Obstacles to Overcome in the Implementation of a Program to Reduce Communication Apprehension in the Basic Public Speaking Course

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Writing in the Quarterly Journal of Speech in 1928, Wayne Morse declared that the goal of the basic speech course was "the development of behavior habits which will enable the student to adjust more satisfactorily to his environment" (p. 543). Few would argue that this goal exists today. However, the plethora of research on communication apprehension (CA) over the past twenty-five years consistently demonstrates that CA may interfere with one's ability to realize this goal. The number of students that suffer from communication apprehension has been identified at approximately 20 percent of the population (McCroskey 1977; Phillips & Metzger, 1973). Furthermore, students who suffer from CA are at-risk academically; they have lower GPAs and are less likely to complete college than their low CA counterparts (Chesboro, McCroskey, Atwater, Bahrendfuss, Cawelti, Gaudine, Hodges, 1992; McCroskey, Booth-Butterfield, & Payne, 1989). Richmond and McCroskey (1992) report that 50 percent of high CAs dropped a course in public speaking prior to the first speaking assignment, and those high CAs who remained were likely to be absent on days that they were scheduled to speak.

Most of the texts used in the basic public speaking course are of limited help to the student who suffers from CA asso-
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associated with public speaking. As Pelias (1989) notes, most of these texts suggest one of three approaches to overcoming public speaking anxiety: (1) think positively, (2) relax, and/or (3) seek speaking opportunities. Pelias appropriately concludes, "With a few exceptions, the advice given is safe, but most likely, ineffective and/or impractical" (p. 51). Few college students have received proper instruction in positive thinking or relaxation techniques. Additionally, most students will not seek speaking opportunities outside the classroom. In a response to the numerous problems associated with CA, some universities have developed special sections of the basic communication course. Though it might seem an easy task to some, the implementation of such programs presents many obstacles that need to be addressed. This article focuses on methods to remedy these obstacles.

Each author has worked at a university that allowed them to design and instruct a special section for students suffering from CA.¹ This course provided students the opportunity to learn public speaking skills in a relatively non-threatening situation. In each program, the students learned the same instructional material as students in the regular sections, and their transcripts did not reflect the fact that they had enrolled in a special section — thereby allowing the students to avoid the stigma that might be attached to such a course.

In this article we will address obstacles that instructors may encounter when developing a public speaking apprehension course, including the following: (1) whom to enroll, (2) international students, (3) the "cake" or "crib" course perception, (4) problems with student expectations, (5) what instructional method to employ, and (6) problems related to using therapeutic techniques without a license.

¹The institutions offering CA or "reticent" programs in which the authors participated include The Pennsylvania State University, Indiana University, and James Madison University.
WHOM TO ENROLL

The problem that one first encounters in such a program is the question of whom to enroll, an issue that needs close scrutiny. If students who are not apprehensive are placed in a special section for CA's, two problems arise: (1) they waste valuable time and resources, and (2) they do not receive instruction appropriate to their needs. Instructors should be careful to confirm the problem of CA before they try to solve it through instruction in a special section (Booth-Butterfield & Booth Butterfield, 1992).

Students who should not be in the course often attempt to enroll because other sections of the course are closed. If permitted to enroll they become a threat to students who truly need the course. Teachers who permit low CAs to enroll defeat the purpose of a communication apprehension class. Beatty (1988) points out that "students engage in a form of social comparison at least in terms of public speaking ability. If the speaker perceives the audience as more competent than himself or herself, the result is increased anxiety" (p. 34). Further, Beatty argues that "apprehensive communicators appear to enter public speaking with a self-imposed subordinate status which in turn heightens their performance anxiety" (p. 34). Although he is not arguing specifically for a special section of public speaking for those high in CA, certainly such a course would help reduce interpersonal factors that induce and increase CA if the right people are allowed to enroll in the class.

Neer (1982) recommends that multiple screening and selection procedures be used so that treatment programs reach those they are intended to help. The PRCA (McCroskey, 1977) has stood the test of time as a reliable measure of CA. However, as Neer and Page (1980) argue, it may not be in the best interests of the students to simply assign them to special
sections of the basic course on the basis of a high score on the PRCA. One problem with the interpretation of PRCA scores is that some individuals who may receive a score indicative of extremely high CA have no trouble facing an audience; they simply interpret the arousal of their central nervous system differently from those who receive similar scores yet avoid public speaking whenever the opportunity arises.

