely" students may create a modified self-perception leading to change. In organizational studies, the Hawthorne effect suggests that productive change follows attention to workers presumably unaccustomed to attention. Is there some phenomenon whereby attention to a communication apprehensive is a triggering mechanism to change their communication behavior?

Future research in expectancy theory and in the attention effect hypothesis may prove fruitful for classroom procedures in developing a teaching technology. In developing a future effective pedagogy research is needed to examine long-range effects.

Upon completion of the course, we sought qualitative comments from students who completed the course. Perhaps these four statements from students summarize the effects of an RET approach:

Mark: "Of all the activities our class did, the Rational Self Analysis was the one I enjoyed the most and learned

the most from. Rational Self Analysis taught me to think and by thinking about a problem I was able to take a positive or correct view of the situation rather than one of immediate fear."

Donna: "Through Rational Self Analysis I was able to see my irrational thoughts and beliefs. After seeing these irrational thoughts I was able to think them out and find a solution to them. I knew my problems but never did anything about them. Such as asking questions in class, I was always afraid to do it, but now I realize that I shouldn't be afraid and that it's not so bad after all. Being afraid to ask questions was only hurting me."

Larry: "The area dealing with Rational Self Analysis helped me discover the reasons behind my speech inhibitions. I never really thought about why I was scared to communicate, and this area brought the reasons to light. I think after rationally analyzing the reason for your fears you can at least begin to combat them. Realizing that emotions are learned and not inborn probably explains a lot of people's speech problems."

Connie: "I have realized that my emotions are learned and that I can learn to control them in a more desirable way from the RET activities. When we had to give the speeches in our class, I dreaded it, but I sat down and thought through why I was fearful of giving my speech

to the class. None of the reasons that entered my mind were rational. Therefore, I came to a conclusion that I could get up in front of the class and give the speech. I knew that I would be nervous, but by giving the speech I would lose nothing, but I would gain confidence!"

These statments remind us in one way of the RET benefit, and may prove useful in building a theoretical base for a teaching technology.

NOTES

[1]Floyd Greenleaf, "An Experimental Study of Social Speech Fright," M.S. Thesis University of Iowa, 1947; Gordon Low, "The Relation of Psychometric Factors of Stage Fright," M.S. Thesis University of Iowa, 1950; Milton Dickens, Francis Gibson, and Caleb Prall, "An Experimental Study of the Overt Manifestations of Stage Fright," Speech Monographs, 17 (1950), 37-47; Marnetta M. Jones, "The Relationships of Certain Personality Traits to Stage Fright," M.A. Thesis Stanford University 1947; Howard Gilkinson, "Social Fears as Reported by Students in College Speech Classes," Speech Monographs, 9 (1942), 141-160; Louis Lerea, "A Preliminary Study of Verbal Behavior of Speech Fright," Speech Monographs, 23 (1956), 229-233.

[2]James C. McCroskey, "Measures of Communication Bound Anxiety," Speech Monographs, 37 (1970), 269-277; James McCroskey, "Oral Communication: A Summary of Recent Theory and Research," Human Communication Research, 4 (Fall 1977), 78-96; James C. McCroskey and Virginia Richmond, The Quiet Ones: Communication Apprehension and Shyness (Dubuque: Gorsuch Scarisbrick, 1980); James C. McCroskey, John A. Daly, Gail Sorensen, "Personality Correlates of Communication Apprehension: A Research Note," Human Communication Research, 2 (Summer, 1976), 376-380; Judee K. Burgoon, "The Unwillingness to Communicate Scale: Development and Validation," Communication Monographs, 13 (March 1976), 60-69; James C. McCroskey, "Oral Communication Apprehension: Reconceptualization

and a New Look at Measurement," Paper presented at the Central State Speech Association Convention, Chicago, April 1981.

[3]Gerald M. Phillips, "Coming of Age in the Academy," Communication Education, 31 (July 1982), 177-183; Gerald M. Phillips and James C. McCroskey, "Postscript," Communication Education, 31 (July 1982), 221.

[4]Gerald M. Phillips, "Reticence: Pathology of the Normal Speaker," Speech Monographs, 35 (1968), 39-49; Gerald M. Phillips and Nancy Metzger, "The Reticent Syndrome: Some Theoretical Considerations About Etiology and Treatment," Speech Monographs, 40 (August 1973), 220-230; John A. Daly and Gustav Friedrich, "The Development of Communication Apprehension: A Retrospective Analysis of Some Contributory Correlates," Paper presented to the SCA, Minneapolis, 1978; Lawrence B. Rosenfeld and Timothy G. Plax, "Personality Discriminants of Reticence," Western Speech Communication, 40 (Winter 1976), 22-30.

[5]Carley H. Dodd and Cecile W. Garmon, "The Relationship of World View, Communication Apprehension, and Social Participation," A paper presented to the Speech Communication Annual Convention, November 1981.

[6]Karen A. Foss, "Communication Apprehension: Resources for the Instructor," Communication Education, 31 (July 1982), 195-203.

[7]Jan Hoffman and Jo Sprague, "A Survey of Reticence and Communication Apprehension Treatment Programs at U.S. Colleges and Universities," Communication Education, 31 (July 1982), 185-193.

[8]James C. McCroskey, "Implementation of a Large Scale Program of Systematic Desensitization for Communication Apprehension," Speech Teacher, 21 (November 1972), 255-264; Blaine Goss and others, "Behavioral Support for Systematic Desensitization for Communication Apprehension," Communication Education, 29 (July 1980), 229-233.

[9]Phillips, 1982.

