Communication Apprehension Vs. Social Phobia And Related Conditions A Correlational Study

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COMMUNICATION APPREHENSION VS. SOCIAL PHOBIA AND RELATED CONDITIONS: A CORRELATIONAL STUDY

by

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A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in the Nicholson School of Communication in the College of Sciences at the University of Central Florida Orlando, Florida

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ABSTRACT

Of all social situations, public speaking is the most prevalent fear in both the general population and among social phobic individuals (Mannuzza, Schneier, Chapman, & Liebowitz, 1995; Stein, Walker, & Forde, 1996). The fear of public speaking is referred to as communication apprehension (CA) by members of the communication field; in other programs of study, this condition has been categorized and conceptualized in a wide variety of ways ranging from stage fright to reticence. Several scholarly fields including communication, social psychology, the health sciences and the social sciences, seek to find an explanation and effective intervention for this prevalent condition.

This study sought to examine relationships between several constructs, each associated with well-established and tested measurement instruments: The first construct, communication apprehension, was thought by communication scholars to be a generalized personality trait and was measured by the Personal Report of Communication Apprehension (PRCA-24). The second communication instrument employed was the Self-Perceived Communication Competence Scale (SPCC). Generalized social anxiety pertaining to public speaking was measured by the Self-Statements during Public Speaking (SSPS) scale developed within the field of social psychology. Finally, a popular tool within social psychology was utilized, the Brief Version of the Fear of Negative Evaluation (BFNE). An analysis of data utilizing Pearson’s Product-Moment Correlation illustrated that there was a moderate relationship between the constructs being tested through the SPSS and the BFNE and the PRCA-24 and the SPCC.
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CHAPTER 1
BACKGROUND

Introduction/Overview

The ability to speak comfortably, extemporaneously and clearly to an audience is an invaluable life skill. In everyday life, 55% of the adults surveyed had given a speech during the past two years, most of which were job related (Kendall, 1985). Being an effective public speaker enhances one’s life in numerous ways, from successfully presenting in personal situations such as weddings, graduations or a family funeral, to increasing one’s status in community activities. Kendall (1985) noted the relationship between effective public speaking, enhanced employment opportunities and income.

Several surveys have indicated the strong link Americans have held between fear and public speaking. A survey by Walechinsky, Wallace, and Wallace (1977) indicated that Americans ranked speaking in public as their number one fear, second only to the fear of dying. Burnley, Cross, and Spanos (1992) noted that “approximately, 85 percent of the general population report experiencing some level of anxiety about speaking in public,” (p. 356), while others have estimated this number to be even higher. This fear can be socially debilitating and is often cited as a primary reason why someone is unable to advance in his or her career (Cunningham, Lefko, & Sechrest, 2006).

As a result of the pervasiveness of this condition, several diverse fields of scholarly work have examined this topic. Scholars who study the fear of public speaking, include members of the fields of communication, psychology, sociology, psychiatry, as well as other mental health and business professionals. This work ranges from research
delving into the causes of this condition to the development of assessment tools and the search for effective interventions. Public speaking fear has been described and defined utilizing a wide range of terminology including communication apprehension, social phobia, agoraphobia, shyness, and reticence, as well as clinical terms such as social anxiety disorder.

Social psychologists often understand the fear of communication as a social condition resulting from a negative self-perception. Others interpret it as a clinical condition falling under the realm of social anxiety disorder and sometimes depression. Communication scholars view public speaking fear from the perspective of a personality characteristic, a specific trait that endures over time, while others believe it is a condition that affects an individual only in a particular situation or state.

In an initial review of the literature, common threads emerge from the various terminology and definitions; the constructs, ideas, and results initially appear to overlap. This occurrence raises the question of whether, are all of these academic fields are actually studying the same condition but simply applying different terminology to define and describe the condition?

The research invested in the topic provides evidence that all of these constructs likely hold some degree of validity and truth, but the question remains as to the extent of overlap that may be present. It is important to explore the common characteristics of each of these constructs. When individuals are evaluated for speaking anxiety with validated and reliable measurement instruments from different academic disciplines, it is unknown whether the same construct is being measured or if different constructs with some
common characteristics are being measured. Another possibility exists that there very few commonalities at all within the different constructs.

The Personal Report of Communication Apprehension (PRCA-24), The Self-Perceived Communication Competence Scale (SPCC), A Brief Version of the Fear of Negative Evaluation Scale (FNE), and the Self-Statements During Public Speaking Scale (SPSS) are four self-report instruments commonly used in different fields to address speaking anxiety. The PRCA-24 measures levels of communication apprehension, defined as anxiety related to real or anticipated communication of any kind (McCroskey, 1977). The SPCC (McCroskey & McCroskey, 1988) identifies and assesses self-perceived communication competence. The SSPS (Hofmann & DiBartolo, 2000) measures the fearful thoughts or cognitions related to public speaking. Finally, the FNE (Leary, 1983) helps evaluate the degree of fear one experiences at the prospect of negative evaluation.

The goal of this study is to identify what similarities exist, if any, in the way that various self-report instruments developed by communication scholars and social psychologists measure how participants report they feel not only at the prospect of presenting a speech to an audience, but also regarding their self-perceptions toward communication and self-presentation in other contexts. Comparing the results and characteristics of these tools may provide us with valuable information on the topic of speaking anxiety, which may lead to a greater knowledge of the conditions we seek to understand, define and influence.
Justification

Often an individual’s first learning experience involving the acquisition of the tools and techniques for public speaking occurs in a college-level introductory speech course. This is also the first time an individual may experience the fear, panic, and avoidance associated with public experience. With public speaking being the number one fear reported by people in the U.S. (Witt, 2006), a large percentage of the population shares the nervousness that arises at the prospect of giving a speech to an audience. Educators witnessing the distress many students experience often feel a sense of overwhelming concern and empathy for this discomfort, motivating teachers to seek methods to help alleviate the panic and fear they witness in their students.

The results of a study conducted by Beatty and Andriate (1985) indicated that positive communication experiences could reduce trait CA and that early experiences are important in the development of CA. Once a threatening social stimulus, such as public speaking, becomes associated with fear or panic these feelings tend to follow one into their future lives. Ultimately this association may lead one to avoid the public speaking situation all together (McCroskey, Daly, & Sorensen, 1976). Consequently, the initial experience individuals encounter in public speaking courses may influence how they feel about the public speaking situation for the remainder of their professional careers and personal lives. “It would seem that teachers should be especially careful when requiring public speaking performance in classes heavily populated with inexperienced speakers because early experiences are important in the development of CA” (Beatty & Andriate, 1985, p. 178).
One of the first steps an instructor may take to alleviate speech anxiety is to identify the characteristics one brings to the classroom, which may predispose one to feelings of fear and panic. This is often the reasoning behind the implementation of the Personal Report of Communication Apprehension (PRCA-24) during the first week of a course. Data collection assessing the traits and characteristics of highly apprehensive students “should aid researchers and educators alike in formulating strategies for early detection and tools for managing panic-prone students, particularly in introductory communication courses” (Finn, Sawyer, & Behnke, 2009, p. 418).

By utilizing such tools to identify personality characteristics as recognized through the measurement instruments, educators can ultimately be better equipped to implement effective interventions.