Another method of enrollment selection is the screening interview, which has been shown to be a reliable method for student selection (Sours, 1979). Using the screening interview might seem an impossible task for instructors who teach at universities with multiple-sections of the basic course. However, it has been employed at Indiana University since the early 1980s, and at the Pennsylvania State University since 1965 where there are 80-100 sections of the basic course per semester. Kelly (1989) has explained the procedure used in the Penn State program and Kelly and Keaten (1992) provide the most recent documentation for its effectiveness. In these programs, not all students in the basic course are interviewed, only those who feel that they might have a problem with CA. During the first day of class students are informed of the sections of the basic course for apprehensive communicators. Students then voluntarily report for an interview to determine if this course will meet their needs. Graduate TA's routinely interview about 100 students per semester, a small portion of those in the basic course. Clearly this can be labor-intensive, but provided the necessary resources it is effective.

One popular way of selecting students for screening interviews is to administer the PRCA the first day of class. Students may be told that if they score one or two standard deviations above the mean on the PRCA and are concerned about their CA, they may then report for a screening interview. Neer (1982) makes the suggestion that students not be told that they are taking the PRCA, but a "Communication Inventory" to avoid the negative self-labeling that might result when a student is told he scored as a high appre-
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In the course of the screening interview, some students will admit that they are not overly apprehensive about public speaking but simply are looking for a section to round out their schedule. During the interview, the instructors should ask the student why he or she wants the course. Additionally, instructors should look for nonverbal signs of apprehension. Booth-Butterfield and Booth-Butterfield (1992) provide a summary of research on nonverbal behaviors associated with CA that interviewers should be attentive to:

- eye contact avoidance or shifty gaze
- less talk time or fewer words spoken
- dysfluencies and hesitations
- incomplete, ill-timed, unnatural gestures
- restrained or rigid posture
- awkward pausing
- excessive movement such as pacing shifting or rocking
- repetitive mannerisms and adaptors
- nonresponsive facial expressions
- problems with breath control

Instructors should also ask the students if they have prior speaking experience. Many students are unaware that their apprehension at giving that first speech is a normal reaction experienced by most beginning speakers regardless of CA level.

Unfortunately, there are no fool-proof ways of knowing who is telling the truth and who is merely trying to bluff his or her way into a section of public speaking. In one instance experienced by the authors, one supposedly apprehensive student began interviewing the interviewer, giving a well rehearsed monologue about how he could never communicate effectively. Ultimately the decision of whom and whom not to enroll rests with the instructor. A method one of the authors used in the screening interview was to tell students who appeared to be bluffing that there was actually more work in
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the special section. This never presented a problem to those who feared public speaking; anything to them was better than having to stay in the regular section of the course.

INTERNATIONAL STUDENTS

Another obstacle, closely related to the first, is that communication apprehension classes may be overrun by international students who do not feel that they can compete with American students. When this occurs, it obviously limits the number of openings for students suffering from CA. When space is tight, international students should not be permitted to enroll in the course when their anxiety about performing in public is associated with their mastery of the English language. In these cases, an English-as-a-Second-Language course may be more appropriate. Further, many international students can compete with American students in regular sections of public speaking but have an unrealistic sense of their abilities. Many could (and should) be directed into regular sections of public speaking by the instructor. During the screening interview, a good question to ask is this: "Is this a problem you have had when you speak in your native language?" This will help instructors discern whether to enroll an international student into the class.

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2At The Pennsylvania State University, students who opt to take the special section of the basic course for reticent students (known as option D) must complete written work for each speech that is not required for the other sections of the basic course. This work includes a two-to-three page paper assessing their communicative strengths and weaknesses, a written "goal analysis" based on behavioral objectives on how they will perform their speech, and a post-speech reaction paper assessing their performance. Additional information about this procedure may be found in Kelly's (1989) description of this program.
A third obstacle that arises in teaching a "special" section of public speaking is student perception that the class is a "crib" course. Students mistakenly believe that if one is communicatively apprehensive, then he or she must not be as bright as other students. And if a class is full of slow learners or academically inferior students, then instructors cannot possibly expect as much of them as they would from students in a regular section of public speaking. While research shows that there is no correlation between intelligence and CA (McCroskey, Daly, & Sorensen, 1976), getting students to understand this is occasionally a problem. As Booth-Butterfield and Booth-Butterfield (1992) conclude, "A person's latent intellectual ability says nothing about whether they like to communicate" (p. 80).

Instructors should tell students during the pre-enrollment screening interview that even though they are communicatively apprehensive, they are not necessarily intellectually inferior. Doing so may discourage enrollment from students looking for an easy course. Students should also be informed during the first day of class that there is no correlation between intellectual ability and CA. Not only does it help to dispel a myth about the course, but it also begins to build self esteem in students who may feel that they are in a class for inferior individuals.