[10]Karen R. Garrison, "Analyzing the Development, Treatment, and Effects of Communication Apprehension," A paper presented to the International Communication Association Convention, May 1979; Michael Scott and William Fremouw, "Cognitive Restructuring: An Alternative Method for the Treatment of Communication Apprehension," Communication Education, 28 (1979), 129-137; Karen R. Harris, "The Sustained Effects of Cognitive Modification and Informed Teachers on Children's Communication Apprehension," Communication Education, 28 (Fall 1980), 47-56.

[11]Kim Giffin and Kendall Bradley, "Group Counseling for Speech Anxiety: An Approach and a Rationale," Journal of Communication, 19 (1966), 22-29.

[12]Phillips and Metzger.

[13]Foss.

[14]Phillips, 1982.

[15]Phillips, 1982.

[16]Albert Ellis, The Essence of Rational Psychotherapy: A Comprehensive Approach to Treatment. (New York: Institute for Rational Living, 1970).

[17]Albert Ellis, "Emotional Disturbance and its Treatment in a Nutshell," Canadian Counselor, 5 (March 1971), 168-171.

[18]Ellis, 1971

[19]Personal Interview with Albert Ellis, New York, November 8, 1980.

[20]Larry Daniel Trexler, "Rational Emotive Therapy, Placebo, and No-Treatment Effects on Public Speaking Anxiety," Diss. University of Michigan, 1971.

[21]Donald H. Meichenbaum, J. Barnard Gilmore, Al Fedoravicius, "Group Insight Versus Group Desensitization in Treating Speech Anxiety," Journal of Consulting and Clinical Psychology, 36 (1971), 410-421.

[22]Donald H. Meichenbaum, "Cognitive Modification of Test Anxious College Students," Journal of Consulting and Clinical Psychology, 39 (1972), 370-380.

[23]Michael R. Neer, "Enrolling Students in Communication Apprehension Laboratories," Communication Education, 31 (July, 1982), 205-210.

[24]Interview with Ellis, 1980.

[25]McCroskey, 1980.

[26]Albert Ellis and Robert A. Harper, A New Guide to Rational Living, (North Hollywood, CA.: Wilshire Book, Co., 1975).

[27]Arden K. Watson, Handbook with Activities for Confidence in Speaking, (Bowling Green, KY: Barnard Press, 1980). This book describes the RET based method in full detail.

[28]James W. Lohr, Building Speech Confidence, (Skokie, IL: National Textbook Company, 1976).

[29]Joseph Wolpe, Psychotherapy by Reciprocal Inhibition, (Stanford: Stanford University Press, 1958).

[30]Burgoon.

[31]McCroskey, 1981.

[32]Lawrence B. Rosenfeld and Timothy G. Plax, "Personality Discriminants of Reticence," Western Speech Communication, 40 (Winter, 1976), 22-31

[33]William T. Page, "Rhetoritherapy Behavior Therapy: Issues and Evidence," Communication Education, 229 (May, 1980), 95-104; Gerald M. Phillips, "On Apples and Onions: A Reply to Page," Communication Education, 29 (May, 1980), 105-108.

[34]Phillips, 1982.

TABLE 1

Intercorrelation Among Unwillingness to Communicate, PRCA , and "R" Scale

	PRCA	R
UC	.739	.722
PRCA		.671

TABLE 2

Groups by Trials Analysis of Variance for Unwillingness to Communicate Scale

SOURCE	MEAN SQUARE	d.f.	F	P
TOTAL	204.1832	103.		
BETWEEN	166.4191	51.		
. GROUPS	112.5313	2.	0.667	n.s.
ERROR (G)	168.6186	49.		
WITHIN	241.2211	52.		
TRIALS	8370.0000	1.	98.910	.001
G BY T	13.5000	2.	0.160	n.s.
ERROR (T)	84.6224	49.		

TABLE 3

Groups by Trials Analysis of Variance for PRCA

SOURCE	MEAN SQUARE	d.f.	F	P
TOTAL	193.6092	103.		
BETWEEN	115.0343	51.		
GROUPS	29.9375	2.	0.253	n.s.
ERROR (G)	118.5076	49.		
WITHIN	270.6729	52.		
TRIALS	9692.3125	1.	109.570	.001
G BY T	24.1250	2.	0.273	n.s.
ERROR (T)	88.4579	49.		

TABLE 4

Groups by Trials Analysis of Variance for "R" Scale

SOURCE	MEAN SQUARE	d.f.	F	P
TOTAL	105.9788	103.		
BETWEEN	96.8689	51.		
GROUPS	91.4375	2.	0.942	n.s.
ERROR (G)	97.0906	49.		
WITHIN	114.9135	52.		
TRIALS	3566.1875	1.	73.296	.001
G BY T	12.6250	2.	0.259	n.s.
ERROR (T)	48.6543	49.		

TABLE 5

Mean Scores for Groups by Each Scale

SCALE 1: UNWILLINGNESS TO COMMUNICATE

GROUPS	N	PRETEST	POSTTEST	CHANGE	SIGNIFICANCE
RET	15	79.33	60.47	18.86	.001
SD	19	75.74	57.21	18.53	.001
SO	18	75.17	58.61	16.56	.001

SCALE 2: PERSONAL REPORT OF COMMUNICATION APPREHENSION

GROUPS	N	PRETEST	POSTTEST	CHANGE	SIGNIFICANCE
RET	15	85.27	64.27	21.0	.001
SD	19	84.26	64.68	19.58	.001
SO	18	81.83	64.22	17.61	.001

SCALE 3: "R" SCALE

	N	PRETEST	POSTTEST	CHANGE	SIGNIFICANCE
RET	15	48.80	35.67	13.13	.001
SD	19	45.42	34.74	10.68	.001
SO	18	44.72	33.11	11.61	.001