Definitions

*Commonly Misunderstood Terms*

Shyness, social anxiety, social anxiety disorder and social phobia, are terms often used interchangeably. However, their meanings are quite different, often leading to confusion and misunderstanding. The following definitions will clarify each of these terms.

*Social anxiety* regards anxiety about social situations, interactions with others, or scrutiny by others (Leitenberg, 1990). Social anxiety is a feeling of uneasiness, dread, or apprehension about social interaction and presentation. Social anxiety can emerge in a wide range of situations – essentially, whenever individuals are in contact with others.
people or believe they may become a focus of others’ attention, including participating or presenting at meetings, talking with small groups, dating, or speaking with an authority figure (Goldin, Ramel, & Gross, 2009).

Social anxiety is a feeling of discomfort, fear, or worry that involves a concern with being judged negatively, evaluated, or looked down upon by others. While it can often happen during the social exchange itself, it may also occur in anticipation of a social occasion, or afterward when performance in a given situation is given thought or evaluated (Jacobs & Antony, 2011).

The experience of occasional, mild social anxiety is quite common, as is the experience of anxiety in general. Social anxiety can range from a relatively benign, infrequent level of severity to being a major hindrance in everyday life. It is a feeling of uneasiness, apprehension, or dread about a real or imagined future event. Social anxiety is tied to a sense that these unpleasant events are at least partially unpredictable and uncontrollable, and therefore accompanied by an uncomfortable level of uncertainty (Jacobs & Antony, 2011).

Shyness is a feeling of timidity, apprehension, or discomfort in at least some social situations. This term is often used to describe a personality disposition or temporary event, and less frequently in reference to a mental health concern. Shyness and self-consciousness describe a tendency for some people to fear and avoid the scrutiny of others. In some cases, these characteristics are so pronounced that the individual shuns most forms of interpersonal contact or endures these encounters only with intense discomfort (Stein & Gorman, 2001).
Social anxiety disorder or social phobia are terms which are often used interchangeably; these are clinical mental health diagnoses used to describe a level of social anxiety that is so distressing, excessive, or pervasive that it significantly interferes with an individual's quality of life (Jacobs & Antony, 2011). The feared or avoided social situations can be very narrow and specific, or may extend to the majority of one's interactions with others. The American Psychiatric Association (2000) describes social anxiety as a highly prevalent and persistent fear of social or performance situations. Such situations can range from the near-ubiquitous fear of public speaking to initiating and maintaining conversations, performing activities in front of others, or making requests of others. The core fear of individuals with social anxiety disorder is that they will do or say something in these situations that will elicit negative evaluations from others (Rosenberg, Ledley, & Heimberg, 2010).

Social anxiety disorder is a serious disorder as it is associated with substantial functional impairment. Patients exhibit a wide range of educational, occupational, and social disabilities. This is a disorder of lost opportunities as individuals make major life choices to accommodate their illness (Stein & Gorman, 2001).

It is important to point out that mental health professionals often distinguish between generalized social phobia and specific conditions, which fall under the category of social phobia. Individuals who experience anxiety only in a few situations suffer from a non-clinical form of social anxiety (Crozier & Alden, 2001).
Other Terms

*General anxiety* is described as worry, emotional discomfort, fear, or apprehension. General anxiety refers to the predisposition to experience anxiety in a broad range of situations such as anxiety about taking tests, small spaces, or needles (Beatty & Andriate, 1985). There are no discrete attacks or episodes with general anxiety, but rather one experiences a persistent level of chronic anxiety. It is the excessive, persistent nature that distinguishes this form of anxiety from the normal cares and concerns of daily life. Individuals suffering from general anxiety may also experience physical symptoms such as shortness of breath, dizziness, sweating, and nausea (Marshall & Lipsett, 1994).

*Agoraphobia* is a condition where one develops avoidance behaviors as a result of the fear of experiencing a panic attack. Unexpected symptoms of terror, a sense of losing control, shortness of breath, or chest pain are indicative of a panic attack. Agoraphobic individuals will avoid certain situations that they feel are dangerous in response to the associated uncomfortable feelings. Examples include closed areas such as elevators, situations with large crowds such as shopping malls, and being alone. As a result of these avoidant behaviors, the activities of sufferers often become increasingly restricted (Marshall & Lipsett, 1994).

*Phobia* is a persistent, excessive and unreasonable fear of a circumscribed stimulus (object, activity or situation) that leads an individual to avoid a stimulus according to McGlynn & Metcalf (1989). The fear and anxiety only surface in the presence of particular circumstances such as small spaces, heights, snakes, or rodents, yet
the subsequent feelings of terror can be so intense that one may carefully limit their activities to avoid the stimulus.

Public speaking anxiety is the widely recognized fear of giving a speech before an audience. In some speakers it resembles an enduring personality trait; in others, it is in response to a specific public speaking event. In additional cases, it is associated with various conditions related to the audience and the public speaking context. No matter the cause, this condition prompts speakers to avoid public communication and is often associated with physiological symptoms such as palmar sweating, elevated heart rate, and trembling. Its origins may be rooted in genetic inheritance, social learning processes, or communication skills development. It can sometimes be reduced through various therapeutic and pedagogical interventions (Witt & Behnke, 2006).

Communication apprehension (CA) is a term primarily utilized within the academic and scholarly fields of Communication. It refers to the individual level of fear or anxiety associated with either real anticipated communication with another person or persons (Daly, McCroskey, Ayers, & Hopf, 1997). One of the most common manifestations of CA is avoidance. A similar syndrome is reticence. A reticent person is one who expects the negative experience of communication to outweigh any potential benefits (Phillips, 1968). CA is discussed in further detail later in this study.

There is a continuum among these conditions, with shyness being on one end of the spectrum and social phobia disorder on the other. It is also apparent that these conditions are not mutually exclusive and that in fact there is quite a bit on overlap and common characteristics among them.
CHAPTER 2
LITERATURE REVIEW

Preview of Upcoming Chapter

The first section of the literature review chapter of this study clearly explains the conceptualization of the construct of communication apprehension and its subcomponents distinguishing it from other forms of social anxiety. This section further clarifies the significance and consequence of suffering from CA.

The second part of this chapter describes social phobia and identifies its specific characteristics. Two categorizations within social phobia, circumscribed or specific and generalized social phobia, are also explained. This section of the literature review also examines the anticipatory nature of social phobia and discusses several theories explaining the causes.

The third section of the literature review discusses survey research and the concept of self-assessment itself, explaining how these concepts have emerged over the last 30 years as important tools in self-report research, particularly for social scientists.

The final section of the chapter contains a review of the four instruments utilized in this study, beginning with the PRCA-24, followed by SSPS, the BFNE, and finally the SPCC. Each of these sections includes a description of the construct measured by the tool, as well as the background, context, and relevance of each of the measurement instruments. This section also addresses the reliability and validity of each of these tools.
Communication Apprehension (CA)

James McCroskey, communication scholar and pioneer in the area of CA, described CA as “the level of fear or anxiety associated with either real or anticipated communication with another person or persons” (McCroskey, 1977, p. 78).

CA is an internally experienced feeling or discomfort, which yields ineffective communication when experienced in high amounts. CA describes how people feel about communication, rather than how they communicate. Many people feel a heightened-state of anxiety or an increased level of adrenalin at the prospect of giving a speaking presentation to an audience. Often, this reaction is a normal response in anticipation of a performance; however, individuals with high CA experience such an elevated level of fear and anxiety that it prevents them from participating fully in everyday experiences, both personally and professionally (McCroskey, 1977).