Another concern with respect to "crib" perception is faculty reaction to a special section. A handout was sent to all faculty at one author's former institutions. It was returned with the following comments:

- This is as bad as educational methods junk!
- This is not an academic course at all! It's remedial!
- I resent being asked to 'sell' such pop [sic] to student, & won't!

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Such attitudes by faculty may contribute to many students' negative perceptions of CA programs, particularly if a teacher denigrates the programs in front of his or her classes. While some faculty might question such a course, research strongly supports the need for this type of program since 20 percent of the college population experiences CA (McCroskey, 1977). As Booth-Butterfield and Booth-Butterfield (1992) state:

> While everyone is entitled to an opinion on the matter, the facts are not subject to debate. CAA directly and indirectly produces a wide variety of preventable academic, social and work deficits (p. 101).

To help combat negative reactions of skeptical colleagues to special sections of public speaking, any announcements and/or department meetings describing these sections should indicate that students will have to complete the same assignments with the same rigor as is expected of all students in the basic course.

**STUDENT EXPECTATIONS**

Another obstacle often encountered teaching the communication apprehension section of public speaking is unrealistic student expectations. In other words, students often have the mistaken impression that teachers are miracle workers who will somehow rid them of their anxieties. The authors stressed that they could not do this and that students should, therefore, not expect it of them. Instead, students were told that the way to cope with their CA would be through understanding basic principles of public speaking and communication apprehension and by working hard.

If students demonstrate trait apprehension, they should be referred to the counseling center on campus. Students who, in rare moments, cry or faint during their speeches or who...
simply refuse to stand in front of the class to speak may have problems that are beyond the expertise of those teaching a special section of the basic course. Instructors may find themselves repeatedly saying that their job is to help students complete Public Speaking 101 as painlessly as possible. If a student refuses to present a speech, there is little that the instructor can do but to refer the student to outside help.

Instructors should assure students that they may not eliminate totally their fear of public speaking, but by the end of the semester, they will have accomplished three goals: (1) they will have learned principles of effective speaking; (2) they will have gained a greater understanding of why they are apprehensive about speaking; and (3) they will have learned ways to cope with their anxieties. "Coping" is the operative word here. A realistic approach develops strategies for coping with anxiety. In the final analysis, this may be the best that students can expect to achieve. They may be unable to face an audience without being apprehensive; however, the course will empower them with more confidence when they next speak in public.

WHICH INSTRUCTIONAL METHOD TO EMPLOY?

Since the early 1970s, many instructional techniques have been developed and modified, all of which are identified with the research of various scholars, including traditional systematic desensitization (McCroskey, 1970; 1972; 1977); skills training or "rhetoritherapy" (Kelly, 1989; Phillips, 1977; 1991); cognitive restructuring (Fremouw & Scott, 1979), and visualization (Ayres & Hopf, 1985; 1990; 1993).

Since each of the instructional methods are based on different underlying causes of a person's inability to communicate when the need or desire arises, choosing the best instructional method is not as easy as it may appear. Kelly (1982)
describes the traditional use of the various instructional methods:

When the nature of the problem is assumed to stem from inadequate communication skills, an intensive skills training is advocated. Second, when the problem is viewed as anxiety based, relaxation therapy is the proposed solution. Finally, cognitive therapy is advocated for those whose problem is presumed to stem from inappropriate cognitions about self and communication (p. 109).

All methods have empirical support for their success (Kelly & Keaten 1992; McCroskey, 1972; Fremouw & Scott, 1979; Ayres & Hopf, 1990), though there is still debate about which method to use for the individual student. Perhaps the best resource for determining which method to employ may be found in Ayres and Hopf’s (1993) text *Coping with Speech Anxiety*.

In an attempt to help students cope with speech anxiety, the authors gradually introduced students to public speaking. After basic public speaking instruction (skills), students then participated in group discussions of two or three people. Next, the size of the group was gradually increased over one or two assignments before a group of five to six students. Eventually, students found themselves seated and speaking before the entire class arranged in a circle. The authors found this to be an effective type of desensitization. Instead of creating an anxiety hierarchy and having students learn deep muscle relaxation as with traditional systematic desensitization, the authors used the group size to slowly desensitize students to the fear of facing an audience. Students often reported how helpful this practice was in easing them in front of the class. This *in vivo* technique proved effective. The authors also required students to find an article on communication apprehension in a journal and report on the article to the entire class. There were two benefits to this assignment: (1) it afforded students a chance to speak from three to five
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minutes, and (2) the reports helped teach other students (and the instructors) about some uncovered facet of communication apprehension. The reports were not graded, and other students were encouraged to ask questions. Eventually, students were graduated to the front of the class through a brief (2-3 minutes) ungraded informative speech. They were then required to give an additional, longer (4-6 minutes) informative speech and two persuasive speeches (5-7 minutes) for a grade.