Individuals with high levels of CA often experience anxiety in a wide-range of communication situations, including speaking to authority figures, contributing in meetings, and speaking in front of an audience. The most serious form of CA involves a generalized anxiety about almost all communication, in almost all settings, with almost all people (Daly et al., 1997).

CA is a specific trait anxiety. This construct represents a specific, rather than general, form of anxiety because the stimulus that evokes the anxiety reaction is specified (Beatty & Andriate, 1985). This construct is viewed as a trait, however, rather than a state because it is conceptualized as a predisposition or tendency to respond. In contrast, state anxiety represents a type experienced in a particular situation at a particular time and may
be regarded as an actual reaction to a stimulus (Spielberger, 1966). It is important to note that in almost all scholarly literature concerning CA, there is now an implied assumption that this construct represents a trait of an individual, as opposed to a state condition (McCroskey, 1978).

A personality-type trait such as CA can change over time as a result of one’s experience and environment; therefore, an individual who suffers from high CA in adolescence and early adulthood may overcome the condition as a result of interventions such as exposure or positive reinforcement, for example. Beatty and Andriate found in their 1985 study that students who had a positive communication experience in their speech courses were more likely to participate in future speaking opportunities, whereas anxiety laden communication experiences would, at best, reinforce existing levels of CA.

Nevertheless, the professional and personal drawbacks of suffering from CA are well documented. The symptoms range from procrastination and avoidance to severe physical symptoms leading to not only one’s inability to speak publicly, but also the likelihood of reduction in overall quality of life, due to CA’s effect on functioning well at work, in school, or in interpersonal relationships with others. Researchers have indicated that a fear of public speaking is associated with lower income, decreased education, and increased unemployment. In one study, participants were found “to be less likely to have personal incomes of $40,000 or more per year or to have postsecondary education, and more likely to be unemployed” (Stein et al., 1996). Although studies show that high CA students are as intelligent as low CA’s, the outcomes for high CA students are often quite
dire, including lower overall grade point averages, lower scores on standardized tests, and reduced graduation rates (Daly et al., 1997).

McCroskey (1977), stated that faculty in the communication field were slow to recognize the need to address not only public speaking anxiety but also the anxiety that many suffer from in other communication situations. “Even more slowly, we recognized that we needed to be able to identify students with severe fear/anxiety problems and try to find out why these problems exist, and what we could do about it, if anything” (p. 160).

Before the establishment of the term communication apprehension, many other descriptive terms were used, including stage fright, public speaking anxiety, and reticence. The working term for communication apprehension was communication-bound anxiety. McCroskey and his colleagues were not satisfied with any of these terms and eventually brought forth the term communication apprehension after extensive discussion (Honeycutt, Choi, & DeBerry, 2009).

Fear and anxiety develop through the interaction of three influences—those that are largely innate and present from birth, those that are dependent on later maturation of the nervous system, and those that have developed through learning in the course of individual and social experience (Marks, 1978). It is important to point out that the origins of CA in an individual are somewhat irrelevant to the method of assessment or treatment. Whether the root causes are due to genetic predisposition, environmental factors, or a combination of the two, CA is measurable in the same fashion.
Social Phobia and Social Anxiety Disorder

Individuals suffering from social anxiety are afraid of humiliating or embarrassing themselves in public. All humans share this concern to some degree, and occasional social anxiety is normal and helpful in daily functioning. However, the deeply rooted fear of humiliation is what distinguishes social anxiety from shyness. When a threat is perceived, socially anxious people engage their primitive defensive mechanisms to protect themselves. It is not clear why individuals act in this manner, but it theorized that social phobics feel unsafe and perceive others as more powerful or competent. Consequently, their responses become submissive, lacking in spontaneity, and inhibited, causing them to eventually withdraw socially (Marshall & Lipsett, 1994).

Many describe their fear of human encounter as comparable to the reactions of a person’s phobia of snakes. Socially phobic individuals experience such an intense fear of humiliation that they begin to avoid circumstances, which may present a perceived risk. It is impossible for the person to take comfort in the company of another individual and the loneliness, isolation and failure that these individuals experience as a result of their avoidant behaviors can be profound. The inability to establish a life partner or the lack of advancement in their professions as a result of this avoidance serves as a primary reason why individuals with social phobia may finally seek help (Liebowitz, Gorman, Fyer, & Klein, 1985).

There are two categories of social phobia, according to Marshall and Lipsett (1985): circumscribed or specific social phobia, and more generalized social phobia. In generalized social phobia, individuals fear meeting new people in any context, whether
formal or casual. Low self-esteem and confidence are common and because of the physical symptoms these individuals experience, such as blushing and trembling, they become very self-conscious. Persons suffering from generalized social phobia believe people are critical of them and are viewed by others as extremely shy.

An example of a specific social phobia is the fear of speaking or performing in front of a group, known as performance anxiety among social psychologists. Other specific social phobias include the fear of eating in public, using a public restroom, standing in line, or even walking in public (Marshall & Lipsett, 1985).

Performance anxiety is the most common form of a specific social phobia. As with generalized social phobia the individual believes that physical symptoms, such as sweating or blushing, will be recognized, heightening fear of embarrassment. Interestingly, performance anxiety does not center upon the fear of making a mistake in front of an audience, but rather the expectation that the audience might recognize nervousness in the performance. The expectation that the audience may hear the quiver in the individual’s voice or notice forehead sweat makes the performance situation intolerable (Marshall & Lipsett, 1985).

The anticipatory nature of social phobia is a distinctive characteristic as well. There is ample evidence showing that anxious thoughts have a future orientation. The focus on what may (but not necessarily will) happen is associated with more intense fear and anxiety, according to Salmon (1990). Salmon presented evidence showing that experienced performers reach their peak of fear just prior to a performance, whereas
novices reach their peaks during the performance. This may reflect more rehearsal or preparation as a result of anticipatory nervousness.

Studies of social anxiety disorder in primary care settings find the disorder to be common in patients, but unfortunately only a fraction of cases are diagnosed by general practitioners. It appears from reports that social anxiety disorder is a remarkably common—albeit largely unrecognized—disorder (Stein & Gorman, 2001).

There are several legitimate theories explaining the causes of social phobia. Some researchers believe that social fears and behaviors are built into human physiology. This view suggests that these responses are ancient and inherited mechanisms which, for various reasons, become intensified to a disabling degree. This physiological theory would explain the effectiveness of drug therapies (Marshall & Lipsett, 1994).

One of the behavioral explanations for social anxiety disorder involves an association with a past traumatic event. In a survey designed to examine the acquisition of fear and anxiety, 58% of those with social anxiety disorder attributed its onset to the occurrence of a traumatic event (Öst, 1985).

Others believe that social anxiety may be attributed to a learned response. Many individuals with social anxiety disorder have parents or other close relatives who have social anxiety disorder. One could speculate that observational learning might contribute to the greater prevalence of social anxiety disorder among relatives (Beidel & Turner, 2007).

There is no definitive answer, however, for exactly how social anxiety disorder develops; most likely, it is a combination of circumstances including biological factors.
heavily influenced by parental modeling and conditioning in addition to life experiences. Nevertheless, it is important to note that as Davidson (1993) stated, those with the earliest onset of social anxiety disorder probably have the most chronic course.

Survey Research and Self-Assessment

Survey research is a quantitative research method broadly used in the social sciences, “a system for collecting information from or about people to describe, compare or explain their knowledge, attitudes, and behavior” (Fink, 2003). Often surveyors simply ask people questions directly to collect data. “It has been argued that the best way to find out about how someone feels about something is simply to ask them, the current use of self-report attitude scales and personality measures suggests the broad acceptance of this view” (McCroskey, 1978).

Survey research has become an integral part of the assessment and diagnosis of those suffering from social anxiety. Once largely neglected by the medical community, social anxiety disorder (and its affiliated conditions) are now garnering increased attention and recognition as serious but treatable conditions. The prevalence of social anxiety disorder has been underestimated for some time and it now appears that the symptoms of the condition in and of itself, such as avoidance, may prevent individuals from seeking help. “We now know that patients with social anxiety disorder in the community seldom seek or receive psychiatric care, leading to a gross underestimation of the prevalence of the disorder” (Stein & Gorman, 2001, p. 186).
It was only through community surveys in the 1990s that researchers began to understand the prevalence of this condition. The National Comorbidity Survey conducted in 1996 found that although social phobias are common, increasingly prevalent, and often associated with serious role impairment, a minority of individuals with this condition ever seek professional treatment (as cited in Magee, Eaton, Wittchen, McGonagle, & Kessler, 1996).

Self-report measurement scales have been commonly used in communication research for many years, addressing a wide variety of issues including attitude change and interpersonal attraction, as well as communication apprehension and anxiety. The implementation of self-report instruments, when legitimate and appropriate, can be extremely useful. However, it is important to distinguish the types of research most appropriate for self-reports; one can only ask an individual to report something to which he or she may actually know the answer. If an individual is asked to report his or her current body mass index, the majority of individuals will not know how to accurately answer this question; however, if the individual is asked to rate the enjoyment level of last night’s dinner, a truthful and accurate answer will likely result. Self-report measures are most appropriate when they are directed towards matters of affect or perception, and are least useful when they are directed toward matters of unknown fact (McCroskey & McCroskey, 1988).

It is important to note that the design of data collection procedures when utilizing self-report measures is crucial. Especially, when examining self-perceptions, ensuring the anonymity of participants is of primary concern. McCroskey & McCroskey (1988) state
that self-reports are most effective when the respondent has no reason to fear negative consequences from any given answer. This occurrence validates the importance of guaranteeing the anonymity of participants in the design of research conducted with self-reports.

Finally, there is some misconception that self-reports are relegated to trivial topics. The opposite actually holds true; most of the important decisions people make in their lives, whether concerning self-perceived communication abilities, perception of their overall intelligence, or view of their physical attractiveness, is based on perception rather than some other type of reality. Philips (1984) demonstrated that people become fearful of communicating because they feel they are incompetent communicators; however, it has been shown that the actual competence of fearful and non-fearful communicators does not necessarily differ.

The most commonly utilized survey instrument to assess CA, the Personal Report of Communication Apprehension (PRCA-24), is widely utilized in communication research and in academic settings as well. The following section will provide more background regarding this tool.

The PRCA-24

McCroskey and his colleagues note that human behavior is a product of at least two interacting factors: characteristic predispositions of the individual, or traits, and situational constraints on behavior at a given time, or states. Individual traits are relatively enduring over time, whereas states are highly variable (Richmond &
McCroskey, 1998). For example, within the context of CA, one individual may experience high anxiety at the prospect of giving a public speech; however, this same individual may be quite comfortable in small groups and interpersonal interactions. The anxiety this individual experiences stems primarily from the situation, or the state.

The Personal Report of Communication Apprehension (PRCA-24) is a self-report measurement tool widely used in the vast number of studies measuring trait-like communication apprehension, the more generalized, persistent form of the condition. The instrument is composed of 24 self-statements concerning feelings about communicating with other people. These statements employ a five-step, Likert-style rating scale.

The PRCA-24 has been used in numerous studies in a variety of cultures around the world by an extensive number of researchers. Its reliability has been consistently very high, with Cronbach’s alpha coefficients usually above .90. There is also overwhelming evidence for the predictive validity of the tool. By 1977, over 12,000 college students and 4,000 other adults had completed the instrument; the Cronbach’s alpha estimates of internal reliability ranged from .92 to .96. Test-retest reliability over a seven-week period was .82 (McCroskey, 1977, p. 208), building a strong case for reliability. Later studies found the PRCA-24 to be capable of predicting other personality characteristics or traits, which were found to highly correlate with CA. These results also indicated that the PRCA-24 provides a measure of an individual characteristic that can be altered over time through intervention.
The Self-Statements during Public Speaking (SSPS) Scale

The SSPS measures the self-reported fearful thoughts one experiences before and during a public presentation. This instrument seeks to assess self-statements during public speaking situations in order to understand the cognitive process one may experience in an anxiety-provoking social situation. This concept is based on cognitive theories that social anxiety results from negative self-evaluation or perceived negative evaluation from others (Hofmann & DiBartolo, 2000).

The statements on the SSPS were drawn from a previously established questionnaire, The Social Interaction and Self-Statement Test (SISST), the most frequently used structured self-statement tests in social anxiety research (Arnkoff & Glass, 1989). The SISST is a reliable and valid instrument to assess self-statements during social interactions; however, its design presented several limitations because it could only be administered following a structured interaction. Other versions required subjects to imagine interactions.

In the interest of developing a psychometrically sound instrument assessing fearful thoughts during public speaking specifically, the SSPS was developed based on the SISST. The SSPS is a brief 10-item questionnaire with two 5-item subscales, one addressing positive self-statements and the other addressing negative statements related to public speaking. When tested in four separate studies the SSPS showed good internal consistency and good test-retest reliability. The findings also indicated that the two SSPS subscales have good convergent and discriminant validity (Hoffman & DiBartolo, 2000).
The developers of the SSPS proposed that the instrument could be utilized to provide valuable data to test a cognitive model of social phobia by assessing cognitive change associated with experimental interventions and clinical treatments. The researchers stated, “our preliminary data indicate that, negative self-statements have a stronger relationship to psychopathology and treatment change than positive self-statements” (Hofmann & DiBartolo, 2000, p. 513). Data also indicated that the SSPS measures an aspect of public speaking anxiety that is separate from overall social anxiety, fear of negative evaluation by others, and depressed mood.

A Brief Version of the Fear of Negative Evaluation (BFNE) Scale

The BFNE is a measure originally developed by Watson and Friend in 1969 and seeks to determine the degree to which individuals experience fear and apprehension at the prospect of being negatively evaluated by others. The BFNE construct predicts that those who report being highly concerned with negative evaluation would also avoid situations which may present the possibility of unfavorable evaluations.

Individuals who score high on the BFNE scale “tend to behave in ways designed to avoid the prospect of being evaluated unfavorably” (Leary, 1983, p. 371). These individuals are uncommonly aware of situations, which may present the opportunity for a negative evaluation, such as making a presentation or performing in front of an audience. Consequently, some of the behaviors high-rating BFNE subjects engage in include working harder on boring tasks when they believe their work will receive explicit approval, seeking approval, and avoiding negative evaluation. These individuals also
prefer to be in symmetrical relationships; that is, the individual prefers the partner to like the individual more than the individual likes the partner, or vice versa, rather than hold a balanced relationship (Smith & Campbell, 1973). Often those who fall into this category try harder to make good impressions in face-to-face conversations (Leary, 1983).