Instructors interested in starting a CA section of the basic course may wish to familiarize themselves with the previously mentioned methods that have been in use over the past twenty-five years to help reduce public speaking CA. Ultimately, each instructor must decide which method is best, but thorough knowledge of each of these methods of reducing communication apprehension is a *sine qua non* for those interested in developing a CA special section of the basic course.

In an extensive review of cognitive restructuring, systematic desensitization, and skills training, Allen, Hunter, and Donohue (1989) concluded that all were effective in reducing public speaking anxiety; skills training alone was the least effective and a combination of all three methods was the most effective. Determining which method to employ might actually rest with common sense: if a student is so nervous that he or she can't get through his or her introduction, systematic desensitization may be most appropriate. If a student has a poor attitude and is convinced that he or she can't make it through a speech, cognitive structuring might be most beneficial. Finally, if the student has no experience whatsoever with public speaking, skills instruction might be the best method. However, the authors' experiences agree with the findings of Allen, Hunter, and Donohue (1989) — a combination of these treatments is best — adapting each method to the needs of the individual student.
PRACTICING WITHOUT A LICENSE

Booth-Butterfield and Cottone (1991) note that some of the methods used to help apprehensive students (i.e., systematic desensitization, cognitive restructuring) are clearly identified with clinical psychology and counseling. To date, there is no ethical code of conduct for treatment of CA, and if those who teach communication are doing therapy without a license, legal problems might emerge. To protect oneself from a suit for practicing therapy without a license, Booth-Butterfield and Cottone (1991) offer these two suggestions: (1) make sure the instruction is done in conjunction with their normal duties (i.e., teaching students to become better speakers) at their place of employment, and (2) never practice these techniques in a private setting where a fee is charged. Finally they offer three questions that anyone attempting to help a student overcome CA might ask:

(a) how does your training in CAA treatment support your treatment actions? (b) in what ways are your services accountable to outside sources? (c) have you taken steps to ensure that your actions do not lead to any harms for your students? (p. 178)

However, Allen and Hunt (1993) claim that Booth-Butterfield and Cottone's argument is a moot one since "there appears to be an extremely remote and limited possibility of criminal prosecution for CA professionals" (p. 386). Allen and Hunt also note that there is no evidence of students suffering harm as a result of CA treatment. Though Allen and Hunt make a good case, they miss the key issue in this argument — the ethical implications of offering advice to students without the proper training and background to do so. Instructors who teach the CA class should not become involved in personal or psychological issues of student behavior that are often associated with CA. The primary issue is not one of avoiding being
sued, but one of offering students advice that instructors have not been properly trained to provide.

Closely related to this issue is the reaction that instructors might encounter from their campus' counseling center. In order to avoid any problems, it is best to meet with the director of one's school's counseling center to explain what methods are being employed, and ask what services the counseling center has to offer. If the center can provide systematic desensitization, then it would be best to refer students to counseling, thereby eliminating the problem of "turf battles" with the counseling center.

**CONCLUSION**

In preparing this article, the authors' intent was not to discourage speech communication professionals from developing programs to help students overcome CA. Instead, the intent was to provide an awareness of some of the obstacles that may be encountered in implementing these programs. In fact, many more programs are needed. In a study done in 1982, Hoffman and Sprague found that of all the institutions registered with the Speech Communication Association, only 6.1 percent had any programs to help students with CA despite the fact that 20 percent of all college students experience CA. More recent research is probably needed to determine if this percentage has changed over the last twelve years.

There are many good references that discuss the research and procedures for instructors wishing to implement programs for students with CA (Ayers & Hopf, 1993; Booth-Butterfield & Booth-Butterfield, 1992; Kelly & Watson, 1986; Richmond & McCroskey, 1992; Phillips, 1991). Because CA has been identified as a major characteristic of academically at-risk students (Chesboro, McCroskey, Atwater, Bahrenfuss, Cawelti, Gaudino, & Hodges, 1992), it might be wise for
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course directors to consider the implementation of a program for students suffering from CA as part of their basic course.

REFERENCES


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