The original version of the BFNE was comprised of 30 true-false items. Many researchers complained that the scale was too long and therefore it did not receive widespread research use, although there were strong indications of reliability and validity.

Leary’s 1973 version is much shorter, utilizing only 12 of the original 30 items. The brief version was tested to draw a correlation with the full-scale version through five different sample tests. It appears that the reliability of the BFNE scale was not affected by the elimination of nearly two-thirds of the original version. With an inter-item reliability of the Brief-FNE Scale was found to be quite high, with a Cronbach’s alpha of .90. This result compares favorably with the full-scale version which yielded a reliability coefficient of .92 (Leary, 1983).

The BFNE employs a two-factor structure, with one factor consisting of all straightforwardly worded items and the second factor consisting of all reverse-scored items. The two factors represent a single construct assessed by two sets of items using different, straightforward and reverse scoring (Weeks et al., 2005).

Consequently, it appears that the brief 12-item version of the BFNE is a viable alternative to the original 30-item scale. The two scales are highly correlated and the
internal consistency of the brief version is also high, so the brief version can serve research purposes well while avoiding participant fatigue.

The Self-Perceived Communication Competence Scale (SPCC)

The construct of communication competence has been defined by many, including McCroskey’s (1984) definition of the scale as an “adequate ability to pass along or give information; the ability to make known by talking or writing” (p. xx). This definition was chosen because it was relatively unambiguous and consistent with lay interpretations of the construct. According to McCroskey (1988), these features are of particular importance when working with self-reports of communication competence.

In an ongoing research program related to Willingness to Communication (McCroskey & Baer, 1985; McCroskey & McCroskey, 1986(a), 1986(b); McCroskey & Richmond, 1987) it was deemed necessary to develop an instrument measuring one’s perceptions of his or her own general communication competence including a wide range of interpersonal and public situations, among others. Because a generalized communication construct was sought, an examination of the available self-report measures led to the conclusion that no appropriate measure was available; instruments were available to measure specific contexts but not overall competence. Consequently, the Self-Perceived Communication Competence (SPCC) scale was developed.

It is important to note that self-report measures are most appropriate when directed toward matters of affect or perception. If one would like to determine actual competence an objective observation is needed. Many individuals believe that they are
very competent communicators, when in fact by most objective measures they are not. Others believe that they are poor communicators when an objective observation actually reveals that they are quite competent. The SPCC measures perception of competence, not actual competence.

The SPCC is composed of 12 items. The items were chosen to reflect four basic communication contexts: talking in a small group; talking in a large meeting; public speaking; and talking in different types of dyads, specifically those involving partners, strangers, acquaintances, and friends. For each combination of context and receiver type, subjects are asked to estimate their communication competence score on a scale of 0-100. The scale permits generation of a subscore for each type of communication context and each type of receiver (McCroskey, 1988).

In previous research the total score on this scale has yielded high reliability estimates, with a Cronbach’s alpha value of .90. The scale has high face validity in that it directly asks the subjects to rate their own communication competence.

Summary and Research Questions

Thus we have four self-report instruments, which appear to be measuring similar characteristics and constructs. The SSPS, primarily measures fearful thoughts and self-talk one experiences at the prospect of giving a presentation; the FNE measures fear of the prospect of negative evaluation by others, both are utilized primarily by researchers in social psychology. The PRCA-24 developed and utilized by those studying communication behavior, measures generalized attitudes and anxiety about
communication with others, and finally the SPCC examines ones perceptions of confidence and competence in communication situations.

However, what has not been tested is to what degree the communication measurement tools relate to the FNE and the SSPS. The following research questions will be addressed in the current study:

RQ1: What is the relationship between CA and self-statements during communication?

RQ2: What is the relationship between CA and the fear of negative evaluation?

RQ3: What is the relationship between CA and self-perceived communication competence?

RQ4: What is the relationship between self-statements during communication and the fear of negative evaluation?

RQ5: What is the relationship between self-statements during communication and self-perceived communication competence?

RQ6: What is the relationship between self-perceived communication competence and the fear of negative evaluation?
CHAPTER 3
RESEARCH METHODS

Subject Sample

A total of 280 students from a large southeastern university in the United States currently enrolled in a general education communication course were invited to participate in an optional survey research project, assessing their level of comfort or discomfort in public speaking situations. Of the 280 students in the sample, 215 (76.8%) of the participants reported their current class standing as freshman, 30 (10.7%) were at the sophomore level, 21 (7.5%) participants reached junior standing, and 14 (5.0%) held senior standing. Approximately one-third (33.6%) of the participants were male and two-thirds (66.4%) of the participants were females. Participants ranged from ages 18 to 27, with 76.4% reporting as being 18 years of age.

Instrumentation

The four instruments discussed in Chapter Two, the PRCA-24, the SSPS, the FNE and the SPCC, were merged to create one multi-section opinion survey given to students. This section will address the delivery of these instruments as it pertains to the current study, as well as associated reliability measures.

Participants completed a multi-section Likert-style survey with a total of 52 questions. The first section of the survey included several demographic questions (age, class rank, gender). The remaining sections consisted of a combination of the SSPS, the PRCA-24, the FNE, and the SPCC.
The second section of the survey instrument included 10 questions regarding the self-statements one makes in a public speaking situation. The SSPS scale (Hofmann & Dibartolo, 2000) is a 10-item questionnaire consisting of two subscales, the Positive Self-Statements subscale (SSPS-P) and the Negative Self-Statements subscale (SSPS-N). The instructions for this scale asked respondents to imagine their typical feelings and thoughts during general public speaking situations. Respondents were then asked to rate their level of agreement with the given statements, ranging from a score of 0 to 5, with *do not agree at all* as the low value and *extremely agree* as the high value.

Previous research found the internal consistency measures as tested via Cronbach’s alpha was high for both the SSPS-P ($\alpha = .84$) and the SSPS-N ($\alpha = .83$) (Hofmann & DiBartolo, 2000). With a possible range between 1 and 25, the SSPS-P indicated a mean score of 15.4, a standard deviation of 5.1, and a median of 16.0. The SSPS-N had the same range as the SSPS-P and indicated mean score of 7.9, a standard deviation of 5.2, and a median of 7.5. The two subscales showed a correlation of $r = -.69$ ($n = 100, p < .001$).

The third section consisted of a set of 24 questions, the PRCA-24, measuring one’s self-perceived anxiety in several communication situations, including small groups, meetings, interpersonal speaking, and public speaking. For each of these four communication contexts, this instrument features six items, three positively and three negatively worded, assessing individuals’ apprehension.

Based on a study of over 25,000 college students, the normative mean for this measure was determined to be 65.5 with a standard deviation of 15.3. The Cronbach’s
alpha was estimated to be extremely high, at .97 (McCroskey, Beatty, Kearney, & Plax, 1985). Test-retest reliability ($N = 762$) of internal reliability over a seven-week period was .82. The PRCA-24 has been widely tested since 1985 for content validity and reliability and the results strongly support its predictive ability for generalized anxiety and trait-like responses to communication.

The fourth section measured respondent feelings and thoughts related specifically to the public speaking situation, as well as apprehension about being negatively evaluated by others. The BFNE has been widely used to assess the construct of the fear of negative evaluation. Previous research with this questionnaire has produced a high internal reliability and BFNE scores predict numerous aspects of socially anxious behavior (Weeks et al., 2005).

The BFNE scale is composed of 12 items, scored on a five-point Likert-type scale ranging from 1 (not at all characteristic of me) to 5 (extremely characteristic of me). This questionnaire has a high internal consistency ($\alpha = 0.91$) and a good test-retest reliability at four-weeks ($r = 0.75$) (Leary, 1983).

The final section measured how competent one feels in a public speaking situation. The SPCC scale developed by McCroskey and McCroskey (1986) was used as the operationalization of self-perceived communication competence. This questionnaire directly asks the participants to self-rate their communication competence in 12 contexts on a scale of 1 to 100. The 12 contexts are generated by crossing four types of communication situations—public speaking, talking in meetings, talking in small groups
and interpersonal conversation (talking with one other person)—with three types of receivers—strangers, acquaintances and friends.

In the past, this measure has generated good Cronbach’s alpha reliability estimates above .85 and has strong face validity McCroskey and McCroskey (1986). It has also been found to have substantial predictive validity. It is important that users of this measure recognize that this is not a measure of actual communication competence but rather a measure of perceived competence.

Delivery

The researcher personally visited classrooms to invite students to participate in a research study for the purpose of a master’s thesis study. Students were asked to sign-up for a specific time slot and to arrive at their appointed time in an on-campus computer lab conveniently located near their communication classroom. The survey was delivered online through the SurveyMonkey website. Students were given as much time as they needed to complete the study; however, they were informed that the survey would most likely take no longer than 15 to 20 minutes of their time. Participation was voluntary, and anonymity of their answers was assured. Participants received a small amount of extra credit for their involvement in the study.

Authorization to Conduct the Study

Authorization to conduct human subjects research must be provided before embarking upon research such as the type presented in the current study. Prior to
conducting the survey, details of the study were submitted to the Institutional Review Board (IRB) at the University of Central Florida. The study was approved as exempt research; the accompanying letter with this approval is located in Appendix F.

**Statistical Procedures**

*Variables*

Because all of the survey measures being used self-contained scales consisting of Likert-type questions, it was possible to create a total score for each of the measures. Therefore, by adding the responses for each question within each instrument, a single variable was created for each of the four measures that was continuous in nature. It is also important to note that any statements that were negatively worded were reverse-coded so that each item within a particular scale was represented in an equal fashion.

*Analytical Methods*

In order to generate results bearing on the six research questions, Pearson correlations were computed between scores on the PRCA-24, the BFNE, the SPCC and the SPSS. The large sample sizes and the continuous nature of the single total variables representing each of these measures made Pearson correlations an appropriate choice for analyzing the relationships between constructs.
CHAPTER 4
RESULTS

All of the research questions were tested simultaneously through Pearson’s product-moment correlation. Prior to conducting these tests, how closely the reliability estimates for the current study came to those revealed in previous research was tested as well. Results for these tests, as well as other basic summary statistics about these measures, are indicated in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>α</th>
<th># Scale Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA (n = 261)</td>
<td>65.98</td>
<td>18.74</td>
<td>.95</td>
<td>24</td>
</tr>
<tr>
<td>BFNE Total (n = 261)</td>
<td>35.97</td>
<td>9.40</td>
<td>.88</td>
<td>12</td>
</tr>
<tr>
<td>SSPS Positive (n = 276)</td>
<td>14.24</td>
<td>2.97</td>
<td>.59</td>
<td>5</td>
</tr>
<tr>
<td>SSPS Negative (n = 278)</td>
<td>17.56</td>
<td>6.23</td>
<td>.77</td>
<td>5</td>
</tr>
<tr>
<td>SPCC Total (n = 202)</td>
<td>75.15</td>
<td>18.90</td>
<td>.93</td>
<td>12</td>
</tr>
</tbody>
</table>

Note. CA = communication apprehension. BNE = Brief Version of the Fear of Negative Evaluation. SSPS = Self-Statements during Public Speaking. SPCC = Self-Perceived Communication Competence Scale.

Of all the measures, only the SSPS positive did not show strong reliability (α = .59). However, the SSPS negative showed a more reasonable level of reliability, α = .77. All of the other measures demonstrated very strong reliability; the SPCC measured at α =
.93, while the BFNE showed strong reliability at $\alpha = .88$; the PRCA-24 showed the strongest reliability of the four instruments at $\alpha = .95$. These levels are similar to those reported in prior research.

After reliability was established for the measures, Pearson’s product-moment correlation was run to determine the presence of any relationships between the various measures. Measures of statistical significance will be presented, along with measures of practical significance according to Cohen’s (1988) definitions of weak ($.1 < r < .3$), moderate ($.3 < r < .5$), and strong ($r > .5$) relationships. Overall results for the tests will be presented in Table 2; more detailed discussion for each of the separate research questions will be presented in separate sections.

### Table 2

*Correlation for Communication Apprehension and Anxiety Measures*

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CA</td>
<td>—</td>
<td>258</td>
<td>259</td>
<td>250</td>
<td>194</td>
</tr>
<tr>
<td>2. SSPS (Positive)</td>
<td>-.04</td>
<td>—</td>
<td>275</td>
<td>258</td>
<td>201</td>
</tr>
<tr>
<td>3. SSPS (Negative)</td>
<td>-.21**</td>
<td>.35**</td>
<td>—</td>
<td>260</td>
<td>202</td>
</tr>
<tr>
<td>4. BFNE</td>
<td>.49**</td>
<td>.06</td>
<td>-.11</td>
<td>—</td>
<td>194</td>
</tr>
<tr>
<td>5. SPCC</td>
<td>-.60**</td>
<td>.04</td>
<td>.26**</td>
<td>-.45**</td>
<td>—</td>
</tr>
</tbody>
</table>

*Note.* Pearson correlation coefficients are presented below the diagonal, and counts (n) are presented above the diagonal. CA = communication apprehension. BNE = Brief Version of the Fear of Negative Evaluation. SSPS = Self-Statements during Public Speaking. SPCC = Self-Perceived Communication Competence Scale.

*p < .05. **p < .01.*
Research Question One (RQ1): CA and Self-Statements during Communication

RQ1 examined the relationship between communication apprehension and self-statements during communication. Results for this examination are located in Table 2. Self-statements during communication were examined separately for positive and negative statements. Negative self-statements and CA displayed a moderate and statistically significant negative correlation ($r = - .21, p < .001, n = 260$). On the other hand, there was no correlation between positive self-statements and CA ($r = -.04, p = .58, n = 258$).

Research Question Two (RQ2): CA and Fear of Negative Evaluation

RQ2 examined the relationship between communication apprehension and the fear of negative evaluation. Results for this examination are located in Table 2. A moderate-to-strong and statistically significant positive correlation was found between these two constructs ($r = .49, p < .001, n = 250$). As communication apprehension rose within respondents, so did the fear of negative evaluation.

Research Question Three (RQ3): CA and Self-Perceived Communication Competence

RQ3 examined the relationship between communication apprehension and self-perceived communication competence. Results for this examination are located in Table 2. A strong and statistically significant negative correlation was found between these two constructs ($r = -.60, p < .001, n = 194$). As communication apprehension rose within respondents, self-perceived communication competence decreased.
Research Question Four (RQ4): Self-Statements during Communication and Fear of Negative Evaluation

RQ4 examined the relationship between self-statements during communication and the fear of negative evaluation. Results for this examination are located in Table 2. Self-statements during communication were examined separately for positive and negative statements. Negative self-statements and fear of negative evaluation displayed a weak, but statistically insignificant, negative correlation ($r = -.11, p = .07, n = 260$). Similarly, there was no correlation between positive self-statements and the fear of negative evaluation ($r = .06, p = .37, n = 259$).

Research Question Five (RQ5): Self-Statements during Communication and Self-Perceived Communication Competence

RQ5 examined the relationship between self-statements during communication and self-perceived communication competence. Results for this examination are located in Table 2. Self-statements during communication were examined separately for positive and negative statements. Negative self-statements and self-perceived communication competence displayed a weak and statistically significant positive correlation ($r = .26, p < .001, n = 202$). However, there was no correlation between positive self-statements and self-perceived communication competence ($r = .04, p = .61, n = 201$).

Research Question Six (RQ6): Self-Perceived Communication Competence and Fear of Negative Evaluation

RQ6, the final question, examined the relationship between self-perceived communication competence and the fear of negative evaluation. Results for this
examination are located in Table 2. There was a moderate and statistically significant negative correlation between self-perceived communication competence and the fear of negative evaluation ($r = -.45, p < .001, n = 194$). As self-perceived communication competence declined, the fear of negative evaluation increased.
CHAPTER 5
DISCUSSION AND RECOMMENDATIONS

Discussion

The principal goal of this study was to measure the relationship between various constructs related to people’s anxiety in communication situations. These constructs are variously defined, described, and measured within different academic disciplines; specifically, social psychology and communication. Within the field of communication, academics primarily study interactions among individuals within different contexts, whether interpersonally, in groups, with strangers, or with others. Social psychologists are also interested in what happens during the communication process but from a cognitive perspective; in other words, how one thinks about the experience.

Not surprisingly, the strongest relationship was between the two measures developed and used by communication scholars, CA, as measured by the PRCA-24, and self-perceived communication competence, as measured by the SPCC. Earlier studies indicated correlations ranging from $r = -.56$ to $r = -.71$ on CA and self-perceived communication competence (Richmond, McCroskey, & McCroskey, 1989). The current study revealed a correlation in that range ($r = -.60$, $p < .001$, $n = 194$). These data are consistent with the results of two previous studies, Richmond, McCroskey & McCroskey, (1989) indicating that self-perceptions of communication competence are strongly related to communication apprehension and suggest that individuals who report a high degree of CA do not perceive themselves as highly competent communicators.
A moderate relationship \( (r = .49, p < .001, n = 250) \) emerged between CA and the fear of negative evaluation, as measured by the BFNE. This suggests that the constructs measured by the PRCA-24 and BFNE are related, but different. The moderate relationship \( (r = -.45, p < .001, n = 194) \) between fear of negative evaluation and self-perceived communication competence also bears out this notion.

Weaker relationships were found between CA and self-statements prior to speaking, as measured by the SSPS. The correlation between CA and positive self-statements was not statistically significant \( (r = -.04, p < .575, n = 258) \), and the relationship between CA and negative self-statements was statistically significant, but negative \( (r = -.21, p = .001, n = 260) \); one would expect a positive relationship between negative self-statements and CA. In fact, the positive and negative self-statements correlated with one another to a higher degree \( (r = .35, p > .001, n = 275) \). This suggests that CA and self-statements prior to speaking are distinctly different constructs, and calls to question either the efficacy of the SSPS scale or the attention of the participants given to this portion of the survey. The latter might also explain the uncharacteristic low reliability for the SSPS Positive scale.

This study focused on correlational relationships and therefore the results do not indicate any type of direct causal relationship. However, it may be fair to suggest that whether the root causes of the fear of speaking in front of an audience are the result of an early experience, a biological factor, a genetic predisposition, or another explanation, it appears from the results of this study that in fact the root causes matter little. For
individuals sharing this common condition of having a fear of public speaking, a wide range of causes can lead to the same fearful experience.

Limitations

Despite the contributions of the current study, there are limitations through which the results can be interpreted. The principal issue to consider is the lack of random sampling. Limited resources prevented the use of a widespread sample of the general population. The current sample consisted entirely of undergraduate students enrolled in a variety of introductory communication courses. Although a large sample size was achieved, caution should be exercised when generalizing the results of this study across the entire population.

A second drawback to the lack of random sampling is the result of the age and demographic make-up in itself. Researchers can reasonably assume a lack of experience within this group of young adult respondents in the public speaking setting. This characteristic this could result in reported anticipatory anxiety as opposed to actual anxiety.

The final limitation is the nature of the self-report instrument in itself. Although all four instruments clearly have been widely tested, all valid and reliable self-report instruments suffer from the human condition itself. Participant issues such as fatigue or impatience may affect the outcome. Also, often individuals are not completely truthful as a result of not remembering their actual condition, or simply the wish to present themselves in a socially desirable manner.
Further Research

As revealed through this work, common characteristics exist between these constructs, however there are also clearly differences. Identifying exactly what it is that distinguishes these various concepts is an interesting line of further research. Furthermore, once differences are known, what are the implications of this knowledge within the context of helping students and the general population, overcome anxiety related to communication?

There currently are several interventions which, have been found to be helpful to individuals in managing or overcoming CA. Commonly studied and implemented interventions range from skills training to performance visualization and drug therapies, to name a few. An exciting newly emerging intervention within the field of social psychology is a form of cognitive behavioral therapy delivered through an online system.

*Talk to Me* is an Internet-based telepsychology program for the treatment of the fear of public speaking that includes the most active components in cognitive-behavioral therapy for social phobia including exposure and cognitive therapies, (Botella et al., 2010). This intervention is appealing because it combines the modern technology of the Internet, which increases access, privacy and affordability, with tested cognitive behavioral techniques. It is a self-administered self-help program for the fear of public speaking comprising education, cognitive restructuring, and exposure.

Two instruments implemented in the current study, the SPSS and the BFNE, have been utilized by social psychologist to assess one’s level of public speaking fear prior to inviting subjects to participate in a voluntary study utilizing *Talk to Me*. A controlled trial
conducted in 2009 showed that the internet-based treatment was as effective as the same program administered by a therapist. Furthermore, the treatment gains were maintained at a one-year follow up (Botella et al., 2010).

This cognitive based Internet program may be a viable option for undergraduate students experiencing high levels of CA, but since the measures used to establish the efficacy of this program measured constructs other than CA, research should be undertaken to determine what effect the *Talk to Me* intervention has on CA. This study illustrates that members of the communication field and those in social psychology are, in fact, measuring many similar, yet different constructs. Systematic examination of the work of scholars in these related disciplines may reveal a previously developed intervention could become the modern day tool needed to increase one’s ability to present to an audience effectively, confidently and without fear.
APPENDIX A
COMBINED SURVEYS
You are being asked to participate in a research project being conducted by the Christine Donaldson, a Masters student with the Nicholson School of Communication, UCF, supervised by Dr. Jim Kalt and Dr. Harry Weger. We are studying attitudes towards communication and will ask you to respond to a series of questions. The entire process should take no longer than 20 minutes, but you may take all of the time you need. All responses will be anonymous and you must be 18 years of age or older to participate.

We hope you will answer all of the questions, but if you do not wish to answer a particular question you may indicate "n/a" (not answered). Submission of a completed questionnaire constitutes your consent to participate. There is no anticipated risk or direct benefit to you as a participant and the information obtained will be used only for the purposes of this research project. Although you will not be compensated, outside of class credit at the discretion of your instructor, your participation is greatly appreciated.

If you have questions about the research, you may contact Christine Donaldson at christinedonaldson@knights.ucf.edu or Dr. Jim Kalt at 407-823-3296 or Dr. Harry Weger at 407-823-2856. Research at the University of Central Florida is conducted under the oversight of the UCF Institutional Review Board. Questions or concerns about research participants' rights may be directed to the UCF IRB office, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3248, or by campus mail 32816-0150. The hours of operation are 8:00 am until 5:00 pm, Monday through Friday except on University of Central Florida official holidays. The telephone numbers are (407) 862-2276 and (407) 823-2901.
Read each of the following statements carefully and indicate how characteristic it is of you.

1. What is your class rank?
   - [ ] Freshman
   - [ ] Sophomore
   - [ ] Junior
   - [ ] Senior
   - [ ] Other (explain below)
   - Other (please specify)

2. What is your gender?
   - [ ] Male
   - [ ] Female
   - [ ] I do not wish to answer this question

3. What is your age? (If you do not wish to answer this question, enter "0")
   - [ ]
4. Read each of the following statements carefully and indicate how characteristic it is of you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all characteristic of me</th>
<th>Slightly characteristic of me</th>
<th>Moderately characteristic of me</th>
<th>Very characteristic of me</th>
<th>Extremely characteristic of me</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I worry about what other people will think of me even when I know it doesn’t make any difference.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. I am unconcerned even if I know people are forming an unfavorable impression of me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. I am frequently afraid of other people noticing my shortcomings.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. I rarely worry about what kind of impression I am making on someone.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. I am afraid others will not approve of me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. I am afraid that people will find fault with me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>7. Other people’s opinions of me do not bother me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. When I am talking to someone, I worry about what they may be thinking about me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>9. I am usually worried about what kind of impression I make.</td>
<td>○</td>
<td>○</td>
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<tr>
<td>10. If I know someone is judging me, it has little effect on me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>11. Sometimes I think I am too concerned with what other people think of me.</td>
<td>○</td>
<td>○</td>
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<tr>
<td>12. I often worry that I will say or do the wrong things.</td>
<td>○</td>
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</tr>
</tbody>
</table>
5. The following statements concern feelings about communicating with other people. Please indicate the degree to which each statement applies to you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I dislike participating in group discussions.</td>
<td></td>
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<tr>
<td>2. Generally, I am comfortable while participating in group discussions.</td>
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<tr>
<td>3. I am tense and nervous while participating in group discussions.</td>
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<td>4. I like to get involved in group discussions.</td>
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<tr>
<td>5. Engaging in a group discussion with new people makes me tense and nervous.</td>
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<tr>
<td>6. I am calm and relaxed while participating in group discussions.</td>
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<tr>
<td>7. Generally, I am nervous when I have to participate in a meeting.</td>
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<tr>
<td>8. Usually I am calm and relaxed when I am called upon to express an opinion at a meeting.</td>
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<tr>
<td>9. I am very calm and relaxed when called upon to express an opinion at a meeting.</td>
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<tr>
<td>10. I am afraid to express myself at meetings.</td>
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<tr>
<td>11. Communicating at meetings usually makes me uncomfortable.</td>
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<tr>
<td>12. I am very relaxed when answering questions at a meeting.</td>
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<tr>
<td>13. While participating in a conversation with a new acquaintance, I feel very nervous.</td>
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<tr>
<td>14. I have no fear of speaking up in conversations.</td>
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<tr>
<td>15. Ordinarily, I am very tense and nervous in conversations.</td>
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<tr>
<td>16. Ordinary, I am very calm and relaxed in conversations.</td>
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<tr>
<td>17. While conversing with a new acquaintance, I feel very relaxed.</td>
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<tr>
<td>18. I am afraid to speak up in conversations.</td>
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<tr>
<td>19. I have no fear of giving a speech.</td>
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<tr>
<td>20. Certain parts of my body feel very tense and rigid while giving a speech.</td>
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<tr>
<td>21. I feel relaxed while giving a speech.</td>
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<tr>
<td>22. My thoughts become confused and jumbled when I am giving a speech.</td>
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<tr>
<td>23. I face the prospect of giving a speech with confidence.</td>
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<tr>
<td>24. While giving a speech, I get so nervous I forget facts I really know.</td>
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</tr>
</tbody>
</table>
6. Please imagine what you have typically felt and thought to yourself during any kind of public speaking situation. Imagining these situations, how much do you agree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Do not agree at all</th>
<th>agree somewhat</th>
<th>agree</th>
<th>disagree</th>
<th>disagree somewhat</th>
<th>extremely disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What do I have to lose it’s worth a try.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>2. I am a loser.</td>
<td>○</td>
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<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>3. This is an awkward situation but I can handle it.</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>4. A failure in this situation would be more proof of my incapacity.</td>
<td>○</td>
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<tr>
<td>5. Even if things don’t go well, it’s no catastrophe.</td>
<td>○</td>
<td>○</td>
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<tr>
<td>6. I can handle everything.</td>
<td>○</td>
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<tr>
<td>7. What I say will probably sound stupid.</td>
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<tr>
<td>8. I’ll probably “bomb out” anyway.</td>
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</tr>
<tr>
<td>9. Instead of worrying I could concentrate on what I want to say.</td>
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<td>○</td>
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<td>○</td>
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</tr>
<tr>
<td>10. I feel awkward and dumb; they’re bound to notice.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
7. Below are twelve situations in which you might need to communicate. People's abilities to communicate effectively vary a lot, and sometimes the same person is more competent to communicate in one situation than another. Please indicate how competent you believe you are to communicate in each of the situations described below.

(If you do not wish to answer a question, enter "999")

Answer on a scale of 1 to 100.
Presume 1 = completely incompetent, and 100 = completely competent.

1. Present a talk to a group of strangers.
2. Talk with an acquaintance.
3. Talk in a large meeting of friends.
4. Talk in a small group of strangers.
5. Talk with a friend.
6. Talk in a large meeting of acquaintances.
7. Talk with a stranger.
8. Present a talk to a group of friends.
9. Talk in a small group of acquaintances.
10. Talk in a large meeting of strangers.
11. Talk in a small group of friends.
12. Present a talk to a group of acquaintances.
This completes the survey. Thank you for your participation.

When you click the "Done" button below, you will be redirected to a page where you can provide information to notify your professor that you have participated.
Approval of Exempt Human Research

From: UCF Institutional Review Board #1
FWA00000351, IRB00001138

To: Christine Donaldson

Date: June 22, 2011

Dear Researcher:

On 6/22/2011, the IRB approved the following activity as human participant research that is exempt from regulation:

- Type of Review: Exempt Determination
- Project Title: Student Attitudes of Communication
- Investigator: Christine Donaldson
- IRB Number: SBE-11-07724
- Funding Agency:
- Grant Title:
- Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Kendra Dimond Campbell, MA, JD, UCF IRB Interim Chair, this letter is signed by:

Signature applied by Joanne Muratori on 06/22/2011 01:24:48 PM EDT

IRB Coordinator
REFERENCES


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